HEALTH SYSTEMS PROFILE

ANGUILLA

MONITORING AND ANALYSIS
HEALTH SYSTEMS CHANGE/REFORM

Third Edition
(November, 2007)

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Pan American Health Organization
Regional Office of the World Health Organization

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Executive Summary

The Government of Anguilla (GoA) has embarked on an ambitious health sector reform programme that included the establishment of the Health Authority of Anguilla (HAA) in January 2004 and will include the subsequent introduction of a National Health Fund (NHF) in January 2008. The GoA is committed to attaining the most productive use of resources and a more timely response to the overall requirements of the health service.

The HAA is separate from the Ministry of Health (MoH) and is removed from the bureaucracy of the general public service, which is seen as a major constraint to delivering effective health services. The main objective in the devolution to the HAA is to attain a greater degree of efficiency in the health services and an improvement in the delivery of quality health care.

The HAA operates and manages its financial resources independent of the GoA. It receives a subvention from GoA and collects some fee income. However, it is felt that financial resources will remain tight and may compromise the HAA's ability to deliver better quality health care in a manner that is both equitable and financially sustainable. As such, GoA wants to augment the financial resources available to the health sector by the introduction of a National Health Fund (NHF).

The NHF will purchase health care for the whole population of Anguilla as clinically needed and in an equitable manner. The Fund will be managed to ensure that money is spent on high-quality, value-for-money services, and not wasted on unnecessary treatment. Individuals will contribute to the Fund when they are economically active, but the Fund will pay for care for everyone as it is needed, including children and the retired. The Fund will buy health care services from providers offering services to a standard acceptable to the Fund. It will be managed by a technical capacity able to negotiate quality and prices with providers.

Providers will include the HAA and approved private practitioners on Anguilla. Selected overseas hospitals will provide specialist tertiary care that cannot be provided adequately on-island. Essentially, the effect of NHF is to transfer much of consumer's current private out-of-pocket expenditure on health care or health insurance to the NHF,

which will achieve better access to quality and affordable care for them. Employers (including the GoA) will shift their current spending on private health care insurance premiums to a more sustainable and affordable health financing system.

Since the devolution of the health services to the Health Authority, the MoH's role has been to provide policy direction, strategic planning and regulatory/licensing functions. The MoH must play a critical role in regulating the health sector as it has responsibility for the health of the nation. The MoH will continue to strengthen its regulatory and steering roles as well as its performance on the Essential Public Health Functions. In recognition of the need for further development, the MoH has embarked upon several strategies to build its capacity in these key areas.

Anguilla has experienced a rapid shift to lifestyle related diseases and conditions. The leading causes of death are heart disease, hypertension and stroke, diabetes and cancers. Reducing the incidence of these diseases requires lifestyle change by individuals, plus earlier diagnosis, treatment and rehabilitation services. If this in not achieved, premature deaths and disabilities will rise, and costs will spiral. This shift in the disease burden requires significant changes in the way health care services are provided. The heart of the new health system is that providers of health care will be contracted and rewarded for success in achieving objectives in prevention and early diagnosis and treatment.

In recent years the country has been developing a health system that focuses on achieving new incentives for prevention, earlier diagnosis, treatment and rehabilitation. The key components are:

- The GoA no longer provides health care services or employs health care staff;
- Services are provided by the autonomous HAA (with more freedom to manage its functions than is possible in the public sector), and by private doctors;
- An independent National Health Fund is being established to buy the best care available from these providers for all citizens;
- The GoA will become an overall regulator, ensuring that the public interest is being achieved, but not delivering care or directly funding it.

1. Context of the Health System

1.1 Health Situation Analysis

1.1.1 Demographic Analysis

In the recent past Anguilla has been faced with an increasing number of new and demanding challenges both within and beyond the health sector. Changes in lifestyle, increase in violence and environmental hazards, HIV and other emerging diseases have all contributed to the existing demand for health services.

The health status of Anguillans has improved over the last twenty years. Life expectancy at birth of the population as a whole increased from 72 years in the 1980s to 78 in 2001. At the time of the 2001 census, Anguilla had a population of 11,561. The average estimated total population between 1994 and 1999 was 10,378 while the average total population estimate for 2000-2005 stood at 12,182. There has been a steady increase in growth since the 1960's.

Since the 1980's there has not been a significant difference in the number of men and women. The proportion of the population under the age of 15 has shown a slow but steady decline from the 1980's and into the new millennium. Likewise, the overall proportion of the population over the age of 60 has decreased slightly with more females than males (Anguilla Census, 2001). These trends along with the declining fertility rate, birth rate, and death rate demonstrate that Anguilla's increased population growth rate is largely attributable to the influx of persons joining the nation's labour force. With rapid development beginning in the 90s, there were substantial changes in the annual population growth.

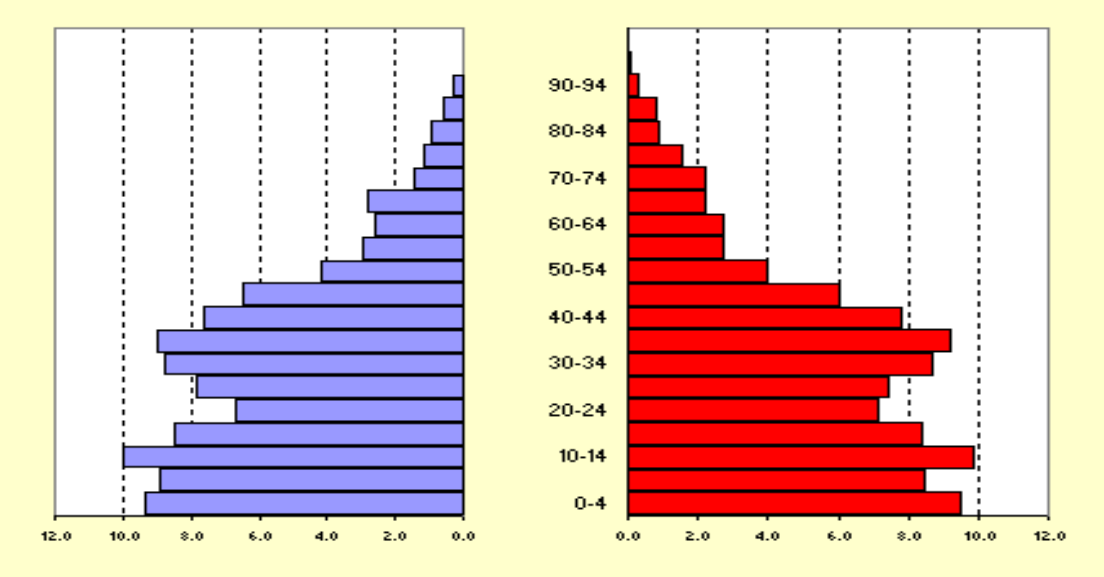
TABLE 1: DEMOGRAPHIC TRENDS

Periods / Indicators	1984		1992		2001	
	Men	Women	Men	Women	Men	Women
Total population (thousands)	3,256	3,424	4,473	4,487	5,628	5,802
Proportion of population urban	NA	NA	NA	NA	NA	NA
Indigenous population	NA	NA	NA	NA	NA	NA
Proportion of population under age 15	0.35	0.34	0.30	0.31	0.28	0.28
Proportion of population age 60 and over	0.12	0.16	0.1	0.13	0.1	0.11
Annual population growth rate 1974-1984, 1984-1992 and 1992-2001	5%	0%	37%	31%	27%	31%
Total Fertility Rate		2.91		1.84		2.00
Crude birth rate x 1,000 inhabitants	1995 9.9	1995 7.1	2000 9.2	2000 8.0	2005 7.7	2005 4.5
Crude death rate	1995 2.8	1995 2.8	2000 3.0	2000 1.7	2005 2.7	2005 1.7
Life expectancy at birth					77	84
Migratory balance	NA	NA	NA	NA	NA	NA

Source: Anguilla Department of Statistics

The population pyramid in Figure 1 shows the results of the 2001 census by age and sex.

Figure 1: Population Pyramid, Population by Sex & Age groups



Source: Anguilla (2001 census results).

1.1.2 Epidemiological Analysis

TABLE 2: MORBIDITY AND RISK FACTORS

Periods/Indicators	1991-1994		1995-1999		2000-2005	
Prevalence of low birth weight			69.42 (1996-1999)		117.21 (2000-2004)	
Fertility rate in adolescent women (15-19 years old)	102.04 (1984)		48.26 (1992)		59.30 (2001)	
Percentage of deliveries attended by skilled health attendants	100		100		100	
Annual number of confirmed malaria cases*	0	0	0	0	1 (2002)	0
Annual incidence of TB*	0		0		1 (2002)	
Annual incidence of positive sputum-smear microscopy TB	0		0		1	
Annual incidence of HIV/AIDS	.75		2.6		1.8	
Ratio of HIV/AIDS cases (man/woman)	2:1		8:5		7:5	

SOURCE (S): Anguilla Department of Statistics

TABLE 3: MORTALITY RATE

	General	Maternal	Communic. Diseases of Mandatory Reporting	TB	AIDS	Malaria	Circulatory system diseases	Malignant neoplastic diseases	External causes
Periods		# of deaths							
1992-1994	6.6	1		0	.034	0	2.258	1.167	**.254**
1995-1999	6.0	0		0	.154	0	2.785	.750	**.245**
2000-2005	4.8	1		1 case in 2002	.041	1 case in 2002	1.697	.872	.211

SOURCE(S): Anguilla Department of Statistics; Health Authority of Anguilla, Medical Laboratory

1.1.3 Millennium Development Goals (MDGs)

Eradicate Extreme Poverty and Hunger: In 2002 Anguilla conducted a Country Poverty Assessment. This assessment revealed that 2% of persons living in Anguilla live in conditions of extreme poverty (Halcrow Group Limited, 2002). The Department of Social Development (DSD) in collaboration with community partners has been charged with developing strategies to eradicate extreme poverty. The DSD offers public assistance to indigent families as well as assistance in obtaining food and clothing. Over half a million US dollars were allocated to public assistance in 2006 (Government of Anguilla, 2005).

Achieve Universal Primary Education: According to Part 6 Sections 51 and 52 of the Anguilla Education Act, school is compulsory for children aged 5-17 and is free in all public schools.

Promote gender equality and empower women: The Chief Minister's Office has responsibility for human rights and gender issues. There is a Human Rights and Gender Affairs Desk in the Ministry of Home Affairs.

Reduce Child Mortality: Anguilla enjoys an extremely low child mortality rate. Between 2000 and 2004 there were 4 deaths among the population 0-15 years (Anguilla

Department of Statistics, 2005). All children receive free immunization, dental care and health assessments.

Improve Maternal Health: Anguilla also enjoys a low maternal mortality rate. During the period 2000-2005 there was one (1) maternal death (Anguilla Department of Statistics, 2005). Antenatal care is provided in Anguilla's three health districts free of charge.

Combat HIV/AIDS, malaria and other diseases: Since 1988 there have been 33 cases of HIV/AIDS reported from the Princess Alexandra Hospital Laboratory. The National AIDS Programme (NAP) plays the leading role in combating HIV/AIDS. The NAP's national strategic plan outlines three broad areas for action which include Health Promotion for Behaviour Change, Care Treatment & Support and Advocacy & Partnership (CAREC, 2001). In the last decade there have been no cases of malaria in Anguilla (Anguilla National Surveillance Reporting, 2006).

Ensure Environmental Sustainability: The Department of Environment in the Ministry of Home Affairs and the Department of Health Protection within the Ministry of Social Development are the lead agencies for environmental sustainability. The Department of Environment through wide country consultation developed a National Environmental Management Strategy in 2001 which was revised in 2005. This strategy provides the framework for ensuring environmental sustainability.

Develop a Global Partnership for Development: Anguilla works in collaboration with several regional and international partners which include but are not limited to CARICOM, Organization of Eastern Caribbean States, United Nations, United Kingdom's Department for International Development, and Pan American Health Organization.

1.2 Determinants of Health

1.2.1 Political Determinants

Anguilla is politically stable and is not subject to incidents of political violence. The country is not part of a free trade zone. However Anguilla is an associate member of both CARICOM and the Organization of Eastern Caribbean States.

Anguilla has a unicameral legislature in the House of Assembly. The Legal system that governs the House of Assembly is based on English common law with the parliamentary/west minster system of government. The government is composed of twelve (12) elected members, seven (7) of whom are elected by the people. General Elections were last held in February 2005.

The Governor presides over the Executive Council which comprises the Chief Minister, three ministers and two ex-officio members, namely the Deputy Governor and the Attorney General. The Executive Council is responsible for the political, fiscal and administrative functions of government. The Executive Council reports to the House of Assembly. Policies are developed at the level of the various ministries of government based on needs assessment of their various departments. Each department develops a plan of action to implement the policy.

The Ministry of Social Development is comprised of the Department of Health Protection, National AIDS Programme, Health Services Quality Management, Her Majesty's Prison, Department of Probation, Education, Sports, Youth & Culture, Library Services, and Department of Social Development. Health services are provided by the Health Authority of Anguilla which is governed by a semi-autonomous board appointed by and reporting to the Minister of Health.

Anguilla is currently undergoing Constitutional and Electoral Reform which examines issues such as belongership, composition of the House of Assembly, powers of the Governor and other political issues. Anguilla is a United Kingdom Overseas Territory, however, the United Kingdom no longer provides Anguilla with direct funding. The UK

does however offer technical support and training. In particular the UK has provided a great deal of support in strengthening the capacity of senior and middle managers in the Anguilla Public Service.

The struggle against poverty continues to be a government priority. In 2002 the Government of Anguilla undertook a Poverty Assessment. Following this assessment a committee was formed to advise Executive Council on strategies to combat poverty. The Department of Social Development is the lead agency in the fight against poverty. In September 2007 the GoA will undertake another such assessment. The GoA is also currently working to establish a minimum wage.

There is growing concern about violence in the schools as well as domestic violence. In addition, there has been an increase in gang related violence. The Executive Council has convened a committee to develop strategies to combat crime and violence. The Department of Education has also established an alternative school for youth with behavioural and academic problems as well as a vocational programme. Prior to the development of this programme there was no alternative to comprehensive education offered at the secondary school. A Juvenile Rehabilitation Centre is also being developed which aims to provide programmes which address offending behaviour among youth.

1.2.2 Economic Determinants

Anguilla's economy is heavily dependent upon tourism. The downturn in the GDP beginning in 2000 followed the devastation of Hurricane Lenny in 1999 and resulted in the closure of major hotels. The economy remained relatively weak following the September 11th 2001 terrorist attacks in the United States when tourism arrivals to the island were quite low. Due to increased development during 2004, the GDP saw an increase and continues to grow. Inflation has shown significant variation over the last 15 years (Anguilla, Department of Statistics, 2005).

TABLE 4: TRENDS FOR SELECTED ECONOMIC INDICATORS

Indicator	One-Year Period								
	1997	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**
GDP per capita in US$, in constant prices relative to the base year		5,967.77	6,312.98	6,123.06	6,156.83	5,787.83	5,815.51	6,596.99	6,718.49
Public Expenditure per capita *		5,587	6,330.50	6,557.687	6,875.70	6,868.13	7,020.55	7,508.15	7,778.16
Economically Active Population (EAP): EAP 15-59 years of age. * (Anguilla 15-64) EAP population employed *			6420 6175		5873 5774				
Total Public Expenditure, as a percentage of GDP		28.5%	29.7%	31.6%	33.2%	33.8%	33.9%	30.6%	29.9%
Public expenditure on health, as a percentage of GDP ** (actual)				4.1%	4.7%	5.3%	5.4%	5.9%	5.0%
Public expenditure on health services, as a percentage of GDP ***									
Private expenditure on health *									
Out-of-pocket expenditure (% of total health expenditure) *									
Annual Inflation Rate - Using the CPI	0.3%	2.6%	2.6%	6.5%	2.9%	-1.4%	7.0%	5.0%	3.2%
Remittance in terms of % GDP									
Foreign debt, as a percentage of GDP									
Percentage of female-headed households									
Service of the foreign debt, as a percentage of GDP									
GDP in current prices ('000,000)		209.2	233.0	233.5	239.8	242.4	252.8	307.6	354.9

SOURCE(S): Statistics Department

TABLE 5: POVERTY LEVELS

Area	POVERTY LEVEL							
	POOR		RELATIVE POVERTY		EXTREME POVERTY		NON POOR	
TOTAL	2002		2002		2002			
URBAN	NA	NA	NA	NA	NA	NA	NA	NA
RURAL	NA	NA	NA	NA	NA	NA	NA	NA
ETHNIC GROUP								
INDIGENOUS	NA	NA	NA	NA	NA	NA	NA	NA
AFRO – DESCENDANT	NA	NA	NA	NA	NA	NA	NA	NA
OTHERS	NA	NA	NA	NA	NA	NA	NA	NA
GENDER								
MEN	56%						49%	
WOMEN	44%						51%	

Source: Department of Statistics

TABLE 6: TRENDS IN SELECTED SOCIAL INDICATORS

	Position that the country occupies according to the HDI	Population with access to drinking water (%)	Population with access to excreta disposal services (%)	Illiterate population ** (%)	Crude rate of primary schooling	School dropout rate	Child labor rate	Ratio income of the top 20% and bottom 20% of pop. *	Prevalence of domestic violence	Prevalence of depression
Periods					NA	NA	NA	NA	NA	NA
2001	NA	99.9	100	4%						
1992	NA	100	100	NA						
1984	NA	NA	NA	NA						

Source: Department of Statistics—Census Data

1.2.3 Social Determinants

In an effort to ensure that all persons who require health care have access to services, the department of Social Development provides medical exemption cards to those persons who are unable to afford health care. While further research is required to support this hypothesis, there is some evidence that poor non-nationals have less access to health care as they are not eligible for the social programmes available to Anguillians. The National Health Fund scheduled to be implemented in January 2008 will provide basic health coverage to all Anguillians and legal residents of Anguilla in an equitable and cost effective manner.

According to the Country Poverty Assessment conducted in 2002, the poverty level was assessed to be 20% of the then 3,730 households and 23% of the estimated 12,200 persons resident on the island. Severe poverty was very low, at around 2% (75), of households classified as such. As evidenced in Table 9 virtually the entire population has access to drinking water (although not all households have water piped directly to their homes) and excreta disposal. Anguilla will be conducting another Country Poverty Assessment in September 2007 which will enable the Government and key stakeholders to develop strategies designed to alleviate poverty.

1.2.4 Environmental Determinants

The Department of Health Protection and the Department of the Environment are responsible for environmental issues. The Department of Health Protection has responsibility for Solid Waste Collection, Food Safety, Vector Control, Port Health, Water Sewage and Treatment, Water Quality Management, Communicable Disease tracking and pollution control and abatement. The Department of the Environment's mandate is to protect Anguilla's natural resources. Both departments work collaboratively to address environmental issues.

The Department of Health Protection tracks all confirmed cases of Dengue Fever and conducts fogging in areas of high mosquito infestation. Diarrhoea-related morbidity particularly as it relates to salmonella poisoning and other food-borne diseases is

tracked by this department The Department of Health Protection operates under the Public Health Act which provides regulations to oversee problems related to air and water pollution, and to dispose of excreta and waste. The Public Health legislation is currently being revised to reflect the new environmental challenges faced by the department and to allow for more stringent enforcement of regulations.

2. Functions of the Health System

2.1 Steering Role

The MoH developed a National Strategic Plan for health which provides the Ministry, its departments and the HAA with strategic direction. There was very wide stakeholder input into the development of this National Strategic Plan for Health. The plan was based on a Situational Analysis of the country's health status. Information on the country's health status is sourced from the HAA's Health Information Unit, Medical Records, the Surveillance Officer, the Medical Laboratory and the GoA's Department of Statistics. National Health Goals are clearly delineated in the National Strategic Plan for Health based on information from all of these sources. Unfortunately, Anguilla's Central Statistics department does not disaggregate data by socio-economic status (SES), and ethnic group

A National Health Policy is currently being developed. This policy contemplates the critical role that primary health care plays in the health of the nation and outlines the role for the MoH and The Health Authority of Anguilla. In addition, a monitoring and evaluation system will be developed in order to measure the impact of this overarching health policy as well as other health policies which may be developed in the future. The development of the Health Policy will include key stakeholders from both within and outside of the health sector.

An important component of any health policy or plan is the ability to moblize the necessary resources required to make it operational. The MoH submits its purchasing intentions to the Health Authority of Anguilla (HAA). Based on the purchasing intentions, the HAA develops an Annual Service Agreement which outlines how human and financial resources will be allocated in order to meet the health needs of the nation.

In addition to the funding described above, the MoH sources outside funding. Anguilla has submitted health projects for consideration by the United Kingdom's Department of International Development (DFID) and has been successful in obtaining funding. Such projects include the establishment of the HAA and the National Health Fund as well as the construction of a Psychiatric Facility and a Water Laboratory. Unfortunately, DFID no longer provides Anguilla with direct funding.

The MoH has also submitted projects to the Caribbean Epidemiology Centre and has received funding. These projects include the development of the National Strategic Plan for HIV and Sector Plans for HIV which included wide stakeholder participation. The MoH has actively collaborated with organizations such as CARICOM, OECS, PAHO, CAREC, Caribbean Environmental Health Institute, the Caribbean Food & Nutrition Institute, and the Caribbean Health and Research Council among others in developing and implementing health programmes. The MoH is currently developing a monitoring and evaluation framework which will examine the health system's performance in general and more specifically will measure the performance of the HAA. The HAA is responsible in collaboration with the MoH for interventions aimed at supporting health promotion activities.

The Pan American Health Organization while not currently physically present in the country provides technical and financial support to the health sector. Beginning September 2007 a PAHO Country Officer will be based in Anguilla. Because Anguilla is a British Overseas Territory, all legal and institutional frameworks are managed by Her Majesty's Government. Because of Anguilla's status as an overseas territory it is often not eligible for other types of international cooperation. There has however been support from some international organizations. The MoH coordinates and monitors this international cooperation for programming and distribution of financial resources through the development of project proposals and project documents, and provides oversight through its steering committees.

2.1.1 Regulation

The primary piece of legislation which guides regulation for the MoH is the Public Health Act. Sanctions are enforced as outlined in the Act. This legislation is quite old and is currently being revised and renamed "The Environmental Health Act." There is currently a Communicable Disease Regulation in draft form which will serve to further strengthen the Ministry's steering role function. Sanitary health standards for public establishments are monitored by the Department of Health Protection. The MoH supplies the Department with the requisite resources to carry out its environmental function. The development of an improved Food Safety Programme and the implementation of solid waste collection contracts have contributed significantly to improving population health conditions.

An important regulatory function of the MoH is the certifying of health professionals. The certification of physicians, pharmacists and opticians is regulated by the Medical Board which is guided by the Medical Act. A Health Professional Act is currently being drafted which will provide the framework for certifying other health professionals.

2.1.2 Development of the Essential Public Health Functions (EPHF)

EPHF 1: Monitoring, Evaluation and Analysis of Health Status

The MoH is currently developing guidelines for monitoring the population's health status. The MoH does identify and annually update the data collected in the country health status profile. The profile includes social and demographic variables, mortality, and morbidity. However, it does not include information on risk factors, lifestyles, or environmental risks. The Moh does not routinely use this information to monitor health needs of the population. The information collected is not generally disseminated to the public but is shared with some regional health institutions.

While the MoH has established the Directorate of Health Services Quality Management, currently this unit does not evaluate the quality of the information generated by the

health system. Anguilla has a national Department of Statistics, however the MoH does not meet with officials from Statistics in any routine manner to assess information systems. MoH officials consult the Department of Statistics as necessary.

Competencies in epidemiology, statistics and monitoring and evaluation are available through the Regional Health Institutions. However, limited competencies in these areas reside at the MoH, which has recently engaged a consultant to assist in strengthening these areas.

EPHF 2: Public Health Surveillance, Research, and Control of Risks and Threats to Public Health

The MoH currently has a limited surveillance system in place and relies heavily upon the HAA—the statutory body that provides public sector health services--for surveillance systems. The MoH will be hiring a surveillance officer and a Chief Medical Officer who will oversee surveillance activities.

While there is currently a draft national surveillance manual, there are no formal protocols or procedures in place which guide rapid response to health and environmental threats. The draft national surveillance manual will be finalized shortly.

While some functions on this indicator could be handled by CAREC, it is recognized that Anguilla does *not* have a national lab run by the MoH nor does the hospital lab have the capacity to process several important investigations. It may not be cost-effective to offer these services.

EPHF 3: Support for Health Promotion Activities, Development of Norms, and Interventions to Promote Healthy Behaviors and Environments

The majority of Health Promotion activities are not carried out by the MoH. The HAA has a health promotion unit which coordinates these activities. Currently there is no formal, written health promotion policy. The HAA performs relatively well on this function. However, the MoH needs to play a stronger role in setting the strategic direction of health promotion activities. While there is a National Strategic Plan for

health which guides some of the health promotion activities, an overarching health policy needs to be developed. This policy is currently in draft form.

The Health Promotion Unit of HAA has carried out national promotional activities with other sectors but the results have not been evaluated. The MoH has not assessed the health impact of *public* policies.

The MoH has not developed an agenda for community education. The HAA has conducted health promotion campaigns through the mass media however these have not been evaluated. Neither the MoH nor the HAA have a website that deals with health promotion nor is there a hotline.

Prior to the advent of the HAA, the MoH had consulted with regional institutions on the importance of Health Promotion, however the MoH has not strengthened its human resources development by using a health promotion approach. The HAA has recently re-organized the primary health care services integrating a health promotion approach.

EPHF 4: Empowering Civil Society for Decision-Making in Public Health

The MoH does have mechanisms in place to consult civil society and to receive feedback in matters of public health, however there are no formally established entities for this consultation nor does it have a mechanism in place to allow for it to respond to opinions given by civil society. The MoH does not have an ombudsman nor does it issue reports to the public on health status and the performance of personal and population-based health services.

While there is no *formal* policy that considers social participation for defining and meeting its public health goals and objectives, the Moh does take into consideration social participation when defining its public health goals and objectives. The National Strategic Plan for Health had very wide stakeholder participation in its formulation. Civil society does at times participate in decision-making that affects the administration of health services. however, the MoH does not have programmes designed specifically to inform and educate the public about its right to health. The Moh has staff trained to promote social participation in personal and population-based health programmes,

however due to human resource constraints, these skills are seldom practiced. While the MoH encourages social participation and has the facilities to convene a wide range of meetings, it does not promote best practices in social participation in health and has not evaluated its capacity to promote it.

EPHF 5: Development of Policies and Institutional Capacity for Planning and Management in Public Health

This is an area where the MoH has made vast improvements in recent years. The MoH had developed a National Strategic Plan for Health which was developed with wide stakeholder input. This plan clearly outlines national goals and objectives for the nation. The plan was developed based on a formal, systematized situational analysis and reflects the needs of the population.

The HAA develops its annual operational work plans based on the National Strategic Plan. The MoH and HAA formally agree on these plans by the signing of Annual Service Agreements. The indicators in the plans are monitored through quarterly reviews with the HAA. The MoH has not yet developed a national health policy agenda and is currently working to develop such an agenda.

EPHF 6: Periodic Monitoring, Evaluation and Revision of the Regulatory Framework

The MoH does not have expertise in drafting laws and regulations designed to protect public health, but has the capacity to make recommendations and has access to those who do have drafting expertise. The MoH reviews and spearheads efforts to revise legislation designed to protect the health and safety of the population and seeks input in evaluating these health laws and regulations.

The Department of Health Protection has strengthened their capacity in terms of enforcing regulations. Furthermore, there is support from the Attorney General's Chambers on the development of legislation. The MoH has engaged technical assistance to further strengthen its regulatory framework.

The MoH has systematic processes in place to enforce existing laws and regulations and educates civil society about these laws. However, the MoH does not have policies aimed at preventing corruption in the public health system.

EPHF 7: Evaluation and Promotion of Equitable Access to Necessary Health Services

The MoH is very weak on this indicator and is currently undergoing an institutional strengthening exercise to improve upon its monitoring and evaluation capacity. It is hoped that the consultancy to strengthen the capacity of the MoH will address some of the issues contained in this indicator. Despite the deficits on this indicator, it should be mentioned that the HAA have had several initiatives aimed at improving access to health services. The MoH needs to take the lead on developing policies to promote access.

The MoH does define a basic package of health services through its Purchasing Plan and Annual Service Agreement with the HAA.

MoH has the capacity to carry out some of the functions under this indicator, however it does not have personnel specifically dedicated to carry out these functions and scored poorly on the evaluation aspects of this indicator.

EPHF 8: Human Resource Development and Training in Public Health

While there are some deficits in this area with regard to evaluation and the maintenance of an existing profile, the MoH has a relatively good grasp on the human resource profile of public health workers, even if all of the competencies are not currently in place.

The MoH has made some advances on this indicator with regard to accrediting educational institutions. There is currently draft legislation on accrediting educational institutions. However in other areas there has been little progress and few resources to address these weaknesses.

The MoH will also need to give due consideration to the development of culturally and linguistically appropriate programmes and workforce training.

EPHF 9: Ensuring the Quality of Personal and Population-based Health Services

The MoH has recently established the Directorate of Health Service Quality Management which will provide policy direction in promoting continuous quality improvement in health services.

The MoH has made some progress on this indicator by collaborating with the Statistics Department in completing a User Satisfaction Survey in 2004. However there are still areas for work on this indicator particularly in the area of community participation. The HAA has used the results from these surveys to develop quality improvement projects. The MoH has not played a significant role in providing assistance to the HAA in collecting and analyzing data on the quality of population-based public health services.

EPHF 10: Development of a Public Health Research Agenda

The MoH has not developed a public health research agenda.

EPHF 11: Reducing the Impact of Emergencies and Disasters on Health

This indicator continues to be an area of weakness which is multidimensional and highly complex. The MoH is currently addressing areas under this indicator in the context of a wider national disaster plan.

2.1.3 Harmonization of Service Provision

The HAA is the only public agency that delivers health services. However it evaluates the possible duplication of services within the organization and implements strategies to avoid such duplication. The MoH works collaboratively with the HAA to coordinate levels of care. Basic health care standards are currently being developed by the MoH's Directorate of Health Services Quality Management.

2.2 Financing and Assurance

2.2.1 Financing

The MoH provides a subvention to the HAA based on the Annual Service Agreement and the annual programme budget. Resources are allocated based on the Purchasing Intentions and the Annual Service Agreement between the MoH and HAA. The MoH regularly engages in dialogue, negotiation, and written correspondence with the Ministry of Finance to articulate health needs.

Part of Anguilla's health reform included establishing sustainable financing for the health system. Anguilla is currently in the process of developing a National Health Fund which will finance a basic package of basic health services for all Anguillians and legal residents. The MoH will have a strengthened capacity to monitor the financing of health services with the NHF in place. The NHF is discussed in further detail later in this document.

2.2.2 Assurance

Through the NHF the MoH will inform all residents about health goods and services to which they are entitled. Under the NHF, the population will be entitled to a basic package of primary health care services as well as secondary and tertiary level health care. The NHF will monitor the provision of quality healthcare services in conjunction with the MoH's Directorate of Health Services Quality Management. In addition the solvency of the NHF will be regularly monitored.

TABLE 7: HEALTH SYSTEM FINANCING (in US dollars) *

	1990-1993*	1995-1999	2000-2005
TOTAL NATIONAL BUDGET	12.3	29 m	55m
NATIONAL BUDGET ASSIGNED TO THE HEALTH SECTOR	2,078,017	2,984,588	4,731,736
PUBLIC SUB - SECTOR (TOTAL)			
MOH	Same as above	Same as above	Same as above
SOCIAL SECURITY			
OTHERS	NA	NA	NA
PRIVATE SUB - SECTOR (TOTAL)			
PRIVATE INSURERS	NA	NA	NA
PRIVATE PROVIDERS	NA	NA	NA
CONTRACTUAL SERVICES	NA	NA	NA
OUT-OF-POCKET EXPENDITURE	NA	NA	NA
PRIVATE COMPANIES	NA	NA	NA
DONATIONS			
INTERNATIONAL ORGANIZATIONS	NA	NA	NA
EXTERNAL FUNDING	NA	8.4 m	7.9m

SOURCE(S): Ministry of Finance
* 1994 data not available

The total national budget as well as the national budget assigned to the health sector has steadily increased over the past two decades. With the slight decrease in external funding, GoA has had to absorb the additional costs in its local capital budget.

TABLE 8: HEALTH EXPENDITURES OVER THE PAST 5 YEARS

Expenditure	1999	2000	2001	2002	2003	2004
Public expenditure on health per capita in USD	NA	NA	NA	NA	NA	NA
Public expenditure on health / Total public expenditure	NA	NA	NA	NA	NA	NA
Total expenditure on health per capita in USD	5.6m	6m	6.4m	NA	NA	NA
Total expenditure on health, as a % of GDP	16.6	4.2	3.5	3.7	0	5.2
Foreign debt in health / Total foreign debt	NA	NA	NA	NA	NA	NA

SOURCE(S): Ministry of Economic Development/Department of Statistics

TABLE 9: HEALTH EXPENDITURE BY SUBSECTOR AND FUNCTION IN USD (2004)*

Functions* Sectors	Medical Products, Instruments and Equipment	Outpatient Services	Hospital-based Services	Public Health Services	Health Research	Health (unspecified)
Public Sub-Sector	506,133	997,003	2,614,356	NA	NA	1,119,366
Private Sub-Sector	NA	NA	NA	NA	NA	NA
Total	506,133	997,003	2,614,356	NA	NA	1,119,366

SOURCE(S): Finance Department Finance Department, Health Authority of Anguilla

TABLE 10: HEALTH EXPENDITURE BY SUBSECTOR AND FUNCTION IN USD (2005)*

Functions* Sectors	Medical Products, Instruments and Equipment	Outpatient Services	Hospital-based Services	Public Health Services	Health Research	Health (unspecified)
Public Sub-Sector	600,511	1,273,511	2,990,891	NA	NA	1,463,975
Private Sub-Sector	NA	NA	NA	NA	NA	NA
Total	600,511	1,273,511	2,990,891	NA	NA	1,463,975

SOURCE(S): Finance Department, Health Authority of Anguilla

*The Health Authority of Anguilla 's financing is conducted on an accrual basis of accounting, and operates a system of allocation of expenditure by cost centres. The above data is based on unaudited statements. Hospital-based services include outpatient care, diagnostics, long-term care and acute care. Outpatient services include dental and community health. Health unspecified includes corporate and support services.

(I) Legal Framework

Currently there is no legal framework which specifies the beneficiaries of health care coverage. However legislation for the National Health Fund and its regulations outline a basic package of health services for the population. Under the National Health Fund Act, health care providers who do not comply with its provisions will lose their privileges with the fund and will no longer be authorized providers. Employers who do not contribute to the Fund will face fines.

(II) Benefits

Under the National Health Fund public and private providers will be obligated to provide the same minimum benefits package as outlined in their service contracts with the Fund.

(III) Structure and Management

Once fully implemented, the National Health Fund will be the dominant health assurance modality. The institutions that will participate in health assurance under the National Health Fund will be the MoH who will define the package of health services, the Board of the National Health Fund who will administer the fund, the Ministry of Finance which will provide financial oversight and the authorized health providers who will provide the services. Under the NHF, the MoH will look at both the financial and the health aspects of regulating health assurance.

(IV) Population Covered

Health coverage is not disaggregated by gender, age, geographical area, or ethnic group. However according to the 2001 Census, of a population of 11,561, four thousand, one hundred and twenty-one persons used a public health facility in Anguilla during the previous year. Two thousand, three hundred and fifty-seven persons reported using a private health facility in Anguilla. Some 1,572 persons reported using medical facilities overseas. Thirty-two percent of the population reported having health insurance.

The Tables 11 and 12 below depict how possession of health and life insurance are distributed among the population.

TABLE 11 -- POPULATION 15 YEARS AND OVER BY INSURANCE PLANS AND NUMBER, 2001

Type of Insurance Plan	Number of Types of Plans						Percent
	1 or more	2 or more	3 or more	4 or more	5 or more	Total	
Social Security	3,588					3,588	44.1%
Group Health	668	888				1,556	19.1%
Individual Health	338	235	11			584	7.2%
Life with Health	221	192	34	3		450	5.5%
Endowment with Health	4	2	1	2	1	10	0.1%
Life Only	128	188	189	5	1	511	6.3%
Endowment Only	4	1	7	1		13	0.2%
Other	52	10	3	1		66	0.8%
None	3,135					3,135	38.5%
Not Stated	*90*					*90*	
Total	**8,228**	**1,516**	**245**	**12**	**2**	**10,003**	

Source: Anguilla Department of Statistics

TABLE 12 -- POPULATION WITH HEALTH OR LIFE INSURANCE BY SEX AND AGE GROUP, 2001

Age Group	Persons with Insurance			Percent with Insurance		
	Male	Female	Total	Male	Female	Total
0 - 14	744	701	1,445	47.2%	43.9%	45.5%
15 - 19	245	244	489	51.8%	50.3%	51.0%
20 - 29	553	626	1,179	68.2%	74.3%	71.3%
30 - 39	695	796	1,491	70.4%	77.1%	73.8%
40 - 49	528	569	1,097	66.8%	71.1%	69.0%
50 -59	236	226	462	59.9%	59.0%	59.5%
60 & over	167	140	307	31.0%	22.5%	26.4%
Total	**3,168**	**3,302**	**6,470**	**56.9%**	**57.3%**	**57.1%**

Source: Anguilla Department of Statistics

(V) Common Fund or "Pooling"

One of the basic tenets of the NHF is the concept of solidarity which involves pooling the financial risk for the whole population.

(VI) Provider Payment Mechanisms

Currently all health services are paid for on a fee for service basis. Approximately 32% of the population also has private health insurance (Anguilla Census, 2001). Under the National Health Fund, primary care providers will be paid a per capita fee based on the number of registered patients on their roster.

2.3 Service Provision

2.3.1 Supply and Demand for Health Services

TABLE 13: NUMBER AND CAPACITY OF TREATMENT FACILITIES *

PUBLIC SECTOR	Nº Centers x 1,000 Inhab.	Nº Beds x 1,000 Inhab.
Hospitals		
- High complexity	0	0
- Medium (basic specialties)	1	36
- Low (general medicine)	NA	NA
Total Hospitals	1	1
Outpatient Centers		
- Centers with specialties	3	NA
- Primary level centers with general medicine	5	NA
- Primary level centers with non-professional resident personnel	NA	NA
PRIVATE SECTOR		
Hospitals		

- High complexity	0	0
- Medium (basic specialties)	1	NA
- Low (general medicine)	NA	NA
Total Hospitals	1	NA
Outpatient Centers		
- Centers with specialties	1	
- Primary level centers with general medicine	3	NA
- Primary level centers with non-professional resident personnel	0	NA
Total outpatient centers	3	5
Total Health Centers	8	5

Source: Health Authority of Anguilla

2.3.2 Human Resources Development

(I) <u>Human Resources Training</u>

There is no tertiary level training institution in Anguilla that trains health professionals. As such, health professionals receive training abroad. Anguilla is currently establishing a community college which may be able to provide training to health professionals in the future.

Anguilla offers no tertiary health care services and therefore has few resident specialists with the exception of obstetrics/gynecology, pediatrics, and internal medicine. Because the population is so small there is not sufficient volume to sustain multiple specialities. Most health professionals in the health care systems are generalists despite the fact that they may have specialist training. The NHF is a primary health care driven model which will emphasize the importance of Family Medicine.

(II) Management of Human Resources and Employment Conditions

The HAA has recently undertaken a manpower audit which examines issues such as job flexibility, appropriateness of salary levels and differential pay for specialist nurses and other health professions. The HAA is currently reviewing the recommendations from this exercise with a view to implementing those deemed viable and appropriate.

(III) Supply and Distribution of Human Resources

There is no data collected on the private sector health professional distribution. The majority of doctors and nurses in the public health sector are from overseas. The HAA contracts overseas health professionals from the Caribbean, Africa, North America and Europe as well as other regions.

TABLE 14: HUMAN RESOURCES IN PUBLIC SECTOR INSTITUTIONS

Time Period / Institution	1990-1994			1995-1999			2000-2005		
	Doctors	**Nurses**	**Auxiliary Nurses**	**Doctors**	**Nurses**	**Auxiliary Nurses**	**Doctors**	**Nurses**	**Auxiliary Nurses**
	NA	NA	NA	NA	NA	NA	17	25	2
	NA	NA	NA	NA	NA	NA			
Total									
							17	25	2

SOURCE(S): Human Resource Unit, Health Authority of Anguilla

TABLE 15: HUMAN RESOURCES IN THE HEALTH SECTOR

Period / Type of Human Resource	1990-1994 NA			1995-1999 NA			2004-2006		
Ratio of physicians per 10,000 inhab.								12 : 10k	
Ratio of professional nurses per 10,000 inhab.								18 : 10k	
No. who have completed graduate-level training in Public Health								1 : 10k	
No. with graduate-level degrees in Public Health								1 : 10k	
No. of Schools of Public Health								N/A	
No. of Universities with a Master's Degree in Public Health								N/A	

SOURCE(S): Human Resource Unit, Health Authority of Anguilla

Figures in Table 15 include only the public sector HAA health professionals.

(IV) <u>Governance and Conflict in the Health Sector</u>

The HAA has established a committee which reviews grievances and complaints raised by health care workers. There is also a formal grievance policy. All policies developed by the MoH and the HAA are developed using a consultative process.

2.3.3 Medicines and Other Health Products

There is a draft policy relating to Essential Medicines for the Health Authority and a hospital formulary that is reviewed yearly. Purchasing and distribution is regulated within the public sector by the Pharmaceutics and Therapeutics Committee, however there is no regulation in the private sector. A HAA pricing policy is currently in the draft stage. Medicines obtained by the Health Authority are highly subsidized and there is no national pricing policy.

The National list of Essential and Necessary Medicines is derived from the OECS Regional formulary. This list is reviewed by the HAA Pharmaceutics and Therapeutics Committee for additions and deletions. Treatment protocols for pathologies that are prevalent in public provider institutions are applied at all levels of care. Pharmacist are required to operate both hospital and private pharmacies, however Pharmacy Assistants can operate under the direct supervision of a Pharmacist.

TABLE 16: MEDICINES

INDICATOR	1990-1994	1995-1999	2000-2005
Total N^{o} of registered pharmaceutical medicines	NA	200	350
Percentage of brand name medicines	NA	10%	25%
Percentage of generic medicines	NA	90%	75%
Percentage of public expenditure in health that goes to medicines	NA	NA	NA

SOURCE(S): Health Authority of Anguilla, Pharmacy

Nb: This data represents medicines sold at Government of Anguilla health care services

2.3.4 Equipment and Technology

TABLE 17: AVAILABILITY OF EQUIPMENT IN THE HEALTH SECTOR

TYPE OF RESOURCE SUB-SECTOR	Number of beds per 1,000 population	Basic diagnostic imaging equipment per 1,000 inhab.	Clinical Laboratories per 100,000 inhab.	Blood banks per 100,000 inhab.
Public	**2.67**	**8.33**	**8.33**	

SOURCE(S): Health Authority of Anguilla based on population estimates

The availability of equipment in the health sector as it relates to the population is adequate as evidence by Table 21. However Anguilla does not have a blood bank. Information on defective equipment is maintained under a preventive maintenance contract schedule, while out of use equipment is recorded and disposed. Budgets for routine and preventive maintenance are allocated to various cost centres on an annual basis. This includes preventive maintenance contracts with local and overseas providers

2.3.5 Quality Assurance

The MoH has recently instituted the Directorate of Health Services Quality Management which will examine strategies to improve health service quality. The HAA has recently been granted accreditation by the Canadian Council of Health Services Accreditation. As part of maintaining this accreditation, the HAA must embark on continuous quality improvement activities. However, there are no national criteria and procedures for accrediting health institutions. Instruments to measure meeting standards of quality are currently being developed.

2.4 Institutional Mapping of the Health System

TABLE 18: INSTITUTIONAL MAPPING OF THE HEALTH SYSTEM

FUNCTIONS / ORGANIZATIONS	Steering Role		Financing	Assurance	Provision
	Conduct/Lead	Regulation and Enforcement			
Central Government - Min. of Health - Min. of Justice - Armed Forces - Others	MoH	MoH	Ministry of Finance	MoH	Health Authority of Anguilla
Social Security Institutions				Social Security	
Regional government (provincial, departmental)	NA	NA	NA	NA	NA
Local government (district, municipality, etc.)	NA	NA	NA	NA	NA
Private insurers - Non-profit - For-profit			Private insurers (for profit)		
Private providers - Non-profit - For-profit					Private providers (for profit)

Source: MoH

3. Monitoring Health Systems Change/Reform

3.1 Impact on the "Health Systems Functions"

With the advent of the HAA in 2004, the steering role of the MoH has changed significantly. In the two decades leading up to the reform, the MoH was tasked with providing healthcare services, financing healthcare services and managing the human resources for the health service. Presently, the HAA is responsible for the provision of healthcare services as well as financial and human resource management. In its reformed role, the MoH sets strategic and policy direction for the health sector and has a monitoring, evaluating and regulatory function. The MoH maintains responsibility for Health Protection, Immunization, the National HIV/AIDS Programme and medical exemption for the poor.

The HAA receives a monthly subvention from the Ministry of Finance via the MoH. The level of subvention is based on the MoH's Purchasing Intentions and the Annual Service Agreement. In addition, the HAA collects user fees which supplement the subventions. Under the National Health Fund the HAA as well as private providers will contract with the Fund to provide services and will be compensated based upon these contracts.

3.2 Impact on the "Guiding Principles of Health Sector Reform"

• EQUITY

With the reorganization and expansion of primary health care, more patients have access to a basic package of primary medical services which include maternal and child health, immunization, home visiting, blood pressure and blood sugar checks and minor treatments. With the establishment of health districts and the availability of a health team comprised of family physicians and professional nursing staff, these centres now provide a more sustained and reliable package of services from 8.00 a.m. to 4.00 p.m. The number of hospital beds has remained steady and is adequate for the population.

• **ACCESS**

Waiting times for services have been reduced in the last 5 years. All patients requesting primary health care services receive them the same day they are requested. However waiting times for basic dental services continue to be unacceptably long.

• **EFFECTIVENESS**

INFANT AND MATERNAL MORTALITY

The infant mortality rate has fluctuated greatly in the last 15 years. Because of Anguilla's small population size, even small numbers of infant deaths significantly impact the infant mortality rate. The percentage of newborns with low birth weight has actually increased in recent years. Maternal deaths have remained low.

MORTALITY DUE TO MALIGNANT NEOPLASMS

Deaths due to breast cancer have remained relatively steady since 1995. Data on cervical cancer deaths is not available. Deaths due to malignant neoplasms have decreased from the early nineties, and have increased slightly in the past 5 years from the mid-late nineties.

INCIDENCE OF MALARIA, TUBERCULOSIS AND HIV/AIDS

There have been no cases of malaria in the past decade. In 2002 there was once case of imported TB. The incidence of HIV/AIDS has fluctuated over the past 2 decades.

• **SUSTAINABILITY**

The health reform has resulted in an increased confidence in the healthcare system. Customer satisfaction surveys reveal a more positive attitude toward the provisions of health services.

The Health Authority has been able to install operating and managerial systems to manage all aspects of the recurrent and capital budgets delegated from the central MoH and Finance. These financial resources are utilized to meet expenditures for employee benefits, Board and Committee fees, and payments for other 'Goods and Services.' With regard to the participation of civil society in the identification of problems, planning and implementation of health activities, the HAA has community meetings, annual general meetings and regular press releases which encourage community participation.

3.3 Impact on the "Health System"

In September 1995, the Minister of Social Services outlined the key policies and priorities for health development. The stated aim of the Government's health policy is to provide high-quality, accessible primary and secondary health care services to the population of Anguilla and to include provisions for the transfer of patients overseas. The health policy statement advocates a partnership between private and public health care providers. The Government's top priorities involve improvements in the following areas: quality care; performance of environmental health services; access to health care; and the scope, accessibility, and performance of primary health care services. The policy promotes good physical and mental health and greater service efficiency and cost-effectiveness.

The policy statement acknowledged that the achievement of these priorities is dependent on improved performance in the private and public sector through more consumer-oriented service, better management, improved public/private sector collaboration, and a more proactive approach to planning.

Prior to the inception of the HAA, the Ministry of Social Services was responsible for the management of health services. The Director of Health Services had responsibility for the effective functioning of all departments, and delegated responsibility to the Senior Medical Officer of the Hospital, the Primary Health Care Manager, Health Services Administrator, and Principal Nursing Officer.

In 1995, a new management structure for health services, which utilizes four teams, was approved by the Executive Council with the objective of making demonstrable and

expeditious improvements to health care management. The four teams are described below.

The Health Services Strategy group was responsible to the Ministry of Social Services for health planning, advice on policy issues, financial and budgetary review, and quality assurance in the public and private sector. This group comprised senior technical and administrative staff and a representative of the Ministry of Finance.

The Senior Management group was responsible for the overall management and coordination of publicly provided health services. It was chaired by the Director of Health Services, and was composed of senior technical heads of departments.

The Primary Health Care Management team and the Hospital Management team were each responsible for day-to-day management of services in their respective departments. A Department of Primary Health Care supervised the delivery of services at the community level.

In 2000 the Government of Anguilla (GoA) took the decision to place the delivery of health care services under a semi-autonomous statutory body—The Health Authority of Anguilla (HAA). GoA was committed to attaining the most productive use of resources and a more timely response to the overall requirements of the health service.
One of the main objectives of the reform was to attain a greater degree of efficiency in health services and an improvement in the delivery of quality health care.

Having HAA separate from the MoH removed much of the bureaucracy typically associated with the general public service. Management responsibilities delegated to the HAA included financial, human resource and operational delivery of health care services. The HAA is composed of five divisions each with an executive manager. These include the Division of Medical Services, the Division of Nursing Services, Facilities Management, Human Resource Management, and Finance.

Before the HAA could be commissioned several critical activities had to be undertaken. A Health Authority Project Board was established to recommend an implementation strategy. In addition, a governance structure for the HAA had to be established. The

Health Authority Act 2003 provided the necessary legislative framework for the establishment of the Health Authority of Anguilla. A transition team was established to assist in the development of personnel policies and to coordinate transition arrangements. Financial management systems and a Communication Plan for staff and the public were developed. Finally, a Shadow Board underwent extensive governance training prior to the implementation of the HAA.

Prior to the introduction of the HAA, the MoH conducted a situational analysis and developed a national strategic plan for health which had wide stakeholder participation. The overall goals in the plan are consistent with the priority areas in the Caribbean Cooperation in Health Phase 2 (CCH2) initiative. These priority areas are Health System Development, Health Services, Human Resource Development and Management, Family Health, Food and Nutrition and Physical Activity, Chronic Non communicable disease, HIV/AIDS, Communicable Diseases, Health and the Environment; and Mental Health and Substance Abuse. Shortly after the HAA was established, the MoH undertook a customer satisfaction survey to determine the level satisfaction with health services. Based on the results of the survey the HAA implemented several quality improvements including the reduction of waiting times in dental health centres, renovation of washrooms, and the installation of suggestion boxes in all HAA facilities.

The devolution of the health services has several advantages which include increased speed and clarity in decision-making and implementation, health care administered within the framework that allows institutions to manage their resources (both financial and human) directly, and more empowered health officials with greater responsibility for the outcome of decisions. Decentralization also allowed for increased sustainability, equity and quality.

The vision of the MoH is to promote healthy and productive individuals, families and communities. The improved equity achieved though the implementation of the HAA in 2004 ensured that all citizens including the poor and the underserved had the same access to priority health services as those with more resources who face fewer obstacles to health care. Primary Health Care services have been restructured so that doctors and pharmacist are available in all of the health districts on a full-time basis.

Prior to 2004 none of the primary health care facilities had a full time designated physician or pharmacist. The island is currently divided into three health districts with five health centres. Each district is staffed with a physician, pharmacist, nurses, allied health professionals and support staff. Each team is responsible for monitoring the health of those in their district. Services include medical sessions at the health centres, health promotion and home visits. Since the restructuring of the primary health services, the number of visits to the Accident & Emergency Department for routine medical treatment has decreased and utilization of primary health care services has increased.

The role of the MoH has changed significantly since the inception of the HAA. The MoH no longer holds operational responsibility for the provision of services. It instead maintained responsibility for policy direction, strategic planning for health, regulatory/licensing functions, monitoring & evaluation and the essential public health functions. The HAA was established as a decentralized corporation to deliver fully integrated health services within the public sector. The Board of Directors of this corporation report directly to the Minister of Health through the Chairman. The Chief Executive Officer of the corporation is responsible to the Board for the daily operations of the HAA.

The HAA Board has established several subcommittees which include Patient care, Nursing, Human Resources and Finance. In addition to board subcommittees several management committees were also created including a Quality and Audit committee, Health and Safety committee, Disaster Management committee and an Information Management committee. An Instrument of Communication between the MoH and the HAA has been drafted to ensure open dialogue between the two organizations.

The Moh contracts the HAA to provide health care services through the Annual Service Agreement (ASA). The purpose of the ASA is to secure the best services possible based on the health needs assessment of Anguilla's population within an agreed upon level of resources. It sets down the resources available to the HAA, the corresponding obligations it has to meet, as well as the obligations of the Government of Anguilla. With the advent of the HAA, health services were decentralized giving department managers control of their own budgets. This autonomy empowers managers with greater responsibility for the outcome of decisions. Budgets are based on annual work

programmes developed from the national strategic plan for health and the annual service agreement. The decentralization of the health care system has facilitated the use of performance-driven programme budgeting.

The Health Authority of Anguilla has made great advances in its ability to provide health care services as well as its ability to manage, monitor and evaluate these services. In order for the MoH to be able to monitor this much-improved system, it must have an even more highly evolved regulatory framework with which to accomplish this task. It soon became apparent that the MoH would have to strengthen its capacity to fulfil its regulatory role and to improve its performance on essential public health functions. In order to achieve this, the Moh will be recruiting a Chief Medical Officer, a surveillance officer, and will have a Planner dedicated solely to health.

The HAA operates and manages its financial resources independent of the Government of Anguilla (GoA). HAA receives a subvention from GoA and is able to keep some fee income. However, financial resources remain tight and may compromise HAA ability to deliver better quality health care in a manner that is both equitable and financially sustainable. GoA wants to augment the financial resources available to the health sector through the introduction of a National Health insurance scheme.

The National Health Fund (NHF) project aims at improving the efficiency, effectiveness and quality of health services in Anguilla, by rationalizing the use of resources, strengthening the organizational capacity, and improving services delivery. The NHF will be affordable and sustainable, and will require critical policy and institutional reforms, which the Government has already commenced to implement. In particular, the project aims at redefining the health care system, introducing new financing, resource allocation and delivery models, with the goal of maximizing health gains and improving the health status of the population through a more efficient use of public and private sector expenditure on health (HLSP Institute, 2005)

The National Health Fund (NHF) will purchase health care for the whole population of Anguilla as clinically needed and in an equitable manner. The NHF has been based on the guiding principles of social health insurance which include:

- ***solidarity*** - pooling the financial risk for the whole population
- ***sustainability*** - creating an independent funding mechanism able to match revenue to needs
- ***equity*** - introducing a prospective payment system removing financial barriers to access
- ***efficiency*** - avoiding the fragmentation and high overheads of multiple funding sources
- ***effectiveness*** - developing technical purchasing capacity in the NHF
- ***accountability*** - including mechanisms to ensure transparency and consumer involvement.

The Fund will be managed to ensure that money is spent on high-quality, value-for-money services, and not wasted on unnecessary treatment. Individuals will contribute to the Fund when they are economically active, but the Fund will pay for care for everyone as it is needed, including children and the retired.

It will be financed by a combination of:

- contributions from employers and employees based on income
- an annual GoA contribution from the Consolidated Fund (which may result in a new levy or levies on the consumption of selected items)
- any other sources as may be decided by the Executive Council from time to time.

These revenues will be channelled to the National Health Fund. Collection and payment mechanisms will be contracted to the Social Security Board. The Fund will buy health care services from providers offering services to a standard acceptable to the Fund. It will be able to negotiate quality and prices with providers. Providers will include the HAA and approved private practitioners. Selected overseas hospitals will provide specialist tertiary care that cannot be provided adequately on-island (HLSP Institute, 2005).

Access to hospital and specialist care paid for by the Fund will be through referral by approved primary care providers only. Access to sub-specialist care overseas paid for by the Fund will be only through referral by approved secondary care providers – in practice, the HAA (HLSP Institute, 2005).

Primary care and secondary care providers will be contracted by the Fund and payments will be based on the number of consumers served--not on reimbursement of fees on a fee-per-item-of-service basis. Overseas specialist care will be purchased on a fee-for-service basis but under pre-agreed unit rates. Charges, utilisation rates and the validity of treatment will be monitored by the Fund to maintain quality and value-for-money, and to stay within budget (HLSP Institute, 2005).

The HAA has received accreditation from the Canadian Council on Health Services Accreditation. Accreditation provides a basis for ensuring minimum standard of care benchmarked against international standards and serves as a vehicle for driving continuous quality improvements. Moreover, accreditation provides the opportunity to promote organizational transformation and establishes a basis for sustained systems development. In an island whose economy is based on high-end tourism, accreditation is a tool for the establishment of good quality care and increased public confidence in public health services as well as increased credibility and accountability.

Anguilla's rapid development in recent years has created a demand for foreign labour. In response to this demand, large numbers of expatriate workers have begun to arrive in Anguilla. This immigration has serious implications for the provision of health care services on the island. Anguilla's vision "to promote healthy and productive individuals, families and communities" can only be realized if quality health services are available to all residents and visitors of the island.

Anguilla, like countries all around the world is faced with escalating health care costs and changing health demands. As the number of immigrant workers in Anguilla increases, the health service providers must ensure that all residents have access to quality healthcare despite limited resources. As such, the MoH must work in collaboration with the Labour Department, health service providers and developers to ensure that imported labour is measured and controlled. Instituting checks and balances will reduce the burden on the health care system. Health care providers must be able to forecast medication and supply requirements for the population, to determine the staffing levels necessary to serve the population and to make the requisite budget allocations.

Without appropriate safeguards, the health care system will be unable to accommodate the increased demand for its services.

3.4 Analysis of Actors

The changes proposed in the health reform were initiated by the MoH based on the political will of the existing government. The MoH was supported by international agencies such as Pan American Health Organization. While the changes formulated were due to a central authority, namely, the MoH, it required agreed action by several other actors. The Ministry of Finance, the Department of Public Administration, health – related organizations, Regional Health Institutions and Civil Society were all instrumental in the reform of Anguilla's integrated health system. The chart below depicts the elements of the process.

Elements of the Democratic Process	Yes	No
Greater Social Control	X	
Free Choice	X	
Social Participation	X	
Participatory Management	X	
Decision-making	X	
Others		

As already mentioned, there were many actors involved in the implementation of the HAA and as the GoA moves towards the implementation of the NHF these actors as well as others will play a key role. The MoH was the key actor in the health reform and took the lead in shaping the transformation. The Minister of Health was strongly in favour of a new health care delivery system and was fully supported by senior staff at the MoH and his ministerial colleagues.

Following the decision to move forward with the development of the HAA, a Health Authority Project Board was established to develop an implementation strategy. This Project Board was comprised of Moh officials, Moh service providers, private sector business persons, human resources specialist, medical and nursing professional, health

trades associations as well as legal and financial experts. Health professionals who provided services under the MoH prior to the advent of the HAA were also key actors. In 2004 these workers were transferred to the HAA. While the HAA Act stipulated that no officer could be worse in terms of remuneration and benefits than they would have been under the GoA's MoH; and staff was also given an increment upon agreeing to transfer, there was still resistance on the part of some staff to being employees of the HAA. Because the staff were such key actors in the reform, it was important that they be involved in the process and kept abreast of developments. The Project Board developed a complex Communications Strategy for disseminating information about the reform. In addition to the Project Board, a Transition Team was formed to assist in the development of personnel policies and to coordinate transition arrangements.

The Ministry of Finance (MoF) was another key actor in the reform, as funds to sustain the HAA would come from the MoF in the form of a monthly subvention. The MoF in consultation with the MoH, approves the recurrent and capital budgets for the HAA and monitors how monies are drawn down during the course of the year. Obtaining MoF "buy-in" was critical.

The Department of Public Administration was key in assisting with the transition of workers from the GoA to the HAA. In the initial stages the HAA relied on Public Administration's human resources policies, and later revised them to better suit the HAA. The Department of Public Administration retains responsibility for long-term training of health professionals.

The GoA was assisted by the Department of International Development (DFID) in establishing and implementing the HAA. DFID funded the regional consultants sourced by the Pan American Health Organization. These consultants assisted with the development of a national situational analysis of health in Anguilla, the development of a national strategic plan for health and establishing financial operations for the authority.

Other actors who were impacted by the new health care delivery system included the Department of Education, the Department of Social Development and Her Majesty's Prison. Prior to the establishment of the HAA, bills incurred for the care of those in prison custody, health and dental assessments for school children and care of the

indigent were written off by the GoA, as it was the GoA that was providing these services. With the establishment of the HAA these services are now being provided by a semi-autonomous organization which needs to be compensated. The Ministry of Social Development, under which the above mentioned departments fall, now makes provisions in its recurrent budgets to pay the HAA for these services. In addition, the GoA has recently taken the decision to cover the costs of hospitalization, diagnosticc services and medications under the medical exemption scheme for the indigent. Prior to 2006 medical exemption only covered the cost to medical visits to the doctors and health centres.

With the establishment of the NHF the Social Security Board (SSB), the NHF Board of Directors and the MoF will play key roles. A NHF Shadow Board and NHF Start-Up Project have been developed to guide the implementation of the NHF. The Start-Up Project is needed to accelerate the completion of operational procedures and systems of the NHF. This project will include communications with the public and key stakeholders, appointment and orientation of the NHF Board, implementation of financial and information and technology systems, contracting with national and overseas health services providers, and recruitment and training of staff for the NHF.

The goal is to establish a financially sustainable and equitable health financing system. The purpose is to support full operationalisation of the NHF. Major benchmarks include the transfer of the GoA health budget to the Fund, and collection of contribution from employees and employers by the NHF, and the population beginning to receive care from eligible service providers to agreed standards and reduced user charges.

The 5 Project Outputs include:

- NHF Start-up Project Unit established
- Operational Procedures and Systems completed
- Communication Programme designed and start-up phase implemented
- SSB functions to support the NHF in place
- NHF Authority established and trained.

Technical support will be directed towards capacity building (particularly completion of required legislation, systems and operations manual), project management, training, and facilitation. It is expected that preparatory activities by the SSB will be funded from its own internal budget, and contributions from staff of the respective line Ministries will be assumed under shadow costs. These include: Ministry of Finance, the Department of Information and Technology and the Health Authority of Anguilla.

Inclusion of all the relevant stakeholders in the health reform process is critical. Moreover, analyzing how the different actors interact to either facilitate or hinder the change process enables lead agencies in health reform to anticipate the push and pull factors and to plan change strategies accordingly.

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