Status Report on Indicators
20 GOALS FOR A DECADE IN HRH
B E L I Z E 2012

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List of Abbreviations

BHIS: Belize Health Information System
CARICOM: Countries of the Caribbean Community
HRH: Human Resources for Health
KHMH: Karl Heusner Memorial Hospital
MoH: Ministry of Health
MDG: Millennium Development Goals
NHIS: National Health Insurance Scheme
OAS: Organization of American States
PAHO: Pan American Health Organization
PHC: Primary Health Care
SIB: Statistic Institute of Belize
SLA: Health Service Level Agreements
UB: University of Belize
UWI: University of the West Indies
WHO: World Health Organization
SICA: Central American Integration System

Executive Summary

The Terms of Reference required, inter alia, updating the 20 Regional Goals for Human Resources for Health. These 20 Regional Goals are indicators developed by PAHO to measure a country's progress in meeting the development of its health related human resources, since the development of human resources is particularly critical for health care delivery.

The methodology involved detailed discussions with a broad variety of stakeholders since the majority of the goals have a qualitative component. A comparative few of the goals do feature a quantitative component, such as goals 1, 2 and 3, which seek to ascertain the ratio of physicians and health personnel per population.

These 20 goals were first measured in Belize in 2009. This updated 2012 measurement found some areas of improvement since 2009 but also noted that there were some areas where there was regression. More specifically, improvements were noted in the areas of human resources density ratio, public health & intercultural competencies of PHC workers, the HRH Unit and public health & management competencies of health services and program managers, while regression was noted in the areas of qualified nurses to physician ratio, urban rural disparity in the distribution of health personnel, and the proportion of precarious employment among health services providers.

While indicators are often necessary to measure progress and to facilitate comparison across countries, some lessons learnt are that a wholesale adoption of indicators sans localized modification may often not provide a true picture of on the ground realities. With specific reference to Belize, given its population density as one of the lowest in the region, major health facilities such as regional hospitals are geographically distant and rural populations are generally served via a series of health centers, health posts and

mobile clinics. Hence while it may be ideal that health professionals recruited from rural communities serve those communities, the reality is that by these professionals remaining in the rural health facilities, their professional growth and development remains stunted due to the limited opportunities at a rural facility. It is also worthy to mention that no study has been done in Belize to ascertain the impact of employment status on staff morale vis-à-vis service delivery. Belize relies on contractual employment to legally secure the services of certain highly qualified health specialists. Given the indicator as currently defined in the Handbook, this is regarded as “precarious employment.” The reality however is substantially different, and seeking modifications in their contractual status may not be feasible and would not necessarily translate to enhanced productivity.

Other developments external to Belize are likely to impact Belize’s human resources in health. In the United States of America, the passage of the Patient Protection and Affordable Care Act – more popularized as “Obamacare” in 2010 - and the requirement of universal coverage starting in 2014 will result in a huge demand for primary health care physicians in that country. Enhanced remuneration and what may be regarded as better employment prospects may orient Belize’s health professionals towards migration, given that a certain percentage of Belize’s workforce in health are non-nationals. This will likely aggravate the human resources deficits in health across the country.

In preparing for this looming challenge, Belize may wish to consider upgrading the skills set of its Community Health Workers and the nurses who are first point of contact with the health system. This will be cost effective since training for these categories of health professionals is offered locally and it costs substantially less to train a CHW and a nurse, as opposed to a doctor. Via this approach, more effective and efficient use will also be made of the country’s comparatively scarce primary health care physician and contribute towards the Ministry of Health’s goal of Equal Health for All.

1. Introduction

Health is a complete state of physical, mental and social well being and not merely the absence of disease or infirmity (World Health Organization, 2003). In 1978, the Alma Ata declaration emerged as a major milestone of the Twentieth Century in the field of public health, thus identifying the primary healthcare as the key to the attainment of the goal of health for all (WHO International, 1978). That declaration, among other things, brought to the fore front, the need for a health system that is based on equity and accessibility. It was made in adherence to Article 25 and 21 of the United Nation Universal Declaration of Individual Right to Medical Care and Necessary Social Services and the Right to Equal Access to Public Services, respectively (United Nations (UN), 1949).

There is no gain saying that at the center of every health system are health workers. Their knowledge, skills and motivation plays a crucial role in delivering health services to those in needs. However, throughout the world, countries are grappling with enormous human resources for health policy challenges such as how to address shortages or surpluses and how to improve the skills, geographic distribution and performance of health workers. In 2005, the Toronto Call to Action mobilized the health sector, nationally and internationally, to collectively strengthen Human Resources for Health to assist the countries in the region of the Americas in order to achieve the Millennium Development Goals and to provide access to quality health care services to the entire population. That call to action culminated into agenda setting with emphasis on 5 critical challenges that countries within the regions need to pursue in other to achieve the required goals.

Pursuant to that objective, at the 27th Pan American Sanitary Conference in July 2007, twenty regional baseline goals, organized under the five principal challenges, which had been developed to address the HRH issues identified above, were presented and adopted. The strategic goals are intended as an orientation and framework for the analysis, formulation and enrichment of the national ten-year human resources development strategies, according to the specific situation of each country and the objectives that are realistic to attain in each context. The identification of regional goals, priority setting and an assessment of the status of individual countries in relation to these targets, will contribute to the development of national and regional HRH plans of action and technical cooperation. It is noteworthy that Belize is a country located on the North Eastern coast of Central America and is the only country in that region where English is the official language. Due to that unique location, the country enjoys regional alliances with both CARICOM and SICA, each with its own road map to the Toronto Call to Action.

In 2009, in line with the COMISCA sub-regional agenda for the Human Resources for Health, Belize was among the first member countries to conduct the baseline measurement of the 20 HRH regional goals. That exercise underscored the importance that the Ministry of Health Belize places on health workforce. The results of that exercise exposed areas of weaknesses that needed new policy direction and strengthening. Above all, it provided the baseline upon which future progress could be monitored through periodic measurement. In 2012, a call was made to all member countries of the sub-region to conduct a second measurement towards ascertaining the status of each country with respect to each goal and also for purposes of comparison as well as shared commitment. It is in response to that affirmative call to action that this

second measurement of the 20 HRH regional goals is being done in Belize, through the support of the Pan American Health Organization.

A common and standardized methodology for all member counties, outlined within the PAHO/WHO handbook for Regional HRH goals which is a reference guide for data collection and interpretation was used for this exercise. Results are presented in form of a Visual Star to summarize the status of Belize within the period under review, thus highlighting areas of progress or otherwise, through comparison with the baseline measurement. Finally, the outcome of this exercise will provide the rationale for an evidence based intervention strategy, where needed.

2. CHALLENGE ONE

BUILD LONG-RANGE POLICIES AND PLANS TO ADAPT THE WORK FORCE TO THE CHANGES IN THE HEALTH SYSTEM

GOAL 1

All countries of the Region will have achieved human resources density ratio level of 25 professionals per 10,000 inhabitants.

Rationale

The purpose of this goal is to illustrate the relation between the population in a country and the number of human resources for health with the goal of calling attention to the possible deficits or over-production of these resources. The WHO has suggested that countries require a minimum of 25 health care professionals per 10,000 of the population in order to provide the minimum acceptable level of health care services to the population. Various global studies have found that few countries with ratios below this level have the capacity to reach the Millennium Development Goals by the year 2015. The index generally includes physicians, registered nurses and midwives, both public and private, migrants and long-term volunteers, who have university training and are employed in the provision of direct patient care.

Results

As at December 2012, there were 395 physicians (including 35 Cuban Medical Brigades), 381 Nurses and 42 Midwives in Belize. According to the Statistical Institute of Belize, the 2012 population estimate for the country stood at 342,636. Based on that statistic and using the population figure as the denominator, the physician density ratio by December 2012 is 11.53. In the same vein, there were 11.12 Nurses per 10,000 of the population, 1.20 for midwives and a country total of 23.87. While this is below the WHO target of 25 health professionals per 10,000 populations, it shows that Belize is 95.49% towards achieving this goal, a slight improvement from the 2009 baseline measurement. This improvement could be attributed to new returning Belizean graduates who were on study scholarship to Cuba.

GOAL 2

The regional and sub-regional proportions of primary health care physicians will exceed 40% of the total medical workforce.

Rational

To improve population health, many countries are focusing on reformed primary health care (PHC) delivery systems and on strengthening overall public health infrastructure. The key feature of PHC reform is a shift from individual, hospital-centered practice to teams of community-based professionals, who are accountable for providing comprehensive, coordinated health services to their patients. As such, it is critical that the workforce be adequately prepared to meet expected changes in the health system and to support primary health care delivery.

As PHC physicians generally represent only about 25% of the Region of the Americas' total medical workforce, it will be necessary to significantly increase physician numbers

within the primary health care team. Strengthening the physician component enhances the primary health care teams' overall capacity for collaborative development, innovative deployment and shared leadership, thereby providing a broader, more flexible and effective response to the full range of community health needs and priorities.

Results

It is noteworthy that in Belize, general practitioner is synonymous with Primary Healthcare physician. Out of a total of 395 full time physicians in Belize, 252(63.8%) are primary health care physicians while 143 are Medical Specialists (36.2%). This result indicates that Belize is well ahead of the required target of 40%. However, if only the physicians working outside the district of Belize is considered, the value will be 118(29.9%). If only those physicians residing in rural areas of Belize (i.e. residential addresses are not in towns) are considered, the figure will drop to 4.3% since only 17 general practitioners meet that criterion.

GOAL 3

All countries will have developed primary health care teams with a broad range of competencies that systematically include community health workers to improve access, reach out to vulnerable groups, and mobilize community networks.

Rationale

The PHC Primary Health Care Team refers to groups of professionals who deliver health services in the community at "primary" or first points of contact between the patient and the health delivery system. The membership of the PHC teams can vary widely and generally reflects the particular health needs of the local community which it

serves. The effectiveness of the team is related to its ability to carry out its work and to manage itself as an independent, coordinated, collaborative, self-sufficient health care delivery group.

The Community Health Worker, as a key member of the PHC Team, generally has a familiarity with the population he or she serves, and thus provides a more direct linkage between the health delivery system and the identified health care needs of the community.

Results

There are different models of an ideal Primary Healthcare Team in Belize. At the Ministry of Health, a primary health care model comprises a general practitioner, a public health nurse, rural health nurse, a registered nurse, a health educator and a community health worker. The NHI has a different model, one for urban and another for rural. The NHI urban model for PHC includes one general practitioner, two registered nurses, one public health nurse and a practical nurse/nursing assistant. The NHI rural model comprises a full time general practitioner, a RHN and a PHN. However, due to human resource constraints the composition of either the MOH or NHI models are not sacrosanct and or complete as it varies among regions, districts, rural settings and health facilities. In most cases general practitioners do not make up membership of a PHC team. Their involvement is only during emergencies and through referrals. Therefore a typical PHC team in Belize comprises only the Public Health Nurse, the rural health nurse and the Community Health Workers. In the absence of the GP, the Public Health Nurse assumes leadership of this team. The Community Health Workers are considered a core component of the team by virtue of the fact that they are recruited from their community and by the same community members that they serve. They are mostly volunteers that receive monthly stipends and are usually well known and respected by their community and as such possess cultural sensitivity required for

service delivery at that micro level. At the moment, the MOH is redesigning the CHW's program for operational efficiency and quality service delivery through the implementation of new training manual and partnership with the US Peace Corps. The core competencies for the primary health care team in Belize include:

1. Communication
2. Person/Family/Community-Centered Care
3. Role Clarification
4. Team Functioning
5. Conflict Resolution
6. Best Possible Care and Service
7. Primary Health Care Principles
8. Partnerships
9. Cultural Competency
10. Self-Management Support

The Hand book for the measurement of the regional goals sets out criterion to determine the number and extent of PHC development in all countries of the region. The scores of 10 point each were awarded as follow to arrive at a total score 61 which implies that Belize is now 87% towards achieving this goal. This score signifies a modest increase of 8.4% from the baseline measurement and as such is considered a step in the right direction.

Is there a national program? ________________________________ (5*/10 Points)
What percent of population is covered? _________________________ (10/10 Points)
Does the program utilize community networks? __________________ (10/10 Points)
Does it cover vulnerable populations? __________________________ (10/10 Points)
Which populations are covered? _______________________________ (10/10 Points)
Which professional groups are included? ________________________ (8/10 Points)

What competencies are required of the PHC team? ________________ (8/10 Points)

TOTAL____ 61/70 Points

*The NHI is a national program that focuses on primary health care services through polyclinics. However implementation is limited at the moment to Southside Belize City and southern region of the country. Although there is plan to roll out NHI services throughout the entire country, 5 points out of 10 was awarded because of limited implementation of this policy only at the sub regional level at the moment.

GOAL 4

The ratio of qualified nurses to physicians will reach at least 1:1 in all countries of the Region.

Rationale

The purpose of this goal is to show the imbalance that exists in the production of the medical and nursing personnel that could affect the composition and competencies of health care team. For some countries it is expected that for every physician there will be at least four nurses and in other countries the reverse is true. The minimum goal in this instance is identified as one physician to one nurse. Given the scope of the activities of the PHC Team, the expanded role and credentials of nursing and the benefits of using nurses to their full competency levels (especially in a community health context), having the appropriate number of appropriately deployed nurses enhances health service delivery cost-effectiveness and efficiency.

Results

There were 395 and 381 full time physicians and Nurses, respectively during the period under review. This translates to nurses to physician ratio of 0.96:1. Belize therefore is currently at 96% towards this regional goal, a marked decline of 14% from the baseline measurement. This decline could be attributed to increase in number of full time physicians arising from new returning GP graduates from Cuba and or perhaps the continued migration of nurses to other recipient countries, fallout of absence of recruitment and retention plan in the country.

GOAL 5

All countries of the Region will have established a unit of human resources for health responsible for the development of human resources policies and plans, the definition of the strategic directions and the negotiation with other sectors.

Rationale

The purpose of this goal is to call attention to the importance that decision makers at the highest levels with the health care system assign to HRH. This commitment is evidenced by the development and support of a formal planning unit with specific responsibilities for HRH and that links to and is supportive of the strategic direction of the health care delivery sector. This function goes beyond personnel administration to that of a human resources policy and program development and management.

Results

Belize has achieved 58.3% of the regional target, a modest increase from 53% recorded during the 2009 baseline measurement. This shows that the HRH Unit within the Ministry of Health has strong developmental possibilities in the midst of some fundamental challenges. The answers to the following questions as set out in the handbook for measurement justified the total score recorded with respect to this goal.

Does a unit for Human Resources for Health exist? .... Yes

The Unit has a leadership and advisory role within your organization………… 1/1

The Unit develops HRH policies for the whole organization………………… 0.5/1

The Unit plans the number and types of HRH required……………………… 0.5/1

The Unit provides strategic direction in the management of HRH………..…. 0.5/1

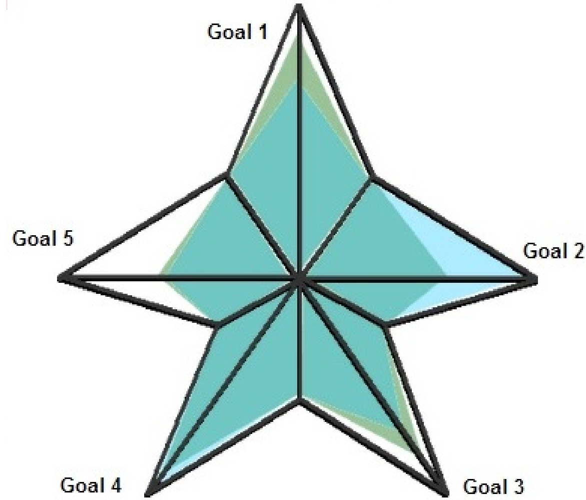
The Unit has a detailed and regularly updated HRH information system……. 1/1

The HRH unit is involved in labor negotiations? .……………………..………0/1

Total Score……………………………………………………………………..3.5/6

The Ministry of Health Belize, between 2000 and 2008, went through a Health Sector Reform with the overall objective of de-centralizing Health Service Authority to four regions, with the Ministry of Health Headquarters assuming regulatory roles. One of the highpoints of that reform was the strengthening of the Policy Analysis and Planning Unit within the Ministry of Health Headquarters. The PAPU Unit is made up of: office of the Health Economist together with several Health Planners in charge of specific portfolios. There is a Health Planner designated as the HRH Technical Advisor/Focal Point. The HRH Focal Point functions under that frame work and reports to the Director of the Unit. There exist a framework of cooperation between the HRH FP and the Administrative Officers, through periodic meetings, for information sharing and workforce management.

Figure 1: Completion Percentage of Goals 1-5



Challenge One	Baseline(2009)	Intermediate(2013	Regional Target
Goal 1	75.00%	95.49%	25 per 10,000
Goal 2	100.00%	63.80%	40%
Goal 3	79.00%	87.00%	70/70
Goal 4	100.00%	96.00%	1:1
Goal 5	54.00%	58.30%	16/16

3. CHALLENGE TWO

PUT THE RIGHT PEOPLE IN THE RIGHT PLACES, ACHIEVING AN EQUITABLE DISTRIBUTION ACCORDING TO THE HEALTH NEEDS OF THE POPULATION

GOAL 6

The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015.

Rationale

Over the past twenty years the rate of population growth for many urban areas in the Region of the Americas has been double those of rural areas. Similarly, the growth in the number of health care providers has been concentrated in urban areas, contributing to a continued major imbalance in the urban-rural distribution of the health workforce. While physician to population ratios within the Region of the Americas may be up to four times greater in urban areas than for countries as a whole, the urban physician-to-population ratios may be more than eight times greater than the comparable physician ratios in some rural areas. As a result, rural communities continue to have very limited access to required health care services compared to their urban counterparts.

Achieving a more equitable geographic distribution of health professionals throughout the Region of the Americas—particularly within the context of expanded community-based primary health care teams would greatly enhance community access to health care services and contribute to the improvement in health outcomes and overall community health status.

Results

According to Statistical Institute of Belize's 2010 Census mapping, urban areas are: Belize City, Belmopan, Benque Viejo, Corozal, Dangriga, Orange Walk, San Pedro, Punta Gorda, San Ignacio, and Santa Elena with a population figure of 154,475. By implication, all other areas of Belize are considered rural with a population estimate of 188,161. The rural health personnel consists 17 physicians, 22 Nurses, 0 midwives giving a total of 39. Note that Community Health Workers were excluded in adherence to the Hand book for regional goals measurement. The physician population density ratio for rural Belize is 0.9, while that of nurses and midwives are 1.1 and 0 per 10,000 of the population respectively. The combined health professional density ratio for rural Belize is 2.1 per 10,000. With respect to urban area, there are 378 physicians, 359 nurses and 42 Midwives. Using the 2012 urban population estimate of 154,475 as the denominator, the physician density ration is 24.5, 23.2 for nurses and 2.7 for midwives while combined health profession density ratio for urban Belize is 50.4. Based on this result, there still exists a large gap between urban versus rural distribution of healthcare professionals. During the 2009 baseline measurement, the urban density was 38 while the rural was 1.8, ratio 21 to 1. Since the regional target was to reduce that disparity (21 to1) by half by 2015, it is expected that by then the gap should be 10.5 to 1. Belize is near to 2015 unfortunately the ratio based on this new result is 24 to 1. Therefore Belize has not made any progress towards this goal since the disparity has increased by a degree of 3 to 1. This justifies the score of 0% being awarded.

GOAL 7

At least 70% of the primary health care workers will have demonstrable public health and intercultural competencies.

Rationale

The effectiveness of the PHC Team is contingent upon members having the requisite clinical skills, public health knowledge and intercultural competencies to diagnose patients, administer treatment and monitor outcomes, that are appropriate to and reflective of the health care needs of the diverse (ethnic, linguistic, religious, socioeconomic, etc.) communities that they serve.

Broad-based public health competencies may enhance the capacity of health professionals to provide comprehensive, community-based patient care that is more responsive to the full range of population health needs. These competencies include skills involved in preventing disease, prolonging life and promoting and maintaining health through population surveillance and the promotion of healthy behaviors.

In order to be most relevant and effective, public health strategies must be sensitive to the cultural contexts in which they are being administered. In addition to increasing the size of the health workforce, enhancing the intercultural competencies of those health workers who will be providing the services will improve the access for diverse cultural groups to needed health services.

Results

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of competencies for the broad practice of public health in any setting. The Core Competencies are divided into eight domains, or topical areas of knowledge and skill:

1. Analytic/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills

4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

Intercultural competence is the ability to communicate effectively and appropriately with people of other cultures. In interacting with people from foreign cultures, a person who is inter-culturally competent understands the culture-specific concepts of perception, thinking, feeling, and acting. It is a set of cognitive, behavioral, and affective/motivational components that enable individuals to adapt effectively in intercultural environments.

In Belize, an ideal primary healthcare team comprises a primary healthcare physician, Public Health Nurse, Rural Health Nurse, Health educator and community health workers. A General Practitioner is supposed to lead the team; however this is usually left to the Public Health Nurse, such that the GP is only involved in emergency cases or referrals. The breakdown of PHC workers in Belize are:

Public Health Nurse	18
Rural Health Nurse	63
Community Health Workers	287

Total number of PHC workers…………………………………………………….…….… 368

Total PHC workers with Public Health Competencies ……………………..………….18

Total PHC workers with intercultural competencies…………………………………...305

Total PHC workers with public health and intercultural competencies………………323

Based on the above data, 4.9% of the primary health care workers have public health competencies while 82.9% of the total PHC workers have intercultural competencies due to re-training of the Community Health Workers in the country. A total score of 87.9% was awarded so that Belize has achieved 125% of this regional goal.

GOAL 8

Seventy percent of nurses, nursing auxiliaries and health technicians including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.

Rationale

In addition to providing the first point of entry to the health system and providing a coordinating function for other health and community services, primary health care recognizes the broader determinants of health. This includes coordinating, integrating and expanding health systems and services to improve population health, to prevent sickness, and to promote health. It encourages the best use of all health providers, through expanding scopes of practice, evolving working relationships and potential new roles within multi-disciplinary teams, in order to maximize the potential of all health resources.

It is important for all members of the PHC care team to have the appropriate skills and to work at their full competency levels within multi-disciplinary environments in order to best meet the needs of communities and the technical requirements of evolving health care delivery systems.

Results

There are 381 registered nurses, 125 traditional birth attendants, 287 community health workers, 49 auxiliary nurses, 59 nurse aides, 133 practical nurses and 42 midwives in Belize, for a total of 1076. The nurses and midwives are required to pass an annual mandatory continuous education to qualify for recertification and licensure. The community health workers, on the other hand, are updating their skills in order to be well prepared for their changing roles within the health care delivery system. Therefore, of the 1076 healthcare professionals under review, 710 have their skills and competencies upgraded in line with this goal. This translates to 66% of this group of healthcare professional and which is below the 70% target. Therefore Belize is 94% towards accomplishing this goal.

GOAL 9

Thirty percent of health workers in primary health care settings will have been recruited from their own communities.

Rationale

Historically, the growth in the number of health care providers has been concentrated in urban areas, contributing to a continued imbalance in the geographic distribution of the health workforce as seen in Goal 6. The urban physician-to-population ratios for some countries of the Region of the Americas are more than eight times greater than the comparable physician ratio in rural areas. Many countries have adopted incentives to attract health care providers to rural areas, but most have only achieved modest, short-term success. While appropriate salaries and stable, safe working environments are key

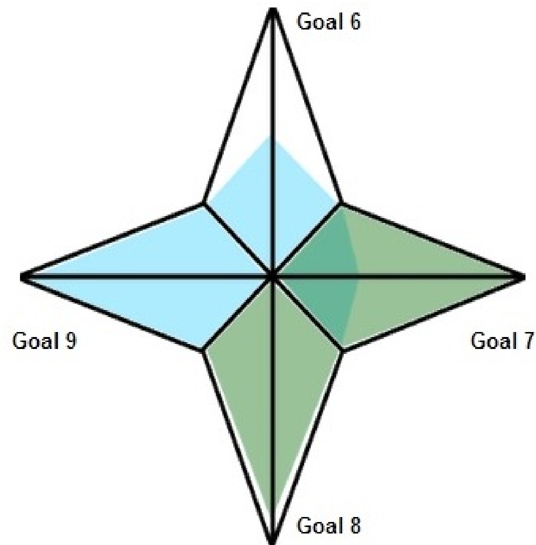
considerations in attracting health care workers to rural areas, matching the right individual to the right job in the right place appears to be equally important.

Health care workers who are recruited from their own communities are more likely to return and remain in their communities to work after completing their training than are those who have been recruited externally. Local recruitment further enhances the strength of the primary health care team by enlisting those individuals that already possess the requisite cultural sensitivities and knowledge of community networks, contacts and needs.

Results

In Belize, only the community health worker is recruited from his own community. All the other health professionals serve multiple communities and multiple ethnic groups. While it is acknowledged that recruiting a health professional from a specific community is likely to enhance his cultural sensitivities while serving that community, challenges arise when there is no health facility in the health professional's community of origin. This often characterizes Belize which has comparatively few health facilities – one tertiary care facility, three regional hospitals and three community hospitals. Recruiting a health professional from a rural area and requiring him/her to serve in that rural area also reduces the professional development prospects of that individual since opportunities for promotion and skills development in a multiplicity of service delivery areas are generally better in the urban facility than in the rural facility, which may be staffed by one single person. In view of the above argument, this goal does not necessarily apply within the Belize context.

Figure 2: Completion Percentage of Goals 6-9



Challenge Two	Baseline(2009)	Intermediate(2013	Regional Target
6	50.00%	0.00%	Reduce by 50%
7	31.00%	125.00%	70%
8	0.00%	94.00%	70%
9	100.00%	SD	30%

4. CHALLENGE THREE

PROMOTE NATIONAL AND INTERNATIONAL INITIATIVES FOR COUNTRIES AFFECTED BY MIGRATION TO RETAIN THEIR HEALTH WORKERS AND AVOID PERSONNEL DEFICITS

GOAL 10

All countries of the Region will have adopted a global code of practice or developed ethical norms on the international recruitment of health care workers.

Rationale

In view of the fact that a global shortage of health care workers currently exists in 30% of all countries, that substantial increases in the demand for health workers are forecast in higher income countries in the near future, and, that increasingly competitive health worker migration worldwide will have a significant impact on the lower income countries, the WHO has developed a draft Code of Practice for the International Recruitment of health workers. Countries are being asked to provide feedback on this draft Code of Practice.

The adoption of an ethical code of practice would: (I) support a global approach to the issue; ii) recognize the rights of individuals to freedom of movement; iii) recognize the needs of developing nations; iv) limit active recruitment from nations of highest need and with the greatest disadvantages of achieving them; v) establish guiding principles for bilateral agreements with select developing nations; and, vi) act consistently with—and in broad support of—their broad goals and directions.

The migration of health professionals in the Americas is expected to remain a serious concern for many of the countries of the Region of the Americas. Inequities in the supply of human resources for health not only vary greatly across the Region of the

Americas, but the gap between countries with high and low densities of health workers continue to grow. The adoption of a code of practice regarding the international recruitment of health workers would be an important first step in developing broad, ethical, collaborative workforce policies to better stabilize and manage the health workforce of the Region of the Americas.

Results

Belize has made no progress towards the regional target of 100%, the same score that was recorded during the 2009 baseline measurement. The country has not adopted any global code of practice nor are there ethical norms put in place to guide international recruitment of healthcare professionals.

GOAL 11

All countries of the Region will have a policy regarding self-sufficiency to meet its needs in human resources for health.

Rationale

It is generally agreed that any long-term sustainable human resources strategy requires a significant investment in national self-sufficiency in HRH. This principle applies to both developing countries which are the primary source of new immigrants, and developed countries which are generally the destination) for migrant health workers.

Developing countries need to work—with the policy and fiscal support of other nations to reduce the push factors with respect to emigration of healthcare workers, while developed countries will need to reduce incentives and increase barriers to lower the pull factors that attract migrant health workers. A commitment to becoming more self-sufficient requires that developed nations train and retain, through health workforce

incentive programs, the appropriate number of health professionals that are required to meet their identified population health needs.

It is recognized that self-sufficiency is a long-term goal for most countries. Adopting self-sufficiency as the policy of first response in HRH program planning, however, would be an important strategic approach to help stabilize the Region of the America's health workforce by encouraging greater investment in workforce capacity and infrastructure development. Utilizing migrant health workers as a demand "buffer", rather than as an ongoing primary source of health care workers, would be a key component of this approach.

Results

Belize has not made any achievement with respect to this goal. With respect to this goal, the country is still where it was in 2009. There is no policy regarding self-sufficiency in human resources for health.

GOAL 12

All sub-regions will have developed mechanisms for the recognition of foreign-trained professionals.

Rationale

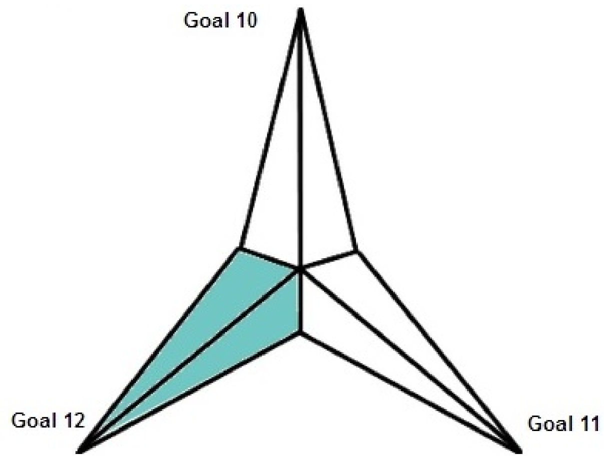
It is important to deepen the pool of the region's workforce talent and skills by ensuring more successful integration of new immigrants into the economy and into communities. The introduction of common guidelines and mechanisms for the assessment of credentials and competencies of foreign health workers seeking licensure ensures the speedier recognition of foreign credentials and prior work experience and facilitates the assimilation of immigrant health workers into the workforce. This approach would

strengthen the human resource capacity of the health delivery system by ensuring that immigrant workers are accepted into the workforce as early as possible and by allowing them to work at their full competency levels. A standardized approach that supports the recognition of foreign credentials helps stabilize the workforce by improving the deployment and long-term retention of immigrant health workers.

Results

Belize accomplished and maintained 100% of this goal by virtue of the fact that the country is a member of CARICOM and the CSME which features a regional agreement for free movement of health professionals. Professionals from non member countries are required to write and pass the CARICOM regional exams before licensure. It is noteworthy that Belize is also a member of SICA due to its geographical location within the Central American Isthmus. However, there is no SICA regional agreement as is the case with CARICOM such that health professional from this region must sit and pass CARICOM exam. All the other member countries of SICA, except Belize, are Spanish speaking such that passing English based CARICOM professional exam will be challenging and a barrier to potential professionals willing to practice in Belize.

Figure 3: Completion Percentage of Goals 10-12



Challenge Three	Baseline(2009)	Intermediate(2013	Regional Target
Goal 10	0.00%	0.00%	20/20
Goal 11	0.00%	0.00%	10/10
Goal 12	100.00%	100.00%	SI

5. CHALLENGE FOUR

ACHIEVE HEALTHY WORKPLACES AND PROMOTE A COMMITMENT OF THE HEALTH WORKFORCE WITH THE MISSION OF PROVIDING QUALITY SERVICES TO THE WHOLE POPULATION

GOAL 13

The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.

Rationale

An effectively functioning health delivery system is one of the many factors that determine the health of a population. As such, promoting stable working conditions for all healthcare providers is an important strategy for improving population health. Precariously employed workers, such as temporary employees, part-time workers) and people working in low-wage positions with uncertain prospects for the future, face high levels of job insecurity and frequent short-term employment. The reduction of precarious, unprotected employment for health service providers will enhance the long-term success of health workforce recruitment and retention strategies and increase the overall stability, manageability and effectiveness of the health workforce.

Results

There are about 1941 healthcare providers within the health sector in Belize. Out of that figure, 891 are considered to be protected or non precarious since they are on permanent employment position with attached benefits such as gratuity, pension, and social security. The other 1050 are on contract or open vote which does not accord them the job security that their counter parts enjoy as permanent employees. Therefore,

54% of healthcare providers in Belize are unprotected based on this survey and within the period under review. However, if the 287 Community Health Workers who are unprotected are added, the total health workforce will increase to 2,228 while the percentage of precarious workers will equally rise to 60%. A valid argument could be made that since the CHWs are volunteers who are not on Government's payroll, they are not to be considered in this survey. Whether or not the CHWs are included, the 54% or 60% result is still considered high given that the value was 30% during the first measurement in 2009. The target is to halve that value by 2015. The result of this second measurement should have shown a decrease towards 15% but that is not the case as it is rising. A score of zero is awarded since no progress has been made towards accomplishing this regional goal.

GOAL 14

Eighty percent of the countries of the Region will have in place a policy of health and safety for the health workers, including the support of programs to reduce work-related diseases and injuries.

Rationale

Employee health and safety programs, policies and legislation need to be developed and implemented to provide formal guarantees of safe and healthy work environments for all healthcare workers with respect to general working conditions and overall workplace safety. Health and safety programs need to be tailored to the specific requirements of individual workplaces. Formal programs to enhance workplace safety and security result in improved worker job satisfaction, better workplace performance

and greater stability through lower rates of worker absenteeism, turnover, sick leave and general attrition.

Results

There is a draft policy on occupational health and safety put together since 2009 but it has not yet been approved by the Cabinet. Therefore Belize has not accomplished this goal and as such a score of 0% was assigned.

GOAL 15

At least 60% of the health services and program managers will fulfill specific requirements for public health and management competencies, including ethics.

Rationale

The purpose of this goal is to professionalize and strengthen the leadership and administration of health services delivery with a view to achieving greater efficiency in management and a greater capacity and commitment for work. The proportion of managers who have formal certification from a university or through an accredited in-service training program is an indicator of progress with respect to this goal.

Results

A sample of all the program managers and the Technical Advisor reveal that only 58% of them fulfill specific requirements for public health and management competencies. This result is a modest improvement from the previous survey done during the baseline measurement wherein 50 % of the program managers satisfied this requirement. Based

on this second measurement, Belize has a total score of 96.6%. In other words the country is 96.6% towards achieving this goal.

GOAL 16

One hundred percent of the countries of the Region will have in place effective negotiation mechanisms and legislation to prevent, mitigate or resolve labor conflicts and ensure essential services if they happen.

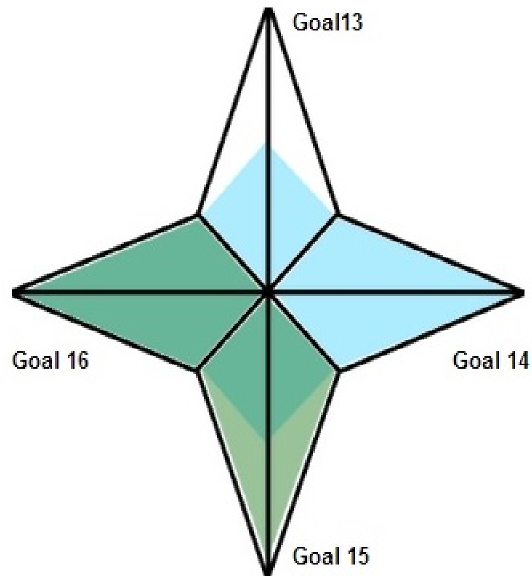
Rationale

The provision of critical health services must be considered an essential service to the public. As such, effective legislation and labor negotiation mechanisms must be put in place to resolve labor disputes to ensure that there is no disruption to those health services that are considered necessary to save or sustain life. The thrust of this initiative is not to minimize the importance of labor concerns or to defer ongoing labor negotiations. Its purpose is to establish a formal mechanism to maintain dialogue with workers' labor organizations that allows for the continuing delivery of essential health services while labor disputes are being settled. This mechanism would protect the rights of employees, consistent with local labor codes and union practices, and facilitates patient access to critical health care services.

Results

Belize accomplished and continues to maintain 100% of this goal since the baseline measurement. Essential services legislation exists to ensure the resolution of labor disputes and provision of essential healthcare services. This is spelt out in the Essential Services Act of Belize, Chapter 298 and 298S of the Settlement of Disputes Act, of the Laws of Belize.

Figure 4: Completion Percentage of Goals 13-16



Challenge Four	Baseline(2009)	Intermediate(2013	Regional Target
Goal 13	50.00%	0.00%	Reduce by 50%
Goal 14	100.00%	0.00%	60/60
Goal 15	50.00%	96.60%	10/10
Goal 16	100.00%	100.00%	100/100

6. CHALLENGE FIVE

DEVELOP MECHANISMS OF COOPERATION BETWEEN TRAINING INSTITUTIONS AND THE HEALTH SERVICES INSTITUTIONS TO PRODUCE SENSITIVE AND QUALIFIED HEALTH PROFESSIONALS

GOAL 17

Eighty percent of schools of clinical health sciences will have reoriented their education towards primary health care and community health needs and adopted inter-professional training strategies.

Rationale

This goal is inserted in the reformed concept of PHC that calls attention towards strengthening society's role in reducing health inequalities. Therefore, it parts from the concept of health as a human right and highlights the need to face the social and political determinants of health. The full development of PHC requires paying special attention to the role of HRH in this change and the reaffirmation of the paradigms they play. Consequently, training of personnel in university environments with this focus takes a new and important dimension.

The goal of community health care is to provide comprehensive and appropriate health care starting with the families and the community as the basis for planning and action. For the PHC team to be effective, the must work together as a team, share common values and approaches, not just with regards to medical issues but social and environmental issues and strategies as well. It is also important within a team environment that staff is deployed effectively, are utilized to their full levels of competence and understand and respect each team member's role. This allows the team to be as effective and efficient as possible.

In order for this collegial culture to develop at the workplace, shared courses and common curricula need to promoted and developed with respect to inter-professional student training.

Results

The University of Belize is the only institution in the country that offers Clinical Health Science programs through the Faculty of Nursing, Allied Health and Social Work. The faculty does not train medical doctors. The nursing and allied health training program of the university have been reoriented to support community-based primary healthcare teams with respect to health service delivery. The answers to the following question set out in the Hand book for Regional Goals justified a total score of 11 out of a maximum 15 points for the five indicators.

1. School of Health Sciences do not center the training of health professional on biomedical model

   Physicians____0_____ Nurses___1_______ Midwives____1_____ Total (0-3) 2/3

2. Primary healthcare components are included in the training curricular (0-3) 3/3
3. Changed curricular model and re-oriented towards PHC (0-3) 3/3
4. Have inter-professional training strategies (0-3) 3/3
5. Existence of financial support for inter-professional training (0-3) 0/3

Total: (0-15) 11/15

With respect to indicator one above, only 2 out of a maximum 3 point is awarded since there is no institution in Belize that offers training program in Medicine. The University of Belize's Faculty of Nursing, Allied Health and Social work programs are based on biomedical model with integration of PHC and social factors into its training curricula.

Inter-professional training strategies are also adopted through courses that bring all professional categories together and also through internship programs wherein students work as members of a typical health care team. There is, however, no financial support for inter-professional training. Therefore Belize has a score of 3 each for indicators two, three and four and a score of 0 for indicator five. With an overall score of 11 out of maximum 15 points, Belize has accomplished 73% of this regional goal.

GOAL 18

Eighty percent of schools in clinical health sciences will have adopted specific programs to recruit and train students from underserved populations with, when appropriate, a special emphasis on indigenous or First Nations, communities.

Rationale

This goal seeks to inquire if the Colleges and Schools in Clinical Health Sciences have accepted or recruited students in health training programs from underserviced areas and from populations who traditionally have not had access to health services.

It is expected that health care providers who are recruited from rural areas and from minority populations are more likely to return there to practice. Furthermore, they are more likely to have the social and cultural sensitivities and the language skills needed in primary health care settings with rural and ethnic communities

Results

At the University of Belize, various scholarship categories exist in the area of sports and academic accomplishments and also through the UB Alumni Association. It is worthy to also mention that tuition is subsidized for all students by the Government of Belize, irrespective of sex, age, race or ethnic affiliation. However, the University does not have

specific programs to recruit and train students from underserved population with, when appropriate, a special emphasis on indigenous communities. Therefore Belize has not accomplished this goal and as such an overall score of 0% is awarded.

GOAL 19

Attrition rates in schools of nursing and medicine will not exceed 20%.

Rationale

This goal seeks to shed light on the degree of medical and nursing student attrition rates. This rate certainly measures the quality of the educational process and the difficulty in retaining students in health careers, faced to the costs their training entails, repetition of courses and dropout. Studies in countries in the Region of the Americas have found attrition rates that exceed 50%, which implies a high level of failure of the educational system to retain possible future health professionals, with consequences on the misuse of resources and impact on the quality of professional training.

Results

There is currently no medical school in Belize. The University of Belize, however, offers a 4 years bachelors program in nursing. In reviewing this regional goal, the completion rate of nursing graduates at the University of Belize who enrolled between 2006 and 2009 was determined. Since nursing programs at the University of Belize run for a period of 4 years, a student that enrolls in 2006 will likely graduate in 2010, ceteris paribus. So by matching the enrollment year with respective expected graduation year, it was possible to estimate the average completion rate to be 15%. Since the opposite of completion rate is the attrition rate that gives a value of 85% attrition rate for the period under review. This value shows a marked increase in attrition rate when

compared to the result of the 2009 baseline measurement and is father below the target of 20%.

GOAL 20

Seventy percent of schools of clinical health sciences and public health will be accredited by a recognized accreditation body.

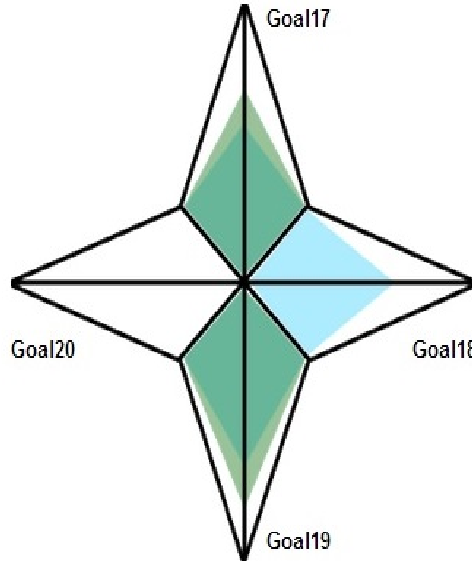
Rationale

This goal seeks to include the dimension of quality of education that is provided in the schools of clinical health sciences and public health and their certification on behalf of a recognized accreditation body. The direction of the services towards quality is one of the principles of the health systems based on PHC and are the basis for the health policies and training of health personnel.

Results

Belize does not have an official accreditation body that evaluates the clinical health science training programs. The health training programs of the University of Belize are not accredited. The country is, therefore, 0% towards accomplishing this regional goal. It is worthy to mention that discussions and efforts towards accrediting the Health Science Programs at the University of Belize are ongoing. However, it is unlikely to occur in the near future due to tight fiscal space and human resources constraints.

Figure 5: Completion Percentage of Goals 17-20



Challenge Five	Baseline(2009)	Intermediate(2013	Regional Target
Goal17	55.00%	73.00%	13/13
Goal 18	62.00%	0.00%	100/100
Goal 19	66.00%	85.00%	Reduce by 20%
Goal 20	0.00%	0.00%	70%

7. Conclusions and Recommendations

The completion of this second measurement of the 20 Regional Goals is timely and a step in the right direction. There is no doubt that this current results highlighted the areas of weaknesses that require further strengthening or intervention. It has also revealed the areas where the country is doing well such that the onus lies on policy makers to maintain that consistency in order to keep the country on track. The country's overall performance could be regarded as below average given that Belize accomplished only 3 out the 20 goals. With respect to goals number 1, 3, 5 and 15, some progress was made since the 2009 measurement. There were also instances of regression as seen with goals number 4, 6 and 13. While various recommendations were made based on the result of the baseline study done in 2009, it is difficult to attribute such progress to implementation of the respective recommendation. The non accomplishments and/ or regression with respect to some goals require various policy shift as well as relevant intervention as outlined below.

- The HRH Unit within the Ministry of Health Belize needs to be strengthened towards delivery of services. A stronger HRH unit will translate to the desired health workforce planning and management that is required to keep the country on track towards accomplishing the regional goals.

- There is need for the policy makers to mainstream HRH issues in the national discourse through passage of HRH related bills, policy implementation and increased funding.
- The BHIS HRH Module should be fully operational to aid population of personnel data for purposes of health workforce planning and management.
- The Ministry of Health Belize needs to develop a recruitment and retention plan for healthcare providers with the involvement of the Private Sector;
- Increase student enrollments in health programs at the University of Belize. This can be accomplished via specific scholarships directed towards nursing students;
- Increase the uptake of applicants who have been accepted into health programs;
- Expand the number and range of scholarships across programs and districts;
- Seek ways of reducing student attrition.

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Appendix A: MAP OF BELIZE