



**Antigua and Barbuda's Report**

**On the Draft Strategy for**

**Universal Health Coverage (UHC)**

**30 June 2014**

## Executive Summary

The Ministry of Health of Antigua and Barbuda with support from the Pan American Health Organization Eastern Caribbean Countries (PAHO ECC) Office convened a consultation comprising stakeholders from various sectors to discuss the draft strategy for Universal Health Coverage. The draft strategy included four (4) strategic lines that will guide the transformation of health systems to universal health coverage. The objectives of the consultation were:

1. To discuss the draft document "*Strategy for Universal Health Coverage*";
2. To understand the *national* perspective concerning the proposed four (4) Strategic Lines; and
3. To prepare and submit an approved national report to the Office of the Caribbean Program Coordination (OCPC).

In preparation for the national consultation, the Chief Medical Officer in collaboration with the PAHO Country Program Specialist identified four senior health officers who would be responsible for leading the four group discussions. A meeting of these officers was convened and they were briefed on the methodology that would be used during the consultation. Prospective participants based on their skill mix, were assigned to the appropriate group addressing the four (4) strategic lines of the draft strategy.

The questions and issues for each strategic line were answered and addressed. PAHO's assistance for each strategic line was identified. For example:

### **Strategic Line 1: Expanding equitable access to comprehensive, quality, people-and-community-centered health services.**

1. Financial support (fellowship, scholarships) for training
2. Provide technical support (consultation) for designing and evaluating health care programmes
3. Provide internships/attachments to develop leadership and management skills

## **Strategic Line II: Strengthening stewardship and governance**

1. Effective implementation methodologies (Guidance for effective implementation)
2. Capacity Building
3. Assistance in drafting legislation

## **Strategic Line III: Increasing and improving financing, without out-of-pocket expenditures, with equity and efficiency**

1. Assist with development of a health policy and plan
2. Assessment of National Health Financing

## **Strategic Line IV: Taking inter-sectoral action to act on the social determinants of health**

1. Provide technical support for research and education and training relating to social determinants of health.
2. Policy and programme development relating to social determinants of health.
3. Assist with the drafting of legislation to govern implementation of programmes.
4. Give assistance in helping to develop National Health Plan and Health Policies
5. Help with the identification of technical and financial resources where necessary.

Participants identified the main elements for a road map for moving towards UHC in Antigua and Barbuda as follows:

1. Assessment of the primary health care system
2. Development and implementation of a national health policy and strategic plan
3. Defining the actual package of health services

## **Introduction**

The Pan American Health Organisation (PAHO) in preparation for submitting a Strategy for Universal Health Coverage to the 53rd Directing Council of PAHO, requested Member States to convene national consultations to discuss the draft strategy. Antigua and Barbuda convened its national consultation on June 30, 2014. A multi-sectoral group of stakeholders were invited to and participated in the consultation. Appendix 1 shows the list of participants.

## **Objectives of Consultation**

The objectives of the consultation were:

1. To discuss the draft document "*Strategy for Universal Health Coverage*";
2. To understand the *national* perspective concerning the proposed four (4) Strategic Lines; and
3. To prepare and submit an approved national report to the Office of the Caribbean Program Coordination (OCPC).

## **Methodology**

The draft strategy included four (4) strategic lines that will guide the transformation of health systems to universal health coverage. The methodology for the consultation included plenary and work group sessions. The agenda for the consultation is attached as Appendix 2.

In preparation for the national consultation, the Chief Medical Officer in collaboration with the PAHO Country Program Specialist identified four (4) senior health officers who would be responsible for leading the four group discussions. A meeting of these officers was convened and they were briefed on the methodology that would be used during the consultation. Prospective participants based on their skill mix, were assigned to the appropriate group addressing the four (4) strategic lines of the draft strategy.

## **Outcome of the Consultation**

For each strategic line, a series of questions and issues were to be answered and addressed. The following epitomizes the discussions under the four strategic lines.

### **STRATEGIC LINE 1: Expanding equitable access to comprehensive, quality, people-and-community-centered health services.**

#### **A) What importance do you give in order to advance to Universal Health Coverage to the following aspects?**

- **Design and implementation of the existence of an explicit and universally guaranteed package of services/benefits**
  - (1) Helps to define the parameters under which the health care system operates (after conducting an initial assessment)
  - (2) Facilitates Monitoring & Evaluation of desired Health Outcomes and consequent interventions (e.g. ensuring equity to vulnerable groups;)
  - (3) Helps to determine Human Resources capacity (skills mix needed)
  - (4) Facilitate Governance and Management.
  - (5) Costing the package of services would determine budgetary allocation.
  - (6) Based on services offered a public information program will be developed and implemented.
  
- **Develop a model of care structured in integrated health services networks e.g. Primary Health Care model/ private-public model**
  - (1) Helps to organize health service delivery at primary secondary and tertiary levels.
  - (2) Creates an organized process flow showing inter-sectoral coordination, public/private collaboration.
  - (3) Prevents duplication of services/efforts resulting in efficiency and establishing regulatory parameters

➤ **Strengthening primary care by increasing coverage and improving the response capacity**

- (1) Helps to reduce costs both at the primary and secondary care levels as the health system will become more proactive and less reactive to the needs of the population
- (2) Improves accessibility as greater coverage translates to greater supply/demand
- (3) Helps to eliminate some of the barriers, example, cultural (language), geographical and financial.
- (4) Assessment of the social determinants of health helps to identify and prioritize needs of vulnerable populations.
- (5) Community-based programmes will help to increase coverage and access.

➤ **Development of policies for the training and recruitment of competent, adequate and well-distributed human resources**

- (1) Provides the basis for an HR plan or course of action that in turn influences and determines training and recruitment decisions. Ensure skill sets, competencies and standardization of qualifications/training
- (2) Helps to ensure adequate health personnel-to-patient ratios
- (3) Helps with health personnel retention strategies as it will address succession planning, upward mobility and incentives

➤ **A primary level of universal care with broad coverage and sufficient response capacity**

- (1) Helps to reduce costs at the primary care level as the health system becomes more proactive and less reactive to the needs of the population
- (2) Improves accessibility as greater coverage translates to greater supply/demand
- (3) Helps to eliminate some of the barriers [cultural (language)/geographical/financial]

➤ **Availability of medicines and other technologies according to criteria of cost effectiveness, safety and efficiency.**

- (1) Helps to eliminate wastage (essential medicine list/rational drug use policy)
- (2) Promotes Pharmaco-vigilance (adverse effects)
- (3) Helps to eliminate issues such as conflict of interest or other unscrupulous activity in so far as purchasing is concerned
- (4) Provides a regulatory framework to protect the public [e.g. counterfeit medications, cost control (mark-ups)]
- (5) Helps to discourage misuse or abuse of OTCs (e.g. pseudoephedrine)
- (6) Helps to empower the end-user in his/her healthcare e.g. self-monitoring: blood pressure monitor, glucometers
- (7) Helps with the education and regulation in the use of self-monitoring devices and self-administered drug delivery systems (e.g. at-home nebulisation, at-home chemotherapy, personalized asthma pumps)
- (8) Helps to foster synergies between public and private entities e.g. bulk purchasing.
- (9) Aids in the utilization of an electronic inventory management system to enhance the ready availability of medicines and other devices

**B) Which, in your opinion, are the aspects in your country that should be promoted in order to expand equal and effective access quality services, particularly for groups in situations of vulnerability?**

While all aspects are important, a primary level of universal care with broad coverage and sufficient response capacity, as well as strengthening primary care by increasing coverage and improving the response capacity are vital. These two give impetus to the development of policies to determine human resource planning, develop a model of care with an integrated network of health services and designing the explicit package of services/benefits for vulnerable groups such as the young, old, people with special needs and migrant populations.

The specific areas of focus that should be promoted in order to expand equal and effective access to quality services for these groupings should include:

- Improving Community Health Care Services e.g extended clinic hours, elderly home care
- Improving home-help elderly care
- A more structured school health program
- An integrated approach to providing services for people with special needs
- A dedicated stream of health care financing

**C) What, in your opinion, have been the experiences and/or most valuable lessons on improving access to care?**

- Increased awareness facilitates greater population reach/coverage
- Political will is important for successful implementation of programmes, projects and policies
- Buy-in from stakeholders will facilitate cooperation and collaboration
- Accurately identifying barriers to health care that need elimination has helped to improve access to care

**D) How could PAHO support your country in this process?**

- Financial support (fellowship, scholarships) for training
- Provide technical support (consultation) for designing and evaluating health care programmes
- Provide internships/attachments to develop leadership and management skills

**STRATEGIC LINE II: Strengthening stewardship and governance**

**A) What importance do you give, in the transformation of the health system towards universal health coverage, to the following topics?**

➤ **Essential public health functions, with emphasis on management and leadership of the health authority**

HEALTH AUTHORITY: is defined as The Ministry of Health

1. A defined body (Planning Unit) to monitor and evaluate and continuously improve healthcare services.



2. Establishment of a Planning Unit headed by a National Health Planner
3. Establishment of a Technical Working Group to integrate and coordinate the strategies from different departments within the Ministry of Health

➤ **Existence of a legal framework, regulatory and competencies of control**

1. Strengthen the current legal framework in reconciliation with what is required for the establishment of the UHC. Legislation would set specificity on the role of the personnel within the planning unit so as to ensure that laws are in place to protect the rights of persons who are vulnerable to include non-citizens.
2. Legislation - Revise the Public Health Act to bring it in line with UHC.
3. Enact legislation which mandates source of funding in so far as it concerns the UHC. This includes sources of contribution in addition to the central government
4. Legislation which mandates the broadening of the current Medical Benefits Scheme Act to create a National Health Insurance.
5. Enact legislation which addresses the establishment and staffing of a Planning Unit within the Ministry of Health. This legislation will include the scope of administration of the planning unit

➤ **Institutionality with competences to design, implement and evaluate plans, policies, and strategies of the entire health sector.**

1. Strengthening of public health regulation and enforcement capacity: Six building blocks of the Health System – Health Systems Financing, Health Service Delivery, Health Workforce/Human Resources, Accessibility to Essential Functions, Health Information Systems/Research, Leadership and Governance
2. Legislation: Revise and update the Public Health Act
3. Intra-sectoral collaboration within the entire health sector to coordinate services within the Ministry of Health (MOH)

➤ **Ability to generate social participation and accountability**

1. **Social participation in health:** Technical Working Committee (TWC) should aim to involve all stakeholders, so they would have by-in as active contributors to the decision making process
2. **Health Promotion:** –Education – Training
3. **Legislation:** To ensure that NGOs and Private Sector providing information (Reporting within the guidelines of the UHC) – funding
4. **Inter-sectoral collaboration:** The Sector of Health with other Sectors of Government, Social partners, community based NGOs, Legislation

➤ **Have sound and interoperable information systems for decisions in health**

1. **Human resources development and training in public health:** manual and computerizing of health data: importance of using data for decision making is affected by the ability to have trained staff for data coordination from different departments in the MOH.
2. **Supporting infrastructure and Policy Documents:** An official HIS Policy Document which enforces UHC
3. **Seamless communication between departments and controlled access for NGOs:** To accomplish evidence-based decision making.

**B) Which, in your opinion, are the key aspects in your country that should be strengthened in order to improve governance and leadership in health sector? How would you address it?**

1. Policy Development
2. Legislative Reform
3. To Create Modern Legislation to Govern the UHC
4. Human Resource Development

**How would you address it?**

- a) Bringing together the technicians and all other stakeholders for consideration of the establishment of UHC. They would deliberate on the existing legislation bringing it into what is required for UHC
- b) Human Resource Development: Assessment ,Analysis, Training and Implementation

**C) Which, in your opinion, have been the experiences and/or most valuable lessons on governance strengthening and leadership?**

1. Absence of updated legislation
2. Human Resource pool lacking capacity to implement policy:  
Training – Mentoring & Coaching
3. Failed Political buy-in
4. Supporting Infrastructure: Inadequate coordinating mechanisms for implementation
5. Too many responsibilities and limited capacity to complete
6. Competent technical teams exist
7. Excellent support of International Agencies such as PAHO, WHO, etc.,
8. Existing Policies will be able to tie into the development of the UHC
9. Leadership development support from international groups and agencies (financing of training programs)

**D) How could PAHO's technical cooperation provide support in this area?**

1. Effective implementation methodologies (Guidance for effective implementation)
2. Capacity Building
3. Assistance in drafting legislation

**STRATEGIC LINE III: Increasing and improving financing, without out-of-pocket expenditures, with equity and efficiency**

**A) Discuss the following topics included in the draft strategy. What elements should be taken into consideration to address the issues in the Country?**

**➤ In order to increase the public financing to health in Antigua, the following are suggested:**

1. Advocate for increase in Government Health Budget allocation
2. Improve efficiency for MBS contributions from self-employed, delinquent contributor.
3. Introduce SIN Tax (e.g. for tobacco and alcohol)
4. Introduce taxes for Hazardous Industries (quarry (blasting and Mining)

➤ **The following are recommended for the creation of a collaborative, supportive, unique joint fund to finance the health of individuals and communities (solidarity):**

1. Implementation of a National Health Insurance
2. Create Tax incentives to employers/businesses who provide health insurance for their employees and families.
3. Introduction of a contributory health insurance scheme. The provision of a government sponsored Special Health Insurance Coverage for the disabled, special needs and persons outside of the working population. (proceeds from SIN tax can be utilized for this purpose)
4. Promotion or regulation of health insurance coverage for members of tradesmen association (Fishermen, Contractors, and Farmers Association, etc.)
5. Enactment of legislation for MBS to be the payer of last resort, or capping of MBS payout for services to its beneficiaries who are otherwise insured.

➤ **Elimination of any type of direct payment at the point of the service (elimination of economic barriers)**

Once the implementation of the strategies mentioned above are achieved this would be satisfied.

➤ **Improvement of efficiency and quality of the expenditure can be achieved by:-**

1. Promoting prevention/wellness programmes
2. Ensuring that spending on health care is aligned with managing current leading causes of mortality/morbidity conditions
3. Awarding scholarships in specialized health care training, consistent with leading causes of morbidity and mortality conditions. Said scholarships will be modified with changing statistics
4. Implementing an integrated health service delivery network (care delivered in a timely manner, in the right arena, where there is continuity of care at all levels.

**B) Which, in your opinion, are the aspects in your country that become obstacles to increase health public financing and eliminate direct payment at the point of service? How would you address it?**

1. Poor tax collection
2. Lack of new and innovative ways to finance the public health purse
3. Competing priorities for budget allocation
4. Poor socio-economic conditions
5. There is a perception that enough tax is already being paid and that contributions are not properly utilized. This leads to the unwillingness of certain elements of the society to pay or to increase tax payments

In addressing these obstacles, the following are recommended:-

- i. Enforce non-compliance regulations for tax evasion
- ii. Create a more efficient tax collection machinery
- iii. Host consultations with various stakeholders/focus groups to generate new, sustainable, and less onerous taxation ideas.
- iv. Lobby parliamentarians to ensure the minimum spending on health care is in keeping with the 6 – 7% of GDP
- v. Strengthen the social determinants of health, to include but not limited to, employment, sanitation and housing, through the introduction of self-help programmes e.g. back yard gardens, cottage industries etc.
- vi. Introduce public awareness campaigns re: true cost and spending on health care.

**C) Which, in your opinion, have been the restrictions in order to achieve more health for money? Where in your opinion are the more opportunities to improve the efficiency in health systems? What experiences are there in efficiency improvement?**

**Which, in your opinion, have been the restrictions in order to achieve more health for money?**

1. High cost of inputs
2. Inefficient use of resources and wastage

3. Inadequate number of health care professionals which leads to increase waiting time and/or increased total cost when the services must be accessed overseas
4. Absence of a national health policy and plan that will streamline operations
5. Insufficient practice of evidence-based health care
6. Lack of public/private partnership (no negotiated prices for services, no benefits from volume discounts on procurement)

**Where in your opinion are the more opportunities to improve the efficiency in health systems?**

More opportunities to improve the efficiency in health systems can be achieved through:-

- i. Improved public/private partnership (negotiated pricing, volume discounts, consolidation and specialization in service delivery)
- ii. Implementing the integrated health service delivery network
- iii. Strengthening of health information system to support informed decision-making
- iv. Introduction of a comprehensive health education and promotion strategy geared towards prevention and wellness
- v. Use of more advanced technology such as electronic link between public/private health care providers e.g. MSJMC, MBS, Govt. Clinics and private health care providers
- vi. Reduce duplication of efforts.

**What experiences are there in efficiency improvement?**

1. Implementation of the extended clinic hours has resulted in the reduction of the number of patients accessing the hospital's emergency room, for the corresponding opening hours of the clinic
2. The use of the tele-radiography system gives real time imaging, thereby resulting in the reduced waiting time for radiological images and results
3. Benefits from volume discounts as a member of the regional pharmaceutical procurement system
4. The community bridge project among other things, ensures that patients discharged from the hospital receive their discharge summary,

thereby ensuring the community health service is provided with a record of treatment during hospitalization, and follow up and treatment required in the community.

5. The availability of medication for chronic ailments by the Medical Benefits Scheme at the point of delivery
6. Partnership with public health facilities, NGOs and the private sector has resulted in donation of goods, services and more modern equipment to public health care facilities.
7. Improved screening for NCDs leading to earlier detection, monitoring and treatment.

#### **D) What would you expect from PAHO technical cooperation?**

1. Assist with development of a health policy and plan
2. Assessment of National Health Financing

#### **STRATEGIC LINE IV: Taking inter-sectoral action to act on the social determinants of health**

Social determinants of health are the economic and social conditions and their distribution among the population and that influence individuals and groups. Differences in health status are found in people's living and working conditions eg. Distribution of income, wealth, influence and power rather than individual factors such as behavioral risk factors or genetics that influence the risk of disease or vulnerability to disease or injury (WHO, n.d).

With this definition in mind, we have identified a number of social determinants as priority areas for Antigua and Barbuda. These include:

- Economic factors
- Housing and sanitation
- Cultural factors
- Inward migration and inter-culturization (lifestyle choices).
- Intra-migration
- Education
- Linkages between sub-groups
- Health services.
- Physical environment

- sanitation
- Roads safety (Prevention of accidents)
- deforestation (erosion of land)
- marine destruction ( reef destruction, pollution)
- Fluctuating electricity
- Water shortage

**A) What importance do you give to the following topics?**

**Topic is important**

- High Priority
  - Social Determinants are multifaceted and they fall under multiple sectors. Although inter-sectoral collaboration exists at some lower and community levels, there is need for it to be strengthened at the national level to include a wider representation of sectors.
- **Weakness of the health sector to exercise leadership and act jointly with other sectors in the social determinants of health.**
  - Political priority determines political agenda which does not always include the social determinants.
  - Limited inclusion of other important stakeholders such as NGOs, CBOs, and pressure groups.
  - Some administrators are lacking in adequate background in the area that they over-see which sometimes limits the appreciation for addressing social determinants of health in their particular sector.
  - Some technical and administrative staff of ministries are limited in knowledge of SDH.
  - Technical persons have not been able to get the enthusiasm regarding prevention, pathogenic and palliative health care to the political directorate.
  - Limitations as it relates to sustained efforts in programme execution.
  - Inability to keep health issues at the top of the national agenda
  - Limited inter-sectoral collaboration.
  - Reactive rather than proactive approach to addressing SDH
  - Sectors are focused on their particular area of interest and may not understand or appreciate the broader issues of SDH and their implications.



- Community approach to health care has a strong focus on pathogenic health care provision and not enough attention is placed on prevention.
- Limited financial resources to facilitate planning session

➤ Existence of non-universal social policies, insufficiently financed and lack of coherence and inter-sectorial coordination

We have some social policies, however, they are non-universal for example:

- **Medical Benefits Scheme (MBS)**

Limited provision of health services

Inequity in access

Persons who have not contributed cannot access services eg. treatment unless they are <16 and >60

- **Petro-Karibe**

The country lacks control over sustainability of the programme which could negatively affect continuity in the absence of the programme.

- **Public Health Clinic Services**

**Community clinic services**

Although doctors are available in clinics, some clinics are only serviced by doctors once weekly. Daily clinic doctors are also at some clinics however, they are not evenly distributed throughout the population.

Some clinics do not have universal access to doctors. Although there are daily doctors in some clinics, other factors can prevent access to required services.

Evening clinics are available, however, not in all communities.

Lack of sustainability of supply of resources (Family planning commodities),

- Limitation of health information system negatively affects continuity of health care within and between levels of health care.
- Dental and eye care services are available in some clinics however, some segments of the population lack access to the

service. Although private dental facilities are available, access to adequate financial resources makes the services inaccessible to some.

- No universal Health care policy, no current health plans and clear direction in the health intervention.
- The Zero Hunger Initiative is also another non-universal health social policy however; it is still in its infancy stages which limits access to the services for some members of the population.
- School Meals is also non-universal since not all schools have access to the services.

**B. Which, in your opinion, are the aspects in your country that should be strengthened in order to improve the capacity to act on the social determinants? How would you address it?**

- All Ministers of the Cabinet should fully understand the UHC plan. This will facilitate or engender political buy –in and will.
- Timely and appropriate data gathering, analyzing, disseminating regarding social determinants of health for evidence based decision making.
- Updating of national health policy/plan using the inter-sectoral approach.
- Updating of the Public Health Act to address SDH issues.
- Mechanisms for Monitoring and evaluating policy implementation to be instituted.
- Better use of community-based groups as advocates, for example, church, sports clubs, entertain groups, NGO'S.

**Strategies**

- Formulation of an inter-sectoral committee to address social determinants of health in Antigua and Barbuda and to inform policy development.
- Policies to guide timely reporting, collaboration between groups inclusive of the private sector and accountability between groups/sectors.
- Review and update national health plan in relation to the strategy using an inter-sectoral approach.
- Include key representatives of the various groups/sectors at all discussions to increase buy in and ownership of the UHC.
- Involvement of administrative persons within the various sectors who can influence the relevant authorities within their various sectors.

- To ensure the involvement of everyone responsible for UHC to be fully aware of the process and the desired outcomes.
- Collaboration and consultation with the grass roots individuals, community focal points in order to identify and address SDH issues. For example town hall meeting, focus groups discussions and other types of consultation.
- Have advocates in the various sectors who will promote the implementation of health policies.

**C. Which, in your opinion, have been the experiences and/or key lessons in the area of the effective impact on the social determinants of health?**

- Availability of adequate financial resources.
- Utilization of Pressure Groups.
- Utilization of the Media.
- Involvement of groups such as NGO's and CBO's in the process.
- Community gate keepers.
- Involvement of Sectors to address their concerns.
- Show how policy will give political gain.

**D) What would you expect from PAHO technical cooperation?**

1. Provide technical support for research and education and training relating to social determinants of health.
2. Policy and programme development relating social determinants of health.
3. Assist with the drafting of legislation to govern implementation of programmes.
4. Give assistance in helping to develop National Health Plan and Health Policies
5. Help with the identification of technical and financial resources where necessary.

**Responses to motivating questions**

On completion of the group exercise, participants were asked to respond to three motivating questions. The responses are outlined under the respective question.

**1. What in your view is the most essential pointed out in the document?**

- Modification/revision or introduction of new legislation

- Addressing inequities
- Involvement of stakeholders
- Strengthening governance
- Health Financing

**2. What aspects are not addressed or should be included?**

- Emphasizing the political gain to be derived by improving the health of the nation.
- Cost of not working toward UHC, and the negative impact on the nation/region
- South- south cooperation
- Sustaining quality

**3. What are the main elements for a road map for moving towards UHC in Antigua and Barbuda?**

1. Assessment of the primary health care system
2. Development and implementation of a national health policy and strategic plan
3. Defining the actual package of health services

**Conclusion**

This national consultation on PAHO's draft strategy on UHC provided an opportunity for the Ministry of Health to demonstrate its leadership role on this important topic. A variety of stakeholders engaged in lively productive discussions and many now have a better understanding of UHC. It is the Ministry's hope that the output of the consultation will be considered in finalization of the document. Sincerest thanks are extended to PAHO for their support.



**Group I** (Anti-clockwise) *Mr. Alfred Athill (pink shirt), Dr. Oritta Zachariah, Ms. Laurellyn Williams, Dr. Gregson Williams, Mrs. Elnora Warner and Mrs. Coralita Joseph*



**Group II** Mr. Edson Joseph, Permanent Secretary – Ministry of Health (in yellow shirt)



**Group II** (Anti-clockwise) Dr. Kamaria De Castro (Back turned, black top), Mr. Alton Forde, Ms. Faye Edwards, Mr. Colin O'Keiffe, Ms. Rose-Anne Kim, Ms. Michele Lynch, Mr. Lionel Michael, Ms. Cleo Clothilda Hampson (Back turned, cream top)



**Group III** (Anti-clockwise) Ms. Janice Samuel (in hat), Mrs. Ena Dalso Henry, Mr. Gary Thomas, Ms. Delcora Williams, Mrs. Gail Henry Lewis





**Group IV** (Anti-clockwise) Mr. Clare Browne, Mr. Eddie Hunte (hidden), Ms. Olive Gardner, Ms. Mitsey Weaver, Mrs. Sonia Joseph and Ms. Margaret Smith

## APPENDIX 1



### Universal Health Coverage Workshop Cortsland Hotel 30 June 2014 Antigua and Barbuda

#### List of Participants

No.	NAMES	POSTION
1.	Mrs. Laurellyn Williams	Representative - Antigua and Barbuda Nurses Association
2.	Mrs. Coralita Joseph	Superintendent of Public Health Nurses
3.	Mr. Clare Browne	Deputy Education Director
4.	Mrs. Sonia Joseph	Deputy AIDS Programme Manager
5.	Michele Lynch	Representative - Breast Friends
6.	Ms. Janice Samuel	Representative - Breast Friends
7.	Ms. Olive Gardner	Retired Nurse
8.	Mr. Eddie Hunte	President, Antigua and Barbuda Pensioners' Association
9.	Ms. Rose-Anne Kim	Legal Counsel II, Ministry of Legal Affairs
10.	Mrs. Margaret Smith	Principal Nursing Tutor, School of Nursing
11.	Ms. Mitsey Weaver	Representative, Sickle Cell Association
12.	Mr. Colin O'Keiffe	Head/Statistician, Health Information Division
13.	Mr. Clarence Pilgrim	Superintendent, Clarevue Psychiatric Hospital
14.	Mrs. Cleo Clothilda Hampson	Deputy Superintendent of Public Health Nurses
15.	Mr. Alton Forde	Master of Fiennes Institute
16.	Ms. Rhea Ireland	PAHO CPS Assistant
17.	Mrs. Gail Henry Lewis	Social Policy Research Officer
18.	Mr. Gary Thomas	Director of Administration, Mount St. John's Medical Centre
19.	Ms. Delcora Williams	AIDS Programme Manager
20.	Dr. Oritta Zachariah	Medical Officer of Health

21.	Ms. Faye Edwards	Manager, Central Medical Stores
22.	Dr. Kamaria DeCastro	Medical Doctor
23.	Ms. Daislyn Ashe	Executive Secretary, Ministry of Health
24.	Mr. Edward Emmanuel	PAHO CPS
25.	Mrs. Ena J. Henry	Administrative Secretary, Health Institutions/ NCD Focal Point
26.	Mr. Alfred Athill	Director of Pharmaceutical Services
27.	Dr. Gregson Williams	Senior Dental Consultant, Ministry of Health
28.	Mrs. Elnora Warner	Principal Nursing Officer
29.	Dr. Rhonda Sealey-Thomas	Chief Medical Officer
30.	Mr. Lionel Michael	Chief Health Inspector
31.	Mr. Edson Joseph	Permanent Secretary, Ministry of Health

## APPENDIX 2



### STRATEGY FOR UNIVERSAL HEALTH COVERAGE

CORTSLAND HOTEL

ANTIGUA AND BARBUDA

30 JUNE 2014

TIME	SESSION
8:30-8:45 a.m.	<b>REGISTRATION</b>
8:45-9:00a.m.	<ul style="list-style-type: none"> <li>- Chairperson- Dr. Rhonda Sealey-Thomas, Chief Medical Officer</li> <li>- Opening Prayer- Mrs. Elnora Warner, Principal Nursing Officer</li> <li>- Welcome Remarks- Dr. Rhonda Sealey-Thomas, Chief Medical Officer</li> </ul>
9:00-9:30 a.m.	Presentation on Universal Health Coverage <ul style="list-style-type: none"> <li>- Mr. Edward Emmanuel, PAHO Country Program Specialist</li> </ul>
9:30-10:00 a.m.	Explanation of Methodology <ul style="list-style-type: none"> <li>- Dr. Rhonda Sealey-Thomas, Chief Medical Officer</li> </ul>
10:00-10:15 a.m.	<b>BREAK</b>
10:15-12:00 p.m.	Group Work
12:00-1:00 p.m.	<b>LUNCH</b>
1:00-3:30 p.m.	Group Work-Cont'd
3:30-4:00 p.m.	Group Presentation
4:00-4:30 p.m.	<b>NEXT STEPS</b>
	<b>END OF WORKSHOP</b>