

St. Kitts and Nevis: Improving Quality through Regional Policy Coordination¹

Context

The Federation of St. Kitts and Nevis is a twin island state located in the Eastern Caribbean with a combined territory of 104 sq. miles. The estimated population as of 2005 stood at 49,393 with approximately 75 percent living on St. Kitts and 25 percent on Nevis. Male life expectancy at birth stood at 68 years in 2004 and that of females – at 74. The average years of schooling in the Federation, as reported by UNESCO, are 11.5. The country is undergoing transition from a strong reliance on sugar cane production and refinement to alternative means of development such as tourism and financial services. Provisional data for 2007 indicated that the main economic activity in the country were banking and insurance, construction, manufacturing and wholesale/retail representing 55.5 percent of GDP. It is also operating within stringent financial constraints as a result of a self-imposed structural program. The national debt grew from 178.32% in 2005 to 185% in 2007.

A poverty assessment conducted in 1999/2000 indicated that approximately 30.5 percent of the population on St. Kitts and 32 percent of that on Nevis is poor and that 11 percent of St. Kitts population and 17 percent of that on Nevis can be considered indigent. More than half of the poor and indigent populations on both islands were under the age of 25. In addition, it was found that over 94 percent of the poor were employed and working indicating an issue not so much of unemployment but of a discrepancy between wages and the cost of living.

Changes in sugar trade agreements between the EU and the Africa, the Caribbean and Pacific (ACP) countries in the past decade caused the lay-off of more than 12 percent of the country's workforce. An Adaptation Strategy for EU and other donors' assistance in response to the new sugar trade regime was developed for the period 2006-2013 in order to facilitate the country's transition to alternative economic activities. Re-training of adults into new occupations has been a major concern in this strategy, and was reflected in an increase of budget allocation for skills training programs.

At its Independence from the United Kingdom in September 1983, St. Kitts and Nevis inherited a social assistance policy model based on the English Poor Law tradition.² It was instituted on the basis of the findings and recommendations of the Royal British Commission ('Moyné Commission'), which, in 1939, was sent to investigate social conditions and causes of social disturbance on a number of Caribbean islands, and which highlighted the need to improve labor conditions as well as to upgrade social services particularly in the areas of health and housing.

Current government and popular attitudes towards social assistance and public services are still heavily influenced by this tradition i.e. carry the expectation of a top-down approach to social

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² English Poor Law refers to a system of social assistance that operated in England and Wales from the 16th century until the foundations of the Welfare State in the 20th century. It was the first systematic state relief policy to the poor, distributed through the parish in which the person or family was registered. The Poor Law tradition considered different categories of poor (able and willing to work, unable to work, and able but unwilling to work) according to which assistance from the state was structured.

service programming. Assistance to the poor even when it supports their access to basic services is still conceived in the framework of a patron-client relationship and hence does not contribute to the formation of a rights consciousness. This tradition has not prevented the country from achieving universal access to primary and secondary education, as well as to basic health care. However, it has demonstrated limitations with regard to the quality of secondary education and of health services, especially as citizens count with little voice and information to count the state and providers accountable for the quality of services. In the 1990s a rights-based discourse on social policy began to gain popularity in the Caribbean region, yet its application in national legislation and programs, and in particular in citizen demand for reform in the social service sectors has been limited. The country has not yet ratified the International Covenant on Civil and Political Rights or to the Covenant on Economic, Social and Cultural Rights.

Despite the large absence of a rights discourse, improvements in the quality of social services have been undertaken progressively in the framework of regionalization within CARICOM and/or within the Organization of East Caribbean States. The Caribbean Single Market and Economy (CSME) envision further regional collaboration in education, health and social protection, as will be defined in the Policies for Sectoral Development (Chapter 4 of the Revised Treaty of Chaguaramas). Benefits of a regional approach are evident e.g., in the use of common education evaluation standards (CXC Caribbean Examination Council) that facilitate tertiary education and labor mobility within the Caribbean and also raise the legitimacy of Kittitian and Nevisian students' achievements on a global scale as perceived by universities and employers from outside the Caribbean. In the health sector, regional initiatives have enhanced significantly the attention given to chronic and non-communicable diseases in St. Kitts and Nevis. Regional cooperation in health has the potential to improve the monitoring and evaluation of health programs in the country though efforts in this regard are still at an early stage.

Efforts to raise quality in both health and education have been accompanied by a minor budget increase for these sectors over the past five years. The allocated Education budget has grown from 10 to 13 percent of total public spending between the 2005 and 2008; whereas that for Health has remained at an average of 7 percent. In terms of expenditure as a percent of GDP – health spending has remained a constant of 6 percent of GDP since 2006 (up from 4 percent in 2005) while Education spending has grown progressively from 4 to 11 percent of GDP between 2005 and 2008. Most of the latter reflects higher spending in secondary education and external assistance in this area e.g., through the OECS and World Bank secondary education reform projects.

The matrix below summarizes the advances and lags in key aspects of education and health provision as a way of evaluating the degree to which current practices in social service delivery contribute to the realization of citizen's rights in these two areas.

Sub-Guarantees in Primary and Secondary Education and Health Services

Sub-Guarantees	Education (Primary, Secondary)	Health
Access		
<i>Are the beneficiaries clearly defined?</i>	The Education Act (2005) guarantees universal education to persons between the ages of 5 and 16. Special provisions have been made to enable teen mothers to	Yes, stipulated through the National Policy on Health and Cabinet Policy Decisions. Everyone is entitled to free basic and emergency health care in the community health centers.

	<p>complete secondary education. Tertiary education is outlined in the Act as part of the public education system and is provided for free locally, but it is not obligatory and entrance depends on success on the Caribbean Examination Board exams.</p>	<p>Persons older than 62 and children of school-age are entitled to an expanded set of benefits including free vision and dental care (everyone else is entitled to access conditional on paying a user fee). Free medicines are provided to all patients with chronic diseases including HIV/AIDS.</p>
<p><i>Are there institutional procedures for monitoring access?</i></p>	<p>Parents are responsible for attendance of the students. In addition each school has a School Attendance Officer appointed by the Child Welfare Board.</p>	<p>Community Health Nurses are responsible for making weekly visits to the homes of elderly or disabled persons and new mothers. The School Health Program ensures that school-age children have all necessary immunizations and medical and dental check-ups. The Social Assistance Department through community-based social workers is responsible for referring individuals who are eligible but are not accessing the services they require.</p>
<p><i>Are there legal or institutional mechanisms that ensure non-discrimination in the access to services?</i></p>	<p>The Education Act specifies the rights of students with special needs. There are no specific laws/procedures for minority or immigrant children.</p>	<p>There is a Human Rights Desk set to ensure non-discrimination of HIV/AIDS patients; its effectiveness is yet to be evaluated. There are no ethnic or other minorities at risk of discrimination, except immigrants/non-nationals. CARICOM nationals are entitled to the same service at the same cost. Non-CARICOM nationals are charged three times higher user fees in St. Kitts and double that amount in Nevis.</p>
<p><i>Are services guaranteed for the amount of time needed?</i></p>	<p>Yes. Enrollment in secondary school after primary is automatic. Access to secondary school for all under the age of 16 is guaranteed.</p>	<p>No. The provision of medications is guaranteed for as long as necessary to patients of HIV/AIDS and other chronic diseases.</p>
<p><i>Is there a maximum waiting period for receiving the service?</i></p>	<p>Basic education services should be made available between the specified ages (5-16).</p>	<p>No. Community health centers are open daily; yet there are constraints on their capacity. There are only two Ob/Gyn specialists (one on each island) available on rotational basis at the health centers.</p>

		Pharmacies are open only on specific days and for limited hours.
<i>If service is unavailable within this period, what is a guaranteed alternative (in the same time period)?</i>	<p>There is no guarantee in the same time period. An alternative vocational curriculum (CVQ), however, is developed for high school students. The Education Act also defines the rules for home-schooling.</p> <p>Three governmental³ and one non-governmental⁴ skills training programs are available for youth 16-18 years old or adults.</p>	<p>Not guaranteed in a specific timeframe.</p> <p>The Social Assistance Department commits to assisting indigent individuals to acquire medications from the private sector if for whatever reason they are unable to secure them from the public pharmacies.</p> <p>The same department can also cover the costs for overseas treatment upon referral by the Ministry of Health. This is based on clinical information rather than health.</p>
Financial Protection		
<i>Do citizens need to contribute to the cost of service?</i>	<p>Tuition in public schools – primary, secondary and tertiary is free.</p> <p>Public childcare/pre-school centers charge a few of EC25/week per child.</p> <p>Free school-bus is available for secondary schools 1+ mile from the child’s house. Primary schools are always available within walking distance in the communities.</p> <p>Parents are responsible for buying uniforms, textbooks and food.</p>	<p>Some (as outlined under Access) A one-time EC10.00 fee is charged to patients of chronic diseases who are entitled to free medications.</p> <p>User fees are charged for specialist care.</p> <p>Six bed units in the hospitals are free for elders above 62, school-aged children, or persons identifies as indigent or mentally ill.</p> <p>In Nevis, a flat fee of EC60.00 applies to all hospital and specialist care services.</p>
<i>Are services accessible to those who cannot contribute to the cost?</i>	<p>Yes, though not guaranteed. Some private scholarships are available for uniforms and school supplies;</p> <p>Foster care children receive public assistance for these expenses through the social welfare unit in the Ministry of Education. The same unit distributes uniform assistance to children whose parents earn EC250 or less/week.</p> <p>One public scholarship per year for all high school expenses is available through the Social Security agency.</p>	<p>Yes – through exemptions and fee waivers upon request through the Ministry of Social Development.</p> <p>Persons aged 62 or older and school-age children are exempt from fees regardless of socio-economic status.</p>

³ National Skills Training Program, Advanced Vocational Educational Center (AVEC), Adult and Continuing Education Program

⁴ Project Strong (for youth 16-18 only)

	A School Lunch Program operates in all public and one private primary schools in St. Kitts (and is being introduced in Nevis).	
<i>Is this information effectively communicated to the public?</i>	<p>Information about government assistance is available through community social workers or information can be requested from the Social Assistance Department and ministry of Education.</p> <p>Private scholarships have various requirements and information about them is not so well communicated.</p>	The criteria for fee exemptions are not always very clear. In many cases depend upon the referral by community social workers (from the Social Assistance Department) and on their judgment of the economic means of the person.
Quality		
<i>Are there clear quality standards?</i>	<p>Yes, as established by the national Curriculum Development Unit (CDU) and the Ministry of Education (in accordance with regional and sub-regional standards (set by the OECS Education Reform Strategy).</p> <p>The alternative vocational high-school curriculum (CVQ) is evaluated through assigned 'verifiers' (professionals).</p>	<p>Only in certain areas.</p> <p>The Pathology Laboratory has clearly defined standards. An Operations and Procedures Manual for Community Health is currently being revised.</p> <p>The Joseph N France Hospital in St. Kitts has commenced a process of accreditation.</p>
<i>Are programs being evaluated on a regular basis?</i>	<p>The CDU is responsible for administering exams at the end of each primary grade in both public and private schools and following up on the results school-by-school with the teachers and principals.</p> <p>The same system has been initiated in some secondary schools; however generally there is no secondary school monitoring of learning other than success in the final CXC exams (and now in the CCSLC exams) CXC performance data is tracked by a CXC Registrar and recorded by the Ministry of Education and Education Statistics Unit.</p> <p>CVQ system of 'verifiers' is not yet fully implemented.</p>	No. Prior to the accreditation process not much attention has been paid to evaluation.

<i>Are the standards and evaluation results clearly communicated to the public?</i>	Yes. Primary and secondary student reports are sent to parents and discussed at Parent-Teacher Association meetings. CXC result statistics on the national level are presented in the media by the Minister of Education.	No, since there is no regular mechanism for evaluation of services. Information is shared when certain studies are carried out.
Mechanisms of Redress		
<i>Are there mechanisms allowing citizens to claim adequate provision of the services guaranteed?</i>	Yes, though they are not fully implemented. The Education Act states that appeals can be made to the Education Appeal Tribunal within 14 days; however the Tribunal is not yet operational. Judicial channels for redress are also available though have rarely been used.	The Human Rights Desk for HIV/AIDS patients is the only formal mechanism. However, its effectiveness is yet to be evaluated.
Participation and Continuous Revision		
<i>Do civil, parent or community organizations have a concrete role in the design, implementation or monitoring of programs?</i>	Their rights and responsibilities are clearly outlined (Education Act of 2005, Division 2). However, parents and civil society have not had an active role in designing and monitoring quality standards. Parents can also make their wishes known by formally contacting the Minister.	There are no defined guidelines for participation. A multi-sectoral and multi-disciplinary group was formed to produce the National Health Plan for 2007-2011. A similarly diverse team has been put together to follow through with the accreditation process.
<i>Which law or institution guarantees citizens' involvement?</i>	The Education Act of 2005 outlines the roles and responsibilities of PTAs, parents, NGOs and civil society.	None.
<i>Are there mechanisms that allow for the continual revision of service standards?</i>	Review of the education system is to take place every five years. An Education Review Committee is set up for this purpose. The CDU holds ongoing consultations with teachers, national and international education specialists with the goal of reviewing the curriculum every five years. It also delivers manuals and training for teachers on incorporating subjects such as tourism and entrepreneurship.	There is no defined mechanism for revision. The National Health Plan (set for the period 2007-2011) will likely be revised in or prior to 2011.

Education

The Constitutions of 1983 (most recently revised in 2005) does not speak of education as a right. It establishes more broadly individual rights and freedoms for citizens, and also creates the space for religious organizations to establish educational institutions. Thus, the Education Act (2005) is the primary legal body specifying rights and responsibilities in the education sector. Even though the Act guarantees free primary and secondary education to all between ages of 5 and 16 and establishes that it is illegal for children of this age to not be attending school, it also states that the state's commitment to protecting this entitlement is subject to available resources: "Subject to available resources, all persons are entitled to receive an Educational programme appropriate to their needs...". (p.12)

It is the parents' responsibility to ensure that children are attending school and parents can be held legally responsible and charged a fine of EC 1,000 (approx. USD 300) if they fail to comply. Child labor (of children under 16) is also prohibited and subject to a fine of EC 2,000 (approx. USD 600). The Child Probation and Welfare Act (1994) establishes rules for the protection of children with special care needs, victims of child abuse, and orphans. The Child Welfare Board is responsible for updating and enforcing the rules set forth in the Act.

The Education Act has been updated multiple times, most recently in 2005, to reflect new social challenges, and steps have been taken to prevent breaches in access, financial protection, and the right of citizens to participate in the education system. Measures have also been taken to improve quality and monitoring and evaluation of both primary and secondary education according to regional Caribbean standards. While these actions have come very close to fully guaranteeing access, financial protection, and continual revision of basic education, issues of equitable quality especially in the secondary education system are still to be resolved.

Access to primary and secondary education for children between the ages of 5 and 16 is guaranteed on a universal basis through the Education Act. Early Childhood Education (ECE) is not guaranteed even though there has been a steady expansion of public ECE centers subject to registration rules and monitoring controlled by the Child Probation and Welfare Board. School attendance is deemed parents' responsibility although schools also rely on School Attendance Officers, appointed by the Child Welfare Board, to monitor attendance. Completion rates for primary school stood at 100 percent in 2005 and have been at this level since the 1960s. Enrolment in secondary school has however declined by 10.8 percent between 2002 and 2005 (mostly so on St. Kitts) despite the automatic transfer between the primary and secondary grades. Secondary school completion rates are also significantly lower.

Perhaps the greatest obstacle to the continuous provision of basic education in the country has been the lack of mechanisms to retain students in secondary school. All students of high-school age are automatically transferred to secondary school and placed in ability/achievement bands (also referred to as streams) based on their performance in a common exam after the last year of primary school. Subsequently, a significant number of lower-stream students leave school in their fourth or fifth year without any certificate. Until 2008, the only benchmark of successful high-school completion was performance in the Caribbean Secondary Examinations, administered by the Caribbean Examination Council (CXC). Only about 75% of students as of last year had the necessary abilities to even sit for these exams⁵. The rest left school with no certification.

In the early 2000s the government introduced a National Certificate of Education Program aimed to provide all school leavers with a tangible high school certificate regardless of their success or even registration for the CXC exams. However, due to issues of implementation and lack of

⁵ Which is still a remarkable progress since 1961 when only 4.1 percent of individuals between 15-24 could

recognition by employers this program was discontinued in 2007. The Ministry recently introduced a new program - Caribbean Certificate of Secondary Level Competence (CCSLC) and a Caribbean Vocational Qualification (CVQ) - as part of a regional initiative, to provide incentives to all students to complete secondary education. The first class holding CCSLC and CVQ certificates graduated in June 2008.

Teenage pregnancies have been another serious obstacle to female students completing high school provided that one fifth (20.1 percent) of all births in the country were to teen mothers in 2006 - a figure that grew from 16.5 percent in 1997⁶. A Cabinet Policy Decision, enforced in 1997 in St. Kitts and in 2007 in Nevis, established the right of teenage mothers to complete their secondary education. A recent project ('Project Viola') of the Department of Gender Affairs covers the cost of daycare for mothers attending high-school, and upon request – provides assistance to purchase other basic needs for the child and mother. Approximately 100 girls have benefited from this program in St. Kitts (up from 17 in 2004) and one has so far opted to return to school in Nevis.

Financial Protection is provided through a variety of public and private programs. Tuition in the 24 primary and 9 secondary public schools in the Federation is free of charge. There are also 6 primary and 4 secondary private schools in the country (some with religious affiliation) for which a tuition fee is required. Textbooks in the primary grades are also provided for free. Students are responsible for their uniforms, transportation and food in both public and private schools.

Through the Social Assistance Act, the state has committed to providing uniforms to indigent students. Students in foster care institutions or whose parents are in prison receive support with uniforms, school supplies and shoes. In addition, there are a number of supporting programs such as the Uniform Program (for low-income families), Student Education Learning Fund (textbook loan program), School Feeding Program (providing lunch to all students in primary school and about 100 students in each Secondary school), and the Teen Mothers Program (social and financial support to mothers in the school system). The Social Security Act of 1978, implemented through the Social Security Board, awards one scholarship per year for a child's high school expenses on a merit and need basis (no defined set of selection criteria). The Board allots a total of EC 100,000/year for these scholarships.

Together, these programs succeed in reaching a large number of children who need financial assistance in order to remain in school. Information about them, at least about the government's assistance programs, is also well communicated to the public. Nevertheless, these programs were not conceived as a coordinated and universal mechanism for financial protection (or are conceived as such but not yet at this stage) and hence do not yet represent components of a social guarantee. The School Feeding Program, for example, is not extended to all schools in Nevis and only to a limited extent to secondary schools, and has been made available to only one private school at the request of the principal. Coordinating all these assistance tools in a rights-based policy framework i.e. reviewing all expenses associated with attending primary and secondary school and ensuring that there is a transparent (public and private) system to support every child who is at risk of not being able to afford them – would likely prevent any potential absenteeism or underachievement for financial reasons.

Quality and the monitoring of quality in the primary school system improved significantly since the creation of the National Curriculum Development Unit (CDU) in 1998. Previously, each

⁶ This figure however reflects births to mothers up to 19 years of age and not only those school age (up to 16).

primary school had been able to set its own curriculum and there had been no standardized monitoring system to track performance of students and ensure the quality of teaching. The CDU introduced a common curriculum and regular end-of-year exams for all primary schools - public and private. These exams are used to assess the quality of teaching on a school-by-school basis and, where necessary, teacher trainings are organized within each school to address issues and improve performance. This has provided a regular mechanism to understand strengths and weaknesses both on the national and on the school or class level. Given the significant degree of success that was achieved - now 75 percent of students enter high school in the top bands while 25 percent are placed in lower streams - a similar initiative was introduced at the secondary level in the core subjects of English and Mathematics. Remedial programs in primary schools such as the Reading Recovery Program, Dyslexia Diagnosis, Homework Assistance Program and Literacy in Nevisian Kids (LINK) have contributed to improving basic literacy and numeracy skills; yet the majority of these programs are mainly implemented in Nevis.

Quality of education, especially in the secondary school system, is a fundamental challenge for the country. One issue, as explained above, is the previous lack of secondary school certification for students who do not sit for or fail the CSEC/CXC exams⁷, which encouraged early drop-out of students in the lower achievement streams. Another issue is the unequal overall quality of learning, exacerbated by the early streaming of students into higher or lower ability bands in high school. The streaming process allows for a very stimulating learning environment for some and a much less motivating environment for others, shapes teachers' and employers' attitude and thus prevents a secondary education of equal quality to be delivered to all.

The government has addressed the first issue by introducing of the regional CCSLC certificate and the alternative CVQ curriculum. Both certificates are set according to regional standards. The Caribbean Vocational Qualification is evaluated through school-based and outside professional 'verifiers'. Since the first cohort of students of the new certificate programs is graduating in June 2008 it is too early to assess the impact of this reform. The second issue of inequity in the quality of secondary education due to early streaming has not been addressed directly. School counseling programs, introduced in Nevis, have had a positive impact on students' motivation and confidence and focus on a career path.

Even though the government has assumed a commitment to quality education through its Green Paper on Education Development and Policy of 2007 and the East Caribbean Strategy Pillars for Partnership and Progress, it is not immediately clear what constitutes quality education in the context of St. Kitts and Nevis, and what are the main indicators for which the stakeholders can hold the Ministry accountable as it seeks to deliver quality education? While there is a strong emphasis on quality in the policy discourse, the mechanisms for redress focus mainly on disputes over disciplinary issues or dissatisfaction over issues related to home schooling or special needs children. The latter areas are important, yet it is still jarring that no mention is made of a formalized system of redress which addresses shortcomings that affect learning outcomes especially for the 25% of students who are placed in the lower streams and are at high risk of dropping out.

A **mechanism for redress** in the form of an Education Appeals Tribunal has been envisioned in the Education Act of 2005. The Tribunal has the function to hear and determine appeals, or to act as a mediator to encourage an amicable solution. Claims have to be submitted within 14 days of an alleged breach of rights and the enforcement of the Tribunal's decisions would still be through

⁷ Caribbean Secondary Education Certification (CSEC) administered by the Caribbean Examinations Council (CXC) that determine students' chances of entrance into university

the Courts. Unfortunately, the Education Tribunal is not yet operational. Formal complaints can also be made directly to school principals, the Chief Education Officer of St. Kitts or Nevis, and to the Minister of Education. There is, however, no established mechanism for following up to these claims. The court has also been used as a redress channel most recently ordering back in school a student who had wore his hair in a ponytail who had been expelled for wearing his hair longer than the school's rules allowed for, and whose parents had refused to cut his hair and brought the case before court. The Court's decision to admit the child back in school was later appealed and the student now attends private school.

Participation in reforming and monitoring the education system by parents, students, civil society and all relevant stakeholders is encouraged by the Education Act and the OECS sub-regional Education Reform Strategy, 2010 ("Pillars for Partnership and Progress"). Both the Revised Education Act (2005) and the Green Paper on Education Development and Policy (2007) have incorporated feedback from citizens, even though the framework for such participation is not clearly defined. Parent-Teacher Associations (PTAs) in public and private schools, the National Council of PTAs, and the formation of Student Councils (in Nevis only) has accounted for a more active student and parent involvement.

Continuous Revision is also underscored in the Education Act, which demands that the education system is reviewed every five years to ensure that key developments in education occur and to assess the progress in policy areas. The Curriculum Development Unit also commits to revising the curriculum every five years gathering inputs through national consultations with teachers, parents, and employers.

Post-secondary alternative training for youth 16-18 and for adults has been a key concern in the country in view of the high secondary school drop-out rates and industry closures. In 2005 the government increased its funding for post-secondary programs such as the National Skills Training Program (NSTP) and Advanced Vocational Education Center to increase options for persons who have either dropped out of high school or are unable to find employment for other reasons. The Director of the NSTP reported that adults who were formerly employed and laid off due to industry closings have had the most benefit from the re-training program and employer-employee matching services due to their higher motivation. By contrast, youth with no previous work experience face bigger difficulties and need help developing not only professional skills but also communication skills and work discipline. Nevis has introduced summer internship programs for high-school students to complement academic learning with essential employment skills (not in place in St Kitts- only for the teen mothers in the Project Viola Program). Since few students can benefit from such internships, it is worth exploring ways to integrate basic work skills (e.g. communication skills) into the mainstream education curriculum.

Health

Health services are not explicitly guaranteed to citizens neither through the 1983 Constitution nor in the Public Health Act of 1976. Yet, the stated mission of the Ministry of Health is to provide quality health care to all patients and clients without discrimination. Under Article 24 of the Convention on the Rights of the Child, to which St. Kitts and Nevis is a signatory, the state is required to provide the necessary care for children, and the appropriate pre-natal and post-natal care of mothers.

The legislative framework in health has not kept pace with various changes that have occurred in the health sector. The Public Health Act of 1976 has never been revised despite the country's transitioning to a new epidemiological profile in which the risk of chronic diseases is equally

strong or stronger than that of communicable diseases. The more recently developed National Health Plan, drafted by a multi-disciplinary team from the ministries of Health, Sustainable Development and Finance, NGOs and faith-based organizations, gives a better reflection of current health priorities in the country.

Budgetary allocations in health have stayed relatively constant in the past decade – 7 percent of total expenditure and 6 percent of GDP. Eighty percent of all health spending in St. Kitts and 73 percent in Nevis is absorbed by wages. The Social Security Board is a key partner for the health budget contributing EC 200,000/year to the Ministry of Health. Consistent contributions for some capital projects in health and for refurbishing of hospitals and health centres on the two islands have been made by World Bank, the Basic Needs Trust Fund of the Caribbean Development Bank, the Rotary Club and the Lions Club.

As in Education, regional efforts in the health sector have brought about greater emphasis on quality and a push towards better monitoring and evaluation of programs. Steps were taken to strengthen the Caribbean Cooperation in Health (CCH) mechanism through the evaluation of its first and second Phases and elaboration of priorities for its third phase in 2007. In 2007 St. Kitts and Nevis participated in the CARICOM summit of Ministers of Health and signed the Declaration of Port of Spain titled ‘Uniting to Stop the Epidemic of Chronic and non-Communicable Diseases’ whose goal is that by 2012, 80 percent of people with non-communicable diseases would receive quality care and have access to preventive education based on regional guidelines. Developments such as this have served to highlight gaps in national health policies and have improved notably the situation of patients with chronic diseases in St. Kitts and Nevis. Yet, much is still to be done locally in terms of implementing and effectively monitoring quality standards as well as giving citizens the opportunity to redress their entitlements with regard to quality.

A significant sub-regional effort in the fight against HIV/AIDS, assisted by the Clinton Foundation, was the creation of a central purchasing mechanism within the OECS Secretariat that administers bulk procurement of anti-retroviral drugs and thus lowers the costs to individual countries, making it possible, in the case of St. Kitts – to provide it to patients at no cost.

Access to basic health care is estimated to be covered at 100 percent in all communities although this claim cannot be supported by hard evidence as there are no mechanisms for tracking how many persons have used the services and how many have attempted but been unable to receive basic care. The network of primary health centers (11 centers in St. Kitts and 6 in Nevis) has been significantly decentralized bringing health care to the level of communities, where they are presumably accessible to all. These centers are staffed with trained nurses and, in addition to the most basic health services, provide ante-natal and post-natal care, diabetics and hypertensive clinics, VCT testing, child health care (including through the schools) and family planning. Service in these community health centers is free irrespective of insurance.

There is no formal mechanism for identifying persons who are unable to access the services. One way through which this is monitored is through the requirement of weekly home visits to new mothers or non-ambulatory old and disabled persons. A more informal way through which universal access is monitored is through referrals by community members, churches or social workers. Discrimination is hardly a problem, given the homogeneous population. Yet, the limited number of specialists available to these health centers (e.g., only one Ob/gyn doctor per island) is in itself a potential breach of access.

Universal access to free health care is granted to all persons aged 62 years or older, and to all children of school age regardless of socio-economic status or insurance. These two groups are also entitled free medications at public pharmacies and free vision and dental care. A school health program ensures that immunizations of children and dental check-ups are kept current.

Through regional cooperation within the Organization of East Caribbean States, St. Kitts and Nevis has been able to guarantee free medications and better care for patients of HIV/AIDS and a number of other chronic diseases. A Human Rights Desk for HIV/AIDS patients was also set up to address and report on any issues of discrimination and breaches in services against HIV/AIDS patients. At the community level, however, lack of confidentiality may still prevent such patients from seeking the appropriate health care. The newly-established Human Rights Desk would be truly effective only if patients were unafraid of prejudice within the community and were demanding actively the care they are entitled to. Without such active demand on the part of patients and/or their families or communities, the Human Rights Desk would be limited to formal observer functions.

Financial Protection is provided through a number of supporting programs such as exemptions from lab fees, dental care and other specialist care for indigent persons, who are referred by the Ministry of Social Development or assistance with overseas medical treatment upon referral by the Ministry of Health. In addition, all health care services are free for persons aged 62 or older and for children of school age or younger as well as all persons suffering from chronic diseases (diabetes, hypertension, HIV/AIDS); maternity care is also provided for free in the public health centers. With this in mind, one can claim that no persons are excluded from the health system for financial reasons. Nevertheless, the affordability of specialists care to all (especially those who are poor but not deemed indigent by the Ministry of Social Development) needs to be researched more. Given the government's commitment to leaving no one behind with respect to quality health care, further research on epidemiologic priorities and reasonable annual ceilings for out-of-pocket expenses per individual or household would diminish the risk of citizens' exclusion from the health care system.

Strides in improving **quality** and quality standards have only been made in recent years through the initiative for accreditation of one of the major hospitals on St. Kitts (Joseph N. Francis Hospital) and the revision of an Operations and Procedures Manual for Community Health. The National Health Plan (2007-2011) was only enacted by the Cabinet in 2008. Overall, there is still lack of widespread knowledge of service standards as well as of regular monitoring mechanisms for compliance. Upon accreditation of the JNF hospital on St. Kitts it is expected that the standards for patient protection, quality care, issues of confidentiality, patients' rights to medical records, etc. would be further delineated. Steps are being taken to put together a Patient Charter which will outline the rights and responsibilities of patients including concerns of quality.

The only formal **mechanisms for redress** in the health sector is the Human Rights Desk for HIV/AIDS, which, as explained above, is not yet functioning as intended due to citizens' reluctance to report instances of discrimination. This is due partly to cultural biases that citizens would try to avoid, but also to the lack of supporting regulations that would make the appeals issued by the Human Rights Desk effective (e.g., policies on discrimination at the workplace against people with HIV/AIDS, enforcement regulations, etc.)

The Patient Charter, currently in progress, has the potential to become an efficient basis for redress, but it will only be effective as such if the institutional channels and responsibilities for making and resolving claims, and for enforcing decisions are made explicit and are communicated widely to the public.

The government's consideration of the principles of civil **participation and continual revision** of health services was evidenced by the diverse composition of the committee responsible for the National Health Strategy for 2007-2011. A similar process is contemplated for the next national health strategy to be discussed in or before 2011. At the same time, unlike the Education reform process, there has been no direct participation of citizens in health policy formulation and very few consultations with citizens have been conducted. The primary legislative body on health policy in the country - the Public Health Act of 1976 - has not been revised since its creation, thus undermining the legitimacy of progressive institutional and programmatic arrangements such as the HIV/AIDS Human Rights Desk, the enhanced protection of chronic and non-communicable disease patients, financial assistance to the elderly and other reforms that have reflected either changes in the epidemiological profile of the population, or a move towards a right-based discourse on health policy.

Lessons and Overview

In the past decade St. Kitts and Nevis has adopted a number of policy reforms to improve access, quality and financial protection in Education and Health inspired by regional and sub-regional initiatives. In Education, it has introduced an alternative secondary school curriculum and new forms of certifying completion of secondary education in an effort to reduce early school abandonment, and to ensure that all school graduates can successfully transition to tertiary education or to the labor market. In the health sector, bulk drug purchasing at the sub-regional level has allowed free and universal provision of medications relating to a number of chronic and non-communicable diseases including HIV/AIDS. With regard to quality standards, monitoring and evaluation mechanisms, and the redress of quality concerns, however, the country is yet to establish a coordinated legal and programmatic framework, especially with regard to the health sector. The trend towards regional convergence of standards and procedures provides a platform and an opportunity to establish and abide by clear quality standards in all areas of public services.

Up to this date, a social protection focus prevails above a universal, rights-based approach in the legal and institutional design of social service delivery in the country. In this context, applying a rights-based lens to social policy would imply: i) the articulation of rights and entitlements in the legal and institutional framework (as has been done in the Education sector); ii) coordination of existing programs so as to not only promote and support the goals of universal access, quality, financial protection, redress, participation and revision, but in fact to ensure that these five aspects of service delivery are available and protected for all citizens; and iii) wide public initiatives to raise awareness among citizens of their rights, entitlements and channels for redress. The fact that the Federation is already establishing clear social policy priorities both on the national and regional level, has been a key first step in this direction.