



THE BAHAMAS National Health Strategy

2026
2030

Together For Health: Building Trust,
Promoting Wellness, Securing Our Future

[THIS PAGE IS INTENTIONALLY LEFT BLANK]



Table of Contents

Message from The Minister of Health and Wellness of The Bahamas	4
Message from the Chief Medical Officer	5
Our Mission, Vision and Values	6
Strategy Development Process	7
Health System Current State Analysis	12
The Eight Strategic Pillars	24
Pillar 1: Governance and Leadership	
Pillar 2: Collaboration and Partnerships	
Pillar 3: Health Equity	
Pillar 4: Prevention and Early Intervention	
Pillar 5: Infrastructure and Maintenance (Physical and Digital)	
Pillar 6: Health Workforce	
Pillar 7: Financing and System Efficiencies	
Pillar 8: Innovation for Health	
Moving Forward	59
Glossary	60
References	61
Contact Us	62



Message from the Minister of Health and Wellness of The Bahamas

As Minister of Health & Wellness, I am honored to present the National Health Strategy 2026–2030. This Strategy represents a clear and determined vision for the future of healthcare in The Bahamas. It is guided by the principle that access to quality healthcare is a fundamental right, and it charts a path toward a health system that is more equitable, resilient, and responsive to the needs of the Bahamian people.

Our nation continues to face complex health challenges. Chronic non-communicable diseases remain a major concern and place significant strain on families, communities, and the national economy. Many of these conditions can be prevented or better managed when people have the right information, support, and access to care. The Strategy therefore places strong emphasis on health promotion, early detection and intervention, and wellness initiatives.

The Strategy advances our ongoing work to modernize public health infrastructure, expand digital health records, strengthen legislation and regulatory oversight, and improve health financing to help remove barriers to timely care. It supports a system where services are better coordinated, efficient, and centred on patients' needs and experiences. The Strategy also acknowledges the unique realities of the geography of our archipelago and reinforces our commitment to have a model of care that connects every island,

enhances emergency response capacity and is resilient to climate and public health challenges.

The National Health Strategy 2026–2030 represents a collective commitment to advance holistic health and wellness in The Bahamas. It brings together the skill and dedication of our healthcare professionals, the support of national, regional, and international partners, and active engagement of the Bahamian people. Good health and wellness are a shared responsibility, and together we can continue to strengthen our health system and build a healthier Bahamas for current and future generations.

Hon. Dr. Michael Darville

Minister of Health and Wellness
The Commonwealth of The Bahamas

***Together for Health: Building Trust,
Promoting Wellness, Securing Our Future.***





Message from the Chief Medical Officer

As we embark on the implementation of the Bahamas National Health Strategy (2026–2030), we do so with a renewed sense of purpose, unity, and responsibility to the people of The Bahamas. This Strategy represents more than a roadmap for our health sector, it is a commitment to building a healthier, more resilient nation where every individual has the opportunity to live well.

The Bahamas faces evolving health challenges, from chronic non-communicable diseases to emerging climate related threats. Yet we also possess tremendous strengths: a dedicated health workforce, a supportive community framework, and a shared belief that the well-being of our citizens is the foundation of national development. This National Health Strategy positions us to harness these strengths, modernize our health system, and deliver care that is people-centered, innovative, and sustainable.

The years ahead will bring transformative change. Guided by evidence, strengthened by partnerships, and grounded in equity, this Strategy focuses on delivering high-quality care, reducing preventable illness, and expanding access to essential services across our Family Islands and urban centres alike. We are investing not only in systems and infrastructure but also in the people who make healthcare possible—our clinicians, nurses, public health professionals, and support teams.

I extend my deepest gratitude to all who contributed to the creation of this Strategy—government partners, healthcare workers, civil society, and community members. Your insights and experiences have shaped a Strategy that reflects our collective vision for a stronger, healthier Bahamas.



Dr. Pearl McMillan
Chief Medical Officer
The Commonwealth of The Bahamas

***Together for Health: Building Trust,
Promoting Wellness, Securing Our Future.***



Our Vision, Mission and Values

"A Bahamas where every person enjoys the highest attainable level of health, empowered by innovation, equity, and trust in a health system that is resilient, people-centered, and future-ready"

OUR VISION

OUR MISSION

"To advance the health of all in The Bahamas through strong governance, sustainable and equitable funding, transparent partnerships, and resilient, accessible care."

OUR VALUES

Human dignity & equity

Accessible, affordable & people-centred care

Innovation, research, and the use of AI for better health

Excellence & quality

Community engagement, trust, collaboration & partnerships

Evidence-informed decisions

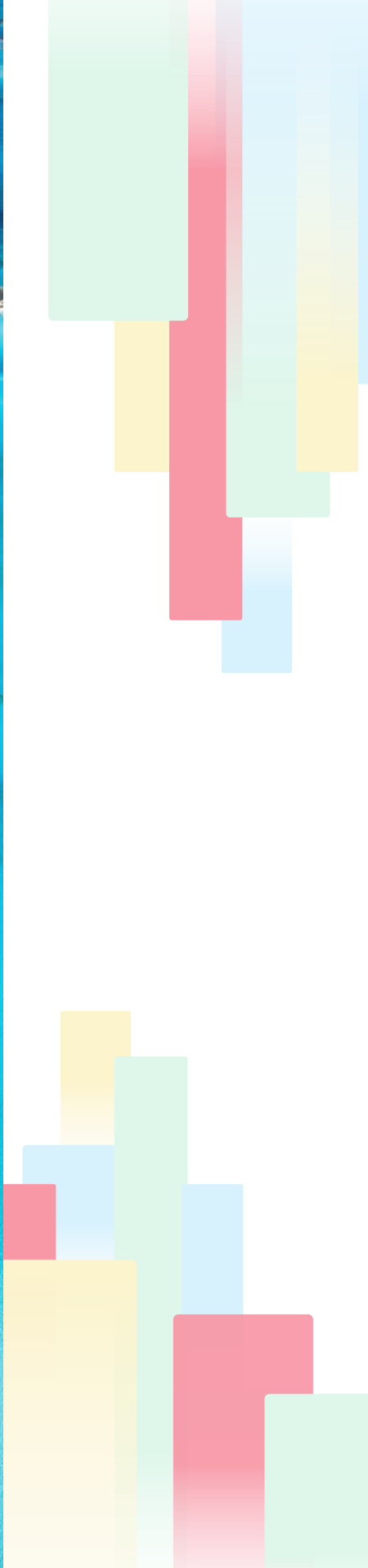
Sustainability

Respect & empowerment of healthcare providers

Good governance, stewardship & accountability



Strategy Development Process





A Multi-Pronged Methodology

Stakeholder engagement

The Bahamas' National Health Strategy was developed over 37 weeks, driven by **extensive stakeholder input**, including:

Reviewing
43
healthcare
reports

A survey reaching
1,445
people

32
interviews and
workshops

Consultation with
16
islands

7
Steering
Committee
meetings

3
sessions
with Family
Islands

Challenges and improvement opportunities

This engagement approach combined data review and community input to pinpoint **challenges and prioritize opportunities for improving** The Bahamas' health system (see pages 14 - 22).

Strategic pillars and priority actions

Building on our identified opportunities, **eight strategic pillars** and **56 supporting actions** were created to support our strategic growth and change in strengthening the healthcare system in The Bahamas (see pages 24 - 57), ensuring a comprehensive roadmap for improving access, quality, and sustainability of healthcare services across the nation

The process resulted in a refreshed National Health Strategy for The Bahamas, with a supporting **implementation plan**, a **monitoring and evaluation** framework and a **costing** to help with implementation over the next four years.



Improvements Since the Previous Health Strategy

- Since the last Strategy (2010-2020), efforts have been made towards improving The Bahamas healthcare system. Some key, recent achievements included:

Maternal and newborn care

Nearly universal coverage for maternal and newborn care, supported by skilled birth attendance and strong institutional delivery rates, even during the COVID-19 pandemic.

Health and wellness legislation

First country in the Americas to pass comprehensive health and wellness legislation.

Leading in CARICOM

Was a leader in the CARICOM region by producing a White Paper on violence prevention and reduction.

Expanding legislative coverage

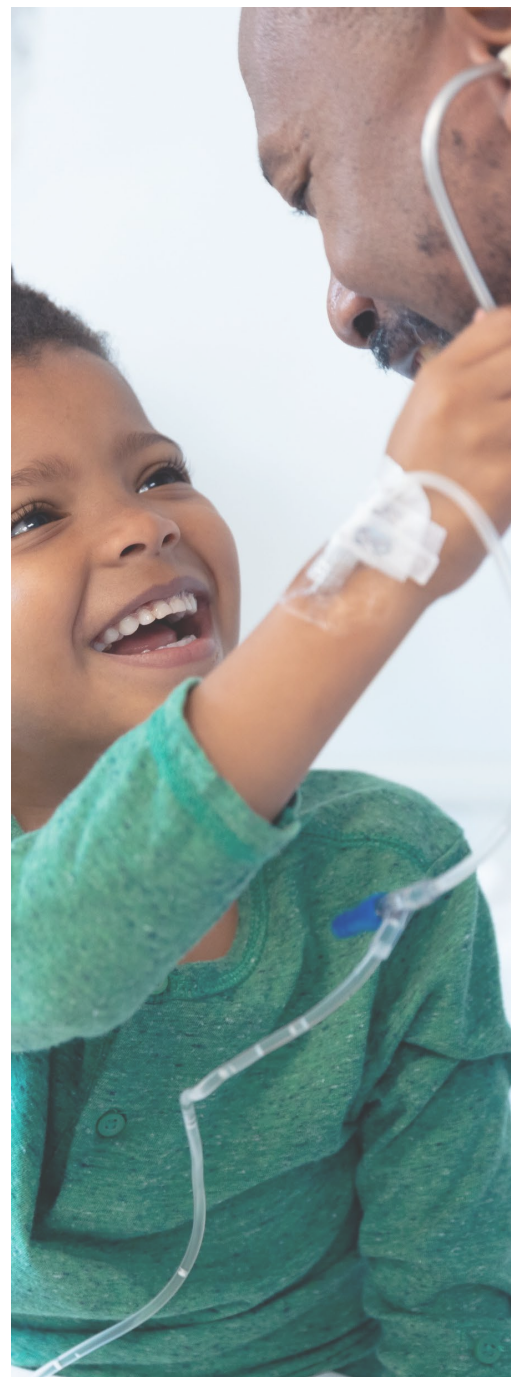
Legislative updates in mental health, wellness, and climate resilience, reinforcing the health sector's foundation.

Digital health advances

Progress in digital health through initiatives like IS4H and the Gambier Clinic pilot, enhancing efficiency, continuity of care, and patient engagement.

National Health Insurance (NHI)

NHI's 2016 launch broadened primary care access and set the stage for future reforms. NHI was rated as healthcare's top strength in the BNHS population survey, as seen on the next page. 40% of residents are now enrolled.



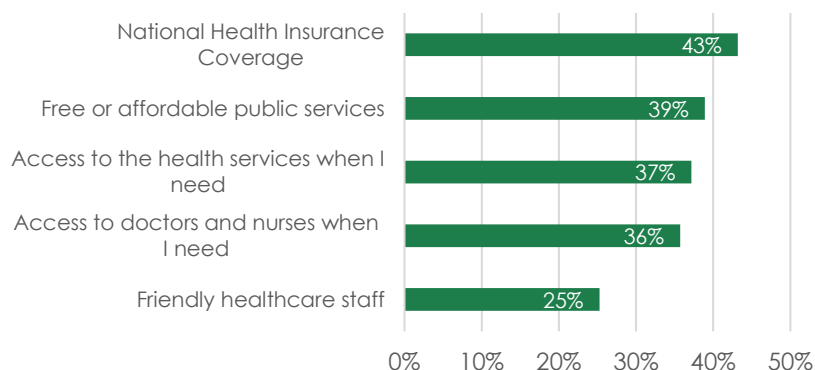


Country Survey Results

To inform the Strategy, in July 2025, the MoHW conducted a survey of more than 1,400 inhabitants of The Bahamas, across over 15 islands.

What we heard from respondents in New Providence:

When asked to choose the **top-five best things** about healthcare in The Bahamas...



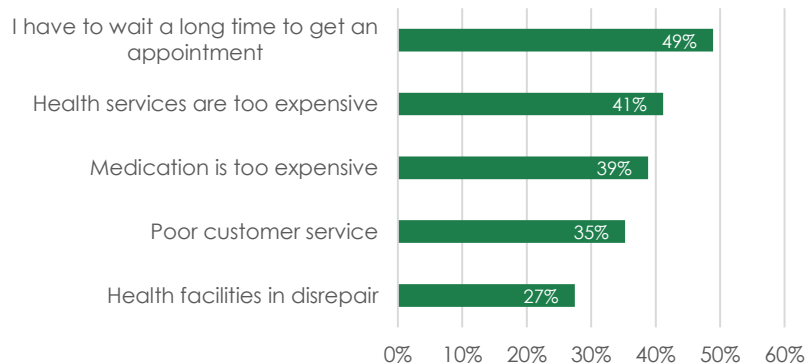
National Health Insurance Coverage appeared in 43% of respondents' top-five rankings.

Access to health services and health professionals also ranked highly.

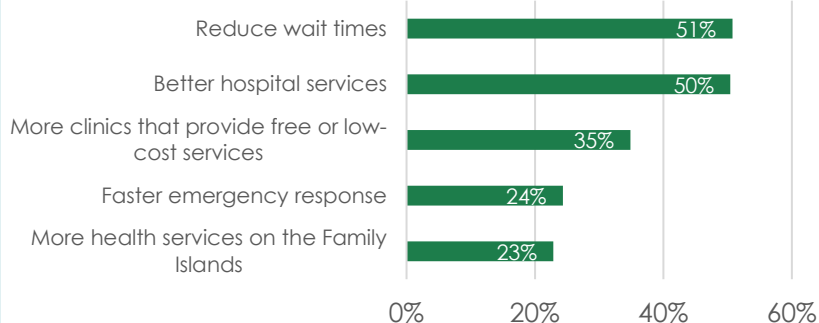
When asked to choose the **top-five main problems** with healthcare in The Bahamas...

Appointment wait times were the primary concern of New Providence respondents.

The cost of health services and medication also featured highly.



When asked to choose the **top-five key improvements** for healthcare in The Bahamas...



Reducing wait times appeared in 51% of respondents' top-five rankings.

Better hospital services were a close second place at 50%.

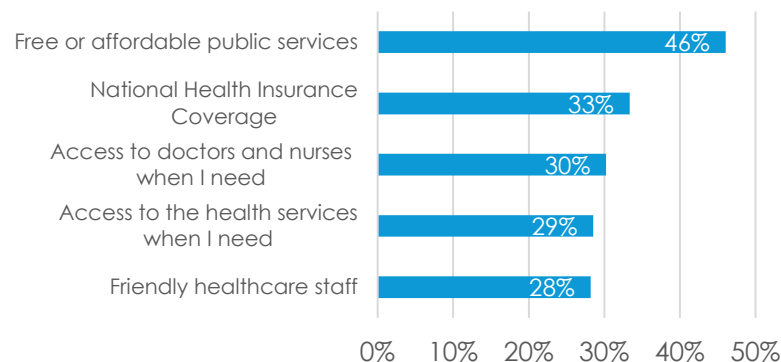


Country Survey Results

To inform the Strategy, in July 2025, the MoHW conducted a survey of more than 1,400 inhabitants of The Bahamas, across over 15 islands.

What we heard from respondents in the Family Islands:

When asked to choose the **top-five best things** about healthcare in The Bahamas...



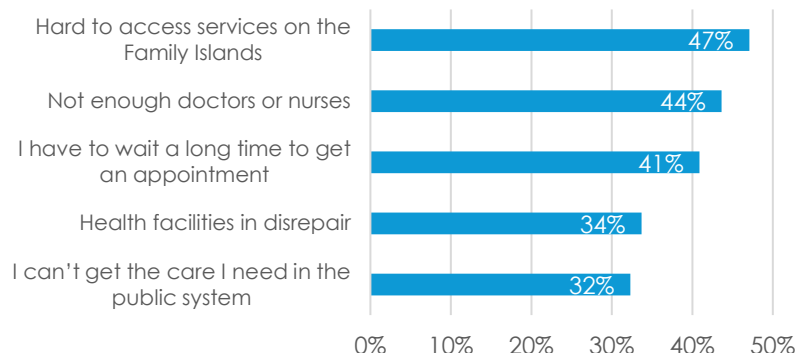
46% of Family Island respondents selected free or affordable public services in their top five.

NHI coverage came second, appearing in 33% of respondents' top-five rankings.

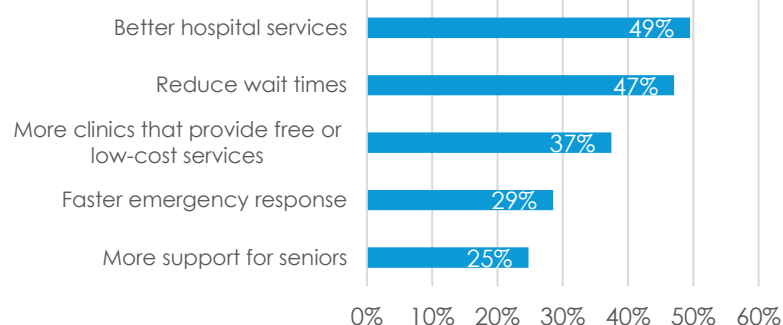
When asked to choose the **top-five main problems** with healthcare in The Bahamas...

The difficulty of accessing services on the Family Islands was the top identified problem.

Workforce numbers and wait times also ranked highly for Family Islands respondents.



When asked to choose the **top-five key improvements** for healthcare in The Bahamas...

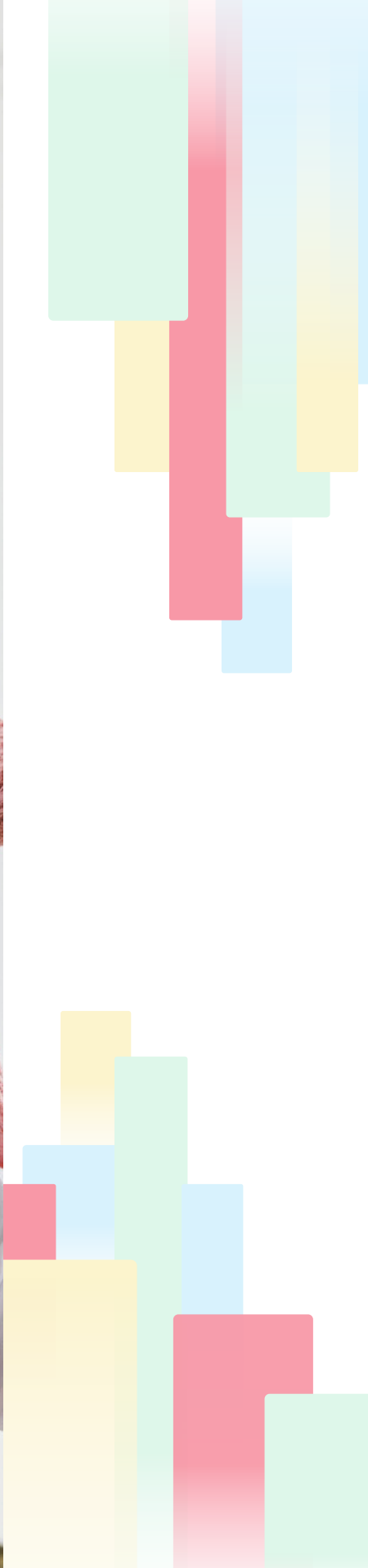


Better hospital services was the top priority improvement in the Family Islands.

Wait times were also a key improvement, appearing in 47% of top-five rankings.



Health System Current State Analysis





Governance Structure of the Health System

Health services in The Bahamas are provided through both public and private sectors. The Ministry of Health and Wellness establishes strategic direction, while the Department of Public Health and the Public Hospitals Authority oversee service delivery across clinics and hospitals; private entities also contribute to care provision. Additionally, the National Health Insurance Authority, an independent government agency, administers the National Health Insurance program.

Government of The Bahamas

Ministry of Health and Wellness

Provides leadership for the protection and promotion of health.

Minister of Health

Permanent Secretary

Chief Medical Officer

Public Hospitals Authority

Responsible for public hospitals, as well as shared services across the public health system.

Department of Public Health

Provides primary healthcare services through Community Health Clinics and implements public health programs.

National Health Insurance Authority

Provides affordable access to primary healthcare for legal residents of The Bahamas.

Regulatory Health Councils

Statutory bodies with responsibility for the regulation of health professionals and services.

Private sector

Complements the public sector, including private hospitals and several private clinics.

Functions of the Permanent Secretary

- Corporate Services & Governances including
 - i. Human Resources & Registry
 - ii. Finance, Accounts & Procurement
 - iii. Assets, Capital & Materials Management
 - iv. Public Relations & Communications
- Fiduciary Role
- Operational Policy
- Legislative Facilitation
- Inter-sectoral Collaboration

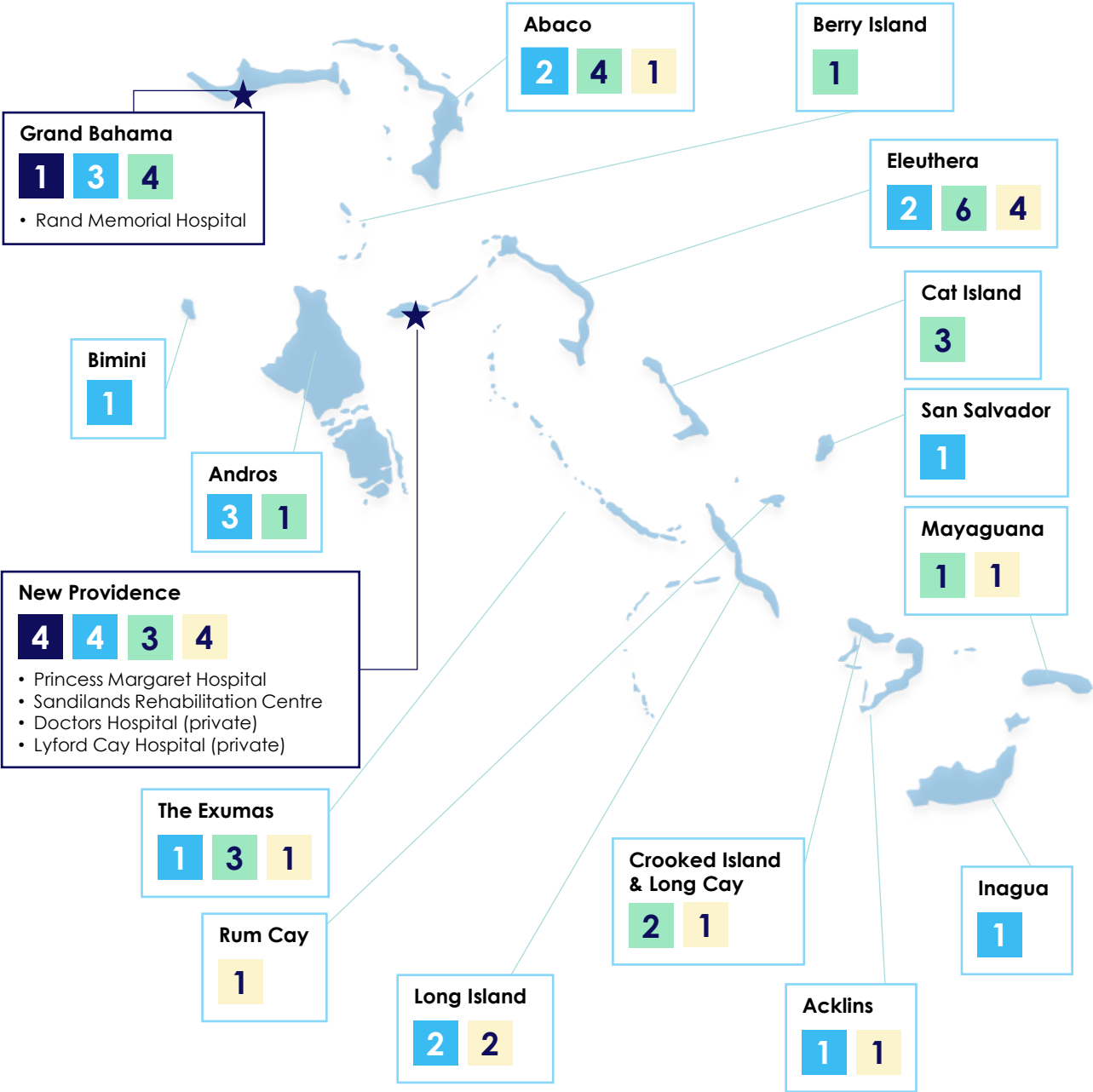
Functions of the Chief Medical Officer

- National Population Health Programs & Health Promotion
- Public Health Emergencies, IHR & One Health
- Epidemiology, Surveillance & Lab Services
- IDPs & Global Health Relations
- Directorships and Commissions
- Research Ethics, Setting and Intellectual Property
- Quality, Safety & Clinical Governance
- Health Policy, Planning & Health Intelligence



Public Healthcare Across The Bahamas

The Bahamas' geographic dispersion means service duplication is necessary to ensure access for residents in remote areas. Primary care is provided through clinics, while hospitals offer secondary and emergency care. On larger islands, a broader range of services is available. Air ambulances are used to transport patients between islands when necessary.



= Hospital
 = Health Centre / Polyclinic
 = Main Clinic
 = Satellite Clinic



Our Starting Point

Although progress has been made on the previous 2010–2020 strategy and its seven goals, a recent current state review of The Bahamas health system revealed that challenges remain. A summary of findings aligned with the new eight strategic pillars is presented below, with further details provided on the following pages.

01 | Governance and Leadership

The organization of governance creates inefficiencies, compounded by a lack of integrated direction, limited human resources, and ineffective ways of working.

02 | Collaboration and Partnerships

Collaboration is hindered by siloed leadership and a lack of transparency and shared vision, while partnership with the community and private sector is limited.

03 | Health Equity

Geographic and other disparities exist in access to care. Services and care access are concentrated in Nassau, with the city hosting >90% of The Bahamas' hospital beds.

04 | Prevention and Early Intervention

NCD rates are high, and social determinants of health represent a significant challenge. System-level attention to prevention, early detection, and health promotion needs to be improved.

05 | Physical and Digital Infrastructure and Maintenance

Physical infrastructure lacks capacity and is vulnerable to climate change. Digital infrastructure, telehealth, and EMRs are to be strengthened.

06 | Health Workforce

Workforce shortages and limited planning impact sustainability and care delivery. Work culture and training opportunities may drive attrition and burnout.

07 | Financing and System Efficiencies

Financial resource for health is insufficient, and monitoring and forecasting health spend is limited. A health deficit of \$24.0 million is forecasted by FY2026.

08 | Innovation for Health

Innovation is slowly being adopted, but gaps remain in leveraging innovations to ensure climate resilience. Regulation to support innovation is currently insufficient.





Health System Current State Analysis:

01 | Governance and Leadership

The governance structure of The Bahamas' health system faces challenges with **fragmentation**, which limits stewardship and accountability. Service delivery is divided between the Department of Public Health (DPH) and the Public Hospitals Authority (PHA), while the Ministry of Health and Wellness (MoHW) has limited capacity to act as system steward (23). This, combined with unclear mandates and overlapping responsibilities, has contributed to duplication, inconsistent strategic direction, and gaps in performance oversight.

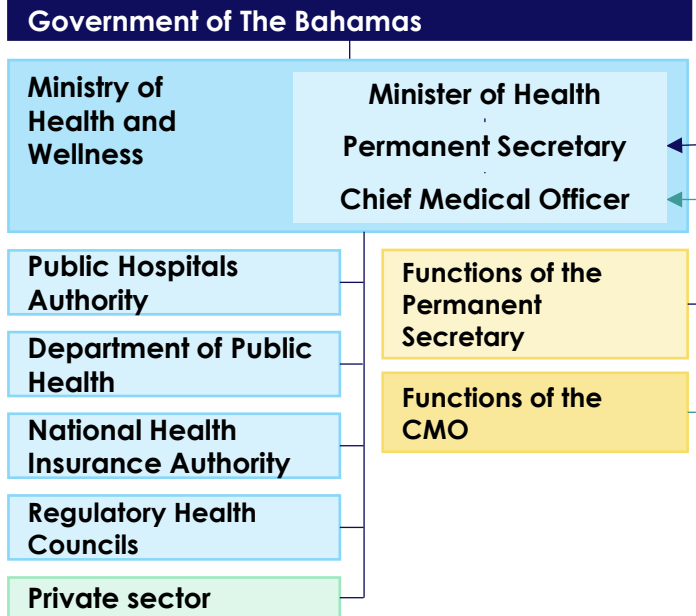
The assignment of national programs to the Office of the Chief Medical Officer (OCMO) has added complexity to governance and created **uncertainty around execution responsibilities** (23, 27). Separate strategic plans, varied funding models, and inconsistent monitoring mechanisms further challenge system integration.

Governance effectiveness is also affected by **bureaucratic processes, limited transparency, and vulnerability to political cycles**. The 2023 Essential Public Health Functions assessment (7) found The Bahamas met less than 20 percent of standards for participation and transparency. Frequent ministerial changes have made continuity and alignment with long-term priorities more difficult (22).

Capacity constraints remain a concern.

Resources for evidence generation, policy translation, and compliance with regional obligations are limited (7, 23). Monitoring and evaluation systems require strengthening, disease surveillance needs improvement (23), and the absence of a

Structure of The Health System



Ministry of Health and Wellness Stakeholder Engagement (2025)

The National Medicines Directorate Bill for medicines and health technologies has been identified as a priority area for development.

Recent progress demonstrates commitment to improvement. The **Bahamas Public Health Services Authority Bill** has been drafted (22, 30) to support integration of DPH and PHA under a unified governance framework, and the **National Quality and Patient Safety Working Group** was established in 2024 to advance system-wide standards. Implementation planning is underway, and in 2025 the National Quality Policy was launch (9). Continued focus will be needed to ensure timely execution (16).



Health System Current State Analysis:

02 | Collaboration and Partnerships

Collaboration across the health system is evolving but remains limited in scope.

Collaboration across the health system is improving, but communication between the Ministry of Health and Wellness (MoHW), the Department of Public Health (DPH), the Public Hospitals Authority (PHA), and the National Health Insurance Authority (NHIA) is not always fully aligned (4, 7), which can lead to inconsistent messaging and coordination challenges (1).

Input from System Stakeholders (Paraphrased)

“The health system needs to focus its attention on improving coordination between different units and programs.”

“Going forward, we need to build connections with other sectors – including social services and NGOs.”

“There is a lack of integration across the health system, which causes inefficiencies in patient care and information sharing.”

The importance of engagement of a broad range of stakeholders is increasingly recognised, public health campaigns have not consistently engaged all relevant stakeholders, including national agencies, civil society, and the general public (5, 27). Strengthening these connections will be important to build trust and improve uptake of health initiatives

Partnerships with the private sector and community organizations are present and offer a foundation to build on, but remain so far informal (9), and structured mechanisms for social participation and feedback remain limited (5). This reduces opportunities for communities to help shape policy and service design.

Leadership teams are committed to improvement, but dynamics also present challenges. Certain departments often operate in isolation (8), limiting cross-functional engagement. Some stakeholders have reported a sense of mistrust among senior leaders, which risks creating barriers to information sharing and joint decision-making (8). Addressing these issues by fostering transparency and trust will be critical to achieving a more unified and collaborative health system.

While gaps remain, targeted initiatives are underway to drive improvement.

Memoranda of Understanding with international partners (22) and initiatives under the Information Systems for Health program are helping to improve interoperability (25) and lay the foundation for stronger collaboration moving forward.



Health System Current State Analysis:

03 | Health Equity

The geographic makeup of The Bahamas creates inherent challenges in ensuring equitable access to care. Services and resources are concentrated in New Providence, which hosts more than 90% of hospital beds (14, 23), while many Family Islands remain underserved (11, 27). Limited transportation options and high travel costs for medical care further exacerbate these disparities, making timely access to essential services difficult for residents in remote areas (14).

Financial barriers compound these challenges. **Nearly half of outpatient care (45 percent) is delivered by the private sector (14), creating affordability concerns.** While the rollout of National Health Insurance (NHI) has expanded access to primary care, sustainability issues persist, with costs per beneficiary rising by 53% between 2020 and 2025 (23).

Service gaps also affect equity. Mental health needs are increasing among adolescents and adults (23), yet evaluations and treatment are only available in Nassau, creating logistical and financial obstacles. Blood and transfusion services face ongoing shortages (15), and rehabilitation services are largely unavailable outside major islands.

Certain population groups experience additional barriers. Maternal and child health indicators remain concerning, with maternal mortality peaking at 248.8 deaths per 100,000 live births in 2021 (27) and infant mortality reaching 29 deaths per 1,000 live births in 2022 (27), both above regional benchmarks. Gender-based violence is underreported and poorly managed due to the absence of formal care pathways and coordination (27).

Infant Mortality

29

(infant deaths per 100,000 live births)

Maternal Mortality

248.9

(female deaths per 100,000 live births)

Source: IDB Evaluation of 2010- 2020 NHSSP Strategic Cycle, 2025

Demographic shifts are reshaping health service demand. Declining birth rates (from 14.6 per 1,000 in 2010 to 11.5 in 2024) and an aging population (up 1.9 percent between 2012 and 2023) (27) with a declining demand for obstetric services (27) while increasing the need for long-term, geriatric, and home-based care (13). These trends will add pressure on the health system's ability to prevent and manage non-communicable diseases (NCDs), as older populations experience higher rates of chronic conditions.

Overall, health equity in The Bahamas is challenged by geographic dispersion, financial fragility, and service gaps that disproportionately affect rural and vulnerable populations. Yet progress is taking shape; NHI is expanding access, digital health tools are advancing, and reforms are laying the groundwork for change. With continued investment in transport, workforce distribution, and technology-enabled care, The Bahamas can close critical gaps and build a health system that delivers for every community.

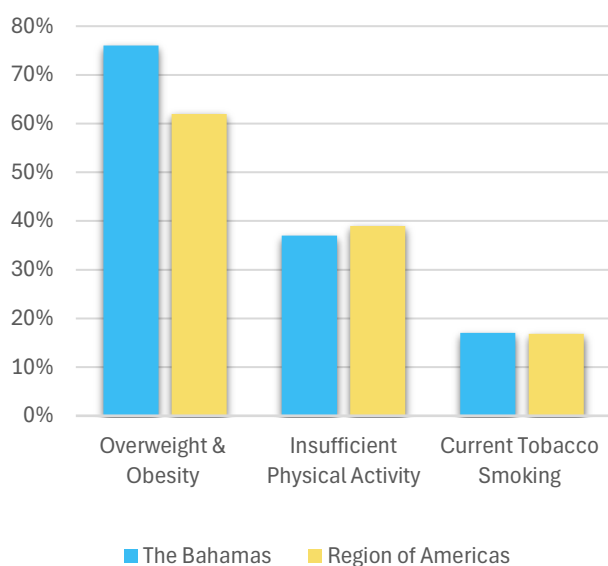


Health System Current State Analysis:

04 | Prevention and Early Intervention

Efforts to prevent disease and identify health risks early remain limited and low health literacy around lifestyle factors continues to hinder progress (23). There is no national cancer screening protocol (27), and screening for hypertension and diabetes is not systematically implemented. Existing programs are fragmented, and services offered through the National Health Insurance Authority (NHIA) are primarily delivered by private providers, which can create coordination challenges and inequities in access. (17, 23, 27)

Comparison of NCD Risk Factors



Source: The Bahamas National Health Strategy Current State Review, Bahamas Steps 2019 Report

These gaps are significant given the high and persistent burden of non-communicable diseases (NCDs), which account for the majority of morbidity, mortality, and health service demand.

Hypertension affects 36.7% of the Bahamian population, well above the Caribbean range of 20.9%–27.1%. (7, 27, 34) Meanwhile, **diabetes prevalence stands at 11.6%**, slightly higher than the regional average of 11.1%. (7, 27, 35). Cardiovascular diseases, particularly ischemic heart disease and stroke, are among the leading causes of death, alongside diabetes and cancers.

Underlying risk factors are worsening among adolescents and adults. **Obesity rates have reached 25% among adolescents and 76% among adults**, far exceeding the Caribbean average of 60% for adults (36). Lifestyle behaviors compound these risks: **only 5% of adolescents meet recommended fruit intake, while physical inactivity is widespread.** Additionally, **84% of adolescents and 37% of adults are inactive (27).** **Harmful substance use is also prevalent**, with a lifetime prevalence of 73.9% (38). Tobacco use affects 20.3% of adolescents and 17% of adults. Poor dietary habits further exacerbate NCD risks, with high consumption of fried foods, sugars, and salt (17).

Progress in prevention and early intervention is being made, including the passage of the **Health Promotion and Wellness Bill in 2024** and the establishment of the **Wellness Unit** to strengthen health promotion initiatives. Efforts are also underway to expand screening and diagnostic services, particularly in the Family Islands, and to integrate digital tools such as telehealth and electronic medical records to improve access and coordination (22, 23, 24, 29).



Health System Current State Analysis:

05 | Infrastructure (Physical and Digital)

The Bahamas' health infrastructure requires modernization to meet current and future needs.

Many facilities are aging, with piecemeal upgrades resulting in inconsistent standards and limited capacity (1, 6, 7). Bed shortages create bottlenecks in inpatient care, while rehabilitation services are limited on the Family Islands (4, 13). Emergency response infrastructure is currently uneven, and physical accessibility for persons with disabilities remains limited. Existing facilities are also vulnerable to climate change, including severe weather events (1, 4, 5).

Infrastructure gaps affect care quality and patient safety. Examples include dialysis and eye care infrastructure and services not fully meeting demand (23), and emergency clinics lacking in high-risk areas such as Eleuthera (9). Rehabilitation facilities are absent outside New Providence, and infrastructure for emergency response and specialized services remains insufficient (4).

Digital infrastructure is still developing.

Electronic health records, patient portals, and telehealth services exist but remain fragmented and yet to be integrated (5, 6, 23). Public clinics often rely on manual, paper-based data collection (25), and there is no national e-health or telehealth strategy (5, 6, 23). Standards for interoperability and health technology assessment are not yet in place, limiting the effectiveness of digital investments (6, 9).

Recent progress includes initiatives under the **Information Systems for Health program** to strengthen national health information systems and expand EMR+ across clinics (7, 9, 23, 27).

High-Level Status of Digital Infrastructure

Infrastructure	Status (2021)
Physical Infrastructure	All public facilities connected via wide-area network; Hardware upgrades required for EMR adoption
Health Systems	Hospitals have PAS, LIS, PACS; public clinics still paper-based, EMR rollout pending.
Telemedicine	Platforms exist, but no formal telemedicine strategy.
Disease Surveillance	Immunization system in progress; no electronic disease reporting yet.

Source: IS4H Maturity Model Assessment Report (2021)

Additionally, significant investments are underway, including \$268 million for a new hospital in New Providence and expansion of Princess Margaret Hospital, alongside upgrades to Family Island clinics (24). While these efforts represent important steps forward, **implementation is ongoing, and further work is needed to ensure resilience, integration, and equitable access.**



Health System Current State Analysis:

06 | Health Workforce

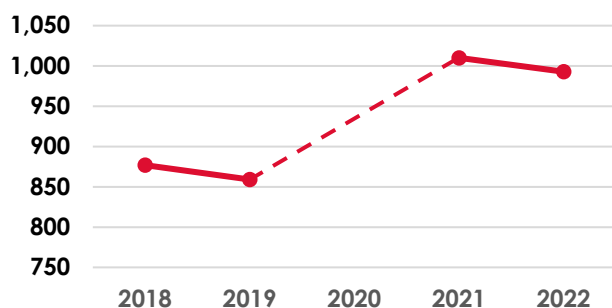
Recruitment delays, limited professional incentives, and challenges with workplace culture continue to affect job satisfaction and retention in the public health sector. These factors contribute to workforce instability and hinder efforts to strengthen healthcare delivery (7, 9).

Migration further compounds shortages.

Many nurses and physicians trained locally leave after graduation to pursue better pay and career opportunities abroad, particularly in the United States, United Kingdom, and Canada (27). This trend places additional strain on the system.

While **overall physician density is moderate**, critical gaps persist in specialties such as radiology and public health (6). Rural and underserved areas face severe shortages, with **seven Family Islands currently lacking any resident physicians** (14, 15). The absence of a national Human Resources for Health (HRH) plan has limited coordinated workforce planning, despite progress in infrastructure and legislation (7, 27).

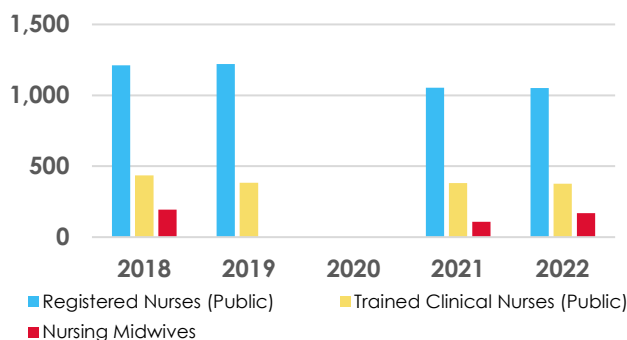
Physicians (Public & Private)



Source: MOHW Registered Health Personnel 2012-2022.
Note: No data available for 2020.

Demographic trends also pose sustainability challenges. More than 30% of physicians are aged 65+, and nearly 20% of nurses are foreign-born (18), leaving the system heavily reliant on international recruitment.

Nursing Staff (Public)



Source: MOHW Registered Health Personnel 2012-2022.
Note: No data available for 2019 for nursing midwives, or 2020 across all groups.

The age dependency ratio is projected to rise steadily, increasing the proportion of older adults relative to the working-age population. This shift will place added pressure on workforce capacity and financing, as a smaller contributor base supports a growing number of retirees and older patients with complex health needs.

Recent initiatives underscore commitment to workforce strengthening, with expanded recruitment, enhanced training programs, and the ongoing development of a national HRH strategy to build a resilient, sustainable health system (9, 24).



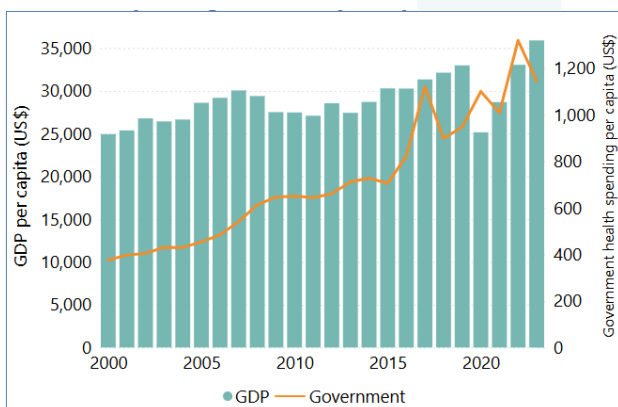
Health System Current State Analysis:

07 | Financing and System Efficiencies

Health financing in The Bahamas faces structural challenges. It is often perceived as a cost rather than an investment, with a lack of dedicated funding sources for key health programs such as NHI (23), limiting prioritization and constraining fiscal space for system strengthening. This framing undermines efforts to position health as a driver of economic resilience and social development. **Reframing health as an investment in human capital will be essential for long-term sustainability.**

The financing landscape is fragmented, with **multiple entities contributing to health funding and limited integration across streams** (7). The National Health Insurance Authority (NHIA), envisioned as the primary funder for primary care, plays a constrained role due to ongoing parliamentary processes and structural limitations. Primary care funding continues to rely heavily on the Consolidated Fund, weakening the efficiency and predictability of resource allocation.

Total health expenditure in The Bahamas stands at approximately 7.6% of GDP, with only 4.6% derived from public funds; **below the >5% benchmark recommended for universal health coverage** (19, 27).



Source: World Health Organization Global Health Expenditure Database, accessed November 2025

The health system financing is on an unsustainable track, with a **forecasted deficit of \$24.0 million by FY2026**. Funding shortfalls will be **exacerbated as the dependency ratio changes**, and the country sees a rise in health expenditure for the elderly while the working population shrinks (27).

Health expenditure shortfall results in significant **reliance on private spending**, leaving one-third of health costs to be met out-of-pocket. Such financial exposure creates inequities in access, particularly for catastrophic and specialized care, and increases the risk of impoverishment among vulnerable households.

Health financing is also **vulnerable to political cycles and macroeconomic fluctuations** (19, 27). Emergency reallocations, such as those following Hurricane Dorian and the COVID-19 pandemic (7), have historically diverted resources from strategic priorities to crisis response. Additionally, political rhetoric around “free health” has contributed to **fiscal deficits and delayed reforms** aimed at improving financial sustainability (19).

Recent steps signal momentum toward financial sustainability. The 2025–26 budget **increased allocations to the Ministry of Health and Wellness** by \$22 million, alongside a \$13.3 million boost in capital spending (24). **Legislative updates have expanded NHIA benefits**, and work has begun on a sustainable financing framework. This progress represents an important foundation for stronger fiscal governance and resilience.



Health System Current State Analysis: 08 | Innovation for Health

Innovation is emerging as a catalyst of health system modernization in The Bahamas and globally, with **telehealth and digital platforms** introduced to improve access and operational efficiency (6). The previous National Health Strategy highlighted the use of data-driven decision-making as a central pillar, and recent initiatives such as e-prescription platforms aim to enhance patient safety and prevent misuse. These developments represent important progress toward technology-enabled care delivery.

Despite these gains, **innovation remains underdeveloped and fragmented** (5). Digital technologies, participatory methods, and evidence-based practices have not been fully integrated into national health strategies, limiting their transformative potential. While digital health tools are being deployed to improve efficiency and safety (6, 21), their success depends on robust governance, interoperability standards, and sustained investment in infrastructure and workforce training.

Climate resilience is another critical consideration. Given The Bahamas' vulnerability to climate-related hazards, a **Health National Adaptation Plan** has been drafted to **support health infrastructure resilience and service continuity** (37). Successful implementation of this plan, leveraging available international climate finance, will help safeguard care delivery in emergencies.

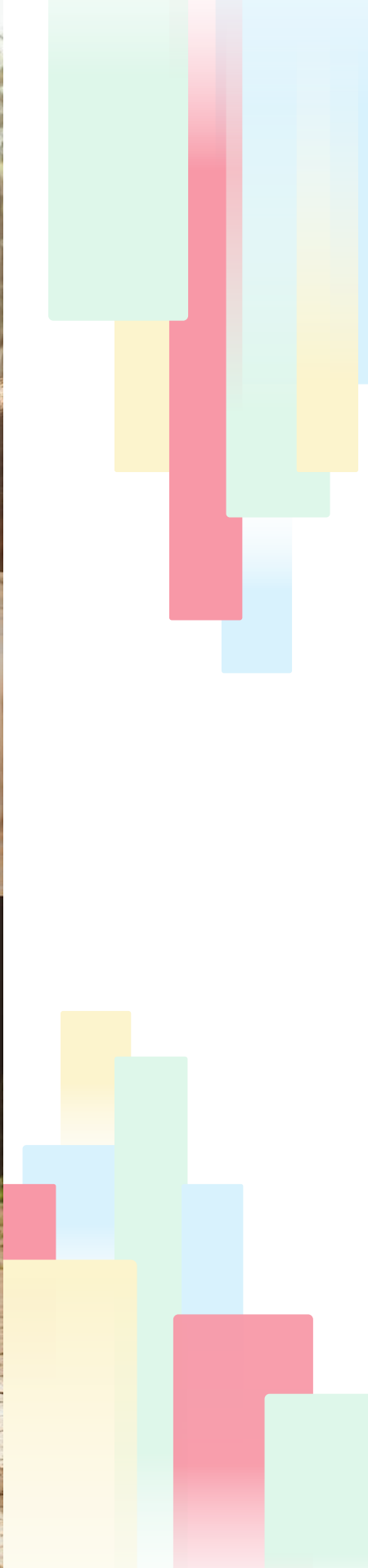
To fully leverage innovation, The Bahamas must scale digital health solutions while embedding climate adaptation strategies within health system planning. Achieving this will require **coordinated policy action, investment in resilient infrastructure, and capacity-building for health professionals**. Strategic partnerships with technology providers and research institutions can accelerate progress, positioning the health system to deliver care that is equitable, safe, and sustainable.

Recent progress marks early steps toward this vision. A draft policy on research and innovation for health has been developed, though without intersectoral involvement—highlighting the need for broader collaboration (5). An ethics committee for longevity and regenerative medicines has been established to guide responsible adoption of emerging technologies (24). Medical cannabis is also being explored, with plans to launch e-platform prescriptions to ensure monitoring and prevent misuse. Together, these initiatives lay a foundation for advancing innovation and strengthening governance as The Bahamas moves toward a more resilient, technology-enabled health system (24).





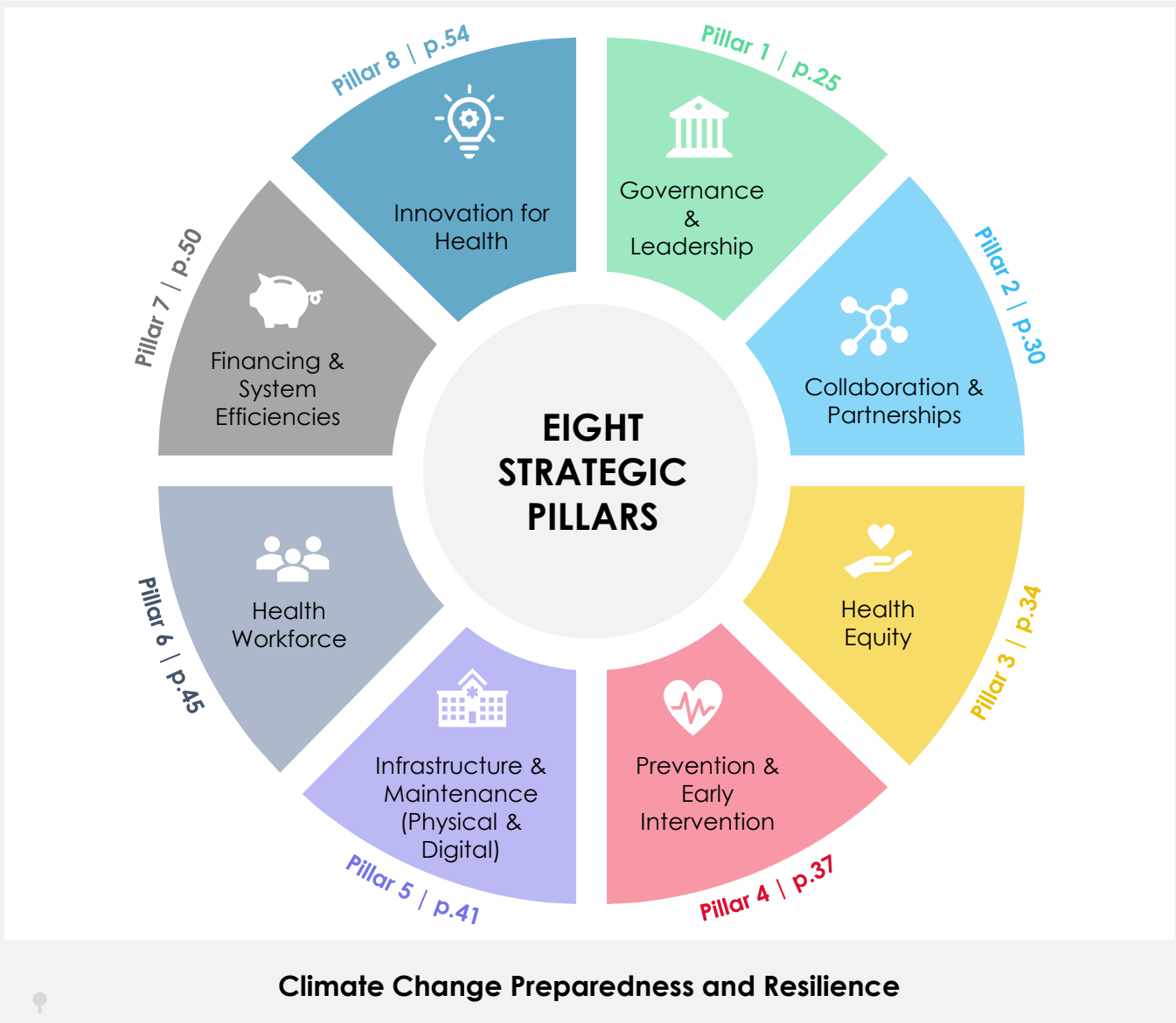
Strategic Pillars and Actions





The Eight Strategic Pillars

The challenges identified have informed the eight strategic pillars, which will guide our Strategy moving forward.



As a vulnerable archipelagic nation with limited emissions, climate change resilience is understood as a **cross-cutting priority**. Climate-related actions are included under each pillar.



Pillar 1: Governance and Leadership: 2026-2030

Objective: Strengthen MoHW's stewardship role by establishing a formal governance framework that defines functions, roles, and responsibilities, supported by transparent leadership, effective resource allocation, and clear lines of communication.

Strategic Action

Strategic Sub-Actions

1A



Solidify the MOHW as the national health authority and guardian of the health system

- i. Accelerate the passing of the draft Bahamas Public Healthcare Services Bill 2024 (BPHS Bill, 2024) to advance an integrated service delivery approach.
- ii. Consider and implement key provisions of the bill (BPHS Bill, 2024), for example:
 - Establish the Health Service Authority (BHAS) under the oversight of the MoHW, as the sole entity responsible for public service delivery.
 - Form governance and other committees identified, defining their roles and responsibilities.
- iii. Mandate MoHW's stewardship responsibility for the health system, in line with its technical functions and execution of the 11 EPHFs.
- iv. Review and implement key governance and structural reforms based on PAHO's Restructuring of the CMO report (PAHO, 2022) and MoHW's Structuring for Sustained Impact proposal (MoHW, 2025), ensuring passing and appropriate resourcing. Consideration to be made on the following recommendations:
 - Strengthen OCMO organizational structure based on traditional leading practice model and on the need and size of MoHW (PAHO 2022).
 - Establish Deputy Chief Medical Officer as an additional independent senior medical officer working in OCMO (PAHO 2022).
 - Explore the relevance and benefit of establishing a Public Health Institute (or similar body) as an agency of the MoHW in the Bahamian context to have oversight for specific EPHFs (MoHW, 2025).
- v. Clarify legislative and organizational role definitions by revising MoHW job descriptions, particularly for senior leadership, to eliminate ambiguity, and align with updated responsibilities and functional priorities.
- vi. Define the CMO's role as technical head, having oversight and stewardship responsibility for the health of the country and the execution and management of the EPHFs (PAHO 2022 & MoHW, 2025).
- vii. Develop and implement a structured career pathway for the OCMO that outlines competencies, training requirements, and progression from Senior Medical Officer (SMO) to Chief Medical Officer (CMO), leveraging existing posts to support long-term succession planning (MoHW, 2025).
- viii. Strengthen the MoHW's core support departments within the MoHW functional structure (MoHW, 2025); Human Resources & Registry Finance, Accounts & Procurement Assets, Capital & Materials Management Public Relations & Communications
- ix. Scale up the MoHW resources, to ensure capacity to support formulating policy, guidelines and monitoring against KPIs.



Pillar 1: Governance and Leadership: 2026-2030

Objective: Strengthen MoHW's stewardship role by establishing a formal governance framework that defines functions, roles, and responsibilities, supported by transparent leadership, effective resource allocation, and clear lines of communication.

Strategic Action	Strategic Sub-Actions
★ Establish a communicated mechanism for transparent public health communication and community feedback 1B	i. Institutionalize culture of transparency and mechanisms to support it, with regular communications on policy developments, accountability structures, and staff engagement sessions to encourage feedback and clarify decision-making. ii. Launch centralized public health transparency portal on the MOHW website featuring: • Policy updates, reform timelines, and real-time progress dashboards. • Annual reports from consultations and stakeholder meetings, incorporating citizen feedback and outlining follow-up actions. • Anonymous citizen feedback forms and FAQ section. iii. Run monthly radio/TV Q&A segments for officials to respond to concerns. iv. Collaborate with community organizations, churches, and schools to share updates in plain language and in accessible formats (text, audio, visual). v. Schedule and host quarterly town hall meetings to update on National Health Strategy implementation milestones and other health initiatives, supported by a Health Progress Tracker microsite and quarterly email newsletter.
★ Develop, implement, and institutionalize evidence-informed National Clinical Standards and Guidelines 1C	i. Convene expert working groups for priority conditions (e.g., diabetes, hypertension, maternal care), and review work conducted previously on clinical standards and guidelines in Integration project. ii. Develop and validate national clinical standards and associated treatment protocols. iii. Disseminate printed and digital guidelines, host health worker training sessions, and establish adoption mechanisms for CPE. iv. Support implementation of clinical standards through integration into routine service delivery, supervision, and quality improvement processes at all levels of care. v. Conduct periodic reviews of standards and guidelines by expert working groups, and update and communicate revisions through the MoHW portal.



Pillar 1: Governance and Leadership: 2026-2030

Objective: Strengthen MoHW's stewardship role by establishing a formal governance framework that defines functions, roles, and responsibilities, supported by transparent leadership, effective resource allocation, and clear lines of communication.

Strategic Action

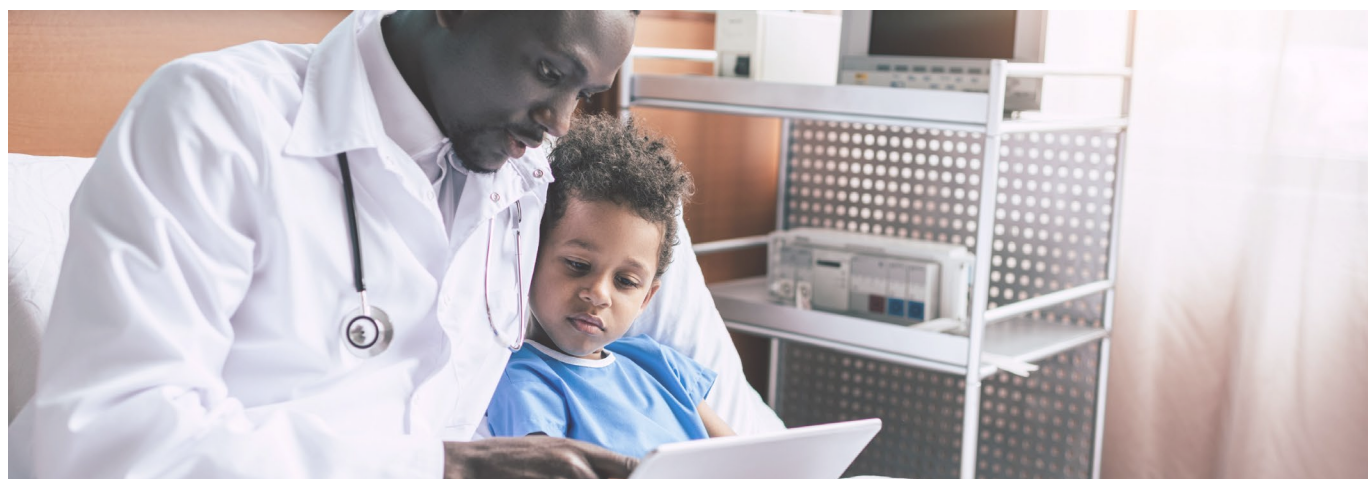
Strategic Sub-Actions

1D



**Establish
accountability
structures across
the health system**

- i. Establish a National Clinical Accountability Board within the MOHW with legal and clinical experts.
- ii. Develop standardized incident reporting tools and case review procedures.
- iii. Incorporate performance metrics into MoHW senior management evaluations, creating accountability with evidence-based assessments.
- iv. Introduce mandatory ethics and governance training for senior MoHW and agency officials.
- v. Introduce progressive disciplinary policies and public reporting of resolution outcomes (while protecting confidentiality).
- vi. Develop performance and reporting framework, including annual public health briefings and a Health System Accountability Report for on-going monitoring.
- vii. Implement accessible and anonymous channels through which patients, families, and healthcare workers can report concerns or malpractice without fear of retaliation.
- viii. Review and strengthen redress and the remedies available e.g. compensation, legal remedies, social and psychological support for patients where the health service has failed to meet standards of care.





Pillar 1: Governance and Leadership: 2026-2030

Objective: Strengthen MoHW's stewardship role by establishing a formal governance framework that defines functions, roles, and responsibilities, supported by transparent leadership, effective resource allocation, and clear lines of communication.

Strategic Action	Strategic Sub-Actions
1E Establish a National Regulatory Authority to regulate and control the safety, quality and efficacy of medicines and health technologies	i. Obtain drafted current state assessment, proposed future state, and implementation plans as part of the <i>procurement optimization and Quality Assurance and Monitoring of the NPDP/NHIA Integration Project 2025</i>, and ensure alignment between quality management and medicines management implementation efforts. ii. Review and update the existing legal framework to expand the Regulatory Authority's enforcement powers (e.g., device safety, pharmacovigilance). iii. Recruit and train additional regulatory officers, inspectors, and lab technicians. iv. Digitize regulatory processes, such as product registration, import approvals, and adverse event tracking, using a secure e-platform. v. Establish partnerships with CARPHA, PAHO or others to strengthen quality control and international compliance mechanisms.
1F Enhance regulatory oversight of expanded list of healthcare professionals	i. Institutionalize national workforce planning underscored by the Human Resource for Health information System. ii. Amend, as necessary, Professional Acts to mandate uniform licensing requirements, CPD, and ethical codes across all health professions. iii. Strengthen communication and collaboration amongst oversight boards to audit healthcare services and service providers. iv. Enhance the enforcement of reporting requirements for health councils regarding financial audits, data sharing, training standards, and disciplinary procedures. v. Review and update regulatory frameworks to ensure full scope-of-practice is supported for each discipline. vi. Strengthen the accreditation process by standardizing competency-based criteria and enhance the online registry with real-time tracking of all licensed health professionals, ensuring it is publicly accessible to improve transparency and support national health workforce planning



Pillar 1: Governance and Leadership: 2026-2030

Objective: Strengthen MoHW's stewardship role by establishing a formal governance framework that defines functions, roles, and responsibilities, supported by transparent leadership, effective resource allocation, and clear lines of communication.

Strategic Action

Strategic Sub-Actions

1G

Develop governance structures that prioritize climate resilience in The Bahamas Health System



- i. Incorporate a health focus scope into climate change plans and other policies in other relevant areas or sectors.
- ii. Enhance governance structure and coordination for health and climate-resilience decision making in The Bahamas.
- iii. Develop a national regulatory framework for climate change and health.
- iv. Adapt the climate SMART Health policy for climate smart healthcare facilities and shelters.
- v. Improve health legislation and protocols to incorporate the relationship between climate change impacts and human health.
- vi. Develop targeted training to strengthen climate-health capacity among health professionals such as environmental health surveillance, disaster preparedness, mental health first aid, climate-sensitive disease management.





Pillar 2: Collaboration and Partnerships: 2026-2030

Objective: Strengthen intersectoral collaboration and partnerships.

Strategic Action	Strategic Sub-Actions
2A ★ Strengthen private sector involvement, and community engagement through the mobilization of formal, recurring, and inclusive communication mechanisms	i. Establish Stakeholder Advisory Panel, with private and community representatives with rotating membership and consultation mandates. ii. Establish structured private sector engagement mechanisms, including an industry advisory council, public-private partnership forums, and regular consultations to identify opportunities for collaboration and investment. iii. Establish community health committees to partner in service delivery and decision-making and gather patient feedback on satisfaction of services provided. iv. Partner with academia to implement training on community-level health reporting and data interpretation for local leaders and civil society groups (ex: NGOs, advocacy and community groups). v. Organize annual island-level community health planning forums to co-design local strategies and improve alignment with national priorities.
2B ★ Implement Health in All Policies (HiAP) and implement cross-sectoral strategies	i. Prepare a Cabinet Paper with evidence on how HiAP improves health and economic outcomes, with examples from other SIDS or CARICOM members as a case for change. ii. Develop a policy framework for HiAP that established vision, guiding principles, governance structure and implementation Strategy. iii. Propose and fund a formal HiAP Secretariat within the OCMO to coordinate inter-ministerial policy assessments. iv. Design and roll out a HiAP public engagement campaign to increase awareness and build national support for a whole-of-government approach to health. v. Develop and disseminate a HiAP Toolkit to all ministries. vi. Host training workshops on integrating health into planning, budgeting and policy development processes. vii. Incorporate health impact criteria which aligns to the National Health Strategy, into budget submissions, policy proposals and project evaluations.



Pillar 2: Collaboration and Partnerships: 2026-2030

Objective: Strengthen intersectoral collaboration and partnerships.

Strategic Action	Strategic Sub-Actions
2C ★ Increase awareness among stakeholders of the importance of building climate resilience in the health sector through climate-informed health programmes	i. Raise awareness and knowledge on the impacts of climate change on the health of the Bahamian population health through internal and external communication programmes (targeting health professionals, the media, educational institutions, communities, faith-based organizations, civic societies and policy-makers).
2D Establish MOUs with private health system partners to improve communication, collaboration and care coordination	i. Convene a working group between leadership of MOHW, DPH, PHA, Doctors Hospital, NHIA and other selected private clinics. ii. Draft and sign a Memorandum of Understanding (MoU) outlining areas for collaboration (e.g., emergency referrals, diagnostics, data sharing). iii. Set up a joint operational committee to oversee implementation and report on coordination metrics. iv. Integrate shared service dashboards for real-time communication of patient flows and resource needs. v. Develop a standardized framework for service outsourcing and the establishment of contractual agreements with private sector providers to ensure equitable compensation and consistent service delivery.



Pillar 2: Collaboration and Partnerships: 2026-2030

Objective: Strengthen intersectoral collaboration and partnerships.

Strategic Action	Strategic Sub-Actions
2E Explore partnerships with lower-cost international health systems and public-private partnerships (PPPs) to enhance access to specialized care while sharing resources and expertise.	i. Identify and prioritize countries with strong public sector health systems and explore dialogues via the Ministry of Foreign Affairs and MOHW. ii. Develop a PPP Health Framework in collaboration with the Ministry of Finance and National Economic Council. iii. Identify and prioritize PPP opportunities in diagnostics, ambulatory care, and digital health infrastructure. iv. Launch a Call for Expressions of Interest (EOI) to attract private sector proposals. v. Create a PPP Unit within MOHW to assess, negotiate, and monitor partnerships using standardized evaluation criteria. vi. Explore opportunities for leveraging PPPs to establish innovative financing mechanisms. vii. Define high-priority specialized care conditions (e.g., Oncology, Advanced Diagnostics). viii. Develop bilateral agreements to support patient referrals for : a. Advanced treatment b. Cost-prohibitive treatments and c. Treatment not available locally, (incorporating provisions for training exchanges and knowledge transfer).
2F Encourage and incentivize collaboration and partnerships between academia (e.g. University of Bahamas), government and industry for health system strengthening	i. Build on successful partnerships and develop formal MOUs between key academic institutions to support shared research, curriculum development, training programs, faculty exchange, and clinical placement pathways, ii. Formalise agreements between hospitals, public clinics, and academic institutions to outline expectations of clinical training, including supervision protocols, student responsibilities, learning objectives, and capacity planning. iii. Leverage academic facilities for training needs. iv. Develop joint funding schemes or grant programs that incentivize collaborative research projects between health institutions and other sectors to provide health scientific knowledge for policy-making decisions.



Pillar 2: Collaboration and Partnerships: 2026-2030

Objective: Strengthen intersectoral collaboration and partnerships.

Strategic Action

Strategic Sub-Actions

2G

Collaborate with other sectors on health-related policies and programs to position health-related environmental challenges centrally across agendas



i. Implement health-related policies and programs in collaboration with other health services and relevant sectors.

ii. Integrate management of key environmental determinants across health determining sectors.

iii. Conduct health impact assessments in the context of development projects and investment proposals, to ensure inclusion of criteria on the impacts of climate change on health in relevant sectors.





Pillar 3: Health Equity: 2026-2030

Objective: Ensure equitable healthcare delivery across all islands, with targeted improvements for the Family Islands.

Strategic Action	Strategic Sub-Actions
★ Use gap analysis and needs assessments to strengthen care provision in Family Islands 3A	i. Conduct island-level health and digital needs (see Pillar 5) assessments using household surveys, health records, and community consultations. ii. Continue geographic mapping of all levels of care (primary, secondary, tertiary, and off-island referrals) to identify gaps in service delivery. iii. Include spatial analysis of how telemedicine and mobile clinics can bridge access gaps. iv. Develop customized training modules for local health workers based on identified service gaps (e.g., maternal health, chronic disease management). v. Create pathways where Family Island practitioners are exposed to various specialties.
★ Identify and evaluate all existing public health services and care pathways to ensure coordinated, equitable, and evidence-informed delivery of health care 3B	i. Institutionalize participatory planning mechanisms to ensure Family Island needs and perspectives are integrated into health Strategy priorities. ii. Convene expert working groups for NCDs to support the finalization and endorsement of integrated NCD care pathways and clinical guidelines (drafted under TMO's health system strengthening project) to standardize national care delivery. iii. Compile and publish a National Health Services Catalogue, detailing services by facility and level for both public and private sector and make it accessible online and in print at local government offices in the Family Islands. iv. Implement a strengthened and standardized care pathway for maternity, with focus on ensuring timely initiation of antenatal care.



Pillar 3: Health Equity: 2026-2030

Objective: Ensure equitable healthcare delivery across all islands, with targeted improvements for the Family Islands.

Strategic Action	Strategic Sub-Actions
★ Advance health equity by improving accessibility and co-designing services 3C	i. Align system and primary care services to strengthen financing framework (see pillar 7) ii. Audit and improve physical and digital accessibility of health facilities and services, including transportation, signage, language translation, and assistive technologies. iii. Integrate equity-focused metrics into service quality assessments and facility performance reviews to monitor disparities in access and outcomes. iv. Train health workers on inclusive, culturally competent care and anti-discrimination to improve patient experience and trust. v. Partner with community organizations and patients to co-design outreach and service models that reflect the lived experiences and needs of vulnerable and marginalized groups with particular focus on the elderly, persons with disabilities, people who use substances, sex workers, transgender persons, migrants, and individuals with mental health conditions.
3D Establish equitable, accessible, and sustainable long-term care (LTC) services across all islands	i. Conduct a National LTC Needs Assessment by mapping current services and facilities against projection of aging demographics and chronic disease prevalence. ii. Develop a Tiered LTC Model by defining levels of care (e.g., home-based, community-based, institutional), establishing eligibility criteria and referral pathways, and integrating with existing primary and secondary care systems. iii. Advocate and collaborate with the Department of Social Services and other relevant stakeholders to strengthen LTC infrastructure through expanding home care programs and leveraging telehealth capabilities.



Pillar 3: Health Equity: 2026-2030

Objective: Ensure equitable healthcare delivery across all islands, with targeted improvements for the Family Islands.

Strategic Action

Strategic Sub-Actions

3E

Strengthen national pharmacy distribution and explore opportunities to provide expertise to support regional mechanisms

i. Map current pharmaceutical logistics capacities(warehousing, cold chain, forecasting systems).

ii. Invest and strengthen national distribution network, as proposed in NDPD project.

iii. Engage with PAHO to discuss proposal of a Technical Assistance Program on Pharmaceutical Logistics to learn from and support regional mechanisms, led by The Bahamas and supported by PAHO.

iv. Engage CARICOM health ministers to assess pharmacy regional needs

v. Strengthen collaboration opportunities through, for example, CARPHA CRS for access to quality, safe medication.





Pillar 4: Prevention and Early Intervention: 2026-2030

Objective: Promote a culture of wellness and wellbeing by prioritizing prevention, early detection, behavioral change, and community-based public health protections.

Strategic Action	Strategic Sub-Actions
★ Strengthen public awareness of prevention and early intervention, with focus on promoting healthy living strategies	i. Assess and quantify the health literacy gap through a multisectoral and multistakeholder approach ii. Advance health and well-being through population-based promotion strategies, fostering healthy environments, eating and increase physical exercise in schools, workplaces, universities, markets, and housing. iii. Launch a public education campaign promoting primary care as the first point of contact and establish continuance plan. iv. Set up a health communication annual plan to coordinate messaging, media planning, and community engagement and ensure consistent throughout the year. v. Utilize local influencers, school systems, and digital platforms to promote health messages. vi. Implement a public awareness campaign highlighting the importance of childhood vaccination coverage, using examples of the resurgence of vaccine-preventable diseases. vii. Strengthen emphasis on child health and early childhood development.
★ Strengthen focus on early screening provision through intersectoral coordination and integrated service delivery for NCDs	i. Establish a formal inter-ministerial coordination mechanism to align NCD prevention efforts e.g. NCD action plan across sectors (i.e., education, agriculture, social services), focusing on a life course approach. ii. Offer bundled screening for high-risk groups (BP, glucose, cholesterol, kidney function, HIV, mental health) at community centers, churches, and events to detect NCDs and MH conditions, especially for underserved populations. iii. Implement a National NCD Screening Week bi-annually across all islands, focusing on diabetes, hypertension, and cancers. iv. Train nurses and allied health professionals in evidence-based NCD, violence and MH screening recommendations. v. Equip primary care centers with essential diagnostics, referral protocols and contact repository for NCDs, MH conditions, violence and injuries.



Pillar 4: Prevention and Early Intervention: 2026-2030

Objective: Promote a culture of wellness and wellbeing by prioritizing prevention, early detection, behavioral change, and community-based public health protections.

Strategic Action	Strategic Sub-Actions
★ Accelerate expansion, quality and integration of primary care services using flexible delivery models*	i. Expand mobile clinics, telehealth, and home-visit programs to reach across communities (including vulnerable populations). ii. Establish a case management framework for the care of persons with chronic non-communicable diseases that assigns a primary care provider as the central point for case management, while enabling collaboration with a broader multidisciplinary team. iii. Empower nurse practitioners and allied health staff to lead clinics under standardized protocols. iv. Prioritize service mix in resource-limited areas using cost-effectiveness data within the local context. v. Explore the use of the PAHO Funds for Access to vaccines, pharmaceuticals and Strategic Public Health Supplies to support the maintenance and expansion of critical public health programs.
4D Bolster workforce and financial resources for primary and community-based care provision	i. Review of national health budget allocation between care levels, ensuring budget to primary and community-level care support progress towards UHC. ii. Reallocate, recruit and retain primary care staff and specialists to community health centers and family clinics based on regional service needs. iii. Strengthen primary care through prioritizing the implementation of essential public health functions at all institutional levels in collaboration with civil society iv. Promote the transformation of health- professional education to be focused on primary health care and supporting interprofessional teams.
4E Enhance and ensure sustainability of financing for health promotion	i. Resource and develop the implementation of the National Health Promotion and Wellness Plan in line with legislation and national health priorities. ii. Implement a results-oriented strategy for the “National Wellness Unit” budget to ensure meaningful health promotion and prevention activities. iii. Explore sin taxes (e.g., on sugary drinks) and private sector co-funding models to sustain programs.

*Flexible delivery models for primary care services refers to adaptable approaches that ensure people can access essential health services conveniently, and equitably, regardless of location or circumstance.



Pillar 4: Prevention and Early Intervention: 2026-2030

Objective: Promote a culture of wellness and wellbeing by prioritizing prevention, early detection, behavioral change, and community-based public health protections.

Strategic Action	Strategic Sub-Actions
4F Implement the National Mental Health Plan by aligning strategic direction and workforce distribution with identified community mental health needs.	i. Use public mental health needs assessment report with geographic, demographic, and socioeconomic breakdowns, in addition to consultations and service data to identify prevalent mental health issues and service gaps as priorities for NMHP. ii. Prioritise the integration of accessible, community-based mental health services into the broader health system to support a holistic and equitable model of care. iii. Based on results of needs assessment, deploy community mental health teams to Family Islands and embed mental health professionals in primary care in high-population areas. iv. Using needs assessment results, review draft National Mental Health and Sandilands Strategy and finalize and update to align with National Health Strategy.
4G Explore medical home* and community-based clinic models	i. Conduct a situational analysis to assess the readiness of existing primary care infrastructure and services to adopt medical home and community-based models, particularly in underserved areas and Family Islands. ii. Engage stakeholders, including providers, community leaders, and patients, to co-design a model that reflects the needs, preferences, and context of Bahamian communities. iii. Pilot a Medical Home model in one urban and one Family Island location, assigning teams to individual families for long-term care. iv. Monitor and evaluate pilot sites using quality, access, and patient satisfaction metrics to determine the feasibility, cost-effectiveness, and impact on health outcomes.

*The medical home, also known as the patient-centered medical home or primary care medical home (PCMH), is a team-based health care delivery model led by a healthcare provider building partnerships with clinical specialists, families and community resources to provide comprehensive and high-quality primary care.



Pillar 4: Prevention and Early Intervention: 2026-2030

Objective: Promote a culture of wellness and wellbeing by prioritizing prevention, early detection, behavioral change, and community-based public health protections.

Strategic Action

Strategic Sub-Actions

4H

Improve resilience of the health sector through climate-informed preparedness plans, emergency systems and community-based disaster and emergency management



i. Include legislative missions on climate change in disaster-related regulation (e.g. All Hazard Health Response Plan, Disaster and Preparedness and Response Act, 2006, etc.)

ii. Review Health's role in the national disaster response. Ensure population awareness and understanding about early warning systems in relation to health protection.

iii. Collaborate with PAHO and other agencies to improve security and access for all countermeasures and supplies during epidemics, pandemics and other health and climate emergencies.





Pillar 5: Infrastructure and Maintenance (Physical and Digital): 2026-2030

Objective: Modernize facilities and digital systems to meet changing needs and deliver efficient, integrated, and patient-centered services.

Strategic Action	Strategic Sub-Actions
★ Develop a National Telehealth Strategy and enhance physical infrastructure to support telehealth 5A	i. Finalize a National Telehealth Strategy, defining technology standards, protocols, and reimbursement models. ii. Create an implementation plan, with initial focus on the Family Islands. iii. Discuss with PAHO the utilization of the Regional Digital Public Goods for supporting telehealth implementation. iv. Establish telehealth capabilities to provide enhanced healthcare access across The Bahamas. v. Equip mobile health units with video and diagnostic telehealth tools through eClinicalWorks integration.
★ Support the roll out of the IS4H Strategic Plan nationally starting with system-wide implementation of Electronic Health Record 5B	i. Perform gap analysis of digital and data legislation and policies. Pass reforms to support digital health implementation. ii. Pass legislation, policies and standards for data quality, sharing, and management to ensure interoperability across NHIA, MoHW, and public and private clinics. iii. Review IS4H proposed budget and hold discussions with IDB, PAHO and other parties to agree funding. iv. Allocate IS4H funding for cybersecurity expert, implementation specialists, post project support to ensure smooth rollout, conversion of paper records in DPH clinics, travel to the Family Islands for ICT assessment and setup. v. Develop an integrated national eHealth and data platform connecting NHIA and public clinics, incorporating dashboards, analytics, and a unified patient referral and tracking system to enable real-time monitoring of service delivery, disease trends, and seamless care coordination across all levels of the health system vi. Partner with universities and international organizations to support system upgrades and deliver training modules on data analysis, patient history management, referral coordination, and outcome tracking. vii. Prioritize the nationwide rollout and integration of EHR systems viii. Formalize recurring mechanism for reviewing population health data to inform policy and ensure service alignment.



Pillar 5: Infrastructure and Maintenance (Physical and Digital): 2026-2030

Objective: Modernize facilities and digital systems to meet changing needs and deliver efficient, integrated, and patient-centered services.

Strategic Action	Strategic Sub-Actions
5C Understand key gaps in digital infrastructure, and strengthen foundational digital infrastructure and workforce capabilities	i. To complete the National Strategy to strengthen national information systems ensuring interoperability, data quality, and integration across health institutions. ii. Undertake a digital readiness assessment, prioritizing Family Islands, to identify gaps in connectivity, equipment, and capacity for IS4H. iii. Upgrade internet connectivity in all public health facilities, especially on Family Islands. iv. Implement foundational cybersecurity training for healthcare providers and administrative personnel using e-learning platform, in collaboration with PAHO and other partners. Roll out to other sectors and the wider community once tested within the health system. v. Implement training to build digital literacy and cyber security awareness and data protection skills, to ensure effective use. Include modules for data analysis, patient history, and outcome tracking. vi. Launch a Digital Health Skills Certification Program for healthcare workers and IT staff. vii. Create a national digital platform or knowledge hub to share case studies, research findings, and best practices across sectors. viii. Collaborate with PAHO to assess responsible use of AI to increase workforce capacity.
5D Expand hospital capacity and embed digital capacity through smart hospital* initiatives	i. Conduct a needs assessment to identify hospital wards and other facilities which are most in need of increased capacity. ii. Prioritize investments in expanding and retrofitting critical facilities. iii. Integrate smart hospital systems (e.g., automated patient monitoring, digital inventory) into new and upgraded buildings. iv. Establish a standardized assessment framework to track hospital wards' capacity and levels of digital integration. v. Include modular, scalable units in Family Islands to expand care rapidly when needed.

**Smart hospital is a healthcare facility that uses advanced technologies, data-driven systems, and sustainable design to improve patient care, operational efficiency, safety, and resilience.*



Pillar 5: Infrastructure and Maintenance (Physical and Digital): 2026-2030

Objective: Modernize facilities and digital systems to meet changing needs and deliver efficient, integrated, and patient-centered services.

Strategic Action		Strategic Sub-Actions
5E	Integrate pharmacy and diagnostic information systems across The Bahamas	i. Standardize and connect pharmacy inventory, labs and imaging systems across all public sector pharmacies. ii. Enable electronic prescribing and medication history access via EMRs. iii. Train pharmacists and support staff in digital inventory and dispensing systems.
5F	Improve physical infrastructure and staffing in remote areas	i. Use a Facility Needs Index to prioritize upgrades in Family Island clinics and health centers (i.e., essential health technologies). ii. Renovate existing structures or construct new facilities to offer affordable housing for temporary, non-resident healthcare workers. iii. Communicate formal infrastructure maintenance protocols- for public health facilities. iv. Develop a health infrastructural maintenance programme. v. Improve water and sanitation infrastructure to reduce disease and increase resilience.
5G	Make healthcare facilities climate-resilient and adopt green building practices	i. Enhance regulations and policies that encourage climate-resilient construction and the introduction of climate-resilient features during building renovations of health facilities. ii. Adopt climate-resilient building codes and conduct facility audits for flood, storm, and heatwave risk. iii. Fully operationalize the Health National Adaptation Plan (HNAP), prioritizing climate-resilient health infrastructure. iv. Retrofit existing buildings with stormproof roofing, backup power, and water storage systems. v. Use green building materials for future upgrades or new builds. vi. Retrofit existing buildings with renewable energy sources where feasible and embed renewable energy sources in new builds.



Pillar 5: Infrastructure and Maintenance (Physical and Digital): 2026-2030

Objective: Modernize facilities and digital systems to meet changing needs and deliver efficient, integrated, and patient-centered services.

Strategic Action	Strategic Sub-Actions
5H Strengthen early detection tools and epidemiological technologies to surveil environmental determinants of health, and monitoring and early warning systems 	i. Establish and standup a National Health Disaster and Response Unit within the MoHW. ii. Implement an integrated digital public health surveillance system for climate-sensitive metrics. iii. Implement early warning systems that are associated with adverse climate conditions. iv. Educate, engage and empower about timely warnings to reduce impact of climate change. v. Enhance continuous assessments to monitor and analyze climate change effects. vi. Monitor impacts of climate change on health. vii. Improve monitoring of key environmental risks to better anticipate outbreaks and emergencies. viii. Enhance monitoring of environmental hazards, socioeconomic factors and health outcomes through integrated monitoring systems.
5I Improve provision of essential health technologies to improve sustainability of health infrastructure and reduce vulnerability to climate risk 	i. Implement initiatives to allow for SMART recognition of health facilities in The Bahamas (lower-impact healthcare waste treatment alternatives, energy efficiency and conservation, annual reporting for GHG emissions, etc.). ii. Improve health care services during climate-related emergencies using e-medicine/telemedicine or other adequate technologies.



Pillar 6: Health Workforce: 2026-2030

Objective: Empower and strengthen health workforce through recruitment, retention, education, training and accountability measures; taking into consideration labor market policies and creating an enabling environment for professional growth and leadership.

Strategic Action	Strategic Sub-Actions
★ Develop and implement a National Human Resources for Health (HRH) Policy and Strategy 6A	i. Convene multisectoral working group (MOHW, Education, Labor, Finance, Civil Service, councils, private sector, regional/ UWI) to co-develop the HRH Strategy. ii. Undertake a National capabilities and workforce needs assessment to identify current capacity gaps, forecast future workforce demands and inform planning. iii. Include actions in Strategy at national and sub-national levels, with clear targets (particularly around mitigating the ageing workforce, dispersion across Family Islands, and improving gender balance), financing plans, and M&E framework. iv. Integrate performance metrics and monitoring mechanisms to track progress against staffing targets, retention rates, training outputs, gender distribution, and equitable resource allocation across regions. v. Adopt the International Standard Classification of Occupations (ISCO) framework for health workers to standardize job titles, roles, and occupational categories across institutions. vi. Design and implement a HRHIS to support workforce planning and policy decisions. vii. Align HRH priorities with demographic trends, e.g., reduced demand for obstetric and paediatric care and increased need for geriatric and gerontology specialists.
★ Build leadership capacity through targeted training programs and knowledge sharing, and promote succession planning 6B	i. Launch a Health Sector Leadership Forum for public and private leaders to collaborate on transformational leadership practices. ii. Implement standardized management training programs for mid- and senior-level health sector leaders, focusing on results-based management and health policy implementation. iii. Design and institutionalize a system to identify high-potential staff, build career pathways, and mentor future leaders in key administrative, operational, and clinical roles to ensure leadership continuity. iv. Extend medical training on University of the West Indies through dedicated campus for medical students. v. Integrate AI tools to automate routine administrative tasks, freeing up time for senior clinical staff and managers to focus on leadership, decision-making, and quality of care.



Pillar 6: Health Workforce: 2026-2030

Objective: Empower and strengthen health workforce through recruitment, retention, education, training and accountability measures; taking into consideration labor market policies and creating an enabling environment for professional growth and leadership.

Strategic Action	Strategic Sub-Actions
6C Expand health workforce education and continuing professional development (CPD) and strengthen bonding and retention schemes	i. Partner with UoB and other institutions (PAHO, UWI) to support training for healthcare workers. ii. Tailor training to health needs (e.g., expanded long-term care for an aging population and development of public health capacities) and emerging burdens (e.g., GBV, cirrhosis, renal failure, diabetic retinopathy, and amputations). iii. Explore the use of the PAHO Virtual Campus as platform to train on short term programs. iv. Launch modular CPD courses, offered both in-person and online, for health workers across disciplines, including modules on interprofessional team organization and capacity building. v. Create training hubs on Family Islands to reduce geographic access barriers. vi. Incorporate digital literacy, AI tools and AI- driven automation training into continuing professional development programs to equip health workers for the integration of emerging technologies in service delivery. vii. Review national accreditation standards and training opportunities to align with international leading practices and accreditation bodies and councils (i.e., NAECOB, Health Professions Council). viii. Assess bonding and retention schemes leading practices from comparable jurisdictions with the objective of identifying opportunities for The Bahamas to encourage and retain trained personnel in underserved areas, particularly in the Family Islands, and services in greater demand. ix. Introduce bonded scholarships for priority professions tied to service in underserved areas.



Pillar 6: Health Workforce: 2026-2030

Objective: Empower and strengthen health workforce through recruitment, retention, education, training and accountability measures; taking into consideration labor market policies and creating an enabling environment for professional growth and leadership.

Strategic Action

Strategic Sub-Actions

6D

**Promote
supportive,
inclusive, and
empowering
people-centered
work culture**

- i. Implement regular anti-stigma, empathy, and equity training for all health staff.
- ii. Implement regular staff satisfaction tracking mechanisms, including surveys, feedback tools, and engagement metrics, to monitor workforce wellbeing, identify emerging issues, and guide continuous improvement initiatives.
- iii. Introduce values-based hiring practices aligned with patient-centered care.
- iv. Facilitate work culture workshops for the healthcare sector, aiming to build a culture which allows staff to prioritize patients' needs first and foremost.
- v. Include patient satisfaction and recognition indicators in performance evaluations, to understand effect of improved workplace culture on patient experience.
- vi. Establish recognition programs and comprehensive support services, including confidential counselling, peer-support programs, and psychological care, with priority for personnel in high-stress and high-risk settings (e.g., emergency care, end-of-life care, mental health facilities, and the judicial/forensic system).





Pillar 6: Health Workforce: 2026-2030

Objective: Empower and strengthen health workforce through recruitment, retention, education, training and accountability measures; taking into consideration labor market policies and creating an enabling environment for professional growth and leadership.

Strategic Action

Strategic Sub-Actions

6E

Strengthen equitable recruitment and retention of health workforce based on population and geographical needs

- i. Monitor recruitment and retention practices for health care professionals.
- ii. Assess current hiring timelines and establish KPIs to monitor improvement; explore the use of AI-driven automation to reduce time-to-hire.
- iii. Develop a specific Action Plan for Allied Health, including targets for training seats, scholarships, and regional recruitment campaigns.
- iv. Ensure equitable resourcing across regions to reduce disparities in staffing, training opportunities, and access to essential health services.
- v. Offer special incentives for recruitment into hard-to-fill roles like lab techs, physiotherapists, and environmental health officers.
- vi. Offer retention incentives such as rural hardship allowances, housing support, or fast-track promotion opportunities.
- vii. Establish return-to-practice programs for health workers currently outside the sector.
- viii. Include housing and transport allowances in HR packages to attract staff to underserved locations.
- ix. Ensure full recognition and integration of all health professionals into standardized national care pathways.





Pillar 6: Health Workforce: 2026-2030

Objective: Empower and strengthen health workforce through recruitment, retention, education, training and accountability measures; taking into consideration labor market policies and creating an enabling environment for professional growth and leadership.

Strategic Action

Strategic Sub-Actions

6F

Increase awareness and technical and professional capacity of health personnel to build climate resilience in the health sector



i. Improve health professionals' capacity to cope with the impacts of climate change on health.

ii. Improve health care workers' awareness of the impacts of climate change on health.

iii. Improve the health system's capacity to respond to and support healthcare delivery after a disaster.

iv. Improve health professionals' clinical capacity to manage climate related health risks, illnesses and injuries.

v. Provision of access to appropriate type of training for example in climate and health risk assessment, climate-resilient health facility management and health economics, for interested healthcare providers or health financing officers to be trained in this area.

vi. Enhance The Bahamas' health system capacity to manage climate-related health threats.





Pillar 7: Financing and System Efficiencies: 2026-2030

Objective: Establish pathways for the system's financial sustainability and efficiencies to support health and well-being.

Strategic Action	Strategic Sub-Actions
7A ★ Strengthen fiscal governance and transparency	i. Introduce a consolidated health financing governance framework linking MoHW, NHIA, PHA and DPH budget processes to ensure coherence, transparency, and accountability in planning and resource allocation. ii. Institutionalize National Health Accounts (NHAs) to systematically track total health expenditures and efficiency indicators, generating evidence to guide equitable and efficient resource allocation. iii. Publish an annual Health Expenditure and Performance Report to communicate results, strengthen accountability, and enhance public and stakeholder trust. iv. Conduct regular fiscal space analyses and integrate findings into budget negotiations with the Ministry of Finance (MoF) to advocate for sustainable increases in health sector funding. v. Develop and implement a financial advocacy Strategy to engage proactively with the MoF and other key ministries, ensuring health priorities are reflected within national fiscal policy. vi. Build advanced analytical capacity within MoHW and related institutions to integrate health economics and econometrics into decision-making. This includes linking financial data with performance metrics to enable results-based budgeting and planning, supporting priority setting, value-for-money evaluations, benefit-incidence and equity analyses. vii. Coordinate budgetary planning processes across MoHW, NHIA, PHA, and DPH to streamline operations, reduce duplication, and optimize resource use. viii. Ensure dedicated MoHW budget allocation for governance, stewardship and funding of EPHFs. ix. Align allocations of national health budget to accelerate UHC (e.g., NHIA's stagnated budget restricting any expansion or development of services).



Pillar 7: Financing and System Efficiencies: 2026-2030

Objective: Establish pathways for the system's financial sustainability and efficiencies to support health and well-being.

Strategic Action	Strategic Sub-Actions
★ Strengthen fiscal governance and transparency (cont'd) 7A	x. Develop a national mechanism within the budget system to track expenditures on UHC and priority initiatives, improving transparency and financial monitoring. xi. Establish a multisectoral working group to assess direct and indirect expenditures across public and private providers to determine the current cost of care across the healthcare system. xii. Explore innovative and sustainable revenue sources (e.g., carbon tax, sugar tax, cruise ship departure tax) to diversify financing and achieve the 5% of GDP target for public health expenditure. xiii. Update and formalize the catastrophic care fund with clear priorities based on population needs. xiv. Facilitate regular joint planning meetings between MoHW, MoF, and key stakeholders to align fiscal policies with health sector priorities and performance evidence.
★ Position the health sector as a strategic investment to transform its position from cost center to economic driver 7B	i. Conduct health financing and economic analyses, to identify high-impact investment priorities e.g preventative care and the expansion of primary care- based systems. ii. Establish formal process in conducting Health Economic Evaluations focusing on identifying the current cost of care across the health system, efficiencies, opportunity costs and cost effectiveness. iii. Develop and maintain investment cases for health that quantify the economic returns of prevention, primary care, and health workforce development. These cases should demonstrate benefits such as reduced productivity losses, lower long-term treatment costs, and job creation, and be regularly reviewed and updated. iv. Engage the Ministry of Finance and economic planning bodies to integrate health into national development strategies and investment portfolios.



Pillar 7: Financing and System Efficiencies: 2026-2030

Objective: Establish pathways for the system's financial sustainability and efficiencies to support health and well-being.

Strategic Action		Strategic Sub-Actions
7C	Establish a Sustainable Health Financing Framework aligned with the priorities of the health system	i. Conduct a national health financing review to define the optimal financing mix (government contribution, business and individual contributions, social insurance, private, donors) assessing funding needs for health technology, digital infrastructure and the health workforce. ii. Clarify institutional roles in financing between MoHW, NHIA, PHA and DPH. iii. Establish a UHC fiscal roadmap with measurable milestones and monitoring indicators e.g., increase public health expenditure from 3.5% → 5% of GDP by 2030. iv. Integrate UHC Service Coverage Expansion and Financial Protection Targets into Roadmap a) Launch SHB (target by 2027) b) Expand SHB Benefits and population coverage c) Ensure catastrophic care fund priorities align with population needs
7D	Optimize and digitize financial systems	i. Implement an integrated, digital billing and insurance claims system for faster processing, tracking, and revenue collection. ii. Introduce a centralized platform to streamline revenue generation across health services, ensuring better financial transparency. iii. Enhance the digital and operational infrastructure required to enable cashless payment systems in public health facilities, improving transparency, efficiency, and patient convenience.
7E	Improve alignment between health system and service (DPH/NHIA) to strengthen financing frameworks	i. Review and adjust Department of Public Health (DPH) service fees to align with National Health Insurance (NHIA) reimbursement rates, ensuring long-term system sustainability. ii. Align system and primary care services to strengthen financing framework to support equitable access to care. iii. Conduct a financial sustainability analysis of the NHIA to understand rising per-beneficiary expenditure.



Pillar 7: Financing and System Efficiencies: 2026-2030

Objective: Establish pathways for the system's financial sustainability and efficiencies to support health and well-being.

Strategic Action		Strategic Sub-Actions
7F	Develop efficient procurement mechanisms	i. Establish and maintain a national list of prequalified suppliers based on standardized quality and cost criteria.
		ii. Build procurement capacity through targeted training in negotiation, contract management, and regulatory compliance.
		iii. Implement a centralized digital procurement system to streamline processes and enhance transparency.
		iv. Engage in regional or international pooled procurement to reduce costs and improve supply security.
		v. Monitor procurement performance using defined indicators and regular audits to drive continuous improvement.
		vi. Review PAHO's Regional Revolving and Strategic Funds as regional procurement mechanisms.
7G	Identify and mobilize financial resources, promoting investments in the health system's climate-resilience and ensuring the efficient and effective use of funds	i. Establish sustained public investment in climate change and health programmes by adding a budget line in the National Budget of The Bahamas.
		ii. Leverage alternative sources of funding and financing for climate and health programmes and policies (climate funds). Encourage agencies to explore and apply for international funding.
		iii. Explore global catastrophe risk pooling as an instrument to strengthen financial resilience to climate events.



Pillar 8: Innovation for Health: 2026-2030

Objective: Leverage new technologies, practices, research and data insights to drive improvements in healthcare delivery and outcomes.

Strategic Action	Strategic Sub-Actions
★ Promote innovation through partnerships and incentives 8A	i. Establish innovation hubs and public-private partnerships to incubate, pilot, and scale innovative healthcare solutions. ii. Create targeted incentives (e.g., tax relief, grant schemes, or seed funding) to encourage innovation by local entrepreneurs, startups, and research institutions. iii. Host national innovation forums or summits to showcase successful practices, strengthen networks, and build a culture of innovation in health. iv. Facilitate collaboration with Caribbean nations on service delivery innovation by establishing a regional CEO Forum for public hospital leadership. v. Launch a small grants program to support community-led health innovations, starting in the Family islands.
★ Improve monitoring and reporting of health research and innovation investments 8B	i. Establish a National Health & Medicine Research Council to define coordinate research and ensure alignment with needs and goals. ii. Formalize partnership between the H&MR Council and the National Statistical Institute to coordinate the collection and analysis of health and medical research statistics. iii. Connect with UB academia and international institutions to explore funding agreements for research. iv. Create a centralized, digital research repository of ongoing, completed, and proposed research. v. Create reports on research and statistics to inform policy development and draw investment. vi. Leverage AI by generating updates on research activities and innovation trends. vii. Ensure financial protection to allow innovation to be fostered. Promote strategies to address the high price and cost of some health technologies.



Pillar 8: Innovation for Health: 2026-2030

Objective: Leverage new technologies, practices, research and data insights to drive improvements in healthcare delivery and outcomes.

Strategic Action	Strategic Sub-Actions
★ Strengthen national health information systems to collect and use data on the health impacts of climate change 8C	i. Map the most vulnerable populations and regions to climate change in The Bahamas. ii. Map and analyze public health care facilities and infrastructure describing the risks and existing vulnerability to adverse climate effects to identify mitigative options. iii. Map the various developments and population growth happening in The Bahamas to project health risks associated with climate change. iv. Monitor air quality in The Bahamas. v. Assess The Bahamas' health system capacity to cope with climate change impacts (gap analysis). vi. Assess gaps and needs of current intra- and inter-island transportation system during and after extreme weather events. vii. Conduct gaps and needs assessment of community shelters for emergencies. viii. Conduct economic assessment on use of different technologies to ensure water availability during drought events. ix. Conduct assessment on the gaps and needs associated with water supply for each shelter in The Bahamas. x. Conduct assessment on the benefits of improving waste storage systems to prevent leakage into water resources. xi. Conduct assessment on the benefits of promoting local food production. xii. Conduct assessment on vulnerable population not covered by UHC.



Pillar 8: Innovation for Health: 2026-2030

Objective: Leverage new technologies, practices, research and data insights to drive improvements in healthcare delivery and outcomes.

Strategic Action	Strategic Sub-Actions
8D Leverage digital health technologies and data-driven solutions to improve healthcare delivery, system efficiencies, and access to quality care	i. Implement interoperable digital health systems to enhance timely access to health data. ii. Assign CPD module to staff in AI tools and AI- driven automation (see Pillar 6b). iii. Pilot basic point-of-care diagnostic tools in select clinics and Family Islands to evaluate feasibility and service impact. iv. Create national standards for digital procurement, data governance, and interoperability. v. Harness AI to enhance disease surveillance, clinical decision support, health promotion, operational efficiency, and preventive care. vi. Utilize GIS to map service coverage, disease burden, and distribution of innovation, enabling more targeted planning, equitable service delivery, and strategic resource allocation. vii. Build institutional capacity for public health emergencies, through investment in evidence-based research, scenario modelling, risk assessments, and real-time analytics.
8E Onshore pharmaceutical, health technology, and supplies manufacturing to improve health security, equitable access, and economic diversification	i. Develop a national policy framework to support the local production of essential medicines, diagnostics, medical devices, and health technologies. ii. Explore regional collaboration within the CARICOM subregion to assess shared manufacturing capacity, harmonize regulatory standards, and reduce duplication of effort. iii. Integrate onshore production into national procurement and supply chain systems, ensuring alignment with Central Medical Stores and the National Prescription Drug Plan (NPDP).



Pillar 8: Innovation for Health: 2026-2030

Objective: Leverage new technologies, practices, research and data insights to drive improvements in healthcare delivery and outcomes.

Strategic Action		Strategic Sub-Actions
8F	Secure sustainable and innovative health financing	i. Actively explore and secure international funding sources, such as the PAHO Strategic Fund and IDB, to expand health system capacity (e.g., telehealth, pharmacy savings).
		ii. Engage with the PAHO Strategic Fund to scale initiatives in pharmacy procurement and negotiate more favorable agreements.
		iii. Complete a jurisdictional scan to identify innovative financing mechanisms such as blended finance, results-based financing, and public-private partnerships.
		iv. Complete an options analysis of identified innovative financing mechanisms to diversify funding streams.
8G	Improve capacity to perform research on climate change and health	i. Establish a multidisciplinary research unit within the MoHW.
		ii. Define and support a national research agenda on climate change and health.
		iii. Develop a knowledge-sharing platform/ mechanism to effectively communicate the latest advancements and lessons learned relevant for the sector.
		Establish mechanisms for science-based decision making where researchers inform planning and policy.





Moving Forward

► The Bahamas National Health Strategy is more than a document. It lays out a clear vision, our priorities (including those to be focused on within Year 1), and the steps needed to be taken to better serve the nation.

Success will depend on everyone stepping up to turn this Strategy into action, embedding it into daily lives, aligning with the people and resources, and building a culture where everyone take ownership to drive results.

Our collective next steps

To achieve the vision of a healthier Bahamas, the entire nation—government, communities, and partners must move forward together.

The following steps will guide our shared journey:

1

Share responsibility

Ensure every person, family, business, and community understands the Strategy, its benefits and how they can participate in advancing better health.

2

Stay informed and engaged

Follow progress through the Ministry of Health & Wellness platforms, share feedback, and help ensure continual improvement of our health system.

3

Live the vision every day

Keep the goals of the Strategy at the center of decisions, from the clinic to the home, always putting patients and families first.

4

Collaborate

Strengthen partnerships between government, businesses, NGOs, and communities – because health outcomes improve when we act as One Bahamas.

► The road ahead begins today.





Glossary

Term	Meaning	Term	Meaning (cont'd)
AI	Artificial Intelligence	NDP	National Development Plan
BP	Blood Pressure	NGO	Non-Governmental Organisation
BNHS	Bahamas National Health Strategy (this document)	NHA	National Health Accounts
CARICOM	Caribbean Community	NHI	National Health Insurance
CEO	Chief Executive Officer	NHIA	National Health Insurance Authority
CMO	Chief Medical Officer	OCMO	Office of the Chief Medical Officer
CPD	Continuing Professional Development	PAHO	Pan-American Health Organisation
DPH	Department of Public Health	PHA	Public Hospitals Authority
EHR	Electronic Health Record	PPP	Public-Private Partnership
EPHF	Essential Public Health Functions	SDG	UN Sustainable Development Goals
GDP	Gross Domestic Product	SIDS	Small Island Developing States
H&MR	Health & Medicine Research	TMO	Transformation Management Office
HiAP	Health in All Policies	UB	University of the Bahamas
HIV	Human Immunodeficiency Virus	UHC	Universal Health Coverage
HRH	Human Resources for Health	UWI	University of the West Indies
HRHIS	Human Resources for Health Information System		
ICT	Information and Communications Technology		
IDB	Inter-American Development Bank		
IS4H	Information Systems for Health		
ISCO	International Standard Classification of Occupations		
KPI	Key Performance Indicator		
LTC	Long-Term Care		
M&E	Monitoring and Evaluation		
MH	Mental Health		
MOHW	Ministry of Health and Wellness		
MOU	Memorandum of Understanding		
NCD	Non-Communicable Disease		



Reference List

#	Document
1	2024.06.10 - 1B - Current State Report
2	Restructuring of the OCMO Ministry of Health & Wellness, 2022
3	2024.06.10 - 1B - Draft Business Case
4	Bahamas STARS Report_06_14_23
5	Annex 4 Bahamas EPHP Decision Tree and Action Plan
6	National+Health+Strategic+Plan+2010_2020
7	EPHF BAH Integrated Report Aug 2023
8	Surveillance_FINAL REPORT
9	Stakeholder interviews
10	NHI-018-Building-a-Healthier-Bahamas
11	PHA Strategic Plan
12	Rooting Out Violence Strategic Plan (Draft) Webfile
13	PHA Health Sector Review Final Report 10 7 09
14	Sanigest – FinalRevisedReportBahamasNHI
15	CSI_Schema_Bahamas Sep2024_FINAL_Sept_19_2024
16	The Bahamas National Quality and Safety Plan June 30 2025A
17	2019 NCD STEPS2019Bahamas
18	The Health Workforce in the Americas Regional Data and Indicators
19	2024.06.10 - 1B - Functional Mapping and Org Design
20	Health System Strengthening: Business Case Executive Summary, June 2024
21	Bahamas-MM Assessment Report FINAL - Mar 23-21
22	SteerCo insights
23	Insights from stakeholder review
24	Minister Darville's remarks at 2025-2026 Budget Debate
25	Information Systems for Health Plan of Action
26	IS4H Update for MoHW 2025 06 30
27	IDB Evaluation of 2010- 2020 NHSSP Strategic Cycle
28	Halsall's Deployment of Family Medicine Specialists
29	2025 Government Press Release 'New Measures for a Healthier Bahamas'
30	2025 The Tribune Article, "Bills tabled 'put public health at the centre of our national policy'"
31	Family Islands validation session insights
32	PAHO Strategic Plan 2026- 2031
33	World Bank Country Database, Bahamas Indicators
34	2021 Heart Disease Publication - Caribbean Public Health Agency
35	2024 Regional Report - International Diabetes Federation
36	2021 Obesity Publication - Caribbean Public Health Agency
37	Minister Darville's remarks on launch of Health National Adaptation Plan, October 2024
38	Bahamas National Household Drug Prevalence Survey Report 2018



Contact Us

General Enquiries

Email: healthgeneral@bahamas.gov.bs
cmosecretary@bahamas.gov.bs
ocmo@bahamas.gov.bs

Website: [Ministry of Health and Wellness](#) | [Latest News Public Notices](#)

