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Exploratory Report: Options for Health
Care Financing Studies in St. Lucia

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TRIP REPORT
ON
EXPLORATORY VISIT TO ST. LUCIA
17 - 22 MAY 1987

BY

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1. INTRODUCTION

At the request of USAID/Barbados/RDD/C and under the auspices of the Health Care Financing in Latin America and the Caribbean (HCF-LAC) Project (AID Project # LAC-0632-C-00-5137-00), Sharon Stanton Russell visited USAID/Barbados and the Ministry of Health in St. Lucia during the period 17-22 May 1987. In accordance with HCF-LAC Country Study Guidelines, the scope of work for this exploratory visit included the following tasks:

- A. Consult with USAID and St. Lucian officials concerning interest in conducting a health sector financing study under the HCF-LAC project.
- B. Obtain and review relevant documentation.
- C. Draft preliminary scopes of work for up to three health financing studies suitable for implementation under the HCF-LAC project.

The following section summarizes findings and recommendations, based on interviews reported in Annex A and review of new documentation listed in Annex B. Section 3 presents technical notes (including scopes of work) for preparation of a detailed study design.

2. SUMMARY OF FINDINGS AND RECOMMENDATIONS.

Prior to this exploratory visit, St. Lucia was identified by project staff in consultation with USAID as a prime candidate for participation in the HCF-LAC project. Several factors contributed to this determination. From the project's point of view, desire for regional balance among participating countries argued for inclusion of an English-speaking Caribbean country. Among other possible candidates, Antigua has expressed little interest in cooperation with USAID-sponsored health initiatives; St. Kitts/Nevis is strongly dominated by entrenched physician interests likely to make health care financing initiatives difficult to implement; Monserrat, although interested in health financing innovations, has an exceedingly small population (est. 11,500) and remains a British territory and thus not a priority for USAID assistance; Dominica has been the recipient of a number of AID-sponsored health financing activities during recent years; Grenada is currently the site of activities in collaboration with Project Hope which constrain the availability of host-country counterpart staff to participate in other activities. At the time of this visit, both St. Vincent and Barbados were considered (along with St. Lucia) as potential participants. However, during initial briefings, guidance from USAID/RDO/C indicated clearly that in view of Mission priorities, Barbados should not be considered as a

study site unless activities there were necessary as part of a study focused on one of the smaller islands. As of the consultant's arrival in the region, St. Vincent had not responded to Mission efforts at contact concerning the exploratory visit; in any case, the weakness of the Ministry of Health in St. Vincent and the undesirability of spreading project resources thinly over two sites argued for its exclusion. Until midway through the visit, the prospect remained open for a brief trip to St. Vincent to assist the Mission in updating its information on the health sector generally, but this option was dropped by mutual agreement between the USAID Health Officer and the consultant.

St. Lucia, then, emerged as the clear choice for a study site. In population size (134,066 in 1984), it is among the larger of the Eastern Caribbean islands. The Ministry of Health is active and, when contacted by the Mission concerning the exploratory visit, expressed strong interest in participating in a health care financing study.

This interest was reinforced by events concurrent with the exploratory visit. The day this consultant arrived in St. Lucia (19 May), senior Ministry staff were called to present and defend their proposed FY 1988 budget before the Prime Minister (who is also Minister of Finance) in preparation for submission of the entire government budget

to the House of Assembly on 26 May. During the budget review, the Prime Minister stressed the importance of cost recovery/ revenue generation and cost containment through more effective financial management. It was in this context that the issue of costs emerged as the principal topic for further study.

The subject of health sector financing in St. Lucia has been treated in three USAID-sponsored reports during recent years: two trip reports by Carl Stevens (5 May 1982 and 1 April 1983) and in James Jeffers et al., "Health Sector Resources Management" (March 1984). According to both the Mission and Ministry, there have been no further donor-assisted activities specifically in the area of health financing since that time.* It is thus of some interest to review briefly the initiatives which St. Lucia itself has undertaken since 1984. The following are among the more notable developments over the past several years:

A. Financial accountability and revenue generation have become priorities for the political leadership.

This development is reflected not only in the tone of the Prime Minister's budget review meeting described

* The PAHO-sponsored Community Based Survey of Health Services Utilization and Coverage in Four Caribbean Countries (of which St. Lucia was one) contains some household expenditure data but otherwise did not address financing in particular and is fraught with methodological problems (see Rosenthal 1985 for detailed critique).

above, but in recently introduced aspects of the budget process. Previously, the Ministry of Finance estimated its total recurrent budget, fixed the share for Health, and then gave the MOH a number within which to develop its proposed budget estimates. Four or five years ago, Finance introduced a form of zero-based budgetting; the ministries now develop and justify their budgets from the ground up. In addition, three or four years ago, Finance introduced quarterly "allocation discussions" in which the ministries are called to discuss their performance the previous quarter and negotiate the next allocation.

B. The introduction of microcomputers has begun to make financial and service statistics more quickly and readily available. The Central Accounts Office in the MOH now produces and sends to the Ministry of Finance a monthly report of recurrent expenditures against budget. The report follows the format of the Estimates [officially approved government budget document] and does not include detail below the level of subheads provided in the Estimates, but does report variance. The report is produced by Mr. Albert Anderson, Assistant Accountant I in the MOH Accounts office who has taught himself LOTUS 123 and uses this program to produce his reports on the Ministry's IBM-PC. The Jeffers report noted that, as of late 1983, no cost or

utilization data were produced for Victoria Hospital, the principal government hospital. While this situation remains unchanged for cost data (other than expenditure data reported at the subhead level in the Estimates and MOH monthly reports), during the past two years the resident epidemiology advisor on loan from the French government (Dr. Parra) has produced a series of reports on Victoria Hospital which include service statistics. The Medical Records clerk at the hospital is trained to extract the raw data and Dr. Parra produces illustrated reports on the epidemiology section's two Macintosh Plus computers. The IBM-PC located at Victoria remains unused for lack of trained staff to operate it, but potential exists to alter this situation.

C. The legislative framework for revenue generation has been updated. At the time of the Jeffers report, the schedule of user fees approved for government health services had not been adjusted since 1975. In August of 1985, the hospital regulations were amended in two ways. First, on the negative side (from the point of view of revenue generation) the specification of persons exempt from paying fees for services was altered to exempt a) those earning less than EC \$2,400 (previously, those earning less than EC \$1,500 were exempt); b) persons under the age of 16 and/or

pursuing full-time education; and c) contributors to the National Insurance System (NIS). In addition to these, in accordance with the 1975 legislation, others exempt from paying fees include registered paupers; children of those earning less than EC \$2,400; persons over 60 years of age; maternity patients with income less than EC \$2,400; members of the Nursing Service of the State; and members of the Police Force and Fire Service of the State. Current MOH estimates conclude that all but 7.3 percent of the population is thus exempt from paying fees for government-provided health services. Although this figure warrants revision, it underscores the very real limits to effective revenue generation under the present system of exemptions. Secondly, on the positive side, however, the old 1975 fee schedule was revised substantially upward. Although still lacking any basis in sound estimates of cost and possibly containing some "policy conflicts", the revised schedule of fees probably reflects real economic costs more accurately than did the decade-old schedule it replaced.

D. St. Lucia has made some progress toward improved revenue generation. As may be seen in Table 1, the percentage of expenditure "recovered" through revenues generated by the Ministry of Health has increased in recent years, from a low of 0.5 percent in 1981/82 to a

high of 6.7 percent in 1984/85. The figures in Table 1 are actuals. The Estimates for 1986/87 project revenues amounting to 12.8 percent of expenditures.

Much of the apparent success of revenue generation results from payment to MOH by NIS of a lump sum in excess of EC \$1,000,000 annually in recognition of services provided by MOH to persons registered with NIS. Without the NIS contribution, MOH revenues actually declined between 1983/84 and 1984/85, despite increased or constant revenues from ten out of fourteen sources. The major source of decline in non-NIS revenue was the reduction in fees for registration of food handlers from EC \$307,391 in 1983/84 to EC \$884 the following year. The line item for this source of revenue has been completely eliminated in the 1988 estimates, reportedly because the fees actually go to the physicians who conduct the health examinations of food handlers, rather than to the MOH. It is unclear whether this sum has been, for some time, a pass-through to physicians, attribution of which to the MOH has only now been "corrected" through accounting procedures, or whether this change in fact reflects a recently negotiated "bonus" to St. Lucia's physicians. If the latter, this shift would represent approximately an average of US \$1985 per year for each of St. Lucia's 58 medical doctors (EC \$ 307,391 / 2.67 = US \$ 115,127 / 58 = US \$ 1984.95).

TABLE 1

ST. LUCIA MINISTRY OF HEALTH
 ACTUAL EXPENDITURES AND REVENUES
 IN SELECTED YEARS (IN EC DOLLARS)*

	1981/82	1983/84	1984/85
EXPENDITURE	15,076,666	16,733,140	18,130,556
REVENUE	81,542	524,671	1,207,075
REVENUE AS % OF EXPEND.	0.5%	3.1%	6.7%

Source: 1983/84 and 1984/85: Government Estimates; 1981/82 actual expenditure figure: Dr. Parra, "Health Financing in St. Lucia 1979-1985"; revenue figure, Jeffers 1984, p. 21. Percentages calculated by author.

* 1 USD = 2.67 ECD

In summary, these changes since Stevens' and Jeffers' reports on health financing in St. Lucia reflect increased official attention to improved financial accountability and revenue generation. Yet, a number of problems noted in these earlier reports still remain. Although most of those exempt from paying fees are supposedly required to present a specified form of documentation as to their status, health workers lack incentives to enforce fee collection. The ruling that all revenues generated by the MOH revert to the consolidated fund is "non-negotiable". Although more timely data on expenditures now exist, and allocations are more closely monitored by Finance, virtually no data on expenditures or costs exist below the level of subheads. As a result, the Ministry of Health lacks the information it would need to actively manage expenditures or to introduce cost-containment measures (such as contracting out), or to bill other ministries for health services rendered to exempt personnel (such as police or fire fighters).

Indeed, there was virtually unanimous consensus among officials interviewed during the exploratory visit that the Ministry's main priority at this stage is to find better ways to manage expenditures and reduce costs. Unlike some other countries which have experienced severe reductions in the share of national budget going to health, St. Lucia has continued to commit approximately 14 percent of recurrent

budget to the health sector. However, it has been impressed upon MOH by Finance that continuation of this situation is dependent upon MOH's ability to demonstrate improved productivity and efficiency, something it is unable to do without better cost data.

Officials were equally unanimous in their recommendation that the starting point for improved cost management should be Victoria Hospital. Interest in collaborating with the HCF-LAC project on a hospital cost study was exceedingly high. Accordingly, much of the exploratory visit concentrated on developing the parameters for such a study, the elements of which are presented in the next section.

3. ELEMENTS OF POTENTIAL HOSPITAL COST STUDY IN ST. LUCIA.

This section generally follows the outline for a study design contained in the HCF-LAC Country Study Guidelines.

A. Purpose of Study. To determine operating costs of Victoria Hospital by department or functional entity and unit of service output.

B. Background/ Context.

i) The Prime Minister has placed high priority on program budgetting government-wide and on financial issues within the Ministry of Health, especially on financial accountability, cost recovery, and revenue generation.

ii) Initiatives in all the abovementioned areas require more accurate, complete, and timely information regarding costs of services rendered.

iii) Victoria Hospital, with 211 beds, is the government's principal in-patient facility. The hospital presently consumes more than 34 percent of the recurrent health budget. According to MOH analysis (Parra 1986), between 1980/81 and 1983/84, the hospital's budget increased from EC \$3,305,627 to EC \$5,547,218, a jump of nearly 68 percent.

iv) Below the level of broad expenditure subheads, no cost detail is available for Victoria Hospital by department or other functional entity (eg. program, ward, or type of service) although service statistics are available for use in such calculations if cost data could be provided.

v) The Public Hospital Board has already recommended undertaking an audit of the hospital.

vi) Victoria Hospital is 100 years old this year. A recently completed (but as yet unapproved) document entitled "Report and Recommendations of the Multi Disciplinary Committee: New National Hospital" explores the desirability and feasibility of constructing a new in-patient facility. A cost study of the existing facility would help government evaluate the proposed facility and contribute toward establishment of systems for the future development of the hospital.

C. Expected Benefits to USAID Mission. As discussed with USAID/RDD/C, the proposed study is expected to be useful to AID in several ways:

i) The proposed study will provide information for the Mission's policy dialogue with the Region's governments on public management in general.

ii) The study can serve as a model for similar studies in other countries of the Region.

iii) Cost issues are also a priority in the education sector, in which the Mission has an active program. Because of the similarity in the nature of the issues in both sectors, the proposed hospital cost study will provide a useful methodological model for the study of costs in education.

iv) The study will facilitate intraregional comparison of hospital costs.

D. Specific Objectives/ Products of the Study.

i) Calculate actual and/or imputed, fixed and variable: costs for general MQH administration and overhead attributable to Victoria Hospital; costs of drugs and supplies now budgetted through Central Medical Stores attributable to Victoria Hospital; costs of other operations all per unit of service (eg. per bed, per ward, per case, per day, per procedure, etc.); establish base-line cost structure of the

hospital. Depending upon the availability of data, costs may be determined for a given time period and/or on the basis of sampling.

- ii) Provide examples of cost-reporting for management purposes feasible under existing record-keeping system.
- iii) Using LOTUS or other available program, design and mount on disk computerized models for the cost study that can serve as prototypes for on-going cost reporting.
- iv) Train key accounting staff at Victoria Hospital in the basics of computerized cost aggregation and reporting.
- v) Provide recommendations for next steps to institutionalize cost reporting and to reduce expenditures.

E. Activities, Population, Institution Affected by Study.

The principal institution to be affected by the study is Victoria Hospital, although as noted earlier, the hospital's dominance of the recurrent budget for health means that any improvements in cost management at the hospital stand to have positive benefits for the MOH and the health sector as a whole. In 1985, the hospital admitted 7,889 persons; the 1985/86 Estimates show a staff complement of 307, although some posts are actually vacant.

F. Methodology, Organization, and Principal Activities.

Elaboration of this section of the Study Design will require input from a hospital cost accountant familiar with the British systems in use in St. Lucia (see personnel below) and with the details of conducting a hospital cost study. At this stage, several points may be noted. First, at the time the study design is agreed upon by HCF-LAC, USAID, and St. Lucia, St. Lucia should confirm the availability of two full-time Victoria Hospital accounting personnel for the duration of the study, which is proposed to occur in October/November 1987. St. Lucia should also be asked to confirm the continuing availability of the hospital's IBM-PC and LOTUS software, as well as the availability of the hospital conference room to serve as office space for the study for its duration in the field. All these points were discussed during the exploratory visit and agreed upon in principle.

Secondly, it is recommended that the Principal Investigator/Senior Scientist and Study Coordinator travel to St. Lucia several days before the arrival of the Cost Accountant in order to set up the office space and arrange initial meetings to launch the study. In addition to senior MOH officials, these meetings should include several people and institutions it was not possible to see during the exploratory visit: Mr. Dwight Venner at the Ministry of Finance; Mr. Alexander (in charge of the Government

computer) at the Ministry of Finance; Mr. Francis Compton, Director of the National Insurance Scheme; and the Administrator (Sister Sharee) and staff at St. Jude's Hospital. St. Jude's is a facility leased from the government and privately managed by the Sisters of the Sorrowful Mothers, with an annual subvention from the MOH for local salaries and transport. This hospital has a reputation for being efficiently managed and for providing excellent care. Its accounting methods, defined program and service categories, cost and service statistics reporting, cost structure, and cost management techniques should be closely examined at the outset of the Victoria study to determine the extent to which similar methods are suitable for Victoria. Comparability of data for the two facilities is highly desirable.

After the visit to St. Jude's and before data collection, the study team and Steering Committee (see personnel below) should meet to agree on the program areas, or departments, or functional units that will constitute the cost centers for the Victoria study.

In elaborating both methodology and timetable, special attention should be given to the allocation of MOH general and administrative expense and to treatment of the costs of drugs and supplies. On the first point, the cost accountant should determine whether the methodology used in

the HCF-LAC study of Belize City Hospital is appropriate for Victoria (and if not, why not). If it is appropriate, it may allow the Victoria study to save some time otherwise needed to develop such a methodology, and it will facilitate the comparison of findings between studies. As regards the costs of drugs and supplies (which are budgetted through Central Medical Stores), it may well take considerable digging at CMS and in the hospital's Vote Book to come up with usable data.

Once the study design is ratified in the field, and the issues raised above are settled, it is envisaged that the Senior Scientist will leave the field while intensive data collection proceeds under the direction of the Study Coordinator and Cost Accountant. The Senior Scientist is then expected to return for the data analysis phase, and preparation of findings and recommendations.

G. Personnel requirements. Personnel to be provided by HCF-LAC include:

- i) A Senior Scientist skilled in the political economy of national health financing and the links between health financing and health planning. Caribbean and specifically St. Lucia experience is highly desirable. The Senior Scientist's scope of work should include oversight of the study's design and implementation,

including preparation of the draft report; assurance that the study objectives outlined earlier are met; identification and resolution of issues that require policy coordination with senior St. Lucian officials; assurance that the study's findings and recommendations are presented in a manner that renders them useful to St. Lucian policy makers and administrators.

ii) A Study Coordinator familiar with HCF-LAC project procedures, report preparation and editing, use of microcomputers, and health financing issues.

Familiarity with the Caribbean is highly desirable.

The study coordinator's role has been well defined in the course of previous HCF-LAC studies, but in the Victoria Hospital case specifically may be expected to include coordination of all logistical aspects of the study's planning and implementation (eg. assuring availability of computers and related supplies, support services, etc.); collection and dissemination of background documentation and briefing materials, and preparation of sections of the final report based on this documentation; participation in data collection and in documentation of field activities during the data collection phase; and direct supervision of draft report preparation.

iii) A Hospital Cost Accountant (CPA) familiar with British systems of national and institutional accounting and with use of accounting data for management and control purposes. Experience in the Caribbean is highly desirable. Knowledge of microcomputers (IBM essential, Apple/Macintosh desirable), ability to develop and utilize appropriate programs for cost aggregation and analysis, and ability and willingness to train St. Lucian counterparts in at least the rudiments of data entry and manipulation are essential. The Cost Accountant will have primary responsibility for collection, handling, and analysis of Victoria Hospital cost data, and for formulating recommendations on improvements to cost management, accounting procedures, and reporting. The Cost Accountant will prepare sections of the draft report concerning these areas of primary responsibility.

The study personnel to be provided by St. Lucia include the following:

i) The Administrator of Victoria Hospital. For the past seven months this post has been filled on contract by Mr. Michael Cooke, a British citizen. He is expected to remain in his post throughout the duration of the study. Mr. Cooke's involvement in the study will be part-time and without additional compensation.

His role will be to authorize the study team's activities within Victoria Hospital and assure access to necessary hospital data; as Chair of the study's Working Group (see below), to provide operational policy guidance on matters such as choice of cost centers for analysis and specification of cost reporting formats; and to review and comment upon the study team's findings and recommendations.

ii) Two Victoria Hospital Accountants or one accountant and one related personnel. Participation on a full-time basis for the duration of the field work of two persons familiar with the hospital's system of accounts is essential. There are seven posts on the Estimates for the hospital's accounts department. Although there are at present only 5 in accounting and 1 storekeeper, it is the Administrator's view that they are "underemployed" and the engagement of two persons on the study will not unduly disrupt regular activities of the department. A recent government-wide policy mandating all employees to take accumulated leave before March 1988 or forfeit the time may facilitate the study. The hospital's senior accountant, Mr. Victor Hippolyte (who is intimately familiar with the hospital's system) is one of those required to take leave but who would prefer to work in St. Lucia. There is general agreement that Mr. Hippolyte's participation

in the study would be highly desirable. A more junior accountant or accounts clerk, or possibly the Storeskeeper, Mrs. Theresa Louis, would be suitable choices for the second post. In discussions with USAID Barbados, it was determined to be entirely within acceptable AID policy to compensate middle or junior level host country officials who take leave in order to work on an AID-sponsored project.

In addition to these key personnel, it was determined during the exploratory visit that it would be desirable to have two other groups of persons involved in the study:

i) The Steering Committee. This group would provide senior-level policy guidance to the study team and contribute specific expertise. Proposed members include:

The Permanent Secretary, Mr. Cornelius Lubin, Chair. As the MOH's senior civil servant, Mr. Lubin is responsible for all aspects of the ministry's management including financial management. A strong supporter of the study, Mr. Lubin's participation will include assuring access to data both within and outside Victoria Hospital (eg. Central Medical Stores, Central MOH Accounting); vetting cost-reporting formats;

review of the study team's recommendations and guidance on their feasibility.

The Principal Assistant Secretary, Mr. Percival Mac Donald. Mr. Mac Donald, who is currently completing the certificate program in health planning at Johns Hopkins, has experience as a hospital administrator and perspective on the national level data needs for health planning.

Chair of the Public Hospital Board, Mrs. Mary Charles. Mrs. Charles will bring the Board's perspective on Victoria Hospital, including the objectives the Board sought when it recommended an audit of the hospital, and the Board's response to policy recommendations.

Chief Accountant of the Ministry of Health, Mr. Adam Morris. His participation will help to ensure that the study's methodology is consistent with MOH accounting practices and improve the likelihood that feasible recommendations are implemented in future.

The role and participation of all these individuals was discussed during the exploratory visit. Participation of a representative from the Ministry of Finance was not discussed but may be highly desirable.

ii) The Working Group. This entity is viewed as being Victoria Hospital-based, constituted to provide the study team with specific technical advice on a periodic basis.

Prospective members include:

The Hospital Administrator, Mr. Cooke, as Chair;

The Hospital's Chief Accountant, Mr. Hippolyte
(whether or not he participates as key personnel);

One of the Hospital's Consultant physicians to advise on medical aspects of utilization and possibly to participate in selected analyses of costs per case.

The P.S. suggested Dr. Peter A.W. St. Rose, Consultant Gynecologist and past Chair of the Medical Staff Committee.

The Storeskeeper, Miss Theresa Louis, for her knowledge of disbursements to departments and interface with Central Medical Stores.

The Medical Records Officer, Miss Willius, for her experience with calculation of service statistics.

A representative from Nursing.

Approximately four meetings of the Steering Committee are envisaged and four to six meetings of the Working Group (or four meetings and additional working time from individual members). It is USAID's policy not to "top off" salaries of government employees; however honoraria are permitted when extra work is involved above and beyond usual working hours. In view of the fact that two St. Lucians are expected to take leave (and thus will be eligible to participate on a consulting basis) and the fact that part-time participation of St. Lucian Steering Committee and Working Group members will necessitate additional effort on their part, over and above their normal responsibilities, it is the recommendation of this consultant that within the limits of project resources and AID policy, budgetary provision be made for remuneration of St. Lucian participants in these groups.

H. Expected Results of the Study.

i) Study findings will permit comparison of Victoria Hospital's costs and performance with that of other institutions in St. Lucia and the Region (St. Jude's, Princess Margaret in Dominica, Belize City). Such comparison will facilitate assessment of the relative efficiency of Victoria Hospital, help to establish Regional hospital performance standards for sound management, and (as the Jeffers report pointed out) if

an independent financing scheme were developed in St. Lucia, the data on Victoria could be used by the government to negotiate with physician and hospital representatives.

ii) Regardless of the availability of data from other hospitals, study findings concerning costs per unit of output will establish a data base for comparison of Victoria Hospital's own annual performance against previous years.

iii) The study will facilitate determination of areas where cost/ expenditure savings can be realized. For example, accurate cost data will enable evaluation of potential expenditure savings from contracting out (eg. catering, laundry, transport).

iv) The study will provide selected data for more accurate calculation of cost projections and potential savings and losses from renovation and/or construction of a new national hospital facility.

v) Both study methodology and findings will provide MOH with cost data for use in calculation and presentation of budget estimates to the Ministry of Finance, and will contribute to development of the MOH's fiscal accountability.

vi) The study will provide data usable for cost-based estimation of user fees, including those billed to third party payors (eg. NIS, private insurers, other ministries whose exempt personnel are serviced by MOH).

I. Data for Cost Estimates. (1 US\$ = 2.67 EC\$)

i) Personnel:

International Consultants:

Senior Scientist @ US \$269/day
Study Coordinator @
Hospital Cost Accountant @ est. US \$269.

Host Country Professionals:

FT Hospital Accountant @ EC \$17,000 per yr /
260 working days per = EC \$65.38 per day/ 2.67
= US \$ 24.49 per day.

FT Accountant @ EC \$14,000 per yr. [extend as
above]

Steering Committee (4-6 two hour meetings):

P.S. @ EC \$40,527 per year [allow for extra
time over and above Steering Committee
meetings]

Principal Asst. Secty @ EC \$34,165 per year

Chair Public Hosp. Bd. @ EC \$ 34,000 (?) per
year.

Chief MOH Acct. @ EC \$30,663 per year.

Ministry of Finance rep @ 30,000 per year.

Working Group (4-6 meetings, +individual time):

Hospital Administrator (gratis)

Hosp. Accountant (FT key personnel)

Consultant Physician @ EC \$33,000 per year

Storeskeeper @ EC \$17,000 per year (?)

Medical Records @ EC \$17,000 per year

Nursing @ EC \$27,000 per year

ii) Other Resource Requirements:

This section will require further development, but the following points should be noted:

- Office space is to be provided at Victoria Hospital (Conference Room) for the duration of the study (No financial outlay).

- In-country transport: distances between lodging, ministry, and hospital are considerable, taxis are not easily gotten (except from the hotel) and ministry vehicles are pressed. Should allow for car rental.

- Microcomputers: est. need 5 total (one for each international staff, and one each for FT St. Lucian staff.) Of these, 1 IBM-PC is available at Victoria. International staff may be able to bring their own if transformers and surge control devices with battery backup are provided. The latter is essential and should be assured for all 5 computers (Victoria does not now have one) as surges and power outages are frequent. Will need 2-3 printers at least, 5 would be ideal. IBM Selectric Typewriters are available from Bergasse (Xerox) at EC \$300 per month. Working copies of LOTUS or other program for handling cost data, together with word processing programs, should be provided for each computer. A copy of AppleTurnover may prove useful for translating between Dr. Parra's machines and the IBMs.

- Photocopy services: MOH epidemiology section has one small Xerox 1035 which is in frequent use. Rental of the same model from J.E. Bergasse & Co. is EC \$1150 per month (includes 6000 copies); replacement toner at EC \$53.23/ bottle, replacement paper at EC \$22 per packet of 500. A Xerox 1020 machine is EC \$375 per month with 2000 copies (no reductions, largest sheet 8 1/2 x 14), replcement toner cartridge EC \$63.76). Individual copies 60 cents one side.

- Courier: See Island Courier price sheet.

- Supplies: Computer paper and ribbons.

- Secretarial Services: International Business Services has 1 IBM word processor and several typewriters. Agency rates for typist without word processing ability is EC \$5 per hour. MSH project secretary earns EC \$2000 per month (= US \$ 749 or approximately US \$ 34/ day.)

ANNEX A

CHRONOLOGICAL LIST OF ACTIVITIES

5/17/87: Travel from Boston to Barbados; review of briefing materials.

5/18/87: Meetings at USAID/RDO/C with Holly Wise, Regional Health and Population Development Officer, and Al Bisset, Acting Director RDO/C. Discussed parameters of proposed HCF-LAC study; obtained and reviewed Mission's recent documentation on regional (and specifically St. Lucia) activities regarding health sector financing; discussed and arranged provisional travel and work schedule for exploratory visit.

5/19/87: Travel to St. Lucia; introductory meetings with MOH officials: Mr. Cornelius Lubin, Permanent Secretary; Dr. James St. Catherine, Medical Officer of Health; Dr. Jean Pierre Parra, Consultant Epidemiologist (French cooperant); Mr. Michael Cooke, Victoria Hospital Administrator (British contract); In-depth follow-up meetings with Dr. Parra, Mr. Cooke, and Mr. Lubin. Obtained and reviewed St. Lucia documentation.

5/20/87: In-depth follow-up meetings with Dr. St. Catherine, Mr. Cooke (at Victoria Hospital) regarding proposed study design, data availability, potential participants. Meeting with Maggie Huff-Rousselle, Project Coordinator Management Sciences for Health/Eastern Caribbean Drug Service (ECDS) regarding project coordination, availability of drug data. Logistics coordination with RDO/C. Interim briefing with Mr. Lubin.

5/21/87: Obtained and reviewed reports prepared by Dr. Parra concerning health financing in St. Lucia and Victoria Hospital. Meetings with Mr. Adam Morris, MOH Chief Accountant, regarding proposed study project and with Mr. Albert Anderson, Accounts Section regarding annual budget process and MOH financial reporting. Visited secretarial, courier, and photocopy offices to determine facilities and price quotes. Obtained government documents from main Statistical Office and Government Printing Office. Concluding meeting with Mr. Lubin regarding next steps. Accompanied P.S. to reception given by MSH and met informally with Dr. Van Lewis, Director General of the Organization of Eastern Caribbean States (OECS), Mr. Cooke, and staff of the regional drug project.

5/22/87: Travel from St. Lucia to Barbados. Debriefing with Holly Wise at USAID/RDO/C; return to Boston.

S.S.RUSSELL TRIP REPORT ANNEX A SUMMARY OF INTERVIEWS.

Holly Wise, USAID/RDO/C 5/18/87. We discussed recent and on-going activities related to health financing in the Caribbean. These include PAHO/WHO Caribbean Cooperation in Health (CCH) Project, under which one heading is "Resource Management". This project is just being launched and project leaders are now in Europe seeking multilateral funding for it. Implementation has not begun, although a Program and Budgetting component in St. Lucia is envisaged (see Project Description in Documents and notes re interviews with C. Lubin). A study of user fees for drugs is in MSH's scope of work for the ECDS project and should not be undertaken by HCF-LAC. It was agreed that user fee studies for matters other than drugs (should that be of interest to St. Lucia) would best be undertaken as a continuation of the Lewis/Overholt work under REACH.

Al Bisset, Acting Director USAID/RDO/C with H. Wise 5/18/87. Mr. Bisset did not endorse undertaking discussions with Barbados unless a portion of a study in St. Lucia involved specific activities in Barbados (eg. tie in between cost reduction and use of referral facilities in Barbados). He noted that "it is difficult enough to get a health project through; adding Barbados would make it doubly difficult." We discussed Mission policy on compensation of counterparts. It is clear policy that AID does not top off salaries as other donors do. However, other alternatives include engaging MOH personnel who take leave to work on the project, or compensating personnel for after-hours work. AID has no fixed local consulting fee schedule.

It was agreed that St. Vincent was an unlikely candidate for a HCF-LAC study, given the weakness of the MOH and lack of counterpart capacity. In addition, Holly Wise had been unable to get any response from the ministry concerning the proposed exploratory visit. In view of these developments, it was agreed that the visit to St. Vincent would be cancelled unless 1) Holly was able to reach the MOH and received a positive response and 2) she desired to have a visit made (perhaps jointly) for purposes of updating the Mission's information on possible future health sector activities there. In short, a day-long visit would be undertaken primarily as TA to the Mission, if desired.

Michael Cooke, Administrator, Victoria Hospital 5/18/87. Mr. Cooke, who is a British citizen holding the post of Administrator on contract, has been in St. Lucia seven months. In our first meeting, we discussed recent developments in health financing in St. Lucia. He noted that the National Insurance Scheme is now paying into the MOH account (it appears in the Estimates as "Contribution to Medical Board"). This is a lump sum payment, the amount

of which bears no relation to the number of patients actually seen or costs of services rendered. In fact, reliable data do not exist on how many NIS-covered patients actually receive services, since the data forms do not record reasons for exemptions. We discussed the feasibility of developing a rubber stamp that would provide categories of exemption to be checked off on each admission form.

Mr. Cooke confirmed that, as noted by Stevens and Jeffers, Victoria Hospital still has no cost per unit of service data--a situation Mr. Cooke described as a "major problem". As regards efforts at revenue generation, he observed that accountants, medical personnel and other hospital staff lack the incentives to collect revenues. The issue is not simply that collected funds revert to the Ministry of Finance; many of the accounting staff are not working at the proper grade and have been waiting two years for reclassification--circumstances not conducive to adding new tasks.

Mr. Cooke noted that he has reservations about the Ministry of Finance's current emphasis on revenue generation, for several reasons. First, it has been estimated that all but 7.3 percent of the population of St. Lucia is exempt by law from paying user fees. This is obviously a political decision. [It is obviously also not strictly accurate, since NIS patients are in the exempt category, yet NIS is paying something for them.] Secondly, given the small expected return in revenue, Mr. Cooke questioned whether the costs of collection might not well exceed the returns.

Mr. Cooke's priorities for a potential HCF-LAC study would be 1) a study that would yield cost data (per unit of service, etc.); 2) a study of costs of revenue collection; 3) a study of the feasibility of a "stand-alone" private unit on the hospital campus, to be rented by private physicians.

Dr. Jean Pierre Parra, Consultant Epidemiologist 5/18/87.
Dr. Parra is a French national cooperant, on loan from the Ministry of Social Affairs and National Solidarity. This is his third year in St. Lucia. In response to a description of the scope and purpose of the HCF-LAC project and my visit, Dr. Parra indicated that "from the point of view of Primary Health Care, we need attention to Victoria Hospital." During our first discussions, Dr. Parra described the hospital and financing related studies he has produced as part of his work on health planning data. The two Macintosh Plus computers, which he keeps running simultaneously, are financed by Martinique and for the use of the epidemiology section.

Mr. Cornelius Lubin, Permanent Secretary, Ministry of Health, Housing, and Labour 5/19/87. Mr. Lubin and I met for about half an hour immediately upon my arrival from the airport, but in-depth meetings were deferred until late afternoon because the Ministry of Health had been called that morning to present and defend its FY 1987/88 budget at the Ministry of Finance, where the MOH had been pressed on a number of financial issues including user fees and alternative sources of financing. He confirmed that NIS is now paying into the MOH account a sum expected to be EC \$1.5 million in the next fiscal year. NIS has about 42,000 persons "registered", that is who have at least one year of contributions on the ledger. This number includes 18,000 women and 24,000 men; beneficiaries do not include dependents, although widows (including common-law wives) receive benefits. At present, there are approximately 17,000 active contributors.

In reviewing recent and planned activities in health financing, Mr. Lubin noted that the FAHO/WHO CCH Project is still at the "talking" stage in St. Lucia. There has been no work in the designated program areas and no specific activities programmed under the St. Lucia component on Program Budgetting.

Mr. Lubin stated that the ministry's top priority is the hospital. "The question is, can we do better with what we have?" He would like to have cost information available on a daily basis. He would also like to know what revenues the hospital can realistically generate and the relationship of manpower to service output (ie. productivity). In Mr. Lubin's view, the MOH could make a stronger case with the politicians for cutting the number of exemptions if better cost data were available. The main difficulty he envisaged in a cost study would be the ready availability of data--"it is there but needs to be pulled together" said the former hospital administrator.

We discussed at some length how the "all but 7.3 percent are exempt" calculations were arrived at. According to an internal MOH document, 124,344 persons are exempt, out of a total 1984 population of 134,066. The breakdown is as follows: (letters refers to 1975 and 1985 legislation)

- a) + b) Those with <EC \$2400 income and registered paupers: 67,926;
- c) Children of a) and b): 10,718;
- d) Those >60 years of age: 2,300;
- e) Women with <\$2400 income admitted to maternity: 1,200;
- f) + g) Fire, police and nursing services: 2,000
- h) + i) NIS and children <16 or in school full time: 40,000.

The Ministry has begun to strengthen the system for documenting those who are exempt from user fees. Those below the minimum income level are required to have an employer's certification; NIS registrants already have a card, as do registered paupers; those over 60 must present an ID card with their date of birth. The hospital is supposed to be registering all NIS people in a special log book [according to the Administrator, this is not yet happening.] In sum, Mr. Lubin said, the decision was taken in December to "rest the burden of proof for free services on the patient". He admitted, however, that the main reason fees are not paid is that MOH is unable to refuse services.

As regards other developments in health financing, Mr. Lubin reported that MOH now produces a quarterly revenue and expenditure report using the ministry's IBM-PC. There has been no further action on employer-based schemes since Carl Stevens' visits, largely because of the lack of cost data to establish capitation or cost-reimbursement programs. A project funded by Kellogg, which started in 1984 and ends July 1987, focused on the district level, where facilities do not have their own accounting systems, so the project did not address cost issues. Mr. Lubin himself had just received the "Report and Recommendations of the Multi Disciplinary Committee: New National Hospital", which is intended to be an action program for a new facility to replace Victoria as the main government hospital. The study, which will go to Cabinet 28 May, is not available but a brief review of its contents indicate that it contains some financial data, largely drawn from Dr. Parra's reports. Apart from these developments, the MOH is currently considering whether or not it should be subsidizing drugs or whether (under the ECDS Project) it should facilitate a guaranteed price to consumers through selected pharmacies.

Returning to the priority given to a study of Victoria Hospital's costs, we discussed the likely composition of a steering group for such an effort and the names of other people who should be consulted in the course of the study [see summary findings and recommendations for these].

Dr. James St. Catherine, Medical Officer of Health 5/20/87.
Our meeting began with a somewhat wide-ranging discussion about the current attention being given to resource recovery. In Dr. St. Catherine's view, the current fee schedule is unrelated either to costs or to policy priorities. He does not want user fees to choke off needed services and feels the best way to accomplish this objective would be to charge everyone and then let users get reimbursement [? from the Ministry of Finance, perhaps?].

Dr. St. Catherine felt that the logical place to begin with a financing study in St. Lucia is with Victoria Hospital because of the size of resources consumed. He conveyed his recommendations as to people to be involved.

Michael Cooke, Hospital Administrator 5/20/87. Mr. Cooke and I met at Victoria Hospital to discuss further the outlines of a financing study, and specifically to assess the availability of raw data. Mr. Cooke mentioned that the hospital does not have data on drug spending, although they do have requisition forms. These do not include donated drugs, which he says are substantial. When asked about whether NIS patients were being logged in a special book, he said no.

At my request, Mr. Cooke had the hospital's Vote Book brought up by Mr. Hippolyte for inspection. The Vote Book is organized by heads and subheads which correspond to the Estimates. Head 2725 incorporates subheads numbers 05, 09, 10, 13, 14, 16; head 2750 include subhead 16; head 8725 includes subhead 05. Entries for each expenditure cross two pages and give date, to whom paid, service or stores, amount of expenditure, amount remaining in vote, and remarks--which include a Local Purchase Order (LPO) number, next to which a pencilled amount appears.

Mr. Cooke noted that at present, there is no way to tell where things are consumed. There is an embryonic system of requisitions that would accomplish this, but it is not yet implemented.

We discussed the potential uses of cost data derivable from a study such as the one emerging. Among the useful applications considered were comparison with St. Jude's; data for assessing the desirability of contracting out for certain services; and a data base for estimating the costs of revenue generation through cost recovery.

Mr. Cooke noted that the IBM-PC now in Victoria is not used. They have LOTUS but people have had no training.

Staff availability was discussed. Five accountants and 1 Storeskeeper are presently at the hospital and, because of the government's policy requiring employees to take leave before next March or lose it, and given the fact that these personnel are "underemployed" in his view, Mr. Cooke felt it would be quite feasible to engage two persons for the study on a full-time basis.

Mr. Cooke mentioned that the Public Hospital Board had recommended that an audit of Victoria be conducted. While he had viewed this as desirable in principle, he said the effort was estimated to cost EC \$30,000 to 40,000 for the local accounting firm (Peat Marwick) to do and they had no expertise in hospital accounting.

As regards availability of specific data elements: there is an organization chart for Victoria and for St. Jude's for use in determining cost centers (although the former may be approximate). The hospital does have data on inpatients and could produce data usable for calculation of cost per case. Every inpatient is classified by ICD. Data on number of bed days exists. The number of pounds of laundry is not known but could be estimated by sample (machine capacity is known). Number of meals served is known. The number of work orders for maintenance is not known; there are no work orders. No one is currently responsible for maintenance. From the vote book, it is possible to get the volume and cost of supplies for maintenance, however. Known elements include: numbers of x-ray exams, casualty encounters, outpatient encounters, prescriptions, and operative procedures. Ward occupancy data are also available [see Table 7 in Hospital Action Plan Study.] Manpower data are "o.k."

Mr. Cooke stressed that they need something that can go on, i.e. a design for an on-going information system, and recommendations that pinpoint where they can reduce costs.

The composition of the Steering Committee and Working group were discussed. The main problem, Mr. Cooke felt, would be motivation. Space at the hospital, he felt, could be arranged.

Maggie Huff-Rousselle, MSH Coordinator, Eastern Caribbean Drug Service (ECDS) Project, 5/20/87. Ms. Huff-Rousselle and I met at the suggestion of USAID and the P.S. to discuss the activities of the ECDS Project as they might relate to proposed activities of HCF-LAC. Our meeting was also endorsed by Dr. Lewis, the Director General of the Organization of Eastern Caribbean States, which sponsors the ECDS. The regional drug project involves Montserrat, St. Kitts/Nevis, Dominica, St. Lucia, Grenada, and St. Vincent. Of these participating countries, St. Lucia represents 35 percent of the population and approximately 40 percent of the total drug budget in participating countries. The MSH Technical Assistance team includes 4 long-term personnel and 1 short-term advisor; Eastern Caribbean staff include 9 persons, three from each participating country.

As regards drug data availability. the ECDS project knows what has been disbursed through Central Medical Stores (CMS), where they have on record issue slips by facility but not by department below the facility level. They have designed a form to capture drug costs by facility but not by department.

There will be a microcomputer installed at the St. Lucia CMS this summer and a training in utilization of LOTUS will be held in August. I enquired as to the feasibility of including 4-6 MOH accounting personnel in this activity and Ms. Huff-Rousselle felt this would be quite possible. [I have mentioned this to AID, Mr. Lubin, and Mr. Cooke and have urged that prospective HCF-LAC participants be involved.]

Activities of the ECDS include quality assurance (as to shelf-life, etc.); in the area of formulary development, the project is working toward a national and possibly a regional formulary, in an effort to affect regional demand. They are also targetting mailing to physicians in an effort to address demand issues at their source. One study under the project is monitoring the cost of a market basket of 52 drugs and the cost effects of introducing substitutes. The project is also producing a quarterly newsletter. The coordinator would like to see someone do a study concerning the effects of user fees on demand and access.

Financing for the drug procurement effort is through the Eastern Caribbean Central Bank (ECCB)--the agency which monitors the Eastern Caribbean currency, and which produces useful economic data (Ms. Huff-Rousselle suggested several possible sources there for macroeconomic data).

Mr. Cooke had mentioned to me his impression that there is a significant amount of drugs contributed to Victoria Hospital. When asked about this, Ms. Huff-Rousselle said that it was MSH's assessment that there are not a lot of contributed drugs to the CMS. This point needs to be clarified when costs of drugs at Victoria are assessed.

Dr. Parra 5/21/87. We discussed Dr. Parra's experience in producing hospital service statistics as this would relate to the availability of data for a cost study. He stated that Miss Brunetta Willius of Medical Records at the hospital had extracted the raw data which he then mounted on the Macintosh for analysis and presentation. He believes that similar statistics could be reproduced within one month of the events to be described. His document, "Health Financing in St. Lucia 1979 to 1985 (last page) contains some useful comments on financing analyses needed.

Mr. Adam Morris, MOH Chief Accountant, and Mr. Albert Anderson, Assistant Accountant I, MOH 5/21/87. I met briefly with Mr. Morris to describe the nature of the HCF-LAC project and the study under consideration. His response to both was enthusiastic; however heavy rains the previous night had washed away parts of two health centers and he was in the midst of trying to secure emergency funds. In view of the nature of my questions, he called Mr. Anderson to meet with me at length. Mr. Anderson and I

discussed the annual budget cycle and the MOH's financial reporting system.

The budget process begins with a circular from the Ministry of Finance, issued in August or September, requesting each ministry to prepare recurrent, capital and revenue budgets for the coming year. These are due for submission 4-6 weeks from the date of the initial circular. In the MOH, the P.S., through the Chief Accountant, then asks the ministry's 16 department heads (one of whom is Victoria's Administrator) to submit their budgets. St. Jude's also submits a budget, but only for salaries and transport costs paid by MOH. Within a month, the departments submit their budgets to MOH Central Accounts. The P.S. and Chief Accountant then call in the department heads for interviews on their submissions. Central Accounts then compiles the requests to arrive at a total figure which MOH then sends to the Ministry of Finance. There, the submissions are reviewed by Mr. Venner, Director of Finance; Miss James, Deputy Director; and the budget analyst for health, Mr. Lewis. Any questions to MOH are addressed by the P.S., the Principal Assistant Secretary, the Chief Accountant, and (as needed) the Medical Officer of Health.

While it is compiling the ministries' submissions (between November and February) the Ministry of Finance sends another circular giving a date for the actual formal submission of the budgets. This takes place in a technical-level meeting which includes the persons from Health and Finance mentioned above, together with all the other sector analysts from Finance. The result is called the "pending estimates". These are sent to the Prime Minister, who is also Minister of Finance. Simultaneously, a third circular is sent to the ministries requesting them to come to Finance to discuss their budgets before the P.M.. These discussions (which were occurring at the time of the exploratory visit) take place in the two week period prior to the P.M.'s submission of the compiled budget to the House of Assembly for its approval (in April or May).

Mr. Anderson noted that the Prime Minister and Ministry of Finance used to estimate the total recurrent budget, calculate the desired share for health, and give MOH a figure against which to work. For the past four or five years, however, Finance has asked the ministries to justify their budgets from the ground up and no target figure is given to start with.

We also discussed the MOH's financial report systems. Since last October (1986), Mr. Anderson and one other man in MOH Central Accounts have been using the IBM-PC to produce a monthly statement of actual disbursements against expenditure, revenue, and capital budgets; the report also includes a variance column. This statement is sent monthly to MOF. Three or four years ago, Finance instituted

quarterly "allocation discussions" at which the ministry's performance during the previous quarter is reviewed and allocations for the next quarter negotiated. These meetings are attended by the P.M., the Director of Finance, the Deputy Director, and the health budget analyst for Finance, and by the Minister, the P.S., the Principal Assistant Secretary, and the Chief Accountant for the MOH.

We also took the opportunity to review definitions of certain entries in the Estimates. The "Actuals" figure is arrived at after the books are closed for the previous year. The "Approved" figures are those passed by legislation in the House of Assembly; the "Revised" figures are determined at some point (usually 6 months) after approval, based upon changes made during the year. "Personal Emoluments" apply to establishment workers, i.e. those pensionable as government employees. "Wages" apply to out of cadre or non-pensionable workers (who are the only ones for whom MOH makes a contribution to NIS--5 cents on every dollar up to EC \$50--since government workers have their own pension plan. "Grants and Contributions" are for St. Jude's Hospital. "Contributions to Medical Board" are NIS subvention to MOH. "Work Permits" are for expatriates in St. Lucia, issued by the Ministry under its function as Ministry of Labour. The figures "10" and "20" which appear against certain line items are token allocations for posts that are currently vacant; the sums serve to keep the post for the ministry. "Medical School Fees" refer to payments to St. Lucia by the country's off-shore medical school, Spartan Health Science University which has 43 students. Fees are for registration of students, the Charter fee, and cadavar fees. "Medical Fees" are user fees paid for medical visits.

Certain line items will be eliminated in the forthcoming budget, according to Mr. Anderson. "Sludge Disposal", paid by private individuals for cleaning of septic tanks, etc. will be eliminated because the MOH sludge truck is old and not in operation. Sludge is now being collected by the city council. "Pre-Cast Supplies", which referred to pit latrines sold at EC \$40 per unit, will be eliminated because it cost more to maintain the staff to install the latrines than the ministry was gaining in revenues. "Registration of Food Handlers", a sizable revenue item, will be eliminated because those revenues actually go to the physicians who do the examinations, not to the MOH. Grants from outside are extra-budgetary and go to a sundry deposit account separate from the recurrent account. Mr. Anderson had no knowledge of goods and supplies donated to Victoria Hospital.

Mr. Lubin 5/21/87. In our concluding meeting, we discussed the emerging outlines of the proposed study, with which the P.S. seemed pleased. He had described the proposed study to the Minister who, according to Mr. Lubin, was "inclined

to approve." I explained to Mr. Lubin that, based upon my trip report, HCF-LAC project staff would develop a draft proposal which he might expect in late July or early August. This document would be subject to USAID approval as well as St. Lucia's (his own and the Minister's approval would be required from his side, Mr. Lubin stated). While any major issues would be resolved prior to approval, I noted that details of the work plan would be taken as advisory and subject to revision in the field as work progressed and we gained benefit from comments by Steering Committee and Working Group members.

Holly Wise 5/22/87. I gave a verbal report of my activities and findings during a debriefing at the USAID Mission prior to my return to Boston. During a telephone call on 5/20 (at which time we had agreed not to go to St. Vincent) I had discussed with Mrs. Wise the likelihood that I would propose only one design, that for a hospital cost study. It was her view that the Mission would have no problem with there being only one design, in view of the clear consensus on its scope. I reiterated my understanding of the next steps, as outlined to Mr. Lubin.

ANNEX B

LIST OF DOCUMENTS COLLECTED FOR PROJECT

1. Birch and Davis (Don Pugliese, Team Leader), "Hospital Cost Containment Study for the Ministry of Health, Dominica, W.I.", May 6-24, 1985. [pp. VI-2 ff. contain useful breakdown of department cost categories (by function) and list of units of service and cost per service indicators.]
2. Pan American Health Organization (PAHO/WHO), Project Description for "Strengthening the Planning and Programming Process" in St. Lucia (2 pp.) from "Caribbean Cooperation in Health: Project Profiles", September 1986.
3. Leon F. Bouvier, "St. Lucia Yesterday, Today, and Tomorrow" (exerpts on St. Lucia Today) from Population Reference Bureau, Occasional Series: The Caribbean, January 1984.
4. Catherine Overholt, "Constructing Solutions to Financing Problems in the Health Sector", paper presented at Regional Workshop on Health Care Financing, sponsored by Caribbean Centre for Development Administration (CARICAD) in collaboration with USAID, Wildey Conference Centre, Barbados, 2-23 January 1985.
5. Peter N. Cross and Dayl S. Donaldson, "Paying for Health Care: Alternative Sources of Revenue", paper presented at Regional Workshop on Health Care Financing, sponsored by Caribbean Centre for Development Administration (CARICAD) in collaboration with USAID, Wildey Conference Centre, Barbados, 2-23 January 1985.
6. Anthony M. Schwartzwalder and Jeremiah Norris, "Survey of Prepaid Health Insurance: Potential Program Opportunities for Caribbean Nations", paper presented at Regional Workshop on Health Care Financing, sponsored by Caribbean Centre for Development Administration (CARICAD) in collaboration with USAID, Wildey Conference Centre, Barbados, 2-23 January 1985.
7. Grace Allman-Burke, "Report of Consultancy Concerning Study of Medical Referrals in the Eastern Caribbean", prepared for USAID/RDO/C Barbados, July 15, 1986.
8. "Hospital (Amendment) Regulations St. Lucia, Statutory Rules and Orders 1975, No. 21, 13th June 1975" [Law containing definition of exempt persons and schedule of charges.]
9. "Hospital (Amendment) Regulations St. Lucia, Statutory Instruments 1985, No. 56, 24th August 1985" [Law updating definition of exempt persons and schedule of charges.]

ANNEX B contd.

10. Government of St. Lucia, "Annual Report of Health Division for the Year 1984", Ministry of Health, Housing, and Labour. [Latest available].
11. _____ "Vital Statistics Report 1985", Statistical Department.
12. _____ "Annual Migration and Tourism Statistics 1985", Statistical Department.
13. _____ "Annual Statistical Digest 1985", Statistical Department.
14. _____ Estimates of St. Lucia 1985/86, Passed in House of Assembly 20th April 1985, Government Printing Office.
15. _____ Estimates of St. Lucia 1986/87, Passed in House of Assembly 1st April 1985, Government Printing Office.
16. _____ "Economic Review 1984", Ministry of Finance, Planning, and Statistics, 1985.
17. _____ "Economic Review 1985", Ministry of Finance, Planning, and Statistics, March 1986.
18. Dr. Jean Pierre Parra, "Victoria Hospital 1985: Statistical Analysis by Ward".
19. _____ "Victoria Hospital January-March 1986: Statistical Analysis".
20. _____ " 3 Causes of Admissions at Victoria Hospital through Casualties January-June 1986".
21. _____ "Health Financing in St. Lucia 1979-1985".
22. _____ "Victoria Hospital Statistical Analysis 1985".
23. _____ "General Hospitals Statistics St. Lucia 1978-1985".
24. Dr. Gerald Rosenthal, "Evaluation of the Community Based Survey of Health Services Utilization and Coverage in Four Caribbean Countries", Draft report prepared for PAHO, May 31, 1985.

ANNEX B contd.

OTHER DOCUMENTS RELEVANT FOR ST. LUCIA STUDY:

In HCF-LAC Files:

James Jeffers et al., "Health Sector Resources Management" Project #538-0069, March 1984.

Carl Stevens, "Alternative Financing Possibilities for Health Services in St. Lucia", May 5, 1982.

----- "Memorandum to A. Randlov, HPN/USAID, Barbados, 1 April 1983.

John Doherty, "Prospects for the Development of HMO-Like Health Care Delivery Systems in Mexico, Central America, Panama, and the Caribbean", in GHA, Managed Prepaid Health Care in Latin America and the Caribbean: A Critical Assessment, Vol. I, Sect. IV, 2.2.

Susan Raymond et al., "Financing and Costs of Health Services in Belize", HCF-LAC May 1987.

Robert L. Robertson, "Costs of Primary Health Services in Ecuador: Guidelines for Data Collection, Processing and Summarizations", HCF-LAC, May 1986.

To Obtain from St. Lucia When Approved:

"Report and Recommendations of the Multi-Disciplinary Committee: New National Hospital", April 1987.

ANNEX C

LIST OF KEY CONTACTS IN BARBADOS AND ST. LUCIA

1. INSTITUTIONS AND PERSONS VISITED

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