REPORT ON ST. VINCENT AND THE GRENADINES NATIONAL CONSULTATION ON THE STRATEGY FOR UNIVESAL HEALTH COVERAGE

MOHWE / PAHO

Universal Health Coverage

DATE: JUNE 23 & 24, 2014

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PREAMBLE

The Ministry of Health, Wellness and the Environment in collaboration with the Pan American Health Organization Country Office convened a consultation to review and discuss the proposed strategy for Universal Health Coverage. The objectives of the consultation were to:

- Present the draft document 'Strategy for Universal Health Coverage' to relevant stakeholders.
- Identify St. Vincent and the Grenadines' position with respect to the four strategic lines that are being proposed to achieve progress towards universal health coverage.
- Prepare a national report with suggestions and comments for inclusion in the revised strategy document that will be presented to the Directing Council of PAHO.

The consultation which was held at the Methodist Church Hall in Kingstown, St Vincent on June 23rd 2014 had approximately 60 persons from the private and public sector in attendance. Participants represented the following government and non-governmental sectors:

- Academic Institutions
- Community Organizations
- Department of Central Planning
- Financial Institutions
- Insurance Companies
- Ministry of Agriculture
- Ministry of Education
- Ministry of Foreign Affairs
- Ministry of Health, Wellness and the Environment

- Ministry of Legal Affairs
- Ministry of Trade
- National Insurance Services
- Private Sector
- SVG Bar Association

The consultation began with an official opening ceremony that was chaired by the Permanent Secretary, in the Ministry of Health, Wellness and the Environment, Mr. Luis de Shong. Remarks were delivered by the following persons (as per the agenda – Annex 1):

- The Chief Medical Officer, Dr. Simone Keizer-Beache. In her remarks, Dr Keizer spoke about the fact that the thrust towards UHC in St Vincent and the Grenadines must be a country-owned initiative. Thus reflecting what the country can afford and must be home-grown and culturally appropriate to the domestic political institutions, the legacy of the existing health system, and the expectations of Vincentians.
- The Director of the National Insurance Services, Mr. Reginald Thomas enlightened the stakeholders about UHC as it relates to Health Care Financing and its link to comprehensive, affordable, accessible and quality health care services.
- PAHO Country Program Specialist, Ms. Anneke Wilson presented the Strategy for Universal Health Coverage which will be discussed at the Directing Council in October 2014.

The participants were divided into four groups to deliberate on the four strategic lines of action. A plenary discussion followed the group presentations which provided the opportunity for input from all stakeholders and clarification of issues. The comments from the four groups are contained in this report.

INTRODUCTION

Saint Vincent and the Grenadines is a multi-island state in the Windward Island chain of the Lesser Antilles. It consists of 32 islands, inlets, and cays, but only 7 of these beyond the main island of Saint Vincent are inhabited (Bequia, Canouan, Mayreau, Union, Mustique, Palm Island, and Petit Saint Vincent).

St. Vincent and the Grenadines has an area of 150 square miles with 133 square miles representing the mainland and 17 square miles representing the Grenadines. Based on the 2012 Population and Housing Census preliminary count, the household population of Saint Vincent and the Grenadines stood at 109,278 This represented a 2 percent increase from the previous census of 2001 of 106,253 persons.

The Country Poverty Assessment (CPA) of 2007/2008 revealed that the poverty head count index was 30.2 percent and an indigence level of 2.9 percent. This represents an improvement from 1996, when the index was 37.5 percent and the indigence level was 25.7 percent. Meanwhile, the vulnerability index stood at 48.2 percent, indicating that one in two persons is at risk of falling into poverty on account of any shocks to the economy.

Health care service delivery in Saint Vincent and the Grenadines is largely provided by the public sector, however, the private sector involvement in health has grown in recent years to complement the limited specialty services and alleviate some of the burden on the public sector. At the primary care level, the public sector is divided into nine Health Districts with thirty-nine health centres throughout the country. On average, each health centre is equipped to cater to a population of 2,900 with no patient required to travel more than three miles to access

care. At the secondary level, Milton Cato Memorial Hospital is the country's only governmental acute care referral hospital providing specialist care.

Five rural district hospitals, with a combined bed capacity of 58, provide a minimum level of secondary care. The private sector is active at the primary care level with private providers offering generalist and/or obstetric services. Tertiary care is limited in both the public and private sectors.

The epidemiological profile of St. Vincent and the Grenadines highlight the burden of chronic non-communicable diseases (cardiovascular disease, diabetes mellitus, neoplasm), and injuries and violence on national mortality rates. The average life expectancy is 71.9 years and the infant mortality rate is 20.8 per 1000 live births. Communicable childhood diseases have been virtually eliminated by immunization and access to sanitation and safe potable water.

The National Economic and Social Development Plan-2013-2025 is the blueprint for development activities within Saint Vincent and the Grenadines over the next eleven (11) years. The vision of the Plan is "Reengineering Economic Growth: Improving the Quality of Life for all Vincentians", This Plan, subscribes to the notion that access to good quality and affordable health care is critical to national growth and development. In the plan, priority will be accorded to lifting the general health status of the population. Some of the more pressing challenges facing the health sector in St. Vincent and the Grenadines are fiscal constraints, changing family structures, aging population, high rates of unemployment, relatively high levels of poverty, and an upsurge in non-communicable diseases.

The institutional framework for the provision of social security must be enhanced to ensure that persons who can no longer actively contribute to the economy receive adequate care and protection. Focus should also be directed at reducing the number of persons in the 'poor and vulnerable' group. Under the plan, one of the strategic interventions is to introduce a National Health Insurance system in St. Vincent and the Grenadines.

The Government of Saint Vincent and the Grenadines allocates, on average, 9 percent of the capital and recurrent budget to health annually. The percentage of government health expenditure is approximately 4% of the GDP. The government provides funding for 63% of health care cost on an annual basis. Thirty percent allocated to primary health care, 42% to secondary health care, and 28% to education, administration and pharmaceutical supplies.

St. Vincent and the Grenadines is currently executing a National Health Accounts analysis, without which it is difficult to estimate current levels of out-of-pocket health expenditure or understand whether the population is protected from burdensome health care costs. Hence moving to Universal Health Coverage may be the best option in improving access, efficiency, and equity for the population as it relates to health care.

PLENARY DISCUSSION ON GENERAL QUESTIONS:

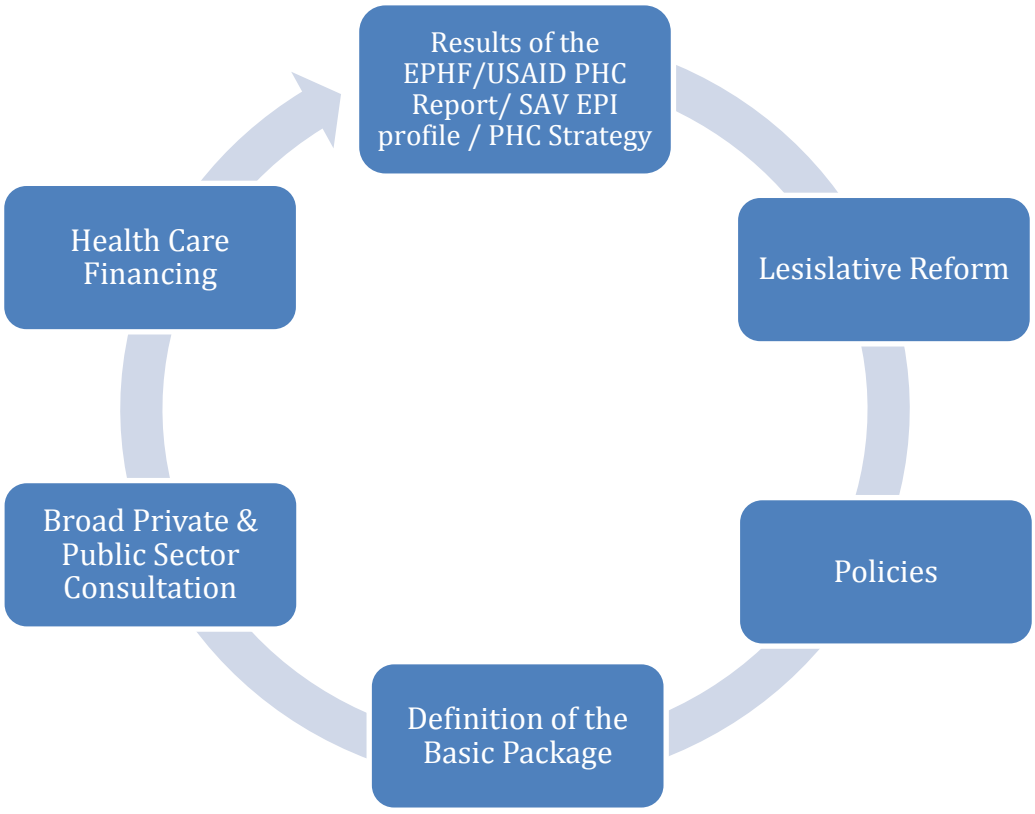
(a) What in your view is the most essential point in the document?

Response: Participants felt that all components in the four strategic lines are equally important in order to achieve Universal Health Coverage. However, health care financing, legislation and polices, the definition of the basic package, adequate human and material resources were seen as critical for moving St Vincent and the Grenadines to Universal Health Coverage.

(b) What aspects are not addressed or should be included:

Response: Participants felt that all relevant areas were addressed.

(c) What are the main elements for a road map moving towards UHC?



GROUP 1

EXPANDING EQUITABLE ACCESS TO COMPREHENSIVE, QUALITY, PEOPLE AND COMMUNITY CENTERED HEALTH SERVICES

a) In order to advance toward universal health coverage, what importance do you give to the following aspects?

- ***The definition of a comprehensive universal package of legally guaranteed services.***

Response: This is very important; however, gaps in the present health care coverage need to be assessed. Additionally, the elements of the package must be clearly defined including specific packages for the different diseases including diabetic and oncology services. Consequently, the financial implication for the package(s) including cost-effectiveness analysis is paramount. There must also be consideration for the quality issues with respect to the services to be provided and the economic space of different countries.

- ***The development of health care models that focus on the needs of people and communities, increasing resolution capacity of the primary level of care, through integrated health services networks.***

Response: There is a need for a situation analysis, including the epidemiological profile. The health care model should be re-developed/designed based on findings and gaps identified. The model requires the engagement of society, multisectoral participation, and political commitment from authorities. The model must guarantee equitable access to services.

- ***Increased investment in the first level of care to quickly address un-met health needs.***

Response: Yes, there is need for increased investment of human and other resources at the primary health care level. This will reduce the morbidity and complications experienced by individuals and improve the overall quality of life. One area of investment is for training in specialized areas for example clinical pharmacy, oncology and cardiology.

- ***Increase employment options at the first level of care, with attractive labour conditions and incentives. Multidisciplinary health teams with access to health information and telehealth services (including telemedicine). Introduce new professional and technical profiles.***

Response: Yes, there is need for multi-disciplinary teams at the professional level. Additionally, there is need for specialized training in areas where gaps were identified. As technology has been improving the quality of the services offered to clients, calls for capacity building and a change in management with respect to the introduction of electronic health information system and telemedicine at the primary care level.

- ***Improve availability and rational use of medicines and other health technologies.***

Response: There is need for a policy and legislative frame work to establish rational use of medicine and other health technologies.

- ***Implementation of programs for the empowerment of people, including promotion, prevention and educational activities***

that enable people to know more about their health situation and their rights and obligations.

Response: In order to address the health profiles across the life course, structured health education/promotion programs should be put in place.

b) In your opinion what needs to be done in your country to improve equitable access to quality services, particularly for groups in situations of vulnerability such as the very young and very old people, the poor, migrants, patients with chronic or incapacitating diseases, LGBT, among others.

Response:

- There is a need for strong legislative framework. Hence, existing policies need to be reviewed and revised where necessary. Where there is an absence of policies, these should be developed.
- Establish quality standards and monitor and evaluate their implementation.
- Ensure accountability.
- Evaluate the quality of the current services offered.
- Expand some services to the adolescent age group e.g. child health services only covers 0 to 5 year age-group.
- Include a multidisciplinary approach for training in providing specialized healthcare.
- Extend hours of service for vulnerable groups.
- Target resources for vulnerable groups.

c) What have been the national experiences and lessons learned on improving access to care?

Response: A number of lessons have been learned including the following:

- Stakeholders must be included from the inception of the process.
- It is important to consider the issues of sustainability from the outset, as clients become disenchanted when the quality of service is not maintained or the provision of the service is inconsistent.
- Monitoring and Evaluation are very important.
- Employ the bottom-up approach rather than the top-down.
- The importance of informing the population of what services are available and where they can be accessed.

Some negative experiences have been:

- Inadequate financial mechanism.
- Lack of cohesion among health professionals.

d) How can PAHO support your country in this process?

Response:

- Assisting in human resource development including training in specialized areas.
- Providing financial and technical supports for conducting gap analyses, developing and assisting with the implementation of primary health care models.

GROUP 2

STRENGTHENING STEWARDSHIP AND GOVERNANCE

a) In the transformation of the health system towards UHC, what importance do you give to the following topics

- ***Establish formal mechanisms for participation, dialogue and accountability***

Response: In order to strengthen stewardship and governance, it is important that formal structures be established in the form of a regulatory body to guide the concept of UHC in St. Vincent and the Grenadines. This body should comprise of stakeholders such as representatives from the Ministry of Health, Wellness and the Environment, National Insurance Services, Ministry of Finance, Ministry of Legal Affairs, Ministry of Social Welfare, The Medical Association and other technical support partners.

- ***Policies and plans with defined national targets and goals that can be monitored and evaluated***

Response: Policies and plans are of high importance towards UHC. They should be developed based on wide stakeholder consultations that review the evidence. They should focus on all populations throughout the life course with provisions being made for vulnerable or at risk populations and the disease burden in SVG. The policies and plans should be based on the basic package of services that is deemed appropriate by the Government of St. Vincent and the Grenadines through the MOHWE. Indicators need to be developed in order to monitor access to services and outcome of health status across the population.

Policies and plans should be developed based on reviews of previous work done on National Health Insurance which addressed a legislative framework etc.

- ***Implementation of a set of interventions to strengthen governance and stewardship capacity of the health sector, guaranteeing the essential public health functions, with emphasis on management and leadership of the health authority***
  - ~ This parameter is also considered of high importance towards UHC; the retention of adequate, qualified, competent human resource is paramount.
  - ~ It is important to conduct an assessment and/review IHR capacity whilst engaging both private and public sector services; a re-engineering of HR systems in the form of an appropriate change management system implemented
  - ~ Establish networks across the health sector in order to ensure provision of that basic package of services for e.g. National Laboratory Network.
  - ~ Adopting standards, quality assurance and integrations of services across the health sector.

- ***Legal and regulatory framework***
  - ~ This parameter is also considered of high importance.
  - ~ Current laws are outdated and will need to be updated in order to move towards UHC in St. Vincent and the Grenadines
  - ~ There is need for a legal counsel within the Ministry of Health Wellness and the Environment to move the process of legislation and regulatory framework forward in a holistic manner.

~ Review of existing laws is a requirement.

- ***Strengthen National Information Systems to monitor and evaluate progress toward universal health coverage. Develop a research agenda and improve knowledge management***
  ~ This component is critical towards UHC in order for an effective monitoring and evaluation process across the health sector; specifically it will allow us to track coverage and uptake of health services.
  ~ Continue national discussions and implement the National Multi-purpose Identification (MPID).
  ~ Ensure information systems platforms are in place to capture the relevant data; increase advocacy to implementation of SVGHIS and ownership.
  ~ Continue collaboration with other stakeholders by also implementing initiatives that are geared towards strengthening information systems within St. Vincent and the Grenadines e.g. E-GRIP (Electronic Government for Regional Integration Project).
  ~ Ensure that the appropriate legislation and regulatory frameworks are in place to govern information systems.
  ~ Indicators will monitor data that can be analysed to guide the national research agenda.

b) In your opinion, what are the key aspects in your country that should be strengthened in order to improve governance and leadership in the health sector? How would you address them?

- Through awareness and sensitization geared towards the general population with regards to the basic package of services and general health services functions.

- Strengthen/maintain or develop structures that support UHC e.g. infrastructure, equipment etc.
- Revisit the National Essential Public Health Functions assessment; components that have already been identified as critical for strengthening are: public health research, disaster preparedness, legislation, finance, health promotion and health protection and surveillance.
- Developed policies should address political will/commitment and explicit detail of access to health services.

c) What have been the experiences and lessons learnt regarding strengthening governance and leadership in the health sector

- The change process can be long and tedious.
- Change in mindset/culture is difficult.
- Lack of capacity to implement the change process.
- Difficulty in institutionalizing drastic or even slight changes within the public sector.

GROUP 3

INCREASING AND IMPROVING FINANCING, PROMOTING EQUITY AND EFFICIENCY, AND ELIMINATING OUT-OF-POCKET EXPENDITURE

Increasing Public Financing

Response:

1. *The National Insurance Services*: only about 30 to 40% will pay for 100% of the population
2. *Directing funds from VAT*: a percentage directed to health system, this will result in almost everyone contributing to the funds
3. *National Health Insurance system* (3 cents on every dollar)
4. *Sin tax*: direct tax from certain commodities for health care (e.g. Tobacco, alcohol, phone cards)
5. *Transparent mechanism*: to ensure that funds are directed to health care in a transparent manner.
6. *Increase a public/private partnership*

Challenges:

- If the system is based solely on payroll tax, then the percentage of unemployment presents a major challenge.
- As a (small island) developing state, there will be budgetary constrains with respect to the Global Budget.
- For successful implementation, the public financing method must be politically acceptable.
- Gaining the public buy-in.

Eliminate direct payment at point of service and replace it with a pre-paid system

Income redistribution:

- Healthy to the Sick: National Health Insurance System, private health insurances.
- Rich to Poor: With the VAT system, the rich pays more through the purchase of more expensive items, whereas some items purchased by the poor would be VAT exempt. This redistribution also occurs through an increase in public/private partnerships.
- Young to elderly: young people contribute to the system for example the social health insurance system.

Improving the efficiency in financing and organizing of health services

The following suggestions are being proposed:

~ The multi-sectoral approach and integration of public/private systems must be implemented.

~ A national ID system from birth to death must be established

~ An improved electronic Health Information System must be implemented.

~ There should be a defined package of services.

~ The focus must be on preventive care.

~ The mechanism should allow for no direct payment per visit to physicians under a NHI system.

~ Establish a gate keeping system.

~ The OECS can establish specialized hubs for example cardiology and some diagnostics.

~ Increase the contribution from the medical colleges.

~ Strengthening primary health care and focus on prevention and health promotion.

~ Develop a mechanism for students enrolled in school to contribute to a national health fund.
~ Utilize health economics principles to improve budgeting and cost-efficiency and cost-effectiveness.
~ Improve efficiency of administration to avoid wastage.

The challenges will include:

~ Lack of political will.
~ High unemployment rate.
~ People's conflicting priorities.
~ Lack of a national ID system from birth.
~ Possibility of abuse of the NHI system.
~ Insufficient or a lack of required specialists and resources.
~ Conflict of interest with respect to physicians who work in both private and public sectors.

The efficiency of the system can be improved by:

- Recruiting more specialists.
- Increasing public awareness and dialogue.
- Developing and implementing a system for monitoring private doctors.
- Implementing an electronic health information system.
- Implementing continuous training of health care providers.
- Improving the management of the health care system from a fragmented to an integrated approach.
- Implementing regulations and standards to improve health care.

GROUP 4

STRENGTHENING INTERSECTORAL ACTION TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

a) What importance do you give to the following topics?

Leadership role of the health system to involve other sectors in addressing the social determinants of health. Establish intersectoral coordination mechanisms.

(Group four members agreed that :)

- The Ministry of Health, Wellness and the Environment has a leadership role to play in this process.
- A 'core-group' called the 'The intersectoral Committee' should formed. This group should move the agenda forward, not only for addressing social determinants of health, but for universal health coverage programs.
- The Chairmanship for this committee should be rotated among the following components for e.g. the Ministry of Health, Wellness and the Environment, line ministries such as the Ministries of Agriculture, Education and National Security, Civil Society Organizations, NGOs, Private Sector such as Insurances Companies, Chamber of Commerce, Social Security such as NIS regarding Social Safety Net and Faith Base Organizations
- The major role of this committee will be planning and its functions can be categorized as the 3 Cs:
    1. Consultation
    2. Coordination
    3. Communication

Generate evidence to support inter-institutional actions, in particular assessing the health related implications of policies, programs, and development projects.

(Group four members agreed that :)

- Research is critical for evidence informed inter-institutional actions.
- Monitoring & evaluation should be included in all activities to inform the planning process.
- Memoranda of understanding should be developed and agreed to including arrangements for sharing information.
- Implementation of policies and programs should be based on the epidemiological profile of the country.

Promote universal health coverage in social protection programs. Strengthen the participation of the health sector in defining the health-related components of social programs, including programs for conditional cash transfers, as appropriate.

(Group four members agreed that :)

- Social protection programs, for example those offered by the National Insurance Services and Ministry of Social Welfare should have a mechanism for input from the health sector, for inclusion in the decision making processes. There needs to be more collaborative work with NIS to determine services to be covered for both private and public sector, including the amount of coverage for example 50% for dental and/or eye care.
- Clear rules/guidelines need to be established and MOU for payment of services and transfer of funds between providers and insurance companies.

Strengthen the links between health and community, empower people and communities by training leaders, young people and other community member on the social determinants of health so that they can play an active role in health promotion and protection.

(Group four members agreed that :)

- The Intersectoral committee will be the major player in strengthening the links between health and community.
- Existing groups that are already involved in community outreach programs e.g. HTN and DM groups should be strengthened. In general, health promotion and prevention activities should include exercise programs, empowering communities to eat what they grow.

b) What are the barriers to strengthen the capacity of the national health authority to influence legislation, regulations and interventions beyond the health sector that address the social determinants of health?

The following barriers are:

- Lack of empowerment of individuals/persons and the community on a whole.
- Lack of political will to change for example legislature/policies
- Reluctance of social services to support payment for interventions with regard to quality issues.
- Lack of continuity of programs.
- No champion for the cause/lack of leaders.
- Lack of compelling evidence to move the policy makers.
- Geographic composition of SVG that is a multi-island state, mountainous terrain making it difficult to access different routes.

How would you address these barriers?

- Ministry of Health Wellness and the Environment should take the leadership role to move UHC forward.
- The Ministry of Health Wellness and the Environment and other stakeholders need to be vocal & proactive. UHC must be sold to all people including individuals at the 'grass root' level, so that the people will influence political outcome/legislature.
- Quality should be the same across the board, therefore standards should be established.
- The media should be integrally involved in order to obtain public support
- Involve all ministries to develop a collaborative 'push' for the intersectoral approach.

c) What have been the experiences and lessons learnt in working with other sectors to address the social determinants of health?

- The Ministry of Health Wellness and the Environment has evidence of this approach being put forward before, but there was a lack of support for implementation.
- HIV and Immunization programmes can be used as model programmes that have positive effects on the community.
- Absence of funding led to discontinuity of programmes in the past.

d) How can PAHO technical cooperation provide support in this area?

- Development of standards and quality based on culture and community needs.
- Provide best practices with respect to functional intersectoral groups.
- Provide training for continuity of programmes at every level of the community
- PAHO should lobby for **CARICOM** Heads of government to make this an agenda item at next meeting.

The main recommendation of group 4 members was the establishment of an intersectoral committee to move the mandate for UHC forward. Persons should indicate willingness to sit on this committee.

CONCLUSION

Stakeholders attending St. Vincent and the Grenadines' consultation agreed that Universal Health Coverage was necessary to improve the health of the population. They made it very clear that intersectoral collaboration was pivotal. Also, the need for increased awareness about the concept of UHC; review and update of legislation and policies to support UHC and adequate human and financial resources to support the process were critical.

Any move towards universal coverage is inherently a country-owned initiative. It must be home-grown, strongly rooted in the country's culture, its domestic political institutions, the legacy of the existing health system, and the expectations of its people. This highlights why the effort was made to involve a wide cross section of the society at this important consultation.

To be most cost-effective, mechanisms for pooled financing should go hand-in-hand with a primary health care approach. UHC will result in an increase in the use of health services and consequently health spending, however these increases can be counterbalanced through cost-effective prevention interventions, including early detection and the management of many conditions at the community level. This approach becomes all the more important as the world braces for the imminent increase of non-communicable diseases among populations.

ANNEX 1

St. Vincent and the Grenadines National Consultation

On the

Universal Health Coverage Strategy

23rd June, 2014, 9: a.m., Methodist Church Hall

AGENDA

Chairperson:	**Mr. Luis de Shong, Permanent Secretary, Health, Wellness and the Environment**
Prayer:	**Mrs. Celoy Nichols**

National Anthem

Welcome Remarks: **Chairperson**

Remarks:	**Dr. Simone Keizer-Beache, Chief Medical Officer**
Remarks:	**Mr. Reginald Thomas, Director, National Insurance Services**
Presentation:	**Ms. Anneke Wilson, PAHO Country Program Specialist**

Introduction to Group Work

Break

Group Work

Lunch

Group Work

Group Presentations

Plenary Discussion:	**Dr. Rosmond Adams, Non-Communicable Diseases Focal Point**

Wrap up

ANNEX 2

Group Participants by Topic Areas:

TOPIC: Expanding equitable access to comprehensive, quality, people and community centered health services.

Names & Department

GROUP 1

1. **Patsy Wylie, Health Promotion Unit, MOHWE**
2. **Neri James, Environmental Health**
3. **Patricia Allen, Community Nursing Services**
4. **Alice Cunningham, Community Nursing Services**
5. **Arlene James, Community Nursing Services**
6. **Beverly Mc Nichols, Community Nursing Services**
7. **Ralph Williams, Environmental Health**
8. **Claudette Williams, Lab MCMH**
9. **Steve Millington, MOHWE**
10. **Julia Haywood, Community Nursing Services**
11. **Tyrone Jack, Pharmaceutical Services**
12. **Joyce Burgin, Nutrition Unit**
13. **Cordero Telesford, PAHO/WHO**
14. **Ferrosa Roache, MOHWE**

GROUP 2

TOPIC: Strengthening stewardship and governance.

1. **Grace Walters, Health/MCMH**
2. **St. Joel Warren, Central Planning Division**
3. **Kisha Sutherland, Legal Affairs Department**
4. **Ashelle Morgan, Legal Affairs Department**
5. **Katisha Douglas, MOHWE**
6. **Roger Duncan, MOHWE**
7. **Arlitha Scott, Family Planning**
8. **Rene Baptiste, Counsel**
9. **Simone Keizer- Beache, MOHWE**
10. **Jennifer George, MOHWE**
11. **Theophlius Franklyn**

Group 3

TOPIC: Increasing and improving financing, promoting equity and efficiency, and eliminating out of pocket expenditure.

1. **Nakesha Blucher, Insurance Brokers**
2. **Joe Sheridan, Insurance Brokers**
3. **Donnette Cunningham, MOHWE**
4. **Roxanne Williams, MOHWE**
5. **Christelee Hercules, MOHWE**
6. **Alanzo Munroe, KCCU**
7. **Jennifer Cruickshank- Howard, Fisheries**
8. **Colleen Thomas, NIS**
9. **Julianna Pilgrim- Prince, Community Nursing Services**
10. **Rosmond Adams, MOHWE**
11. **Christine Thayer, MOHWE**

Group 4

TOPIC: Strengthening intersectoral action to address the social determinants of health

1. **M.V Saunders, SVPPA**
2. **Vickilyn Job, MOHWE**
3. **Del Hamilton, MOHWE**
4. **Camille John, MOHWE**
5. **Anneke Wilson, PAHO/WHO**
6. **Sylvester Tannis, Bequia Medical Mission**
7. **Rosanelle May, Community Nursing Services**
8. **Conrad Nedd, Trinity School of Medicine**
9. **Samuel Joyles, MOHWE**
10. **Rosalind Thomas, MOHWE**
11. **Beverly Liverpool, SVGCC**
12. **France s Jack, Trinity School of Medicine**

ANNEX 3

Acronyms / Abbreviations

- **KCCU- Kingstown Co-operative Credit Union**
- **MCHM LAB- Milton Cato Memorial Hospital Laboratory**
- **MCMH- Milton Cato Memorial Hospital**
- **MOHWE- Ministry Of Health, Wellness and the Environment**
- **NIS- National Insurance Services**
- **PAHO- Pan American Health Organization**
- **SVPPA- St. Vincent and the Grenadines Plan parenthood Association**
- **SVGCC- St. Vincent and the Grenadines Community College**