



HEALTH SYSTEMS 20/20 CARIBBEAN: FINAL PROGRESS REPORT

December 2013

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AOR	Agreement Officer's Representative
CPA	Country Poverty Assessment
CSO	Central Statistics Office
HEU	Centre for Health Economics of the University of the West Indies (formerly the Health Economics Unit)
HIV	Human Immunodeficiency Virus
HRSA	Human Resources Services Administration
HS20/20	Health Systems 20/20
MOH	Ministry of Health
MSJMC	Mount Saint John's Medical Center
NAP	National AIDS Programme
NHA	National Health Accounts
NHI	National Health Insurance
OECS	Organization of Eastern Caribbean States
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Centre
PLHIV	People Living with HIV/AIDS
STI	Sexually Transmitted Infection
UHC	Universal Health Care (St. Lucia)
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
UWI	University of the West Indies

I. BACKGROUND

This final report for the Health Systems 20/20 (HS20/20) Caribbean project reflects the project period from August 20, 2012 through December 31, 2013. HS20/20 Caribbean was a 16-month Associate Award under the leader Health Systems 20/20 cooperative agreement, funded by the U.S. Agency for International Development (USAID) and led by Abt Associates. The project continued the technical assistance for health systems strengthening and financial sustainability provided to the islands of the Eastern Caribbean from 2010-2012 under the leader project.

The HS20/20 Caribbean project aimed to build improved health financing capacity and leadership to ensure long-term financial sustainability of health and HIV programs in the Eastern Caribbean. Abt partnered with the HEU, Centre for Health Economics of the University of the West Indies (HEU) to further develop the HEU's capacity to provide health financing technical assistance in the region.

The project's vision was to build country capacity in core health system components – financing, governance, and operations – enabling health systems to function more sustainably and efficiently while maintaining attention to disease-specific priorities.

The expected outcomes of HS20/20 Caribbean are:

- Increased use of health and HIV expenditure data and unit cost information to inform resource allocation decisions, health sector reforms, financial sustainability planning, and advocacy.
- Strengthened Ministry of Health (MOH) financial management capacity, including the ability to conduct costing analyses and utilize costing data for strategic and operational planning.
- Strengthened regional institutional capacity to provide health financing technical assistance, specifically in National Health Accounts (NHA), and HIV subaccounts.
- Progress toward coverage of HIV/AIDS services by public and private health insurance.

Significant progress on each of these objectives was made during the course of this project, as described in the narrative sections below.

2. NARRATIVE SUMMARY OF ACTIVITIES

2.1 ANTIGUA AND BARBUDA

In Antigua, HS 20/20 Caribbean strengthened the MOH's capacity for evidence-based financial management of the HIV program by estimating the costs of services at the primary health care (PHC) level and outpatient HIV/AIDS services (both initiated under HS 20/20 project), and services at Mount St. John's Medical Centre (MSJMC), including inpatient costs for treatment of PLHIV.

In November 2012, HS20/20 Caribbean trained local stakeholders on using costing data for planning and resource allocation. This training was attended by 20 officials representing the MOH, National AIDS Program (NAP), Community Health Services Division, Central Medical Stores, Medical Benefits Scheme, Mount St. John's Hospital (MSJMC), and Primary Health Care Centers. In response to a request from the MOH and the NAP, the project then provided technical support to estimate hospital costs at MSJMC. The purpose of the study was twofold: first, to estimate unit costs by ward, including overhead, management, staff time, and medicines and supplies; and second, to provide a more complete accounting of HIV/AIDS costs to include those services and lab tests provided on an in-patient basis. The MOH wished to better understand the costs of this hospital as it plans for the extension and modification of the MSJMC's management contract, especially given the large portion of the government health spending allocated to MSJMC. In addition, NAP leaders were also interested in obtaining hospital cost data because the NAP is responsible for covering the cost of services received by PLHIV at the hospital.

The HS 20/20 Caribbean team took a collaborative approach to implementing this costing exercise in order to build capacity among country counterparts. In late February and early March a team of two HS 20/20 Caribbean staff members travelled to Antigua and Barbuda to initiate the study. The team convened a Costing Committee, formed and led by Antigua's Chief Medical Officer and comprising key staff from the MOH, the Health Information Division, the NAP, and MSJMC. The Costing Committee with HS 20/20 Caribbean support agreed on the scope of work for the activity, reviewed data collection tools and modified them as needed, and assigned roles and responsibilities related to data collection. Costing Committee members and HS20/20 Caribbean staff jointly collected the bulk of the required data by the end of the second quarter. In addition, remaining data needed to finalize the PHC and HIV/AIDS outpatient services costing that had been initiated under the HS20/20 project, including information on opportunistic infections, were collected.

During the third quarter, the HS20/20 team completed analysis and report writing. The final submitted report, which included an estimate of the cost of inpatient services among PLHIV, was a collaborative effort between HS 20/20 Caribbean and local counterparts from the MOH and MSJMC. The study found that in 2012, PLHIV had an average length of stay of 16 days, representing 1.5 percent of all MSJMC inpatient admissions and 4.5 percent of all bed-days for that year. Inpatient care costs for these patients amounted to a total of EC\$1.2 million or US\$456,000, which was 2.5 percent of all MSJMC recurrent costs. The estimated average cost per PLHIV inpatient admission was EC\$14,671 (US\$5,434), implying almost a three-fold higher per-patient cost than the MSJMC inpatient average of EC\$4,893 (US\$1,812).

2.2 BARBADOS

NHA is a health expenditure tracking methodology that helps inform better health planning and resource allocation, by providing comprehensive data on the amounts, funding sources, management, and uses of expenditures on health and on HIV. To promote regional information-sharing on the purpose and value of NHA, HS20/20 Caribbean provided financial support for two representatives from the Barbados MOH to participate in the St. Kitts and Nevis NHA dissemination workshop in September 2013 (see further discussion of this activity below). Barbados has been conducting a “Health Satellite Accounts” estimation, using a methodology closely related to NHA for health expenditure tracking, and expressed interest in learning from St. Kitts and Nevis’s experience conducting the NHA. Following the meeting, the Health Planner from Barbados noted that she and her colleague had “benefited substantially from the trip as we were able to chart the next steps in finalising our Health Satellite Report and determining the future of estimating health expenditures in Barbados.” In addition, the Barbados MOH formally requested technical and financial support from USAID to conduct NHA and HIV Subaccounts in Barbados in 2014.

2.3 DOMINICA

HS 20/20 Caribbean successfully completed the first-ever NHA and HIV Subaccounts estimation in Dominica.

Under the leader Health Systems 20/20 project, Abt and the HEU had previously completed the initial phase of the NHA process by systematically compiling health and HIV spending data from public and private institutions, including the Ministry of Health, international donors, NGOs, private insurance companies, and employers. The second phase of NHA data collection – gathering information on household out-of-pocket spending – was completed during the HS20/20 Caribbean project. Throughout the process, Abt has worked with the HEU to conduct the analyses, aiming to strengthen the HEU’s capacity to serve as an NHA technical resource for the region in the future.

In the first quarter, the project team drafted a household health expenditure questionnaire and a health expenditure survey for PLHIV. The team submitted all data collection protocols for review by the Abt Associates Institutional Review Board (IRB). In the second quarter, Abt’s IRB verified that the research protocols were compliant with human subjects regulations, and survey instruments and protocols were then sent to the Dominica MOH’s National Human Research Ethics Committee. In April 2013 the project received approval from this Committee to conduct both surveys in Dominica. The HEU made arrangements to initiate pre-testing of the survey instruments in early May, and contacted the Dominica Central Statistics Office (CSO) to facilitate this process.

Unfortunately, the CSO indicated on May 21, 2013 that the research approval previously granted by the MOH could not be considered final, given that the CSO had not been included in the approval process. While the project had followed what appeared to be the appropriate review process with MOH counterparts, an internal communication breakdown between the CSO and the MOH had apparently occurred. The CSO, upon reviewing the survey instruments, did ultimately approve the project’s implementation of the PLHIV survey. However, they also determined that the general household survey was subject to Dominica’s Census and Statistics Act of 1986, which stipulates that participation in all nationally-representative surveys is mandatory, and those who refuse to participate are liable for a fine and/or prison time. The project was instructed to remove all reference to “voluntary participation” from the survey’s consent script and informed that allowing subjects to refuse to participate would be contrary to Dominica’s law.

As with all U.S. government-funded research, the U.S. Code of Federal Regulations (45 CFR 46) requires that participants in federally-funded research give their informed consent to participate; it indicates that research participation is voluntary. Abt's Institutional Review Board could not approve removal of the "voluntary participation" language from the informed consent script on the household survey. As such, the HS20/20 Caribbean faced an impasse and was not able to proceed with the household expenditure survey.

In preparation for finalizing the NHA estimations and while awaiting a conclusion to the household survey issue, the HS20/20 Caribbean team focused on completing the PLHIV survey in Dominica during September and October 2013. This was overseen by the HEU with the assistance of Dominica's National HIV/AIDS Response Programme, whose staff members conducted fifteen face-to-face interviews with PLHIV. The survey results provided information on levels of out-of-pocket expenditure on health by PLHIV, where they sought health care, their insurance coverage as well as their general household expenditure. HEU staff analyzed the data and prepared a summary report on out-of-pocket spending among PLHIV and their use of health services.

The project worked with MOH stakeholders and the CSO to identify an alternative option for estimating household out-of-pocket health spending. The team ultimately decided to request access to data from the 2008-9 Dominica Country Poverty Assessment (CPA), which included a module on household health expenditures. With the assistance of the MOH and the CSO, the full CPA dataset and a sample survey instrument were transferred to the project early in October 2013. The HS20/20 Caribbean team then focused on cleaning and rapidly analyzing these data for inclusion in the NHA estimations; this was somewhat challenging given that the CPA survey data were not collected for the express purpose of NHA calculations.

In mid-October, the HS20/20 Caribbean team held a data analysis workshop at the HEU's offices in Trinidad. The team jointly reviewed all the data collected during the NHA exercise, identified and tracked down missing data (as possible), and mapped all expenditures to the four NHA classifications: financing sources, funds managers, health care providers, and health care activities. A draft presentation summarizing the NHA results was sent to the MOH in Dominica for validation and feedback. A brief meeting with the Director of the NHARP, Julie Frampton, provided useful insights into possible interpretations of preliminary NHA results and potential policy implications.

Finally, the Abt/HEU team drafted the final NHA report in late October and early November and shared the draft with the MOH. An NHA dissemination workshop, attended by more than a dozen MOH representatives, took place in Roseau on November 28, 2013. HS20/20 Caribbean (with representatives from both HEU and Abt) led a fruitful discussion on the policy implications of the findings with these stakeholders. The final report and powerpoint presentations were submitted to the MOH in early December.

2.4 GRENADA

The project's work plan for Grenada originally outlined an activity to support the development of a policy framework for National Health Insurance (NHI). Unfortunately, a change in Grenada's political administration after national elections in February created uncertainty about the government's commitment to the process of developing the insurance scheme. In conversations with HS20/20 Caribbean project staff, MOH representatives suggested that conducting a costing study of health services might be less vulnerable to political changes, and could also further support the implementation of the NHI in the medium term. Project staff and the project's AOR agreed to this change in the work plan.

In consultation with the MOH and the National AIDS Programme, the project drafted a new scope of work focused on estimating unit costs for services at the island's General Hospital as well as estimating disease-specific inpatient costs for 5 priority conditions, including HIV. The analysis would serve immediate needs for facility management and also support the implementation of NHI in the medium term. In the third quarter, the project team finalized the design of the costing study and the MOH organized a local costing team to assist project staff. HS20/20 Caribbean also applied for and received an exemption from oversight by Abt's IRB for this study. In June, three of the project's costing experts traveled to Grenada to collect the needed financial, service delivery, and patient data for the analysis. This included extracting data from 350 patient medical records.

During the fourth quarter, HS 20/20 Caribbean and a local consultant continued to follow-up with hospital staff to collect outstanding data in order to finalize the cost analyses, and drafts of both analyses were completed in September 2013. Preliminary results indicated that stock-outs of medicines and supplies were common in Grenada, lasting over 90 days on average for many items in the pharmacy. The average cost per admission for PLHIV was EC\$4,670, compared to an average of EC\$2,968 for other admissions, and PLHIV had an average length of stay (10.6 days) that was more than double the overall average (4.8 days). In addition, medicines and supplies constituted half of all costs for the hospital's sexually-transmitted infection clinic (which is the main government provider of care for PLHIV) – a much higher proportion of costs than at other units at the hospital. Overall, it was clear that the General Hospital would benefit from strengthening accounting systems to comprehensively capture costs, and from standardizing and tracking pharmaceutical usage data.

The MOH formally requested that the project provide a costing-related training workshop in conjunction with the preliminary presentation of study results. Two project staff traveled to Grenada in mid-October 2013; they met with key staff at the MOH, the General Hospital, the National Infectious Disease Control Unit (which manages care for PLHIV in Grenada), and the National Health Insurance Advisory Committee (which has been charged with establishing national health insurance) to discuss the study results and to validate data collection and analysis. In a two-day workshop, they also trained representatives of the MOH, General Hospital, and Central Medical Stores on types of costing studies and their uses overall, basic concepts in health economics, health information systems, and how to apply the specific costing tool used for the General Hospital top-down costing. After their final briefing to the Minister of Health, she indicated that Grenada must find a "champion" to move forward the policy messages that emerged from the study, and continue to build local capacity to perform cost analyses and use cost data for management.

A draft version of the technical report was submitted to the MOH in mid-November for final review and comment. The government's comments were incorporated, and the final technical report was submitted to the MOH and USAID in early December.

2.5 SAINT LUCIA

Saint Lucia's MOH has proposed to implement a Universal Health Care (UHC) program, but needs information on the costs of services that might be covered by the program. From the beginning of the project, HS20/0 Caribbean discussed how these estimates could be produced. The project team stressed the challenges of successfully completing a costing exercise when limited data are available, and the importance of establishing systems for routinely collecting the required data; to summarize this guidance, in the first quarter the project prepared and submitted a technical needs document to outline the data requirements for the specific study desired by the MOH. The MOH reviewed the document and agreed that major data gaps would not allow for a thorough cost estimation at this time.

Since the project's budget also could not support the costs of extensive data collection, the project team agreed to work with Saint Lucia's MOH to prepare a "roadmap" for collecting these data at some point in the future. In the second quarter, the HS20/20 team drafted a concept note that outlined a series of costing questions that the MOH might wish to answer, and made arrangements for an in-country workshop to facilitate development of the "roadmap." The MOH also established a Health Financing Committee to support the HS20/20 team.

Two project team members traveled to Saint Lucia in early April to evaluate the availability of data, the feasibility of different types of analysis given this data, and the types of cost questions relevant to the discussion around designing the UHC package. They also held a workshop with the Health Financing Committee to determine priorities for the costing and discuss the contents of the "road map" guidance document. After receiving feedback from the Committee, HS20/20 completed and submitted the document entitled *Health Service Delivery Costing and other Economic Analyses*. It included guidance on the design of an essential health package, options for different types of costing studies, the types of data that such studies will produce as inputs for the decision-making process, and information on conducting service delivery costing analyses.

2.6 ST. KITTS AND NEVIS

HS 20/20 Caribbean successfully completed the first-ever NHA and HIV Subaccounts estimation in St. Kitts and Nevis.

As in Dominica, the Abt Caribbean team had completed the initial phase of the NHA in St. Kitts and Nevis under the HS20/20 project in 2012, collecting data on health expenditures from government, donors, non-governmental organization (NGOs), insurance companies, and employers. The second phase of the NHA estimations, a household expenditure survey and a survey of PLHIV, was implemented by the HS20/20 Caribbean project. Also as in Dominica, Abt collaborated with the HEU to collect data and conduct the analysis, aiming to strengthen the HEU's capacity to serve as an NHA technical resource for the region in the future.

During the first quarter, the project team drafted the household survey questionnaire and the survey for PLHIV, both of which examine household health expenditures and service utilization. The team initiated the human subjects research review process with Abt's IRB, and began discussions with the government of St. Kitts and Nevis on the appropriate human subjects review process in the country as a formal review committee does not exist. In February, HEU drafted a detailed work plan for in-country data collection; revised and formatted the draft survey instruments; and began the process of recruiting data collectors. Abt's IRB approved the research protocol for the household survey and PLHIV survey. The HEU team also met with the MOH in St. Kitts and Nevis to review the instruments and received local approval to undertake the survey. Survey instrument pre-testing took place in late March and minor revisions were made.

In the third quarter, the HEU trained local data collectors and supervisors, and conducted the nationally-representative household health expenditure survey and a small survey of health expenditures by PLHIV. The household survey gathered data from 631 households and 25 PLHIV registered with the National AIDS Program. HEU entered and cleaned both datasets and submitted them to Abt for data quality assurance. In the fourth quarter, Abt held an analysis workshop with the HEU in Trinidad to synthesize the results of the household and PLHIV survey data with the institutional data collected previously and analyzed these data according to NHA methodology. The products of this workshop were eight NHA tables which summarized the flow of health and HIV resources in St. Kitts and Nevis in reference year 2011.

After validating findings with the MOH, the HS20/20 Caribbean team drafted a report presenting the NHA results and their implications for the country. In collaboration with the MOH, the HS20/20 team organized a dissemination workshop, held September 24, 2013 in Basseterre, to share these results and lead a discussion on the policy implications with stakeholders. There were 19 participants from both islands, as well as two representatives from the Barbados MOH, which is interested in conducting a similar exercise. Following this workshop, the HS20/20 team incorporated comments from stakeholders into the final report, and distributed soft and hard copies of the final version to the MOH and USAID.

2.7 ST. VINCENT AND THE GRENADINES

At the start of HS20/20 Caribbean, the project was commissioned to support the initiation of NHA, including an HIV subaccounts estimation, in St. Vincent and the Grenadines. The effort was to be co-funded by the European Union (EU). Throughout the first quarter, the Abt team engaged in extensive discussions with St. Vincent's MOH leadership as well as local and regional EU representatives to finalize this scope of work. In early December 2012, MOH officials communicated to the project team that the country would use EU funds to conduct the full NHA estimation – rather than asking the project to implement this scope – and asked the project for assistance in conducting the HIV subaccounts estimation only, as well as help to prepare the draft tender documents for an external consultant to conduct the full NHA. After discussions with the MOH regarding the tendering process and contractor needs, the team submitted a draft tender forecast to the MOH for review in early January.

In early January, the HS20/20 Caribbean team learned from the EU that St. Vincent could not use EU funding to conduct the NHA estimation after all. Throughout the quarter, the project team made numerous attempts to communicate with MOH leaders regarding how best to re-scope the activity or reprogram funds, but was unable to get any response. The project's AOR at the time, Kendra Phillips, also reached out to MOH counterparts in the hopes of clarifying next steps, but she also did not receive any response to email or telephone correspondence.

Following consultations with the AOR, the HS20/20 Caribbean team agreed in March to terminate the activity and reprogram funding allocated to St. Vincent. The USAID/Barbados team and HS20/20 Caribbean project management agreed that given the lack of responsiveness from the MOH, HS20/20 Caribbean assistance in support of NHA would not be fruitful. This change was noted in a revised work plan in the third quarter, and approved by AOR René Brathwaite.

2.8 OTHER REGIONAL ACTIVITIES

2.8.1 OECS HEALTH MINISTERS MEETING

Project Team Lead Laurel Hatt traveled to Antigua to attend the annual Organization of Eastern Caribbean States (OECS) Health Ministers Meeting on October 11, 2012. She traveled on behalf of then-AOR Kendra Phillips, who had been invited to give a presentation on health financing at the meeting but was unable to attend. The objective of the all-day meeting was for Ministers and Permanent Secretaries of Health from the nine OECS countries to discuss pressing issues facing the health sector in the sub-region. Dr. Hatt presented an update on USAID's funding for technical assistance in health financing, including accomplishments over the past year and planned activities going forward. She was also able to use the opportunity for informal networking and updates with key counterparts in each country (Antigua, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent) as well as donor collaborators in the region (PAHO, the World Bank, and UNICEF).

2.8.2 USAID PARTNERS MEETING

Technical Coordinator Abigail Vogus traveled to Barbados to attend the USAID/Barbados and Eastern Caribbean Partners meeting on February 12, 2012. The objective of the all-day meeting was for implementing partners to provide input to USAID/Barbados for the development of a new strategic plan for the region. USAID expressed the hope that these inputs could help the agency determine how to better allocate resources based on challenges and successes in the field thus far.

2.8.3 HEALTH POLICY INITIATIVE COSTING TASK ORDER PROJECT

The team kept in regular contact with staff from both the Futures Group and the Futures Institute, who were implementing costing-related work in the eastern Caribbean under the USAID-funded Health Policy Initiative (HPI) Costing Task Order project. HS20/20 Caribbean shared information gathered from previously-conducted *Health Systems and Private Sector Assessments* in the OECS as well as advice on how to best communicate with and engage key stakeholders from the countries, based on the Abt team's experience working in the eastern Caribbean. HS20/20 Caribbean's Senior Technical Coordinator Lisa Tarantino attended the *Caribbean Regional Training on Costing and Evaluation: with focus on HIV Programmes* hosted by HPI; she presented on the project's NHA initiatives and how they relate to costing work generally.

2.8.4 CARIBBEAN MEETINGS ON STRATEGIC HIV INVESTMENT AND SUSTAINABLE FINANCING

On May 28-29th, Dr. Elaine Baruwa traveled on behalf of HS20/20 Caribbean to the PEPFAR- and UNAIDS-sponsored *Caribbean Meeting on Strategic HIV Investment and Sustainable Financing*. Dr. Baruwa presented a summary of PEPFAR's health financing-related work in the Caribbean and also led discussions with country teams from Haiti and Trinidad and Tobago that are in the process of completing their HIV Investment Frameworks. The HS20/20 team also worked with PEPFAR and UNAIDS to provide input on the agenda for the event. The meeting's objective was to discuss HIV investments and the sustainability of the HIV responses in the Caribbean region, given the decline in donor funding, global economic challenges, and partially-achieved HIV response targets.

The project team also provided input for a second regional UNAIDS/PEPFAR meeting planned for November 2013 in Saint Lucia, including refinements to the agenda, a powerpoint presentation on project accomplishments, a series of technical briefs summarizing recently-completed health financing studies in the Eastern Caribbean countries, and flash drives containing relevant background documents. The Saint Lucia meeting was cancelled at the last minute due to an airline strike in the region. Unfortunately, the meeting was rescheduled to occur after the end of the project's period of performance.

2.8.5 SUPPORTING OTHER REGIONAL INITIATIVES

HS20/20 Caribbean kept partners like the Pan American Health Organization (PAHO) and the UWI Health Economics Unit abreast of HS20/20 Caribbean-supported activities in the region. After meeting PAHO's Caribbean health financing lead Dr. Ramon Figueroa at the OECS Health Minister's meeting, the team held a teleconference with Dr. Figueroa to update him on project activities and discuss PAHO's support for costing and other health financing activities. Dr. Figueroa shared information regarding PAHO's regional support, including human resources for health planning in Antigua and Health Satellite Accounts training for MOH officials from Barbados.

The U.S. Health Resources and Services Administration (HRSA), a PEPFAR partner agency, expressed interest in supporting a Caribbean session of the *Harvard Flagship Course on Health Systems Strengthening*

and Sustainable Financing. At HRSA's request, the HS20/20 Caribbean project provided background on health systems challenges in the region for the Harvard School of Public Health professors leading the course and input into the course's Caribbean-specific agenda. HS20/20 also connected them with HEU counterparts to further assist with implementing the training.

Throughout the project, HS20/20 Caribbean continued its collaboration with the *Strengthening Health Outcomes through the Private Sector (SHOPS)* project, a USAID-funded global project that also supports private sector and health systems strengthening activities in the eastern Caribbean countries, to ensure that activities were complementary and minimize the burden of project staff visits to the countries.

3. CHALLENGES

A few challenges should be briefly highlighted here:

1. After difficulties finalizing activities in St. Vincent and the Grenadines, the project team revised and resubmitted the work plan to reflect the reallocation of funds from St. Vincent in early April. Per conversations with the AOR, this funding was reallocated to other activities within the project, as detailed in the revised project work plan submitted and approved in early April.
2. Because of the need to reprogram activities from St. Vincent, the project requested and received Agreement Officer approval for a three month no-cost extension to the period of performance of the project through December 31, 2013.
3. As described in the Dominica section above, the project team had to cancel the household health expenditure survey in Dominica and utilized other data sources to complete the NHA estimation.
4. A regional airline strike led to the cancellation of the second regional PEPFAR- and UNAIDS-sponsored *Caribbean Meeting on Strategic HIV Investment and Sustainable Financing*, at which Dr. Hatt was scheduled to give a presentation. The rescheduled meeting will take place after this project's end.

4. MONITORING AND EVALUATION

The table below represents the HS20/20 Caribbean Project's performance management plan as revised and approved in April 2013.

No.	Indicators	Target (Country)	Source	Progress to Date	Frequency	Assumptions
1	# of countries where full National Health Accounts (NHA) estimation has been completed	2 (St. Kitts and Nevis, Dominica)	NHA reports	2 Completed (Dominica, St. Kitts and Nevis)	end of project	Consistent participation of government and private sector officials
2	# of countries where HIV subaccounts completed	2 (St. Kitts and Nevis, Dominica)	NHA reports	2 Completed (Dominica, St. Kitts and Nevis)	end of project	Consistent participation of government and private sector officials
3	# of tools, templates, and mechanisms developed and delivered for improved counterpart financial management	2 (Antigua, St. Lucia)	project reports	2 Completed (Antigua, St. Lucia)	quarterly and end of project	
4	# of countries with unit costs for HIV clinical services estimated	2 (Antigua, Grenada)	project reports, strategic plans	2 Completed (Antigua, Grenada)	end of project	
5	# of Ministry of Health (MOH) staff trained in costing and/or use of cost data	10 (Antigua, Grenada)	project reports, attendance lists	31 Completed (Antigua, Grenada)	quarterly and end of project	Training leads to increased capacity for financial management.
6	# of economists at regional institutions with strengthened capacity to provide health financing technical assistance	3	project reports, interviews with regional institution staff	5 Completed (HEU economists)	end of project	Key staff at UWI-HEU will be able to lead National Health Accounts and HIV subaccounts estimations independently.
7	# of regional events or meetings at which the project disseminates findings or contributes to regional policy discussions	3	project reports	3 Completed (OECS Health Minister's meeting; Trinidad costing training; UNAIDS/PEPFAR HIV Sustainability meeting)	quarterly and end of project	Participating in such events magnifies the impact of USAID's investments and contributes to knowledge translation.

5. SUCCESS STORIES

ANTIGUA AND BARBUDA: COSTING FOR SUSTAINABLE DELIVERY OF HIV/AIDS SERVICES

Delcora Williams, Director of the National AIDS Program (NAP) for the Antigua and Barbuda, faces challenges in continuing to provide support to the estimated 918 people living with HIV/AIDS (PLHIV) on the islands. In 2012, Antigua and Barbuda completed a National Strategic Plan for HIV/AIDS. While the plan is clear, the NAP's ability to achieve its objectives hinges on broader capacity within the health system, particularly given diminishing donor funding.

Without adequate financial reporting systems, Ms. Williams could not quantify the resources required to support the activities captured in the strategic plan. "How much does it cost to continue delivering anti-retroviral drugs to PLHIV?" she wondered. "What will be the cost implications of integrating voluntary counseling and testing services into primary health care facilities?"

To help answer these questions, the Health Systems 20/20 project conducted a costing of clinic-based HIV/AIDS services as well as services offered through primary health care centers. The study aimed to inform the government's planning for further integration of these services, as well as improve understanding of costs, given funding constraints for HIV/AIDS.

In November 2012, the Health Systems 20/20 Caribbean project team presented the costs of delivering a defined basket of services used by PLHIV to a working group that included Ms. Williams and other senior government leaders responsible for implementing the National Strategic Plan for HIV/AIDS. The team provided training for decision-makers on how to interpret cost information and use it for decision-making that will support sustainable care for PLHIV and strengthen prevention efforts nationwide. The team also provided training on data collection and facilitated the formation of small working groups, which will gather more complete data on the costs of opportunistic infections which can be an added burden to the health system.

Such costing work lays the groundwork for future activities that seek to measure the cost of delivering HIV/AIDS preventive services and to quantify the cost of care at Antigua and Barbuda's only tertiary hospital facility. In a time of changing donor priorities and limited fiscal space, Ms. Williams can now advocate for the resources she needs to help prevent and treat HIV/AIDS among members of her community.



ANTIGUA AND BARBUDA: DEVELOPING CAPACITY FOR COSTING HIV/AIDS SERVICES

In late 2012, the HS 20/20 Caribbean team presented estimates of the costs of clinic-based HIV/AIDS services and primary health care (PHC) services to members of the Antigua's Ministry of Health (MOH) and National AIDS Program. The costing activity was conducted to support efforts to further integrate these services, as well as improve understanding of costs in light of internal funding constraints and reduced external funding for HIV/AIDS. The team provided training for decision-makers on how to interpret cost information, and how to use it for decision-making to support sustainable care for PLHIV. The team also provided training on data collection and facilitated the formation of small working groups to gather data on the costs of opportunistic infections, which are an added burden to the health system.

HS 20/20 Caribbean is now continuing to support the Government of Antigua and Barbuda's capacity to estimate the costs of services and apply this knowledge for planning. In early 2013 the MOH and HS 20/20 Caribbean established a local Costing Committee. This was convened and led by the Chief Medical Officer and included key staff of the MOH, the Health Information Division, National AIDS Program, and Mt. St. John's Medical Centre (MSJMC), in addition to HS 20/20 Caribbean specialists. The Costing Committee was tasked with estimating the costs of services at Antigua and Barbuda's main hospital facility, MSJMC, particularly focusing on laboratory and other costs related to care for PLHIV. The committee members reviewed and agreed on the Scope of Work for the activity, and both the MOH and MSJMC are devoting staff and other resources to implementing the study. Taking a highly participatory approach to the activity, HS 20/20 Caribbean's Costing Specialist has assigned data collection tasks to members of the Costing Committee, and each member is highly committed to gaining knowledge and skills related to ongoing collection, analysis, and use of cost data. The data collection and analysis tools themselves have been designed to be user-friendly and adaptable so that country counterparts will be comfortable with their use by the end of the exercise.

As a result, at a March 2013 regional training on HIV program costing in Trinidad, Antigua's National AIDS Program manager and MOH project development manager were able to demonstrate their knowledge of costing and had valuable lessons to share with their colleagues from the region.

The continuum of capacity development in Antigua and Barbuda can be described as follows:

- Prioritizing a better understanding of the financial situation, including costs and financing needs (HS 20/20 and SHOPS Health System Assessment Workshop, February 2012),
- Costing of PHC and HIV services (conducted by HS 20/20 and HS 20/20 Caribbean)
- Training on how to interpret and use the costing data (provided by HS 20/20 Caribbean)
- A collaborative costing exercise to directly build skills and experience under the guidance of an external expert.

GRENADA: ASSISTING THE MINISTRY TO MOVE TOWARDS NATIONAL HEALTH INSURANCE

Grenada, like many other Caribbean countries, has prioritized ensuring access to basic health services for its citizens and has been exploring a national health insurance (NHI) scheme as a financing mechanism that can support sustainable access. An NHI scheme was outlined in the country's National Strategic Plan in 2006 to reduce the financial burden of health services to its citizens, but until recently little progress had been achieved in realizing this goal. In fact, the WHO estimated that in 2009 out-of-pocket spending accounted for 48 percent of total health spending in Grenada, a higher ratio than any other country in the Caribbean.¹

For every country, not just Grenada, the path to implementing NHI schemes is complicated, long, and risky. A good deal of research and engagement with citizens, businesses, and other sectors needs to occur to make the scheme successful. At the same time shifts in political administrations or policy focus can often sideline investments in NHI.

As the Health Systems 20/20 project began working in Grenada in 2010, the government was putting renewed emphasis on NHI. In early 2011, the Committee for National Health Insurance was re-commissioned and began meeting monthly to prepare a position paper on NHI. The Committee engaged the Centre for Health Economics of the University of the West Indies to conduct a pre-feasibility study in 2012, assessing the country's ability to implement NHI and the financial sustainability of such a scheme. HS20/20 conducted a Health Systems and Private Sector Assessment in 2011-12 and noted many areas that still needed discussion before the process could move forward. Despite a change in political administration in early 2013, the strong relationship that the HS20/20 Caribbean team built with its Grenadian counterparts allowed for a frank and honest discussion of how best to use the project's scarce resources to move the NHI development process forward. The team and MOH jointly decided to implement a costing study of the country's main General Hospital as well estimating the costs of a set of priority conditions, including HIV, that would likely be included in a future insurance benefits package. These data will inform the design of the benefits package and help project the costs of the future NHI scheme. They can also be used immediately for better hospital and HIV program management.

As the costing activity has gotten underway, the Ministry has made the exercise part of its strategy to communicate the value of NHI to its citizens as its results will demonstrate the true costs of delivering health care. The team is working with a locally-established Costing Committee, and will provide additional training on costing methods to interested government representatives. The Ministry's strong engagement throughout the process is a positive sign that Grenada will reach its goal of having a sustainable NHI program in the future.

¹ Comparable ratios of out-of-pocket spending in other Caribbean countries in 2009 were: Haiti (47 percent), St. Vincent and the Grenadines (43 percent), St. Kitts and Nevis (38 percent), St. Lucia (32 percent), Dominica (30 percent), and Antigua and Barbuda (22 percent).

TRACKING HIV SPENDING TO BUILD FINANCIAL SUSTAINABILITY IN ST. KITTS AND NEVIS

The Country's First-Ever National Health Accounts and HIV Subaccounts Estimation Supports Ownership and Sustainability in HIV Programming

In his opening remarks for the **National Health Accounts (NHA) and HIV Subaccounts Workshop** in September 2013, St. Kitts and Nevis Permanent Secretary for Health Andrew Skerritt announced the first successful completion of this internationally-standardized health expenditure tracking exercise in his country. Mr. Skerritt reminded his listeners that over a decade ago the Government of St. Kitts and Nevis had recognized the value of NHA for monitoring and strengthening the country's health sector initiatives, and noted that the Ministry of Health was proud to make this dream a reality. He highlighted the important role NHA data can now play in efforts to improve the financial sustainability of the health sector overall and HIV programming in particular.

With funding from USAID, the Health Systems 20/20 Caribbean project (led by Abt Associates in partnership with the Centre for Health Economics of the University of the West Indies) provided technical assistance for this first round of NHA and HIV Subaccounts. NHA is a health expenditure tracking methodology that helps inform better health planning and resource allocation, by providing comprehensive data on the amounts, funding sources, management, and uses of expenditures on health and on HIV. Health Systems 20/20 Caribbean systematically compiled health and HIV spending data from public and private institutions, including the Ministry of Health, international donors, NGOs, private insurance companies, and employers. The team also conducted a representative national health expenditure and utilization survey, as well as a survey of people living with HIV. Synthesizing these data into clear, easy-to-understand tables and graphs for use by key HIV and health stakeholders was the key output of this work.



Roxanne Brizan-St. Martin of the Centre for Health Economics, University of the West Indies, presents findings of the NHA and HIV Subaccounts. September 24, 2013

The analysis highlighted strengths and weaknesses in St. Kitts and Nevis's health financing system, and will support evidence-based planning and budgeting as well as efforts to achieve Universal Health Coverage. For instance, the country funds most of its own HIV treatment efforts – but a future funding gap for prevention services may be created by the expected decrease in donor funding. Prevention programs run by NGOs constitute the bulk of donor spending, and the Government of St. Kitts and Nevis will need to identify resource mobilization strategies to ensure that these programs continue. The NHA also showed that the country relies heavily on out-of-pocket spending to fund health care, which is not sustainable or equitable, but PLHIV are thus far largely protected from burdensome health care costs.

Officials in Ministry of Health and National AIDS Programme indicate that they intend to make resource tracking with NHA a routine part of government operations. In addition, with the training and experience gained through this project, the Centre for Health Economics is now poised to take a lead role in providing future NHA technical assistance in St. Kitts and Nevis and other Caribbean countries.

