



Government of Saint Lucia

Office of the Director of Audit

Performance Audit

on Strong and Resilient Public Health Systems

Specific to SDG 3.D

Ministry of Health, Wellness
and Elderly Affairs

SEPTEMBER 2022

The Saint Lucia Constitution Order No. 12 of 1978 and the Audit Act establishes the role, mandate and responsibilities of the Director of Audit.

The Office of the Director of Audit conducts its audits under the authority of the Revised Laws of Saint Lucia Cap. 15.19. (Audit Act)

This audit was an independent, objective, and systematic assessment of strong and resilient public health system with a focus on SDG 3.D.

The Office of the Director of Audit has prepared this report for presentation to the Parliament of Saint Lucia.



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OUR MISSION

The Office of the Director of Audit exists to assist Parliament in holding the Government to account for its management of the country's finances and Public Service. We do this by monitoring and reporting on whether monies appropriated by Parliament were applied as appropriated; whether expenditure conforms to the authority that governs it; and on the efficiency, economy, and effectiveness of Government's operations.

AUDIT AT A GLANCE



CONCLUSIONS AND RECOMMENDATIONS

Recommendations

1. To ensure a multi-sectoral approach to its response to public health events, the Government should involve key stakeholders such as CSOs, academia and more of the private sector in national committees responsible for the management of public health events, particularly representatives of the vulnerable and marginalizes so that no one is left behind.
2. The MOH should work with its stakeholders to conduct regular monitoring and evaluation such as simulation exercises, AAR and IAR of health systems and public health capacities, during public health events. This should be done routinely to assess what worked well and what needed improvement.

Conclusion

There is a need to identify lessons learnt during the current pandemic to improve on and strengthen the health system to achieve resilience. Reviews such as After Action Reviews and Intra Action Reviews can to be conducted to learn from actions taken during the current pandemic to make improvement with preparedness, response and recovery for public health events. Additionally, a whole of government and society approach is needed to foster collaboration and inclusiveness of all key stakeholders particularly the vulnerable and marginalized.



**FORECAST
PREVENT
PREPARE**



**ADAPT
ABSORB
RESPOND**



**RECOVERY
AND
TRANSFORMATION**



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ACRONYMS AND ABBREVIATIONS

AAR	After Action Review
AMR	Antimicrobial Resistance
CARPHA	Caribbean Public Health Agency
CMO	Chief Medical Officer
CSO	Civil Society Organization
DMPF	Disaster Management Policy Framework
EPHS	Essential Package of Health Services
GDP	Gross National Product
GOSL	Government of Saint Lucia
HIV	Human Immune Deficiency Virus
IAR	Intra-Action Review
IDA	International Development Organization
IDI	International Development Initiative
IHR	International Health Regulations
ISSAI	International Standards of Supreme Audit Institution
JEE	Joint External Evaluation Tool
KSC	Knowledge Sharing Committee
M&E	Monitoring and Evaluating
MEF	Monitoring and Evaluation framework
MOH	Ministry of Health, Wellness and Elderly Affairs
MSR	Medical Surveillance Report
NEMAC	National Emergency Advisory Committee
NEMO	National Emergency Management Organization
NIPP	National Influenza Pandemic Plan
ODA	Office of the Director of Audit
OECS	Organization of the Eastern Caribbean States
PAHO	Pan American Health Organization
PHC	Primary Health Care
PHE	Public Health Event
PPP	Public Private Partnership
RPGS	Regional Public Health Goods
SALCC	Sir Arthur Lewis Community College
SAI	Supreme Audit Institutions
SDG	Sustainable Development Goal
SLDHA	Saint Lucia Diabetic and Hypertension Association
SLUHIS	Saint Lucia Health Information System
SPAR	Self-Assessment Annual Reporting
WB	World Bank
WHO	World Health Organization

Communicable disease – is a disease that spread from one person or animal to another.

Health system – consist of all organizations, people, resources and actions whose primary purpose is to improve, restore or maintain health. It is a set of interconnected parts known as building blocks (service delivery, health workforce, information, medical products, vaccines, technology, financing, leadership and governance) that must function together to be effective.

Health system resilience – the capacity of a health system to prepare for, respond, recover and adapt from shocks, while maintaining essential services.

Health Security – refers to the activities required both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people’s health across geographical regions and international boundaries.

Incident management – is a term describing activities of an organization to identify, analyze and correct hazards to prevent a future re-occurrence. These incidents within a structured organization are normally dealt with either by an incident response team, an incident management team or incident command system.

Incident management system – is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure designed to aid in the management of resources during incidents. It refers to the process that an organization uses to discover, assess, address and report incidents.

Integrated approach – shifting away from prevailing fragmentation to ensure a holistic and synergistic approach to health system strengthening, including coordination with animal health, public health and allied sectors. Promoting a multi-sectoral, multi-disciplinary approach between and across various levels of health system, involving the role of the private sector, civil society, communities and allied sectors.

Multi-sectoral coordination – refers to deliberate collaboration among various stakeholder groups (e.g. government, civil society and private sector) and sectors (e.g. health, environment and economy) to jointly achieve a policy outcome.

Public Health Emergency – an event either natural or manmade that creates a health risk to the public.

Public Health Risks – a likelihood of an event that may affect adversely the health of human populations, which may present a serious or direct danger.

Surveillance – systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary.

Universal Health Coverage – means that all people and communities receive the quality health services they need without financial hardship.

ACKNOWLEDGEMENT

The Office of the Director of Audit (ODA) would like to thank the different government agencies who assisted in this performance audit. Ministry of Health, Wellness and Elderly Affairs, Department of Economic Development, St. Jude Hospital, Victoria Hospital, Owen King European Union Hospital and the eight (8) respondents to our survey which included wellness centers and district hospitals.

Thanks to the companies and organizations which took part in the focus group discussions. Persons working in academic, civil society organizations, medical and diabetic associations.

We greatly appreciate the time taken to contribute to our work by the Health workers and organizations who were also involved in efforts to curb the fourth and fifth wave of the COVID-19 pandemic in the country during the time of the audit.

The Director of Audit extends sincere appreciation to the audit team who contributed towards this audit.

Public Health Events (PHEs) such as pandemics, epidemics, hurricanes, and earthquakes test the resilience of health systems. It is therefore, important that developing countries such as Saint Lucia know and understand their vulnerabilities to deal with PHEs so that mitigating actions can be taken. A resilient health system is able to:

- Forecast, prevent and prepare for public health emergencies;
- Adapt, absorb and respond to PHEs;
- Maintain essential health services during emergencies/crisis; and
- Learn and improve based on experience.

We conducted a performance audit to assess the actions taken by the Government of Saint Lucia (GOSL) to strengthen the national public health systems and to build on lessons learnt from recent public health events.

In an effort to strengthen its health system, thus making it more resilient, the Government of Saint Lucia signed an agreement with the World Bank (WB) for US\$20.0 million in 2018 for the establishment of an essential benefits package, strengthening institutional readiness and performance particularly at the primary care level, and improving public health emergency preparedness and response. Also, in 2020 the Government signed another agreement with the WB for US\$6.0 million to improve preparedness capacities of health systems for public health emergencies.

The GOSL has a framework and institutional activities in place to forecast, prevent and prepare for disasters, natural and man-made, including public health risks.

The Ministry of Health, Wellness and Elderly Affairs (MOH) has worked collaboratively with Government agencies and a few selected private sector agencies to handle the pandemic. Despite the inclusion of some private sector entities, the MOH needs to incorporate a whole of society approach to include civil society and other key private sector entities in assisting with PHEs, thereby ensuring that the needs of the vulnerable and marginalized are incorporated and addressed. Key stakeholders were not always involved in the efforts to achieve resilience and the whole of Government approach was not consistently applied.

Although the Government took action to respond to the COVID-19 pandemic including:

- the creation of the Command Center to serve as an advisory committee and provide oversight on COVID-19;
- the opening of the Owen King Hospital;
- transformation of Victoria Hospital and five other wellness centers into a respiratory medical centers;
- allocating \$13.3 million in the 2020/2021 budget for COVID-19 emergency response.

The audit found that the MOH was not adequately prepared to respond to COVID-19 pandemic. The pandemic significantly impacted:

- Service delivery – a decline in patient turnout and services offered at the wellness centers. Cancellation/postponement of services, for e.g. some surgery cases were cancelled and reschedule. For some of these patients who were originally diagnosed as ‘not serious’, as a result of rescheduling, their diagnosis moved from stable to emergency.
- Workforce – pressure on the human resource as increased work load resulted in physical and mental fatigue leaving health facilities to deal with staff burn out.
- Medical supplies – oxygen, PPEs, bed sheets and food were in short supply and health facilities had to depend heavily on the private sector to deal with this issue.

Noteworthy is that the MOH has not designed and implemented an essential package of health services (EPHS). The government runs the risk of not providing essential services that should reach the population equitably. The risk exists for poor health outcomes and a greater impact of chronic stresses on the health system with a decreased ability to maintain essential functions during PHEs.

Additionally, monitoring and evaluation activities for public health events have not been conducted such as After Action Review (AAR) and Intra Action Review (IAR). The MOH may not learn from the actions taken during the current pandemic to make improvements in its preparedness, response and recovery. The MOH lacks updated public health surveillance information which limits its preparedness to effectively respond to public health events and thereby protect public health and safety.

The Government of St Lucia implemented the **Economic Recovery and Resilience Plan** as the third of a three pronged response strategy put in place to respond to the Covid 19 pandemic. This plan however was not specific to health and included the driving of economic activity, leveraging the adoption of information and communication and social protection for the vulnerable.

Given the impact of public health events on Countries’ economic and social systems, it is imperative that Countries like Saint Lucia use the lessons learnt from this current pandemic to improve on health system resilience. The findings and recommendations in this report can assist the Government of Saint Lucia in achieving a more resilient health system.



Yvonne James (Ms.)
DIRECTOR OF AUDIT

The International Development Initiative (IDI) and INTOSAI Knowledge Sharing Committee (KSC) in their quest to conduct “High quality audits of sustainable development goals by SAI’s” developed a program to support a cooperative audit of Strong and Resilient National Public Health Systems (linked to SDG target 3.d). Supreme Audit Institutions (SAI) around the World as well as the SAI of Saint Lucia participated in this cooperative audit.

SAI Saint Lucia noted this initiative was a timely one given the current pandemic and challenges faced globally. The COVID 19 pandemic has brought about challenges for the public health system and the lessons learnt can help to improve Saint Lucia’s response to public health emergencies.

SAI’s were required to enquire about the immense relevance of strong and resilient public health systems, the sharpening of inequalities during such pandemics, fears of vulnerable sections being left behind and the importance of an integrated approach. SAIs were also required to examine governments efforts to strengthen capacities for early warning, risk reduction and management of national and global health risks.

The world faced a global health crisis which was responsible for the death of millions of people worldwide and resulted in economic and social disruption. The coronavirus disease (COVID 19) spread rapidly through the World in late 2019 and was deemed a pandemic by the World Health Organization (WHO) on March 11, 2020. The strengthening of our health system to deal with such public health events will assist Saint Lucia to minimize the impact on its people, economy and society.

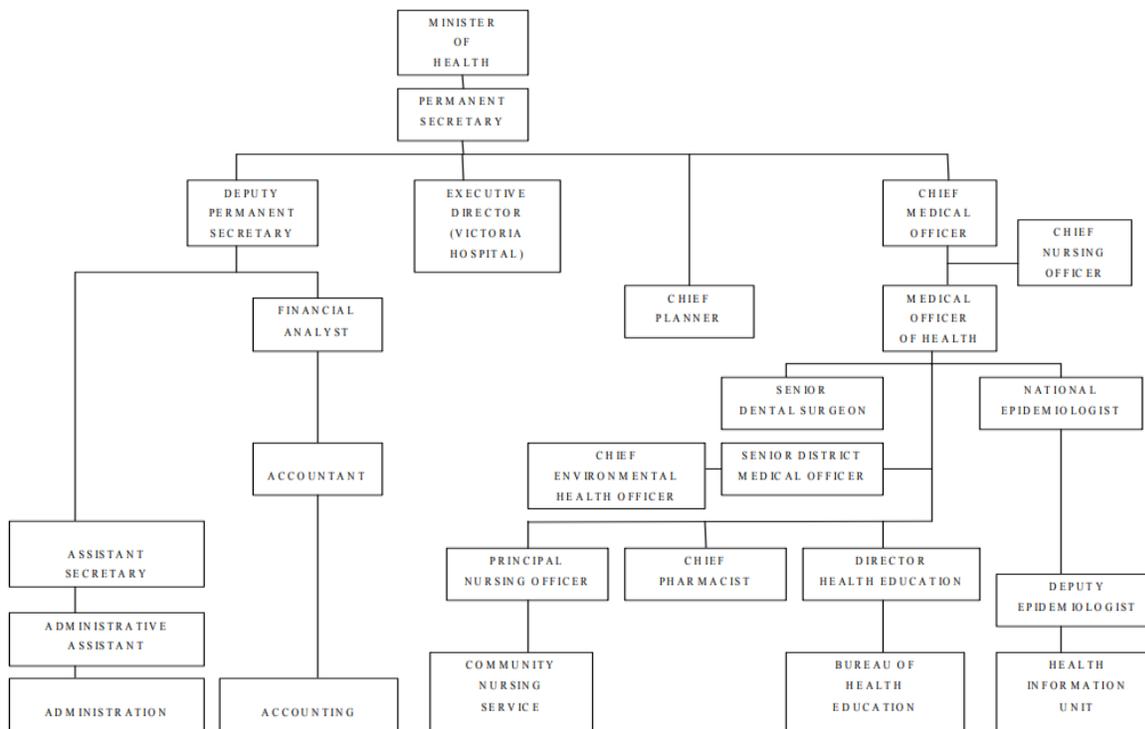
Developing countries, such as Saint Lucia needs to strengthen its capacity for early warning, risk reduction and management of national and global health risks. Sustainable Development Goal (SDG) 3 – Good Health and Well-being under the United Nations 2030 Agenda has identified thirteen (13) targets to promote good health and well-being, one of which is ***SDG 3.D - Improve Early Warning Systems for Global Health Risks.***

Saint Lucia, under the Department of Sustainable Development, established a committee to coordinate the implementation of the 2030 Agenda in March 2017. The Sustainable Development Goal National Coordinating Committee (SDGNCC) was instrumental in the development of a Roadmap for SDG implementation with strategic and technical oversight from the UNDP and ECLAC. The Government of Saint Lucia provided forty-eight (48) planning documents, including the Medium-term Development Strategy 2012-2016 and 47 sectorial strategies and plans of action. In the context of Health and Wellbeing, there was 78% of the target and 71% of indicator coverage. This does not specify how much of the SDG 3d is covered specifically.

Saint Lucia's Health Situation

Ministry of Health, Wellness and Elderly Affairs (MOH) is responsible for policy formulation, planning, programming regulation, expenditure control and personnel matters. It focuses on providing maximum quality of life for all of Saint Lucia. The MOH has set its priorities on health policies and plans that attempt to target the poor and at risk section of the population, children and the elderly and tries to assure gender equality. The Ministry has an administrative and a technical arm- the former is headed by the Permanent Secretary, while the latter is led by the Chief Medical Officer (CMO) who is responsible for the Health of the nation.

The following organizational chart depicts the functional relationship of key departments of the MOH.



The Ministry of Health is the sole provider of primary and secondary healthcare services in the public sector and spearheads government’s efforts to strengthen the health sector within the national, regional, social, political and economic context to position it as a major driver of social and economic development. There are three main levels of care offered:

Primary Health Care (PHC): there are 32 wellness centers, one polyclinic, two district hospitals and an outpatient department in each of the three main hospitals which delivers PHC in Saint Lucia. These facilities provide preventative and curative services.

Secondary Health Care: the three main hospitals in the country: Victoria Hospital, Saint Jude Hospital and Tapion Hospital (private) offer more advance secondary care and very limited tertiary care services. Most tertiary facilities are provided through health facilities in the region. The clinical load of the Victoria Hospital transitioned to the Owen King European Union Hospital in 2020.

In addition, two institution offer specialized services

- a. the Saint Lucia Mental Wellness Center – a psychiatric facility and
- b. the Drug Detoxification and Rehabilitative Center (Turning Point) - a substance abuse rehabilitation center.

AUDIT OBJECTIVES AND SCOPE

This audit will seek to assess the actions taken by the Government of Saint Lucia to strengthen the national public health system to deal with public health events and to build on the lessons learnt from recent public health events by looking at to what extent has the Government:

- ✚ strengthened the health system's capacities to forecast, prevent and prepare for public health risks;
- ✚ taken proactive measures to strengthen the health system's capacities to adapt, absorb and respond to PHEs, while maintaining essential health services; and
- ✚ learnt from recent public events to plan for health system recovery and transformation towards resilience.

The sub-questions and criteria for each objective is stated in the Appendix 1 to this report.

The audit covered the period August 2018 to March 2021 and was guided by the International Standards of Supreme Audit Institutions (ISSAI) issued by the International Organization of Supreme Audit Institutions (INTOSAI).

METHODOLOGY

The methodology used in data collection was:

- ✚ Review of documents
- ✚ Questionnaires/Interviews
- ✚ Focus Group
- ✚ Observations

Review of documents

A review of laws, regulations, policies, procedures and plans was done to assist in collecting data which was used to conduct this audit. Some of the documents reviewed were:

1. Draft National Policy;
2. Revised Laws of Saint Lucia Chapter 11.01 Public Health Act;
3. Medium Term Development Strategy 2016-2022;
4. Financing Agreement for the Health Strengthening System Project (HSSP);
5. Project Appraisal Document for the HSSP;
6. Recovery and Resilience Plan;
7. International Health Regulations (IHR) 2005

Questionnaires/Interviews

Interviews were conducted with the management team of the Ministry of Health and Wellness, the Ministry of Economic Development and the Chief Environmental Officer.

Questionnaires were completed by the Staff of the Chief Medical Officer's Office.

We selected fourteen (14) Wellness Centers and Hospitals for a survey, however only nine (9) responses were received. The institutions surveyed were:

-  Canaries Wellness center
-  Castries Wellness Center
-  Dennery Hospital
-  Gros Islet Polyclinic
-  Jacmel Wellness Center
-  Laborie Wellness Center
-  La Fargue Wellness Center
-  Micoud Wellness Center
-  Soufriere Hospital

Focus Group

Three (3) focus groups were done. Two (2) with hospitals and wellness centers and one (1) with the private sector organizations such as Civil Society Organization, Sir Arthur Lewis Community College and Saint Lucia Diabetic Association.

Contagious or infectious diseases poses threats to human health and are one of the leading causes of sickness and death in the world. Some of these contagious/infectious diseases have resulted in a number of epidemics and the recent COVID-19 pandemic. Forecasting the risk of disease outbreaks can improve prevention and control capabilities which can help to prepare for and prevent illness, hospitalization and death.

Systems for epidemic preparedness focus on disease surveillance to identify times and areas of risk. Prevention of diseases deals with intervening before health effects occur, through measures such as vaccinations, altering risk behaviors and screening to identify diseases in the earliest stages, before the onset of signs and symptom.

In conducting our audit of the health system in Saint Lucia we sought to determine to what extent the Government has strengthened the public health system capacities to forecast, prevent and prepare for public health risks. We will conclude on whether the government:

1. Has put in place processes and institutional arrangements to enhance capacities to forecast, prevent and prepare for public health risks through the country's legislation, policies, plans, budgets and programmes; and
2. Ensured inclusive, collective and whole of society approaches in building health system's capacities to forecast, prevent and prepare for public health risks at all levels;
3. Routinely assess its capacities to forecast, prevent and prepare for public health risks, in line with strengthening the public health system.

PROCESSES AND INSTITUTIONAL ARRANGEMENTS

- *The Ministry of Health has a framework and institutional arrangements to coordinate activities to forecast, prevent and prepare for Disasters, Natural and Man-made including public health risks*

St Lucia is expected to establish a framework and institutional arrangements to coordinate activities to forecast, prevent and prepare for public health risks.

The Government of Saint Lucia has put in place institutional arrangements that function as a framework to coordinate activities to forecast, prevent and prepare for public health risks. These arrangements are seen in the following:

The **Disaster Management Policy Framework (DMPF)** demonstrates the Government's commitment to disaster management. Hazard analysis and experience have confirmed that Saint Lucia is at risk from numerous hazards, both natural and technological and that singly or in any combination they can cause extensive damage to life and property and adversely affect the economic condition of this island.

Several of the key elements to maintaining such a system are already in place with:

- i. the establishment of the **National Emergency Management Organization**;

- ii. the development of the **National Integrated Development strategy**;
- iii. the adoption of the **Disaster Management Act No. 30 of 2006**;
- iv. the endorsement by the **National Mitigation Council of the Hazard Mitigation Policy**;
- v. the endorsement by the **National Emergency Management Advisory Committee** of the Hazard Mitigation;
- vi. the signing of a loan with the World Bank for the Saint Lucia component of the **OECS Disaster Recovery Project**.

The fundamental purpose of the DMPF is to advance an approach to disaster management that focuses on reducing risks - the risk of loss of life, economic disruption and damage to the environment and property, especially to those sections of the population who are most vulnerable due to poverty and a general lack of resources.

The natural and technological hazards that have been confirmed are:

- Meteorological Hazard: Hurricanes, Tropical Wave, Tropical Storm, Storm Surge, Flooding, Landslides, Drought;
- Seismic/Volcanic Hazard: Volcanic Eruption, Earthquake, Tsunami [Marine and Land based];
- Technological: Fire, Explosion, Hazardous Material Spill, Mass Poisoning, Pollution, Civil Unrest;
- Other: Plague, Mass Causality, Epidemic Outbreak, Dam Failure;

Disasters of any kind pose an immediate threat to public health. Since disease thrives in post-disaster climates, the potential for large-scale outbreaks becomes real; therefore the use of this policy abates the risks.

- **The Government of Saint Lucia has measures in place to assist in forecasting, preventing and preparing for public health events**

The Government of Saint Lucia in order to forecast, prevent and prepare for health risk, has put in place:

1. **Public Health Surveillance Systems** to provide valuable data that can be used to accurately forecast diseases. Forecasting measures have been put in place that requires data collection to determine whether there a risk of a wide spread of diseases which is done through the surveillance systems. The surveillance systems in place and the surveillance conducted seen in the table below:

Surveillance System	Purpose	Monitoring Unit
Communicable Disease	Early detection of and appropriate response to unusual events, clusters and outbreaks of communicable diseases.	Epidemiology Unit
Vector Borne Disease	Mitigate serious threat of disease outbreaks (dengue fever, leptospirosis, west nile viruses infections, schistosomiasis) spread by vectors (such as rats, mosquitoes, etc.)	Environmental Health
Port Health	Monitor international threats to public health due to international travel and trade.	Environmental Health

Surveillance System	Purpose	Monitoring Unit
Water and waste water management	Surveillance conducted to evaluate the suitability of the water supplied to the public with the ability to implement mitigative actions to alleviate potential hazard.	Environmental Health
Food Safety	Monitoring of standards, conditions and supervision of food preparation to reduce food borne illnesses.	Environmental Health
Occupational safety and health	Identify, evaluate and control all risk factors from the working environment that creates the potential for accidents, occupational diseases, dangerous occurrences and incidents.	Environmental Health

Table 1 – Surveillance System, Purpose and Unit Responsible

- The **Medical Surveillance Report (MSR)** captures syndromic, communicable and notifiable diseases, Entomological Surveillance (Vector Borne diseases), Syndromic surveillance, Port Health surveillance embodied in the IHR core capacities.

Reporting chain and data collection for disease surveillance is illustrated in the diagram below:

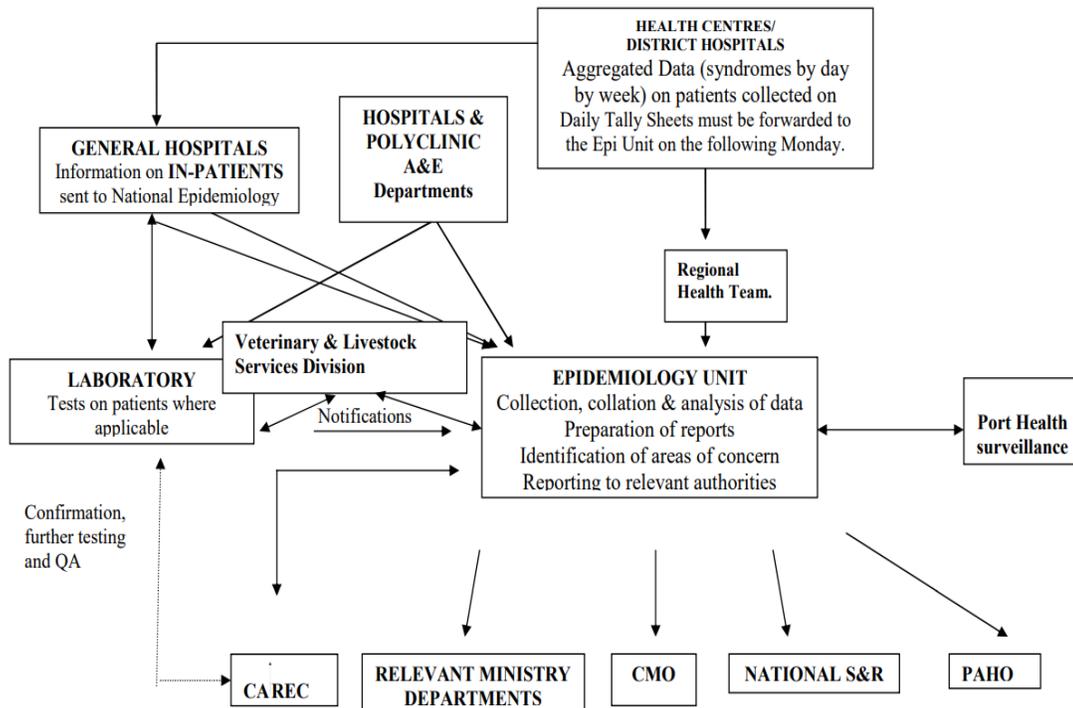


Figure 1 – Reporting Chain for Disease Surveillance

4. **The Quarantine Act, Covid 19 Act and the Vaccination Act** were implemented to prevent the spread of diseases. Quarantine and isolation measures were also put in place as well as closure of non-essential businesses and schools to help prevent the spread of disease. Vaccines were also implemented to help deal with the spread of the disease.
 - **Roles and responsibilities to forecast, prevent and prepare for public health risks were identified but no evidence was provided to indicate whether they were carried out**

The roles and responsibilities of key players responsible for forecasting, preventing and preparing for public health risks are expected to be identified by the Ministry of Health.

The Public Health Act, Communicable Diseases Manual and the IHR 2005 documented processes, roles and responsibilities for forecasting and preventing of public health risks. The following are the roles and responsibilities defined in the institutional arrangements:

Minister of Health - Responsible for the administration and provision of the Public Health Act 9 (***prevention, treatment, limitation and suppression of disease***).

Chief Medical Officer (CMO) - Discharging the functions conferred upon the Minister under the Public Health Act and is also the Quarantine Authority (***restrict the spread of infectious diseases***).

Medical Practitioner/Officer – required to give notice of notifiable diseases and to keep accurate record in writing of all cases or suspected cases of notifiable disease.

Epidemiology Unit – responsible for collection, collation and analysis of data, preparation of reports, identification of areas of concern and reporting to relevant authorities for surveillance of communicable disease.

IHR Focal Point - responsible to monitor and evaluates the occurrence and trends of disease and events nationally, regionally and globally to inform the Ministry of Health and by extension Saint Lucia's to inform on Saint Lucia's preparedness and response to threats and events through their annual reports.

Chief Environmental Officer – focuses on human disease and injury that are determined or influenced by factors in the environment world. Activities involve institutional strengthening, vector management, food safety, solid waste management, pollution control and industrial health, port health, water and waste management and occupational safety and health.

We requested information from the Ministry of Health to assess whether the roles and responsibilities were being undertaken as required. We were not provided with this information.

Implications and Risks:

We were unable to determine whether the roles and responsibilities were carried out as stated above during the COVID 19 pandemic due to the lack of information provided by the MOH.

Recommendation:

The MOH should make available the required information to allow for proper assessment of its operations.

- Resources for health system resilience were provided mainly from donor partners

The Government is expected to secure possible means of needed resources (human, financial) for assessing its capacities and monitoring activities in relation to forecasting, preventing and preparing for PHEs/shocks.

The Government of Saint Lucia provided finances for primary, secondary and tertiary health care. We found that during the period, the MOH needed to reallocate significant funds to Secondary and Tertiary Health Care Services.

Year	Programme	Budgeted Estimates	Revised Estimates	Difference
2018/19	Policy, Planning and Admin Services	24,819,271	18,027,743	6,791,528
	Primary Health Care Services	17,255,072	17,186,095	68,977
	Public Health Care Services	8,122,180	9,190,285	(1,068,105)
	Secondary & Tertiary Health Care Services	71,294,541	77,929,251	(6,634,710)
2019/20	Executive Direction and Administration	22,027,682	22,496,620	(468,938)
	Primary Health Care Services	18,178,612	18,849,239	(670,627)
	Public Health Care Services	8,205,530	8,199,460	6,070
	Secondary & Tertiary Health Care Services	88,819,376	90,082,829	(1,263,453)
2020/21	Executive Direction and Administration	48,256,590	34,932,566	13,324,024
	Primary Health Care Services	17,758,536	17,758,536	-
	Public Health Care Services	8,736,926	9,435,087	(698,161)
	Secondary & Tertiary Health Care Services	107,670,748	96,670,748	11,000,000

Table 2 – Differences between Budgeted and Revised Estimates

The table above shows differences between Budgeted and Revised Estimates from the financial year 2019 to 2021 reflecting the accounts which needed to be supplemented. The largest differences are in the Secondary and Tertiary Health Care Services Programmes. In 2020 the MOH applied for several reallocation warrants titled Corona Virus preparedness and treatment activities in the amount of \$1.1 million to combat the corona virus pandemic. From the year 2020 to 2021 there was also a significant increase of \$19M in the budgeted estimates.

In an effort to strengthen the public health system the Government of Saint Lucia sourced financial resources from the World Bank in 2018 and 2020. Those resources are from the International Development Association (IDA). While the Government has provided financial resources for primary, secondary and tertiary health care, its recent efforts to strengthening the health system has been financed solely by donor funds from the IDA.

Project	Value in \$US	Project Objective
HSSP	20,000,000	to improve the accessibility, efficiency and responsiveness of key health services and provide a response in the event of Eligible Crisis or Emergency
OECS RHP	6,000,000	to improve health systems preparedness capacities for public health emergencies in the OECS region
DVRP	2,770,000	the proposed emergency activities to be financed by the proceeds under Part D Contingent Emergency Recovery Component of the DVRP (Component 4) (Disbursement Category 3 - Goods, Works, Non-Consulting Services, Consultants' Services and Emergency Operating Costs for Emergency Recovery and Reconstruction Subprojects

Table 3 – Projects for Health Strengthening and Their Financial Value

Implications and Risks:

The above funding strategy is not sustainable as it increases the country's debt. An increase in debt burden may impede the ability of policymakers to respond to the next national crisis, whether it is a natural disaster or another global health pandemic. The coronavirus pandemic revealed that global disruptions can have devastating economic consequences that require robust fiscal policy responses. If the government does not act to curb growing debt, it will inevitably face an unpleasant choice: fail to respond properly to the next national crisis, or add to a debt burden that is already unsustainable.

Apart from increasing debt, another possible risk is lack of sustainable funding regarding health system strengthening or contingency funding.

Recommendation:

- **The Government can consider leveraging existing local funding mechanisms together with grant funding to increase the domestic national budget allocated to the health sector to build health system resilience.**

STAKEHOLDER ENGAGEMENT

- **Not all stakeholders were involved and contributed to the development of laws, policies, plans and budgets to forecast, prevent and prepare for public health risk**

The Ministry of Health works with and informs key stakeholders (including communities, private sector, government agencies, academic, allied sectors with the health sector, etc.) in planning for health system strengthening and health security strategies, policies, and plans, to effectively forecast, prevent and prepare for public health risks.

We conducted focus group meetings with health officials with responsibilities for Primary and Secondary Health Care; representatives from academia, Civil Society Organization (CSO) and the Diabetic and

Hypertension Association in Saint Lucia to obtain their views on *whether they were involved or contributed to the development of legislation, regulations and policies for the health care in St. Lucia*. A survey was also conducted with fourteen (14) wellness centers throughout the island. The following were noted:

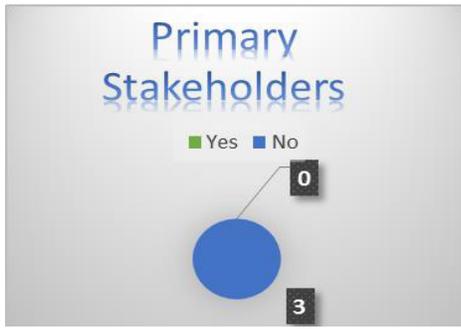


Figure 1

At the Primary Health Care level, all of the contributors said that they were not involved in the development of any legislation or any amendments that are made.



Figure 2

Figure 2 illustrates the responses of stakeholders at the Secondary Health Care level. The representative for the Victoria Hospital explained that there were amendments to the legislation when the transition from Victoria hospital to Owen King European Union Hospital took place however they were not part of the process. They were only informed about the changes made to the legislation.

contributed to the legislation and regulation over the years through discussions with the Government of Saint Lucia.

In addition, the representative of the Millennium Heights Medical Complex stated that they have not been actively involved since the transition to the Millennium Heights Medical Complex whereas the representative from Victoria Hospital explained they have

Overall, we observed that most stakeholders are not engaged in the development of legislation, regulations and policies in spite of their level of involvement in the health sector. Before the transition of the Victoria Hospital there were some forms of engagement with executive directors to change certain policies especially for Wellness Centers.

Nine (9) of the fourteen (14) medical facilities in the survey responded concerning their roles and responsibilities in the strengthening of the health system including security and whether they were informed or consulted.

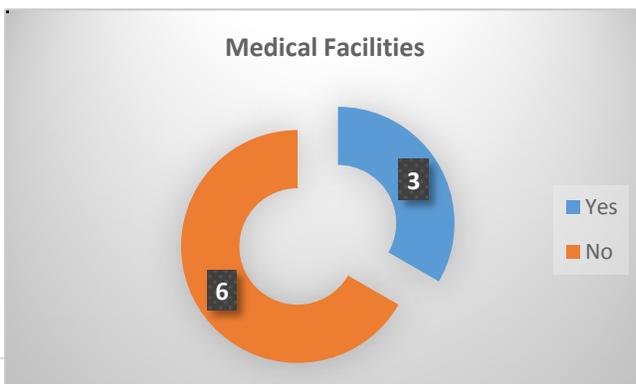


Figure 3

Figure 3 shows that three (3) of the medical facilities were informed or consulted in the planning of the health systems strengthening and security through meetings with public health officers, training and also the development of draft operations manual for the RBF Project. Six (6) said that they were not informed nor consulted.

Implications and Risks:

Not all key stakeholders were involved in the development of and were aware of the Government's policies, strategies and plans to forecast, prevent and prepare for public health risks. This means that there may not be buy-in across divisions and facilities within the ministry of health in the implementation of these policies, strategies and plans.

Recommendations:

- **The Ministry of Health should inform and consult its various divisions/facilities directly involved in service delivery in the development of its policies, strategies and plans.**
- **The Ministry of Health should incorporate the views of multi-stakeholders such as private sector, academic, civil society, allied sector in its development of policies, strategies and plans in an effort to leave no one behind in the process.**

This chapter focused on the proactive measures employed by Saint Lucia to strengthen the health system capacities to adapt, absorb and respond to public health events, while maintaining essential health services. We concluded on whether the Government:

- a. ensured a multi-sectoral coordination mechanism in place to adapt, absorb and respond to PHEs;
- b. maintained essential health services, including adequately addressing the health needs of marginalized groups during PHEs.

Multi-sectoral Coordination Mechanism

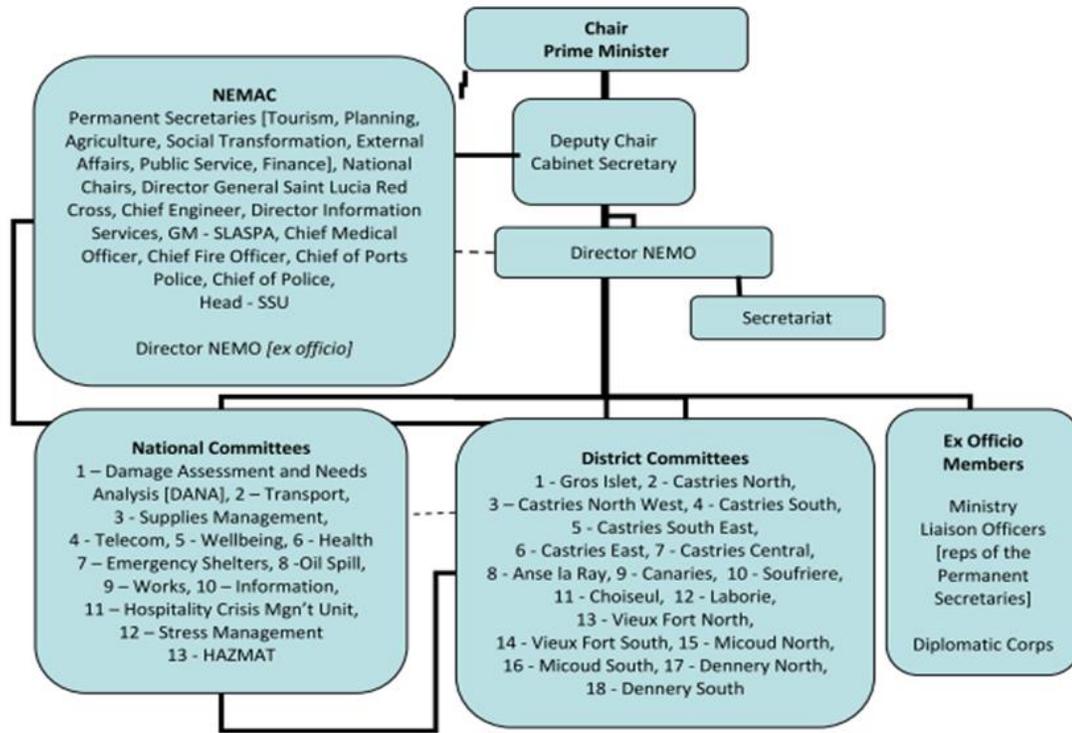
- **Not all key stakeholders were involved in Government's response to public health events**

The National Emergency and Management Organization (NEMO) was established to “develop, test and implement adequate measures to protect the population of Saint Lucia from the physical, social, environmental and economic effects of both natural and man-made disasters. Its responsibility is to ensure the efficient functioning of preparedness, prevention, mitigation and response actions.” (Nemo Mission Statement)

We noted that NEMO produced a Country document for Disaster Risk Reduction, 2014. This document gave an overview of the status of Disaster Risk Reduction in Saint Lucia, including emergencies affecting Public Health and Safety. NEMO is identified as the focal point to provide the requisite technical and operational support.

The disaster management structure is composed of stakeholders at all levels of government. The National Emergency Advisory Committee (NEMAC) is a technical working group comprising line ministries, non-governmental organizations, representatives from the private sector and is chaired by the Prime Minister. (page 52 Saint Lucia: Country Document for Disaster Risk Reduction, 2014)

The relevant stakeholders for the Disaster Management Structure and their roles and responsibilities appear as follows:



Source: National Emergency Management Plan (NEMP)

Figure 5 – National Structure for Disaster Management in Saint Lucia

The roles and functions of the various national actors in the DRM framework are also outlined in **Figure 6.2**.



Source: Extracted from National Emergency Management Plan (NEMP)

Figure 6 – National Actors and Roles in Disaster Management in Saint Lucia

We noted that the Prime Minister of Saint Lucia called an emergency meeting with NEMAC on February 28, 2020 to brief stakeholders of the Disaster Management landscape on the ongoing national response to safeguard against the arrival of the Covid-19 virus on the shores of Saint Lucia.

Several agencies and governmental organizations were mobilized to do the following:

1. *Create the covid-19 Coordination Committee*
2. *Activate the National Health Security committee*
3. *Enhancement of Port Health Services*
4. *Active Surveillance at high risk institutions (ports, hotels)*
5. *Establishment of Diagnostic Capacity - CARPHA (24-28hrs)*
6. *Health Care Facility Preparation*
7. *Risk communication Plan and health Education*
8. *Training of Health care workers*
9. *Creation and Management of Isolation and Quarantine Sites*
10. *Distribution of Protocols to relevant Sectors*
11. *Promotion of General Hygiene measures and Infection Control for border agencies, health care personnel and the general public. (The Voice, March 3, 2020-NEMAC Convenes Amidst Covid-19 Concerns)*

Saint Lucia confirmed its first Covid-19 case March 13, 2020.

In the interview questionnaire with the Medical Officer of MOH, it was said that for the Covid-19 pandemic there were two levels to the incident management structure in place.

1. **Command Center** – established to serve as an advisory body to Cabinet on matters relating to COVID-19 and have oversight of activities required to reduce or prevent the spread of COVID-19. We are aware that the Command Center provided updates via social media (television, face book, WhatsApp) to the public on the actions of the Government for the handling of COVID-19. The members of the Command Center were:

- a) A Minister of Cabinet as Chairperson;
- b) The Chief Medical Officer as Deputy Chairperson;
- c) A representative from the Office of the Prime Minister;
- d) The Permanent Secretary of the Ministry responsible for tourism;
- e) The Permanent Secretary of the Ministry responsible for health;
- f) The Permanent Secretary of the Ministry responsible for finance;
- g) The Commission of Police or his or her designate;
- h) A representative from the National Emergency Management Organization;
- i) A representative from the Saint Lucia Tourism Authority;
- j) The principal information officer of the Government Information Service or his or her designate.

The roles and responsibilities stated for NEMAC and the Command Center for the COVID-19 pandemic provided for collaboration and integration between different ministries and agencies (statutory bodies) within Government. Also, under NEMAC collaboration and integration is done at the community/district level.

In the focus group with private sector [Sir Arthur Lewis Community College (SALCC), Civil Society Organizations (CSOs) and Saint Lucia Diabetic and Hypertension Association (SLDHA)], the SALCC and SLDHA stated that they were not part of any group or committee involved in dealing with the Covid-19 pandemic. The representative of the CSO could not have responded to the level of participation but referred us to their other members who dealt with health related matters. We were unable to receive any additional information from the other members.

2. The Ministry of Health has a COVID-19 Preparedness and Response Committee chaired by the CMO and comprises Heads of Department from the health facilities, primary health care and representation from key departments. **We were unable to determine the roles and responsibilities of the Committee and its commencement due to further information not provided by the MOH.**

The National Health Security Committee chaired by the Cabinet Secretary held meetings during the COVID-19 pandemic to provide updates on COVID-19 and plan for interventions. Also to discuss Saint Lucia's response to Corona Virus, risk assessment to the region and recommendations. Minutes of meetings were seen for January 31, 2020 and February 7, 2020.

The MOH implemented a targeted approach to COVID-19 which included:

1. **Monitoring stock of PPE and procuring accordingly;**
2. **Projecting the number of tests to be done to inform testing decisions;**
3. **Monitoring and evaluating COVID-19 cases;**
4. **Continuous nationwide COVID-19 health education;**
5. **Facilitating private sector training to create environment that reflects COVID-19 protocols;**
6. **Monitoring business practices for adherence to established protocols.**

Implications and Risks:

The needs of the vulnerable and marginalized and other stakeholders such academia may not be fully considered and addressed during public health events, for example, the current pandemic. This means that the Leave No One Behind (LNOB) principle was not adequately utilized.

Recommendation:

- To ensure a more multi-sectoral approach to its response to PHEs/shocks the Government should include key stakeholders such as CSOs, academia and more of the private sector in national committees responsible for the management of public health events, particularly representatives of the vulnerable and marginalized so that no one is left behind.

- **Not all health workers/facilities were aware of the incident command structure**

An incident management structure is expected to be designed with the participation of relevant stakeholders at the onset of a public health event, to coordinate activities and resources by all stakeholders, ensuring no gaps in and no duplicates of efforts.

The incident management structure for PHE/shocks is expected to include the functions and roles for health system resilience.

An Incident Management system describes the processes that can be used to discover, assess, address and report incidents.

The Medical Health Officer, in an interview questionnaire stated, “The Ministry prepares and responds to public health events/ shocks using the incident command structure.” However, we were not able to attain details of the incident command structure from the Ministry of Health, nor the CMO’s office.

During the survey conducted, 56% of the participants indicated that they were aware, while 44% were unaware of the incident management structure as can be seen in the chart.



Figure 7 - Pie Chart showing Level of Awareness of Wellness Centers

The participants who were aware indicated that the details of the structure were as follows:

- Incident report form is completed if accidentally pricked by a needle
- Adverse reaction form is completed by persons receiving vaccines
- Incidents are reported to the Public Health Nursing Supervisor.

Given the responses from the Heads of Primary Health Care facilities, there exists some lack of awareness of the incident management structure in place for public health events. This means that some key personnel are unaware of the process to follow to report incidents when they occur.

Implications and Risks:

We were unable to determine the existence of the incident management structure set by the Ministry. We could not determine whether roles and responsibilities of key stakeholders were identified, whether a focal point was identified or that the structure was documented and made publicly available.

We were unable to determine the existence of linkages among the existing incident management systems. Such linkages are a manifestation of integration in health systems.

Recommendations:

- **The Ministry should provide the information to support the incident management structure in place for public health events.**
- **The incident management structure for public health events should be communicated to all key stakeholders, particularly, the facilities delivering health services.**

Maintenance of Essential Health Services

- **An essential package of health services has not been designed and implemented**

Saint Lucia is expected to define an essential package of health services (EPHS) prior to PHEs/shocks.

Moreover, Saint Lucia should determine a prioritized set of essential health services which is fit-for-context during PHEs/shocks.

The essential package of health services has not yet been developed for Saint Lucia. Although an essential package of health services has not been designed and implemented, the Wellness centers in various communities are providing basic health services to citizens especially the vulnerable and marginalized groups.

In the response to the survey conducted, it was stated that basic health services were offered to the public. These services were offered at no cost to patients. Some of the services provided at the wellness centers from the sample included:

- Antenatal and Postnatal clinic

- Diabetic Clinic
- Cancer Screening
- Dental Services
- Family planning
- Medical clinic
- Nutritionist
- Psychiatric clinic
- Retinopathy
- Screening for HIV, Tuberculosis
- Sexual and reproductive health clinic
- Vaccinations for Children (Child Health Services)

Implications and Risks:

The government runs the risk of not providing essential services that should reach the population equitably. The lack thereof is a shortcoming, as providing essential health care services is the primary responsibility of the health sector. The risk exists for poor health outcomes and a greater impact of chronic stresses on the health system with a decreased ability to maintain essential functions during PHEs.

Recommendation:

- **The Government of Saint Lucia should ensure that an essential package of health services is defined and provided to the population, in both routine and emergency settings so as to promote resilience and set the foundation for the implementation of the Universal Health Care.**
- **The MOH should ensure an essential package of health services is defined and provided to the population, in both routine and emergency settings.**
- **Health services were hampered by the Covid 19 Pandemic**

Government it is expected to establish mechanism(s) of providing contingency resources to maintain health services during PHEs/shocks.

In its response to managing COVID-19 the Government of Saint Lucia took the following actions:

- The Victoria Hospital (VH) which was a major hospital located at the country's capital was transitioned to the Owen King EU Hospital on March 27, 2020 and work was ongoing to transform the former hospital facility, VH, into a respiratory medical centre.
- Additionally, five (5) respiratory clinics were set up about the island. Namely the Gros-Islet Polyclinic, La Clery Wellness Centre, Dennery Hospital, Vieux-Fort Wellness Centre and the Soufriere Hospital. The St Jude Hospital, located in the South of the island, could have been accessed by persons with flu-like symptoms.
- The Government allocated for EC\$13,324,024 in 2020/2021 for COVID-19 response.

Despite the actions taken by the Government the quality of health services was impacted by COVID-19.

Focus group discussions were conducted with the Executive Directors and representatives of:

- Saint Jude Hospital
- Victoria Hospital
- Gros Islet Polyclinic
- Millennium Heights Medical Complex
- Saint Lucia Medical and Dental Association

Views and opinions were sought on the delivery of health service during the current pandemic and the impact of COVID-19 on operations.



- Outpatient clinics were closed and elective surgeries cancelled or posted.
- Congestion experienced in A & E due to issues not addressed at the primary care level.
- Pressure on human resources as workload of Physicians increased.
- Staff at the hospitals were deployed to respiratory clinics.
- Physicians had to call every single patient next of kin.
- Increased reliance on telemedicine due to human resource constraints.
- Increase use of whatsapp, zoom and email.
- Lack of oxygen, bed sheets, PPEs and food for patients.
- Community health care services, child care services, pregnant women and chronic disease were redirected to other wellness centers.

Figure 8 – Views of Focus Groups

The effects of those issues were:

- The number of patients seen in a day was reduced;
- Persons scheduled for surgery which were not urgent at the time were rescheduled. These persons' conditions decline from stable to a state of emergency because of the wait;
- Patients became frustrated and complained;
- Community physicians were inundated and frustrated;

- Staff experience fatigue both physically and mentally due to increase patient load;
- Issue of staff burn out;
- Drop off and visitation policy introduced to allow family members to visit their loved ones who were about to die;
- Policies were revisited and welfare officers were introduced, especially to assist the elderly who were not tech savvy to use devices to communicate with their families; and
- The pharmacy was unable to dispense medication to staff because of the increased patient load at the respiratory hospital.

Health facilities personnel were asked to rate the service delivery at their facility from 1-5, with 1 being rated as poor and 5 as satisfactory. The results were as follows:

	Wellness Center/hospital	Patient turnout and use of services during COVID				
		Poor			Satisfactory	
		1	2	3	4	5
1	Gros Islet Polyclinic		✓			
2	Micoud Wellness Center			✓		
3	Soufriere Hospital					✓
4	Jacmel Wellness Center			✓		
5	Castries Wellness Center				✓	
6	Dennery Hospital			✓		
7	Canaries Wellness Center			✓		
8	Laborie Wellness Center				✓	
9	La Fargue Wellness Center		✓			

Table 4 – Quality of Service Delivery at Hospitals and Wellness Centers

The health personnel expressed a decline in patient turnout and a decline in the use of services offered during the Covid 19 pandemic.

Implications and Risks:

With the closure of essential health facilities and the compounded effects noted from the primary and secondary health services, Saint Lucia was lacking in areas of maintenance and management of the public health system during the current pandemic. Not obtaining the necessary care when needed may result in the lives of citizens being at risk. The impact of the shortcomings is increased pressures on the health system. The opinions of the health personnel provided insight to the insufficient ability of health care services to deal with an outbreak.

Recommendation:

- **The Ministry of Health should conduct an analysis to determine the main issues and develop mechanisms, based on lessons learnt. This is to ensure that essential services are maintained in both routine times and during emergencies.**

Chapter Five – Health System Recovery and Transformation

In light of the Covid-19 pandemic, health systems and organizations sought to use recovery as an opportunity to transform by building on changes brought about to enhance patient care, operational improvements for building resilience for future pandemic waves and at the same time managing the backlog of non-Covid patients.

We sought to determine to what extent the government learnt from recent public health events, to plan for health system recovery and transformation towards resilience and whether the government focused on the SDG principles of a whole of government approach, leave no one behind and policy coherence. We were required to conclude on whether the government:

- has applied lessons learned from the pandemic by reviewing, updating and aligning health system strengthening and health security institutional arrangements, strategies, policies, plans and interventions;
- ensured sustainable development and building back better principles are applied in health systems recovery and transformation; and
- ensured adequate resources are allocated for sustainable health system recovery and transformation towards resilience all while having multi stakeholder engagement.

St Lucia has a National Emergency Recovery Plan

In developing recovery plans which includes health system recovery and transformation towards resilience:

1. ***The GOSL is expected to conduct integrated recovery planning with all key stakeholders that take into consideration weaknesses identified in PHEs/Shocks and the needs of vulnerable populations.***
2. ***The weaknesses identified in PHEs/shocks and assessments are targeted in recovery plans***
3. ***The needs of vulnerable populations are sufficiently examined and incorporated in recovery plans so as to leave no one behind.***
4. ***There are monitoring and evaluation mechanisms in place for recovery and transformation activities and resources are allocated of monitoring and evaluation activities.***

The audit found the following:

- **An Economic Recovery and Resilience Plan was prepared for the country**

The Government of St. Lucia, after recognizing the threat and impact of the Covid-19 pandemic, adopted a three pronged response strategy in its **Economic Recovery and Resilience Plan** in an effort to move from **Pandemic to Recovery with Collective Action**. This plan's aim was to achieve the following objectives:

- ❖ Curtail the impact of both global and domestic economic contraction on the economy, by providing a suite of fiscal policy interventions that will enable private sector business continuity and afford an environment for economic growth and expansion;

- ❖ Drive economic activity through the deliberate commencement and continuation of public sector capital investment projects;
- ❖ *Protect the poor and most vulnerable segments of the Saint Lucian population and mitigate further deterioration in the quality of life;*
- ❖ Accelerate reforms that will build the resilience of the private and public sectors, by leveraging the adoption of Information and Communications Technology within the productive sectors;
- ❖ *Strengthen the Health System to respond to viral outbreaks, and improve the health resilience of the Saint Lucian population; and*
- ❖ Build the resilience of Saint Lucia to natural disasters and hazards.

All of the pillars are guided by policy interventions which make allowances for improvement; recovery and transformation. They are guided by their objectives, the intervention, target audience, guidelines and criteria, implementing agency, an estimated cost and who the overall beneficiary is.

According to the Economic Recovery and Resilience Plan, the Government allocated approximately \$548.0m to COVID-19 recovery efforts equivalent to an estimated 10.9 percent of GDP. 6% of the amount allocated was towards strengthening health resilience as seen in the diagram below. The budget represents a strategic mix of new resources from the global donor community as well as a deliberate effort on the part of the Government to repurpose some existing project funding towards providing economic relief to households and the business community.

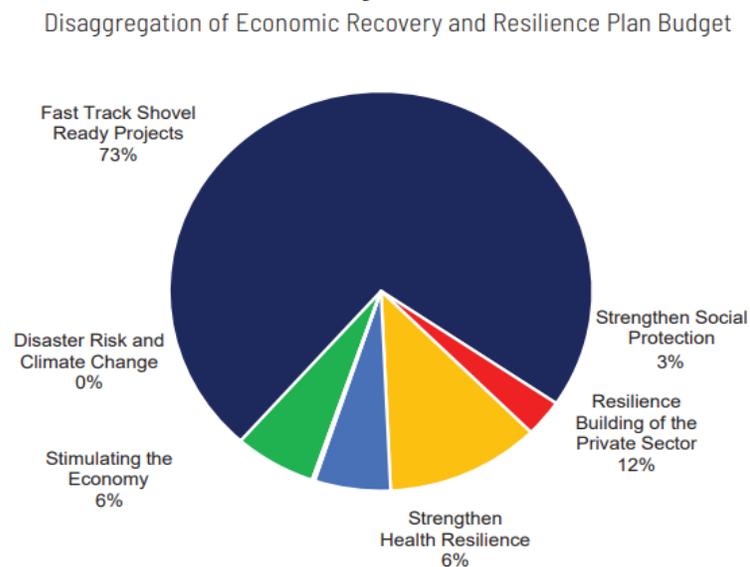


Figure 9 – Pie Chart showing disaggregation of economic recovery and resilience plan budget

In the financial year 2022, an additional programme called Disaster Vulnerability, Resilience and Recovery, with a value of \$31 million, was included in the Ministry's approved estimates. The funds were allocated to the project titled Emergency Response – COVID -19.

This plan takes into account the vulnerable population and addresses the principles of sustainable development and building back better. The vulnerable were identified as:

- Indigent and poor on the public assistance programme;
- Household with children with disability;
- Household with children on foster care grants;
- Persons living with HIV; and
- Persons displaced as a result of COVID-19.

- **Most key stakeholders were involved in the recovery planning**

The Economic Recovery and Resilience Plan was formulated with a multi-sectoral committee comprising private and public sectors and civil society. Nineteen (19) stakeholders from the private sector were part of the committee, some of whom were:

- | | |
|---|--|
| ○ <i>Saint Lucia Chamber of Commerce</i> | <i>Evangelical Church of West Indies</i> |
| ○ <i>Trade Union Federation</i> | <i>Saint Lucia Hotel and Tourism Association</i> |
| ○ <i>Saint Lucia National Youth Council</i> | <i>Institute of Chartered Accountants of Saint Lucia</i> |

Eight (8) ministries/departments formed part of the committee, they were:

- | | |
|---|-------------------------------------|
| ○ <i>Ministry of Infrastructure</i> | <i>Department of Tourism</i> |
| ○ <i>Department of Finance</i> | <i>Ministry of Equity</i> |
| ○ <i>Department of Economic Development</i> | <i>Ministry of Agriculture</i> |
| ○ <i>Ministry of Commerce</i> | <i>Office of the Prime Minister</i> |

Noteworthy is that the Ministry of Health and Wellness was not part of the multi-sectoral committee given that this was a COVID-19 response plan and pillar 5 – **“strengthen the health system to respond to viral outbreaks and improve the health resilience of the Saint Lucia population”** - falls under their auspices. The Technical Lead for Pillar 5 was the Performance Management Development Unit of the Office of the Prime Minister.

The CMO's Department of the MOH was not aware of the monitoring and evaluation framework for Recovery and Transformation since they were not part of the multi-sectoral committee developing the Economic Recovery and Resilience Plan.

The audit also found evidence of lack of integration and collaboration among the various departments of the MOH which led to lack of efficiency and effectiveness. For example, the CMO office said that assessments have been done to take into consideration lessons learnt from the pandemic, however, 89% of the Wellness centers who are in Primary Health Care Services were not aware of any assessments done.

Implications and Risks:

A lack of integration and collaboration among ministries/departments or even within a department may cause pertinent information/decisions to be poorly communicated and may lead to poor coordination and cooperation. The result of this can be detrimental to departments as persons are working in silos and may cause duplication of efforts.

Recommendations:

- **The Government of Saint Lucia needs to coordinate its activities whereby all relevant stakeholders, in this instance ministries/departments, are involved and informed in activities that affect them.**
- **The Government needs to have mechanisms in place to review lessons learnt from COVID-19 and utilize lesson learnt to inform policies and planning.**
- **Vulnerable and marginalized groups needs were not adequately met**

Saint Lucia is expected to ensure that the needs of vulnerable populations are sufficiently examined and incorporated to leave no one behind.

Vulnerable and marginalized groups include but are not limited to, women, the elderly, adolescents, youth and children, persons of disabilities, homeless, indigenous populations, refugees, migrants and minorities.

We sought to determine whether the needs of the vulnerable were identified and incorporated in the recovery plan. The needs of the vulnerable were taken into account in the Economic Recovery and Resilience Plan however these needs were not specific to health care.

The Governments policy interventions for the vulnerable were:

1. Expanding the public assistance programme by 1,000 from 2,600 to 3,600 indigent and poor households.
2. Top up cash transfers amounts to persons with disabilities and marginalized [household with children with disability, households with foster care and persons living with HIV].
3. Supply a total of 6,000 hygiene care packages (masks, hand sanitizers, sanitary napkins) for public assistance beneficiary clients, households receiving child disability grants, foster care grants and HIV grants.
4. Implement the national health insurance – premiums for the poor and vulnerable to be borne by the State.

Assessments previously done such as Saint Lucia Social Safety Net Assessment (August 2009) indicate that *good social indicators (low levels of maternal and infant mortality, universal primary education, low fertility, increasing life expectancy) exist alongside high and increasing levels of poverty.* It indicates that Saint Lucia implements social programs that are not specific to health. The social Protection & Labour Discussion Paper states that *while many Caribbean SIDS provide some insurance protection, social safety nets, and labour market interventions to help manage shocks; most SP systems in Caribbean SIDS and LAC Small states are ill-prepared to respond to emergencies, with particular consequences for the poor and vulnerable. Gaps remain as many vulnerable groups are underserved and the system shows limited responsiveness to shocks.*

The interventions for the vulnerable and marginalized did not include measures to address:

- Overburdened health services resulting in interrupted pre-and postnatal care; (pregnant women)
- Interrupted access to sexual and reproductive health services, including to family planning; (women)
- Persons living with HIV may be denied access to essential medications, such as ARVs, due to overburden health systems; (Persons living with HIVs)
- The elderly not always being able to access health services or the services provided are not adequate; (Elderly)
- Limited access to healthcare facilities during epidemics; (persons living with pre-existing medical conditions at higher risks of developing serious illness)

Implications and Risks:

Vulnerable groups may experience greater risk factors, increased morbidity and mortality and/or worse access to care compared to the general population.

Recommendation:

- **The MOH should identify and include the needs of the vulnerable and marginalized in its plans for health system resilience.**
- **No official mechanism in place for experience and knowledge sharing**

The MOH is expected to have mechanisms in place for experience and knowledge sharing.

We interviewed health officials and conducted a survey of a sample of hospitals and wellness centers to determine whether the MOH has any mechanisms in place for experience and knowledge sharing. The MOH indicated that there is good knowledge sharing that takes place among immediate medical staff; however, there is no evidence that this takes place across sectors. Based on a focus group done with primary and secondary health care administrators and a survey done with a sample of hospitals and wellness centres we noted the following:

- ❖ Information and knowledge usually flows from the top to the bottom.
- ❖ The Ministry does its own monitoring and evaluation assessments that they are not privy to.
- ❖ There is no official mechanism on experience and knowledge sharing in the national health policies, plans and strategies.
- ❖ There isn't a documented structure of stakeholders who are privy to information before others.
- ❖ Reports cannot easily be generated from the HMIS that is widely used by the wellness centres and hospitals, therefore general knowledge cannot be accessed by all stakeholders.
- ❖ However, 100% of the Wellness centres and Hospitals say that there is good knowledge sharing and experience that takes place among them through meetings, and they are sometimes facilitated by SLMDA(Saint Lucia Medical and Dental Association) or SLNA(Saint Lucia Nurses Association). We were unable to attain documents to ascertain that the said meetings were held.
- ❖ The MOH has a Facebook page where information is shared with the public.
- ❖ The HMIS system where information is shared with the MOH and wellness centres and hospitals.
- ❖ Reporting mechanism – reports are prepared and uploading in HMIS system by wellness centers and hospitals. CMO is required to prepare an annual report.

- ❖ Reports cannot easily be generated from the HMIS that is widely used by the wellness centres and hospitals, therefore general knowledge cannot be accessed by all stakeholders.

We found no evidence of a mechanism for experience and knowledge sharing by the MOH. The above has shown that information is not always disseminated to all relevant parties.

Implications and Risks:

Without an official, standardized mechanism in place for knowledge sharing and experience, there would be limited knowledge sharing practices as individuals and organizations (private and public) are not mandated to do so and are not guided by a standard. If any knowledge sharing and experience happens it would be subject to the individual and organizations perspective. An official mechanism would allow for all stakeholders to have an input and eliminate persons working in silos.

Recommendation:

- ***A Whole of Government Approach should be used for Official Knowledge and Experience Mechanisms and include them in the National Health Policies, Plans and Strategies.***
- **The MOH has not leveraged Public Private Partnerships**

The Ministry of Health in collaboration with other government agencies and key stakeholders was expected to leverage investment in any specific areas (such as emergency-, disease-, life course-specific programs) for strengthening health systems inputs (such as public health governance, health workforce, public health infrastructures).

Public Private Partnership (PPP) is *an arrangement between the government and the private sector, with the principle objective of providing public infrastructure, community facilities and other related services... by sharing of investments, risks, rewards and responsibilities for the mutual benefit of both parties involve.*

The MOH indicated that they have not entered any PPPs. In a focus group however, it was said:

1. The pandemic has shown that there is a lot of essential services that need to expand. PPPs can present opportunities for them to be funded outside of the normal grant funding or loans; and that the public sector should not be handling the pandemic alone.
2. There was limited partnership with the private sector for oxygen and PPEs.

Implications and Risks:

The Government missed out on the opportunity to obtain support from the private sector to assist with the Covid-19 pandemic which would have shifted some of the burden of managing the pandemic.

Recommendation:

- **To address future potential crises, the Government of Saint Lucia should facilitate PPPs arrangement to strengthen the healthcare (baseline capacities) system.**

Monitoring and Evaluation (M & E) of health systems involves generating information and using that information to track the progress on national health policies, strategies and plans. It also involves generating evidence of the effectiveness of interventions and using the evidence to strengthen health systems thereby building resilience. Monitoring and Evaluation of health systems requires a whole of government and whole of society approach.

Every country should have monitoring and evaluation systems in place as the basis for strategic planning and covering health system activities. There are a number of global and regional M & E frameworks for assessment of health systems, some of which have been developed by the WHO. Countries can also develop or adapt their own national health system M & E frameworks suitable for national and sub-national levels (district/community).

This chapter is based on the monitoring and evaluation mechanisms in place for PHEs/shocks and focuses on:

- Monitoring and evaluation activities for PHE/shocks (before and during) – assessments, simulation exercises, After Action Review (AAR), Intra Action Review (IAR), action plans and strategies;
- Surveillance Systems in place;
- The requirements of the IHR (2005).
- Action plans and strategies to address the gaps identified in IHR monitoring and evaluations.

The audit examined whether the results of M & E were used to update action plans, adjust interventions and inform resilience and health security strategies, policies and plans.

GLOBAL LEVEL

International Health Regulations (IHR) – 2005

The IHR (2005) were adopted by the fifty-eighth (58th) World Health Assembly on 23 May 2005. The regulations entered into force on 15 June 2007.

The purpose and scope of the IHR (2005) are “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

Saint Lucia signed the IHR in 2005 together with the rest of the World Health Assembly. Countries were required to implement these regulations in 2014, however an extension was granted to Saint Lucia to implement by June 2016.

The Ministry informed that the IHR Focal Point is represented by the Chief Medical Officer, National Epidemiologist, Chief Environmental Officer and support staff. The IHR Focal Point monitors and evaluates the occurrence and trends of disease and events nationally, regionally and globally to inform the Ministry of Health and by extension Saint Lucia’s preparedness and response to threats and events.

IHR MONITORING AND EVALUATION

The IHR (2005) contains a monitoring and evaluation framework. **The objectives of the IHR Monitoring and Evaluation Framework are:**

- Support State Parties in evaluating their status of IHR implementation and determining their progress toward fully developed, sustainable IHR capacities;
 - Assist State Parties with a qualitative examination of the functionality of IHR capacities;
 - Provide State Parties with information relevant to the development and maintenance of capacities required under the IHR;
 - Help build mutual trust and accountability among State Parties; and
 - Provide State Parties with a uniform format for annual reporting to the World Health Assembly on the status of the IHR implementation.
- **The MOH has not submitted information for the voluntary activities under the IHR monitoring and evaluation framework**

The IHR monitoring and evaluation framework is made up of four (4) instruments:

Mandatory

1. States Parties Self- Assessment Annual Reporting (SPAR)

Voluntary

2. Voluntary External Evaluation
3. After Action Review(AAR)
4. Simulation Exercises (SimEx)

Further details can be seen in the **Figure .**

IHR MONITORING AND EVALUATION FRAMEWORK				
	 States Parties self-assessment annual reporting (SPAR)	 After action reviews (AAR)	 Simulation exercises (SimEx)	 Voluntary External Evaluations
Purpose	Monitor progress towards implementation of IHR core capacities	Assess the functionality of capacities during real events	Assess the potential functionality of capacities for non-real events	Evaluates objectively IHR contribute to health security
Mandate	Mandatory	Voluntary	Voluntary	Voluntary
Focus	Existence of capacities	Functionality of capacities	Functionality of capacities	Existence of capacities
Periodicity	Annually	Within 3 months of specific real events	Regularly when required as part of the exercise programme	Every 4-5 years
Type	Quantitative	Qualitative	Qualitative	Quantitative

Figure 10 – IHR Monitoring and Evaluation Framework (WHO)

We conducted research and examined information to determine whether the activities for the IHR monitoring and evaluation framework were submitted by Saint Lucia and noted the following:

Monitoring and Evaluation Tool	Purpose	Status
State Party Self-Assessment Annual Report (SPAR)	<p>The SPAR is one of the four monitoring and evaluation tools used for assessing state parties' progress in meeting the IHR (2005) capacities</p> <p>The National IHR focal points should annually facilitate the multisector completion of the SPAR, bringing together health and other sectors.</p>	Submitted
Joint External Evaluation tool (JEE)	<p>The JEE is one of three voluntary process available for member states, to request as needed, to evaluate country capacity to prevent, detect and rapidly respond to public health threats independently.</p> <p>The JEE tool was developed to provide an external mechanism to evaluate a country's IHR capacity for ensuring health security and use the expertise of global experts to provide recommendations across the 19 technical areas assessed</p>	No submission
After Action Reviews (AAR)	<p>The After Action Review is one of the four tools to monitor and evaluate countries' IHR capacities. The AAR is a qualitative, structured review of the actions taken in response to an actual public health event.</p> <p>The AAR is recommended after a public health event.</p>	No submission
Simulation Exercise (SimEx)	<p>The SimEx can help develop, assess and test functional capabilities of emergency systems, procedures and mechanisms to be able to respond to outbreaks or public health emergencies.</p> <p>The simulation exercise is one of the four tools to monitor and evaluate countries' IHR capacities.</p>	No submission

Table 5 showing Analysis of IHR mandatory and voluntary activities

Additionally, the Ministry indicated that annual monitoring and evaluation reports for the IHR have been prepared, but these have not been submitted to the WHO. We were unable to determine whether this annual report was the same as SPAR.

Implications and Risks:

The M & E tools offered by the WHO provide assistance to States regarding monitoring and evaluation of core capacities required by the IHR (2005). If the Government of Saint Lucia does not utilize the M & E tools made available by the WHO there would be missed opportunities to assess preparedness and response to public health emergencies. There are financial implications for this, as the State may contract experts for monitoring and evaluation advice that is freely available on the WHO-IHR (2005) platform.

The strengths and gaps of health system capacity regarding the IHR core capacities were not identified regularly because monitoring and evaluation was not conducted periodically. Therefore, there was difficulty for Saint Lucia to make targeted investments in building adequate levels of preparedness for public health emergencies.

As a result, Saint Lucia may not have adequate levels of preparedness for public health emergencies since the IHR core capacities have not been monitored and evaluated periodically.

Recommendations:

- **The MOH is encouraged to conduct all M&E activities such as the JEE to identify gaps and to develop concrete actions plans to ensure that the country is protected from health emergencies as it also provides a basis for evidence-based policy making.**
- **The MOH is encouraged to submit the results of its simulation exercises and AARs to the WHO as well as make use of the JEE.**
- **The MOH should conduct AAR or intra-action review (IAR) to assess the preparedness and response to COVID-19 and other recent public health emergencies.**
- **The MOH should conduct simulation exercises regularly to assess its health systems foundation capacities.**
- **Simulation Exercises and Reviews were not always conducted and were outdated**

Regular testing of plans, policies and strategies is necessary as it helps to:

1. Evaluate the plans, policies and strategies in place;
2. Reveal weaknesses and gaps;
3. Identify lessons learnt;
4. Provide a response to public health events.

The audit found that Saint Lucia conducted a simulation exercise for the development of its National Influenza Pandemic Plan (NIPP) in **2009**. The exercise was jointly executed by the MOH and the Ministry of Agriculture. A joint table top exercise was conducted with all stakeholders. The exercise was focused

on a multi-sectoral approach to emergency management and involved ministries and other agencies such as the Police, NEMO, Ministry of Trade, Fire & Ambulance Service, Ministry of Finance and Ministry of Tourism.

Two AAR sessions were held in **2009** to address the strengths and weakness of the system and to make general recommendations for improvement of the NIPP.

The Ministry informed that a simulation exercise was conducted for Ebola. This exercise helped identify any gaps if Saint Lucia was faced with an Ebola outbreak. A response plan was prepared to determine the actions to be taken. It was further informed that the Customs and Excise Division conducts simulation exercises and the components of the IHR are involved. **However, the ODA was not provided with any evidence on the two simulation exercises above to substantiate this information.**

Intra-action Review (IAR)

Intra-action review (IAR) is a useful tool which is used to conduct reviews during public health events to identify best practice, gaps and lessons learnt. The Ministry of Health was also, expected to conduct IAR during protracted PHEs/shocks.

Based on interviews and the response of the survey conducted, the MOH indicated that no AAR/IAR were done for the current COVID-19 pandemic, however other assessments were conducted; **we have not received any evidence of these other assessments.**

89% of the Wellness Centers indicated that they were not aware of any assessments done for the Covid-19 pandemic, however; assessments were done for the Zika Pandemic. **We were not provided with any information on the Zika pandemic to determine whether the lessons learnt were used to improve the system.**

Implications and Risks:

The absence of and lack of updated assessments and reviews to assess the measures taken during public health events to determine what worked well and needs improving can cause a health system to be at a disadvantage. The MOH may not have learnt from the actions taken during a public health event and to make improvements in its preparedness, response and recovery.

These assessments and reviews could have assisted the MOH to:

- make adjustments and immediate improvement during this current pandemic;
- handle future and current public events more effectively; and
- avoid repeats or errors made without assessments.

Recommendation:

- **The MOH should work with its stakeholders to conduct regular monitoring and evaluation such as simulation exercises, AAR and IAR of health systems and public health capacities during public health events. This should be done routinely to assess what worked well and what needed improvement.**

SURVEILLANCE SYSTEMS AND INFORMATION SYSTEMS

- **The Ministry has an Information System for data collection and reporting**

The Saint Lucia Health Information System (SLUHIS) captures health information of all who access the thirty-five (35) facilities including health centers and public hospitals. It was noted that the data from the SLUHIS flowed to the Epidemiology Unit where reports can be produced.

We noted the dynamics of the SLUHIS system which is utilized at all wellness centers, with main features as:

- **Flag** possible cases for further investigation when temperature recorded is above 38c.
- **Capture of Epidemiological data** based on primary complaint relating to various syndromes.
- **Capture of additional symptoms** for patients presenting a primary complaint relating to any of the various syndromes along with additional details about the symptoms.
- Easily **configure and edit** case definitions for new or existing syndromes under surveillance.
- **Displays suggested diagnosis** based on primary complaints and additional symptoms recorded during surveillance.

- **Daily and weekly reports** with various parameters, on the number of patients presenting with or suspected of the various communicable diseases under surveillance by various agencies.

- **Surveillance systems in place do not monitor all hazards and health risks**

Surveillance systems are expected to be in place to monitor all hazards and health risks including epidemiology; antimicrobial resistance; food safety; infectious disease outbreaks; and other natural, human-induced, and environmental hazards) in an integrated manner and with multi-sectoral approach.

The surveillance systems in Saint Lucia monitors mainly infectious disease outbreaks however there is a lack of policies regarding chemical events and radiation emergencies. The monitoring and evaluation activities in place for public health events/shocks were identified as:

- 1. National Communicable Disease Surveillance System**

National Communicable Disease Surveillance includes the surveillance of:

- a) Communicable diseases under the IHR; and
- b) Communicable diseases and syndromes as stipulated by the Chief Medical Officer and Chief Veterinary Officer.

- 2. Medical Surveillance Report (MSR)** - The Ministry also has the Medical Surveillance Report (MSR) which captures syndromic and communicable diseases and notifiable disease, Entomological Surveillance (Vector Borne diseases), Syndromic surveillance, Port Health surveillance embodied in the IHR core capacities. These are assessed against pre-established

thresholds. **Weekly Syndromic Surveillance Reports were seen for 2018, 2019 and 2022. The Report stated information on confirmed cases of diseases. It included a Notifiable Disease Analysis as well as an IHR update.**

3. National Risks Register

We noted that there was a National Risk Register. This register listed various hazards or threats, their risk rating and controls currently in place. The National Risk Register listed six (6) of the Communicable and Notifiable diseases found in the Public Health (Communicable and Notifiable Diseases) Regulations.

4. Surveillance systems through CARPHA

There is an initiative by Caribbean Public Health Agency (CARPHA) for a Tourism Health Information System (THiS) developed as an early warning, web-based application for syndromic surveillance of populations in tourist accommodations.

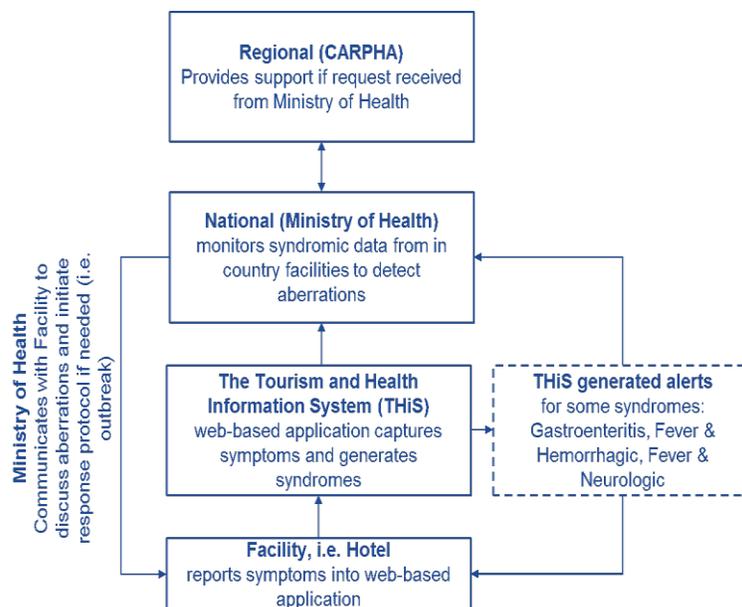


Figure 11 - Flow Diagram Depicting the THiS developed by CARPHA

The THiS was said to strengthen the country's capacity to detect, all in a timely manner, any initial or early infections that may have come in.

The need for strengthening of surveillance systems has been recognized and the Government of Saint Lucia under the OECS Regional Health Project will receive technical support for surveillance information systems. To strengthen public health surveillance through:

- (i) Improvement of the information base for surveillance through training and investments in health information systems;

- (ii) Addressing points of vulnerability through improved surveillance in targeted areas and high risks groups;
- (iii) Support to MOH's vector control programs and when applicable food safety programs and implementation of the Frontline and Basic Field Epidemiology Training program basic modules.

Implications and Risks:

Given the lack of surveillance of all hazards and health risks Saint Lucia may not be adequately prepared to manage and respond to all public health events such as chemical events and radiation emergencies. This may result in catastrophic effects on public health and safety as well as impact the livelihoods of citizens.

Recommendation:

- **In an effort to minimize the catastrophic effects of public health events such chemical events and radiation emergencies, the MOH should include all hazards and health risks in the surveillance systems, using a multi-sectoral approach. Having a well-structured surveillance system would enable agencies to monitor neglected hazards and strengthening interconnectivity, interoperability and data sharing among these systems and different sectors.**

MONITORING OF NATIONAL HEALTH POLICIES, PLANS AND STRATEGIES

- **Manuals and plans were developed, however they were outdated and risk registers were not maintained**

We found that the Ministry of Health has developed manuals and plans for monitoring and evaluation of public health events. Some of the manuals and plans are:

- **Communicable Disease Surveillance Manual – 2006** – to provide information to enhance decision making process and allow public health and agricultural health workers to be prepared and to respond in a timely manner to public health threats.
- **National Influenza Plan Volume 4 – Ministry of Health Plan 2009** – To reduce the transmission of the pandemic virus strain, to decrease cases, hospitalizations and deaths, to maintain essential services and to reduce the social and economic impact of a pandemic.
- **National Influenza Plan Volume 2 – Strategic Plan 2009** - Two of the objectives are to coordinate timely interventions that will reduce the risk of a pandemic and to ensure that systems exist to detect and characterize outbreak, and assess the risk of escalation into a pandemic.
- **National Pandemic Influenza Preparedness Plan - 2009** – The Pan American Health Organization (PAHO) with support of the United States Agency for International Development (USAID) worked with Caribbean countries and territories to upgrade their level of preparedness for Pandemic Influenza.
- **Multi-Hazard National Health Emergency Preparedness and Response Plan** – to review the Pandemic Influenza Plan and to adapt to the IHR.
- **Risk Communication Plan** – *developed for the Influenza Pandemic Plan.*

A **Revised Edition (2019-2023)** of the *Saint Lucia Tuberculosis Operational Manual* was done to provide guidance in identifying and referring suspect cases and promote the use of standards for prevention, diagnosis, treatment, care and control.

In **August 2020**, the Ministry developed the *Dengue Fever Action Plan 2020* to guide the Country's response to the outbreak of dengue fever. The Ministry requested the assistance of the Saint Lucia Red Cross in managing the outbreak. The plan provides the Country's response to reduce the immediate risk of spread of the dengue fever virus and also considers the risk related to the current COVID-19 pandemic

Embedded in **Economic Recovery and Resilience Plan** is a **monitoring and reporting framework**. There is a three phase approach to ensure effectiveness.

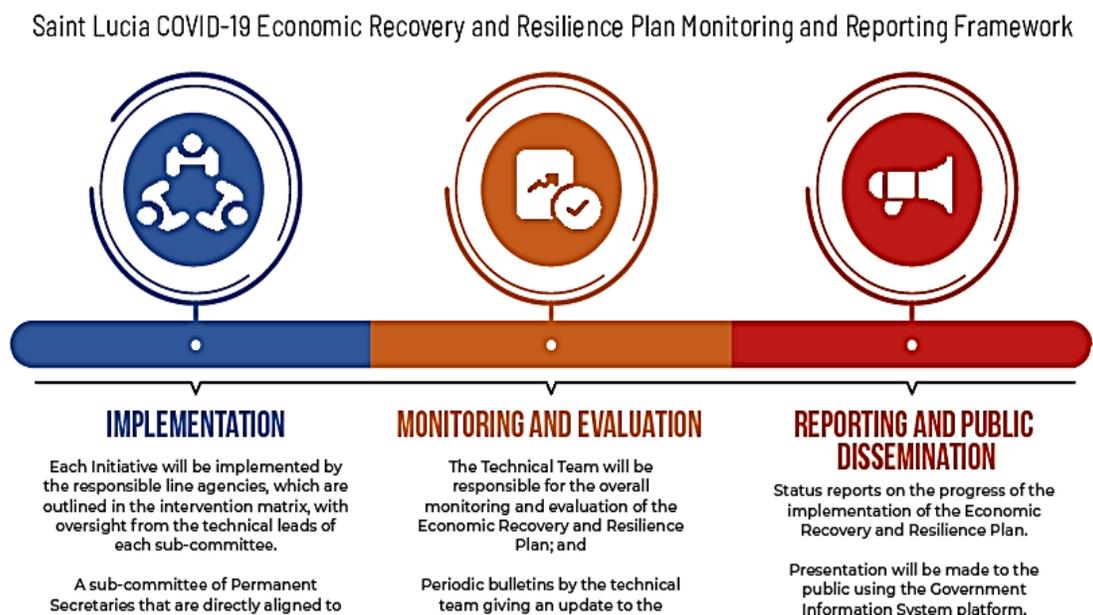


Figure 12 – Economic Recovery and Resilience Plan Monitoring and Reporting Framework

We have not received any information from the MOH on the action plans developed in responding to the current pandemic.

The MOH did not update the National Communicable Disease Surveillance Manual, the National Risk Register and the action plan for the implementation of the IHR prior to the COVID-19 pandemic. The majority of wellness centers sampled did not maintain risks registers.



It was noted from the survey responses, eight (8) wellness centers did not maintain a risk register. Only one (1) health facility indicated that a risk register is maintained. It is also used to do monthly reports and is submitted to heads of departments on a monthly basis.

No provisions were in place that required those

Figure 13 – Pie Chart showing No. of Wellness Centers who Maintained Risk Registers.

health facilities to maintain a risk register. As a result, those facilities may not be aware of or have any mechanisms for dealing with risks at the primary health care level.

Based on focus groups conducted with Secondary and Primary health care facilities, it was their opinion that monitoring and evaluation was not sufficiently done and therefore new waves of the COVID-19 pandemic could have been avoided if lessons were learnt and documents were updated. The gaps were not closed to avoid repeating the issues of the past.

Implications and Risks:

The lack of updated public health surveillance information limits the Ministry of Health's preparedness to effectively respond to public health events and thereby protect public health and safety.

Without a risk register, health centers may not be aware of potential hazards, increasing the risk of adverse events.

Recommendation:

- **All manuals, plans and risk registers should be maintained, periodically updated and circulated to all health facilities.**

Achieving resilience is key for health systems to adequately deal with public health events, such as the current pandemic. While the Government of Saint Lucia has obtained resources from donors to assist with strengthening the health system to achieve resilience and has developed and implemented the Economic Recovery and Resilience plan to combat COVID-19, there is a need to identify the lessons learnt to improve.

In its efforts to strengthen the health system the Government needs to employ a whole of government and whole of society approach on a consistent basis to ensure collaboration and inclusiveness of all key stakeholders ensuring that no one is left behind.

Crucial to ensuring the delivery of essential services before and during PHEs/shocks is the designed and implementation of an EPHS for the health sector when there are no PHEs/shocks and one fit for PHEs/shocks. It is therefore, incumbent upon the MOH to designed and implement an EPHS for Saint Lucia.

This audit has revealed some of the impact of COVID-19 on the health sector which the MOH can review and take action to address. However, it is useful that the MOH conduct reviews such as AAR and IARs to learn from the actions taken during the current pandemic to make improvements in its preparedness, response and recovery.

OBJECTIVE:

To determine to what extent the government strengthened the health system’s capacities to forecast, prevent and prepare for public health risks.

Audit Question 1

Has the government put in place processes and institutional arrangements to enhance capacities to forecast, prevent and prepare for public health risks through the country’s legislation, policy, plans, budgets and programmes?

Audit Criteria

- The Ministry of Health has a framework or institutional arrangements to coordinate activities to forecast, prevent and prepare for public health risks.
- The legislation, policy, plans, budgets and programmes relating to public health, emergency and disaster risk management include processes to forecast, prevent and prepare for public health risk.
- The Ministry of Health promotes an integrated approach, incorporating both health security and universal health coverage agendas in health system strengthening policies, plans and strategies.

Audit Question 2

How is the government ensuring, inclusive, collective and whole of society approaches in building health system’s capacities to forecast, prevent and prepare for public health risks at all levels?

Audit Criteria:

- The Ministry of Health works with and inform key stakeholders (including communities, private sector and other government agencies, academia, civil society, etc.) in planning for health system strengthening and health security strategies, policies and plans to effectively forecast, prevent and prepare for public health risks.
- The Ministry of Health indemnifies the vulnerable populations and adequately incorporate their needs in health system strengthening and health security strategies, policies and plans.

Audit Question 3

How does the government routinely assess its capacities to forecast, prevent and prepare for public health risks, in line with strengthening of the public health system?

Audit Criteria

- The Ministry of Health develops a system to routinely assess its capacities to forecast, prevent and prepare for public health risk which includes:
 1. Conducting of risk assessment, and using the results to inform health system strengthening and health security strategies, policies and plans.
 2. Conducting of simulation exercises to tests its capacities to respond to PHE/ shocks, and use the results to inform health system strengthening and health security strategies, policies and plans.
 3. Monitoring and evaluating activities for PHE/shocks.
 4. The requirements of the IHR (2005).
 5. Developing action plans and strategies to address the gaps identified in the IHR monitoring and evaluation and other assessments.
- Provision has been made in the approved estimates to secure possible means of needed resources (human, financial) for assessing capacities and monitoring activities in relation to forecast, prevent and prepare for PHEs/shocks.

OBJECTIVE:

To determine to what extent the government has taken proactive measures to strengthen the health system's capacities to adapt, absorb and respond to PHEs, while maintaining essential health services?

Audit Question 1

How does the government ensure a multi-sectoral coordination mechanism in place to adapt, absorb and respond to PHEs?

Audit Criteria

- The Ministry of Health has an effective information system that ensures timely and accurate collection and dissemination of information among stakeholders across all levels of governance and service delivery.
- An incident management structure is designed with the participation of relevant stakeholders and the onset of a public health event, to coordinate activities and resources by all stakeholders ensuring no gaps in and no duplicates of efforts.
- The incident management structure for PHEs/shocks includes the functions and roles for health system resilience.

Audit Question 2:

How does the government maintain essential health services, including adequately addressing the health needs of marginalised groups?

Audit Criteria

- The Ministry of Health defines an essential package of health services (EPHS) prior to PHEs/shocks.
- The Ministry of Health determines a prioritised set of essential health services which is fir-for-context during PHEs/shocks.
- The incident management or health system governance structure includes dedicated function for maintenance of essential health services.

- The specific health needs of the vulnerable populations are identified and adequately addressed.
- The Ministry of Health needs to ensure quality health services during PHEs/shocks.
- The approved budget include contingency resources to maintain essential health services during PHEs/shocks.

Audit Question: 3

How does the government monitor and evaluate processes to strengthen health system’s capacities to adapt, absorb and respond to PHEs?

Audit Criteria

- Surveillance systems (ongoing systematic collection, compilation, analysis and dissemination of data on reportable diseases and other events that present a potential threat to public health security) are in place to monitor all kinds of hazards and health risks (including epidemiology, antimicrobial resistance; food safety; infectious disease outbreaks; and other natural, human induced, environmental hazards) in an integrated manner and with a multi-sectoral approach.
- Monitoring and evaluations mechanisms are developed for action plans and activities during PHEs/shocks. This can include IHR (2005) M & E framework, AMR M&E, Health Sector plan Mid-term reviews.
- Action plans are updated and interventions adjusted based on M&E results during PHEs/shocks.
- Health system strengthening and health security strategies, policies, plans and interventions needs to be harmonise and align at all governance and service delivery levels.

OBJECTIVE:

To determine to what extent the government has learnt from recent public health events, to plan for health system recovery and transformation towards resilience.

Audit Question 1

How does the government learn from recent public health events and apply lessons learnt in reviewing, updating and aligning health system strengthening and health security institutional arrangements, strategies, policies, plans and interventions?

Audit Criteria

- The Ministry of Health needs to perform an assessment to determine the lessons learnt from previous/current PHEs.
- The Ministry of Health is expected to conduct after-action review (AAR) after a PHE/shock event and intra-action review (IAR) during protracted PHEs/shocks.
- The weaknesses identified in the PHEs/shocks and assessments are targeted in national health policies, plans, interventions, strategies and institutional arrangements.
- The Ministry of Health has mechanisms in place for experience and knowledge sharing.

Audit Question 2

How does the government ensure “sustainable development” and “building back better” principles applied in health systems recovery and transformation?

Audit Criteria

- The Government of Saint Lucia is expected to conduct integrated recovery planning with all stakeholders.
- The weaknesses identified in PHEs/shocks and assessments are targeted in recovery plans.
- The needs of vulnerable populations are sufficiently examined and incorporated in recovery plans so as to leave no one behind.
- The concepts of “quality, equity, efficiency, accountability, resilience and sustainability” are embodied in national health policies, plans and strategies.

Audit Question 3

How does the government ensure adequate resources allocated for sustainable health system recovery and transformation towards resilience?

Audit Criteria

- The Government is required to have sustainable financing mechanisms (either increasing domestic funding or securing donors’ funding) in place for health system strengthening.
- The Ministry of Health in collaboration with other government agencies and key stakeholders should leverage investment in any specific areas (such as emergency, disease, life course-specific programs) for strengthening health systems inputs (such as public health governance, health workforce, public health infrastructures).
- There are M&E mechanisms in place for recovery and transformation activities and resources are allocated for M&E activities.