PUBLIC HEALTH POLICY IN THE BAHAMAS: LECTURE SERIES

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2ND MAY, 2019
Meet the Policy Makers Lecture Series
Government and Public Policy Institute
University of The Bahamas
OUTLINE:

I. Defining Public Health
II. Setting the Historical Backdrop
III. Public Health Policy Objectives
IV. Contemporary Issues in Bahamian Public Health Policy
V. Pressing Priorities
VI. Our Approach to Policy Design
VII. Policy Outcomes
VIII. Looking to the Future
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PUBLIC HEALTH: WHAT IS IT?

- Is focused on achieving the greater public good for the population through disease prevention, epidemiologic explorations, effective hygiene/sanitation measures and advocacy.

- It is not a synonym for community clinics.
Public Health Tenets

1. PREVENTION AND CONTROL
2. SURVEILLANCE
3. WATER AND SANITATION INTERVENTIONS
4. EPIDEMIOLOGY, RISK FACTORS, AND DISEASE BURDEN
5. HYGIENE PROMOTION
6. SOCIAL MOBILIZATION
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HISTORY MATTERS ...

The history of public health is a story of the search for effective means of securing health and preventing disease in the population

“Public health and its policies have evolved through many historical ideas, trials and errors along with the development of basic sciences, technology and epidemiology; and through periods of [peace, crisis,] war and natural disasters”

- Theodore H. Tulchinsky
Public Health Theories

- Spiritual
- Environmental (Miasma)
- Sanitary
- Biomedical (Vaccines and drugs)
- Socio-behavioural
GLOBAL HISTORICAL MOMENTS

Medieval Leprosy and the Leprosaria (leprosy colony) ushered in the concept of quarantine for contagious diseases.
GLOBAL HISTORICAL MOMENTS

The Great Plague (Black Death) of the 14th Century gave rise to improved sanitation measures that are still practiced today.
John Snow, became known as the father of epidemiology for his work on the “Mode of Communication of Cholera” in London’s contaminated water supply crisis.
Tuskegee Syphilis Experiment (1932) gave birth to the concept of bioethics in human research subjects. “Bioethics, born in scandal, raised in protectionism.”
In the early years of the 20th century, public health held a position of low priority on the government’s agenda, and ... most areas ... were like a giant cesspit. The poor sanitary conditions ... meant typhoid fever and similar illnesses were endemic.

- Dr. Harold Munnings
Bahamian Medical Pioneers

Dr. Thomas W. Johnson MD, JP
1837 - 1895

Erected to the memory of
Thomas W. Johnson, M.D.J.P.
Born: February 5th, 1837
Died: October 21st, 1895
Generous, Honorable, and just,
his memory is revered as his life
was valued.

Dr. Claudius Roland Walker
1897 – 1971
Cholera Outbreak (1850s)

Cholera graveyard in Hope Town, Abaco
Cuboid cholera gravestones lining the path of St. Matthews graveyard

Headstone of Dr. Horatio Nelson Chipman
THE 1925 TYPHOID CRISIS

Typhoid fever and been endemic and worsening in The Bahamas. The death of a tourist during construction of the Montague Beach Hotel, triggered action.
The Bahamas’ Journey to Modern Sanitation

- **1953**: 71% Popl'n using standpipes, 29% Popl'n dependent on wells
- **1973**: 80% Homes with piped water
- **2000**: 84% Homes with indoor toilet connected to septic tanks
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The Responsibility of Policy: WHAT does POLICY DO?

- **Sets Safety Standards**
- **Tracks Disease Outbreaks**
  - Encourages movement towards the “right” goals
- **Creates Enabling Environ’ts**
- **Prioritizes and mobilizes resources**
- **Advocates for Public Health Policies in all places**
- **Responds to burden, trends & threats**
- Investigates why some suffer poor health outcomes and others don’t
- Secures the greatest good for the population as a whole
Public Health: Its Value Proposition

✓ SAVES MONEY
✓ IMPROVES THE QUALITY OF LIFE
✓ HELPS CHILDREN THRIVE, AND
✓ REDUCES HUMAN SUFFERING
Public Health Policy is Meant to Achieve the Greatest Public Good

Measles Outbreak in New York: Case Study of Public Health Policy In Action

Unvaccinated Children Banned from Public Places

Parents face Prosecution
Uniquely Bahamian healthcare strategies.

- I ain’t claimin dat!

- “Never been sick or in hospital or to a doctor! I never take medicines!”

- My BP “felt” normal, so stopped meds!

- I will bind that with the blood of Jesus!
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SOCIAL DETERMINANTS OF HEALTH (SDH)
Commercial Determinants of Health

- The power of markets and business, in particular trans-national companies/corporations and their marketing has led to “industrial” epidemics based on encouraging unhealthy consumption

- There is increasing evidence that brands and associated marketing can shift consumer habits

- Persisting challenge - health dollars are nowhere near as long as the advertising dollars of such companies
Fiscal Policies

- New bodies of research support the utility of fiscal policies as one way to influence purchasing behaviour of unhealthy foods and beverages.
- Bloomberg study shows the consumption of free and added sugar is contributing to the NCD burden.
BIG FIGHT IN BAIN TOWN!
Health Inequities

Diagram showing health inequities in New Providence, Grand Bahama, and Family Islands.*

- Alcohol
- Smoking
- Short sleep
- Hypertension
- Diabetes
- Obesity

*Family Islands include Cat Island and Inagua
Other Contemporary Issues

- Health-In-All Policies
- Research, knowledge, innovation and expertise (Evidence-based to evidence-informed)
- Gender, human and patient rights
New and Emerging Threats

- SARS
- Ebola
- Zika
- Avian Influenza
- Zoonotic pathogens
- Antimicrobial resistance
- Vaccine hesitancy

April 16th 2003 newspaper article: “There has not been one case of SARS in The Bahamas, but that doesn’t mean the nation’s economy hasn’t caught a chill”
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Pressure Point: Shifting Epidemiologic Profile

What causes the most death and disability combined?

- Communicable, maternal, neonatal, and nutritional diseases
- Non-communicable diseases
- Injuries

Top 10 causes of disability-adjusted life years (DALYs) in 2017 and percent change, 2007-2017, all ages, number
Modern Man Evolution

H. Australopithecus
H. erectus
H. sapiens
H. ??

Millions of years
50 years
Pressure Point: Our Increasing Risk of NCDs

NCD RISK FACTOR PREVALENCE TRENDS IN THE BAHAMAS

- Insufficient Fruits & Veggies: 98.2% (2005), 90% (2012)
- Sedentary Lifestyle: 62.5% (2005), 72.6% (2012)
- Current Smoker: 16.7% (2005), 7.1% (2012)
- Current Alcohol Use: 57.1% (2005), 40.8% (2012)
- Meals Eaten Outside Home: 16% (2005), 16% (2012)
- High Cholesterol: 15.8% (2005), 37% (2012)
- Hypertension: 58.2% (2005), 79.6% (2012)
- Diabetes: 70.5% (2005), 70.5% (2012)
- Overweight: 43.1% (2005), 49.2% (2012)
- Obesity: 43.1% (2005), 49.2% (2012)

Bahamians
3 or more NCD risk factors
Pressure Point: We Are Dying Too Young

- 74% Percentage of total deaths due to an NCD
- 38% NCD deaths that are premature, ages 30–70yrs
- 14% A Bahamian’s chance of dying too young

NCDs place significant strain on our social networks, health systems and health dollar – compromising work productivity and quality of life. Most telling is the reality the NCDs contribute twelve percent (12%) of total productive years of life lost in this country.
Pressure Point: Violence - A Public Health Problem
Two murders in six hours
Pressure Point:
Violence - A Public Health Problem

Murders in The Bahamas

2006: 61
2007: 73
2008: 78
2009: 85
2010: 94
2011: 111
2012: 119
2013: 122
2014: 122
2015: 146
2016: 111
2017: 122
2018: 90
Pressure Point: We Are Living Longer
Pressure Point: Living Longer, But in ‘Bad’ Health

- Life expectancy (LE) at birth has been increasing.

- The average Bahamian will live until age 74 years.

- However, the average Bahamian could expect the latter 10 years to be lived in ill-health and/or disability.
Pressure Point:
The HRH Brain Drain

- Increasing attrition of registered nurses to more attractive markets/territories. 2018 recorded a 528 nurses deficit throughout the archipelago. Nursing specialty areas such intensive care, neonatal intensive care, post-anesthesia care, emergency medicine and renal care accounting for a notable portion of this deficit.

- There is an inequitable distribution of available the health professional with resultant persistent shortages in public health clinics, especially those on the Family Islands.

- Chronic shortages in the allied health professions, with no government scholarship opportunities for these, like doctors, nurses and pharmacists
Human resource deficits in allied health professions are pronounced – if not widening, the rates have remained stagnant not even reaching a minimum threshold.

With a worsening NCD profile, there has been no growth in the number of licensed nutritionists and dieticians. The same holds true for podiatry.
Pressure Point: Climate Change Impacts Public Health

- In the early 1990s there was little awareness of the health risks posed by global climate change. By 2001 this had changed.

- “Overall, climate change is projected to increase threats to human health ... predominantly within tropical and sub-tropical countries” - IPCC 3rd Assessment Report

- Direct human health effects:
  1. Death, injury and loss due to floods and storms
  2. Changes in agro-ecosystems compromising food availability and production
  3. Introduction of new and modification of existing pathogens
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Policy Cycle
Root Cause Mapping

**OUTCOME**

- Obesity
  - Too few calories out
    - Sedentary work
    - Children can’t walk to school
    - Little leisure-time physical activity
    - Limited nutrition knowledge and information
    - Access to calorie-dense, nutritionally poor foods
  - Too many calories in
    - Lack of access to healthy foods
    - No farmers’ market nearby
    - No full service grocery stores nearby

**CAUSAL FACTOR**

- Limited transportation options
- No sidewalks
- Fear of crime
- Fast moving traffic
- Many fast food outlets
- Consumer demand
- Unwilling to walk further
- Disinvestment from poor neighborhoods
- Zoning rules
- Both parents work
- Time pressure
- No sidewalks
- Fear of crime
Triangle That Moves Mountains

“Windows of Opportunity”

Arise from changing realities; and, are short periods of time in which, simultaneously, a problem is recognized, a solution is available and the political climate is positive for policy change.
G1: Inter-sectoral Action to Protect Health
G2: Integrated People-Centred Services
G3: Improved Information Use for Decision-Making
G4: Strengthened Health Workforce
G5: Health Technologies, Infrastructure & Supplies
G6: Accountable Leadership & Governance
G7: Sustainable Health Systems
Sustainable Development Agenda 2030
Non-Communicable Disease Global Monitoring Framework

- **GLOBAL 2025 TARGET**
  - **TOBACCO USE**
    - 30% REDUCTION
  - **HARMFUL USE OF ALCOHOL**
    - 10% REDUCTION
  - **RAISED BLOOD PRESSURE**
    - 25% REDUCTION
  - **PHYSICAL INACTIVITY**
    - 10% REDUCTION

- **GLOBAL 2025 TARGET**
  - **DIABETES/OBESITY**
    - 0% INCREASE
  - **SALT/SODIUM INTAKE**
    - 30% REDUCTION
  - **80% AVAILABILITY OF ESSENTIAL MEDICINES AND BASIC TECHNOLOGIES TO TREAT CVD AND OTHER NCDS**
  - **50% OF ELIGIBLE PEOPLE RECEIVING DRUG THERAPY AND COUNSELING TO PREVENT HEART ATTACK AND STROKE**

- **2025 GOAL**
  - **PREMATURE MORTALITY**
    - 25% REDUCTION
Other International Mandates & Calls for Action

Caribbean Cooperation in Health Phase IV (CCH IV) | Summary of the Regional Health Framework 2016 – 2025

MENTAL HEALTH ACTION PLAN 2013 – 2020

UNITE TO END TB

GLOBAL PLAN OF ACTION to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children
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The Chronicles of Public Health Policy Outcomes

1940s - 50s
1. CMO contracted
2. Bahamas General Hospital (later PMH) was built*
3. PH Sanitation measures implemented and legislated
4. Health inspectors

1960s
1. National Insurance legislation

1970s
1. Breadbasket
2. 1st community clinic built on F.I
3. “Free” healthcare
4. Deliveries by skilled HCW

1980s
1. Regionalization approach
2. 1st kidney transplant
3. Blue Ribbon Commission
4. Disease surveillance strengthened
5. NPDP

1990s
1. Primary Health Care concept takes root
2. Health services in the community expanded beyond just MCH services
3. F.I. Medical posts almost doubled to 20 from 12 in 1978; and the 3 in the late 1950s posted to Inagua, Harbour Island and Green Turtle Cay

2000s
1. CMO contracted
2. Bahamas General Hospital (later PMH) was built*
3. PH Sanitation measures implemented and legislated
4. Health inspectors

*Note: Asterisk indicates an event that significantly contributed to the development of public health policies in the Bahamas.
Conch poisoning events in the early 1970s lead to the establishment of the Food Handlers Programme.
Policy Outcomes: Nutritional Literacy & Community Engagements
Policy Outcomes: Declining HIV Cases

1985
- HIV testing (ELISA) first made available in The Bahamas
- Bahamas AIDS Secretariat established

1988
- Samaritan Ministry established for PLHIV

1992
- Bahamas AIDS Foundation established

1995
- Zidovudine therapy (AZT) offered to PLHIV through the Lyford Cay Foundation and Bahamas AIDS Foundation

1998
- Focus on Youth HIV/AIDS Education Comprehensive Life Skills Programme established
- ART made available for HIV/TB Co-infected cases

2002
- Highly active antiretroviral therapy (HAART) introduced to The Bahamas
- National HIV/AIDS Centre commissioned

2004
- Focus On Youth Curriculum introduced in government schools

2011
- Rapid Testing introduced at NAC

2013
- NAC HIV Reference Laboratory accredited

2015
- Defaulters clinic established by NAC
- Pre-exposure Prophylaxis (PrEP) made available through the NAC

2016
- Treat All Policy* introduced by the NAC

* Treat All Policy: This policy aims to ensure that all HIV-positive individuals receive antiretroviral therapy (ART) regardless of the CD4 count or clinical stage of their disease.
Increasing rates, prompted policy decision to establish MCH TAG; all births happen in N.P; and all antenatal F.I clients travel to capitol be 32/40.
Policy Outcomes: Immunization Successes

- Expansion of the immunization schedule to include more antigens such as HPV, meningococcal and pneumococcal vaccines
- Coverage is maintained within the internationally set limits, though slippage has been noted within sub-populations
- On the path to verification of the elimination of congenital syphilis (and EMTCT)
Policy Outcomes: Capacity Building

- Locally available training
  - 4th & 5th years of medical school
  - Post graduate training in seven specialty disciplines
  - Nursing programmes (RN, midwifery and community health nursing)
  - Pharmacy programme

- Attention must be placed on our critical allied health professionals

- Several Bahamians have benefited from the Leaders in International Health Program

- Access to online training that meet the needs of the 21st century healthcare professional

- Raising the standard for quality of care
• Mal-distribution of the physician pool has triggered policy decisions to establish OMSD; to restrict the number of intern and SHO slots at PMH, a teaching hospital; and to encourage upward movement within the physician ranks
• Improved quality of medical education translating into improved care
Policy Outcomes: Infrastructure
International accreditation of the National Reference Lab (2013, 2015 & 2017), along incorporation of DNA PCR testing and the expansion of lab test menu
Policy Outcomes: Responding to Health Needs

EMS SERVICES
Declining response times and community out-stations

Wait time to see a doctor or have a procedure (PMH)

TELEMEDICINE

Medical condition explained in a way you could understand it (PMH)

In general, how would you rate your visit or stay (PMH)
Policy Outcome & Challenges: Removing Financial Barriers to Coverage and Access

- **95%** Of Bahamians strongly agree with the statement: "Bahamians should have access to Universal Health Coverage."

- **93%** Of Bahamians agree or strongly agree with the statement: "Private health insurance offerings are too expensive."

- **82%** Of Bahamians agree or strongly agree with the statement: "I am willing to contribute more to the cost of healthcare if it would guarantee quality of care would improve."

- **55%** Of Bahamians completely agree or somewhat agree with the statement: "I have personally chosen to not seek health coverage when I should have due to the cost of accessing care."
Policy Outcome: NHI – Making A Difference

50,000

Bahamians have enrolled in NHI since its launch last Spring, and are now receiving access to Primary Care Physicians and Lab Services.

>80

Primary Care providers, including 4 private labs are providing care across New Providence, Grand Bahama, Abaco and Exuma.

95%

Of NHI patients are satisfied with the quality of service they received from their NHI primary care provider.
Policy Outcomes: International Recognition

Washington, D.C., 23 September 2018 (PAHO/WHO) -- The Bahamian Minister of Health, Dr. Lucretia Leanor Sands, has been elected President of the Pan American Health Organization's (PAHO) 56th Directing Council, which convenes the Region's health authorities to discuss and analyze regional health policies and set priorities for technical cooperation and collaboration among countries.

Sands will preside over the Directing Council, which begins today until 27 September, where matters of health, from national systems of health, to the promotion of the health workforce, and to the WHO’s Global Code of Practice on International Maternity and Newborn Health, will be on the agenda.

Prior to this role, he was President of PAHO, and the American Board of Thoracic Surgery.

Dr. Sands, who succeeds Octavio Sanchez Mendoza, Minister of Health of Honduras, is also a member of the Caribbean Cardiac Society, the Wayne State Surgical Society, and is a Fellow of the American College of Surgeons. He is also a lecturer at the University of West Indies.

The Minister of Public Health of Ecuador, Verónica Espinosa, and the Minister of Health and Population of Haiti, Marie Gétra Roy Clement, were both elected vice-presidents of the Directing Council.
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LOOKING TO THE FUTURE
WHAT PUBLIC HEALTH POLICY gives

“Something to look up to,
Something to look forward to,
Something to chase”

- Matthew McConoughey (2017)
Thank You for Your Attention!

Questions