UNITED NATIONS
ECLAC

Economic Commission for Latin America and the Caribbean
Subregional Headquarters for the Caribbean

Expert group meeting on social health protection
for vulnerable populations: identifying challenges
and forging new directions
31 October 2011
Port of Spain

LIMITED
LC/CAR/L.366
18 November 2011
ORIGINAL: ENGLISH

REPORT OF THE EXPERT GROUP MEETING ON SOCIAL HEALTH PROTECTION FOR VULNERABLE POPULATIONS: IDENTIFYING CHALLENGES AND FORGING NEW DIRECTIONS

This report was reproduced without formal editing.

CONTENTS

A. DECISIONS AND RECOMMENDATIONS

1. In light of the projected demographic developments, the region needs to explore ways of ensuring the sustainability of existing social protection schemes.

2. Technical support to assist countries with the conduct of studies and formulation of relevant policies should be provided.

3. National policies and plans related to the elderly should not be developed in isolation. Instead, countries should provide avenues that enable the elderly to provide inputs on matters that affect or are likely to impact them.

4. A follow-up session should be conducted for further discussion.

5. In advancing discussions on the issue of social health protection, the region should examine the existing health care systems and geriatric programmes in developed countries to draw on best practices and experiences.

6. There is a need to explore options available for health financing in the region.

7. Increased involvement of non-governmental organizations and community/support groups that put ageing at the forefront of the development agenda should be encouraged nationally.

B. ATTENDANCE AND ORGANIZATION OF WORK

1. Place and date of the session

8. The Economic Commission for Latin America and the Caribbean (ECLAC) convened the Expert group meeting on social health protection for vulnerable populations: identifying challenges and forging new directions, in Port of Spain, on 31 October 2011.

2. Attendance

9. Representatives of five member States of the Caribbean Development and Cooperation Committee attended the meeting: Antigua and Barbuda, Belize, Jamaica, Suriname and Trinidad and Tobago.

10. The United Nations was represented by the United Nations Development Programme and the Pan American Health Organization/World Health Organization (PAHO/WHO).

11. Representatives of the following institutions attended the meeting: The University of Utah, the University of Costa Rica and the University of the West Indies (UWI).

3. Agenda

12. The meeting adopted following agenda:

1. Opening of the meeting
2. Adoption of the agenda
3. Background Study: social health protection for the elderly in the English-speaking Caribbean
4. Reforms and financing of health insurance
5. Social protection and global health initiatives
6. Implementation of social health insurance: lessons learned from Latin America
7. Conclusions and recommendations
8. Closing remarks

C. SUMMARY OF PROCEEDINGS

1. Opening of meeting

13. Welcome and opening remarks were delivered by Hirohito Toda, Officer-in-Charge, ECLAC Subregional Headquarters for the Caribbean.

14. The Officer-in-Charge noted the inextricable link between health risks and poverty and underscored the importance of social health protection as a mechanism for overcoming the cycle of ill-health and poverty. He drew attention to the emerging issues of population ageing and associated epidemiological transition characterized by increasing prevalence of non-communicable and chronic diseases which would pose further challenges to national health systems. Highlighting those long-term challenges and the role of social health protection in mitigating impacts on the population, he reinforced the purpose of the meeting as a medium for advancing discussions and making policy recommendations to governments and development partners to address the needs of the elderly and other vulnerable groups in the region. He thanked participants for their contributions and wished them success in their deliberations.

2. Adoption of the agenda

15. Due to the unavoidable absence of some presenters, the provisional agenda was amended and adopted by the meeting.

3. Social health protection for the elderly in the English-speaking Caribbean

16. A presentation of the main findings of the study on social health protection for the elderly in the Caribbean was delivered by the representative of the University of Utah.

17. The main objective of the study was to assess the social protection systems for health in the English-speaking Caribbean. The study highlighted the multiple transitions taking place in the Caribbean which were transforming the population structure and epidemiological profile of countries. The study presented an overview of existing health systems in the region, as a whole, and also included two country case studies for Jamaica and Trinidad and Tobago. Though the ageing trajectories for each country in the region varied, the transformations were inevitable and, as such, the study recommended the implementation of systems and adoption of polices that would enable better adaptations to this change.

18. On the issue of the financing of health care by the elderly, the representative of Suriname indicated that a non-contributory pension fund for elderly over age of 65 existed in Suriname. Despite that, the elderly tended to avoid investing/utilizing their pensions on health care or for any services that were provided by the State. Instead, the typical practice was to take advantage of the State-funded social health card which provided access to free health care. The representative of UWI concurred with the remarks and stated that likewise, free health care was available to all residents at the 318 primary, secondary and tertiary hospitals in Jamaica. The challenge with the system was the long wait times to access those services, which caused persons to resort to private facilities. She further stated that the provision of health care was a very important political issue in many countries.

19. The representative of Belize pointed out that universal health care was available, but was limited to primary care and certain specialized services. In addition, a national health insurance package was defined for Belize but restricted in its coverage, as the scheme had been implemented only as a pilot in Belize City. There were plans to extend the scheme to guarantee full national coverage, however, the low level of public support and challenges with getting political buy-in had delayed the process. She also noted the national health insurance body placed high emphasis on quality of service and, as such, employed several tools such as medical audits and protocols for non-communicable diseases, as a means of ensuring that proper standards were maintained by stewards.

20. Based on the findings presented for the country case studies, the representatives of Jamaica and Trinidad and Tobago described some initiatives and proposed the following:

(a) The Jamaica Drugs for the Elderly was not comparable to the Chronic Disease Assistance Programme (CDAP) in Trinidad and Tobago. The former was geared at providing relief to the elderly for a few diseases and, therefore, covered only a limited number of drugs. CDAP, on the other hand, was initially limited to just the elderly but had been extended to all nationals of Trinidad and Tobago and included more drugs

(b) There were 130 homes for the aged in Trinidad and Tobago, of which nine were senior activity centres. Those centres were subsidized by the government and catered for persons aged 55 and over. The majority of the homes were operated privately and residence at those homes was paid for by the elderly through their pensions. Cognizant of the lack of monitoring or quality control of privately-owned homes, plans were afoot to proclaim legislation for the operation of homes for the elderly in 2012

(c) Alzheimer's Disease, which had become prevalent not only among the elderly, but also in younger cohorts, was not examined adequately in the study. It was stated that, firstly, the level of care for patients with Alzheimer's differed from that of a regular patient and thus should be given due attention. In addition, patients suffering from Alzheimer's Disease were generally at higher risk, especially during disasters. Thus, a call was made to give due consideration to instituting policies that accounted for and addressed the differing needs of those patients

(d) The representative of Trinidad and Tobago highlighted the following initiatives and interventions that had been undertaken:

(i) Scheduling of open public forums and administration of questionnaires or surveys, to stimulate dialogue with the elderly and provide them with an opportunity to give feedback on services provided to them

(ii) The conduct of sessions on financial literacy and financial planning for old-age that targeted persons in the 40–50 cohort and were intended to facilitate a smoother transition into old-age

(iii) The provision of health services and improvement of outreach through the mobile health services

(iv) The introduction of reverse mortgages that allowed elderly to convert their home equity into cash

21. The discussants also underscored the role of support groups and non-governmental organizations as important mechanisms that assisted with promotion and advocacy for the elderly population. The representative of Trinidad and Tobago highlighted, in particular, the impact and relevance of those groups in advancing issues for vulnerable subpopulations that would otherwise be overlooked. She also highlighted the plans of the government to implement the National Action Plan on Ageing in 2012 alongside the global observance of the 10-year milestone since the adoption of the Madrid Plan of Action.

22. On the issue of the HIV/AIDS, the representative of UWI stated that Jamaica had the oldest population of HIV/AIDS patients in the Caribbean and described the issues of accelerated ageing as a consequence of the infection. In relation to that issue, the representative of Belize pointed out the limited medical and other support that already existed for HIV/AIDS patients and further noted the potential challenges that would arise if due consideration was not given to developing appropriate care giving systems that catered to the needs of those patients.

23. The representative of Jamaica also pointed out the emerging trends in morbidity statistics which showed that the majority of elderly admissions to hospitals were males. The data also revealed that, compared to females, older males were not accessing health care and benefits available to them. That trend was tied to the fact that women tended to continually access health care because of their needs associated with reproduction. Men, on the other hand, tended to delay medical care until their health was in a chronic bad state.

24. The representative of Belize highlighted the partnership between the National Health Insurance Board and Mercy Clinic which had realized the provision of primary care to persons 60 years and over in the south side of Belize City.

4. Reforms and financing of health insurance

Experience of extending health coverage in Antigua and Barbuda

25. In her presentation, the representative of Antigua and Barbuda expounded on the components of the Medical Benefits Scheme (MBS) which was operational and provided financial assistance towards the coverage of medical services for nationals. The scheme was contributory in nature but also provided services to persons under the age of 16 and persons incapable of working. As the overall objective of the scheme was to address lifestyle diseases, at that time coverage was limited to 11 diseases. However, a significant component of the scheme was also geared at increasing sensitization and health promotion through community outreach. In light of the limited coverage of MBS and challenges with accessing health care, the government had undertaken to design a national health insurance scheme which would replace MBS and enable greater and more equitable access to medical care, especially for the poor and vulnerable. In the interim, the government, through the Ministry of Social Transformation, implemented a number of social safety net programmes that targeted vulnerable residents, and included among those

was the Government Resident and Assistance are for the Elderly and Eligible programme which provided non-medical home care for the elderly.

26. In response to questions on the coverage of the proposed National Health Insurance Scheme, the representative of Antigua and Barbuda indicated that the intention of the new scheme was to broaden coverage to all residents and thus enable all persons, irrespective of employment status, to access health care. She further stated that, at present, MBS required mandatory contributions of 3.5% from all employees in the formal sector.

27. On the issue of the inclusion of informal workers, the representative noted the challenge that existed with ensuring coverage of persons in the informal sector who did not make contributions to MBS; but indicated that with its eventual conversion to a national insurance scheme, coverage would be extended to the informal sector.

Experience of health coverage to vulnerable groups in Jamaica

28. The representative of Jamaica provided insight on the Programme of Advancement through Health and Education (PATH), which was a conditional cash transfer programme introduced in 2000 as part of reforms to the social safety net. The programme delivered social assistance to specific subgroups of persons from poor households who met the eligibility requirements. Beneficiaries of the programme were selected through a means test and, once admitted to the programme, they were expected to comply with the health and education requirements which mandated a minimum number of health visits and school attendance. Statistics for PATH revealed that, as at August 2011, a total of 390 200 persons were registered in the programme, of which 59,860 were elderly. Following the receipt of a grant from the Japanese Social Development Fund, the government was able to increase the number of elderly and disabled beneficiaries on PATH. While the main emphasis of the programme was to provide assistance, it also sought to empower beneficiaries of working age (15–64 years) through the "Step-to-Work" component. That aspect of the programme sought to equip beneficiaries of PATH with skills that would enhance their capacity and enable their integration in the labour force through the mandatory Exit Strategy.

29. The representative of Suriname observed that many of the social programmes tended to target other subgroups rather than the elderly and questioned the eligibility conditions for admission of the elderly under PATH. In response, the representative of Jamaica stated that the elderly beneficiaries were required to fulfil two health visits. On that issue, the representative of UWI suggested that the subregion should undertake to develop sensitive questions in the social domain criteria for measuring the quality of life of the elderly.

30. The representative of Trinidad and Tobago indicated that the Conditional Cash Transfer Programme, established by the government, was modelled around the Puente Programme in Chile and targeted households rather than the elderly, thus the assessments for entry into the programme were based on household conditions. Like PATH, eligibility into the programme was determined through a means test. Beneficiaries were assigned a special debit card which allowed them to purchase only approved food items. The programme also sought to empower recipients through skills training in order to enable them to move off the programme. She, however, lamented that the programme lacked a monitoring mechanism.

31. The representative of Antigua and Barbuda reported on the administration of two of the cash transfer programmes: the Poor Relief Programme which targeted the destitute and provided beneficiaries with EC$200 per month, and the Peoples Benefit Programme which formed part of the Petro Caribe Initiative and targeted economically challenged and disabled persons.

32. In response to questions raised about the monitoring of persons under the "Step-to-Work" Programme, the representative of Jamaica stated that the various types of skills training had been offered and she identified, in particular, the partnerships between the Rural Agricultural Development Authority and library services.

33. The representative of UWI remarked that many children from poor households, who were recipients of PATH, had achieved academic success irrespective of their backgrounds. In that regard, she reiterated the impact of the programme.

5. Social protection and global health initiatives

34. The representative of PAHO/WHO highlighted the causal link between poverty and access to health care and noted the stark disparities in access and cost of health care in developing and developed countries. Against that backdrop, he underscored the importance of social health protection as a mechanism for mitigating such impacts and outlined the role of WHO and the German Agency for Technical Cooperation-International Labour Office-World Health Organization Consortium on Social Protection in promoting universal social protection. He concluded with an outline of the role and function of the various stakeholders in the process towards achieving universal protection.

35. Discussants recognized the importance of getting political buy-in as a necessary first step in advancing and advocating for social health protection at a national level. Participants noted that, historically, stimulating that level of support for global initiatives had been challenging and, based on those experiences, participants offered the following approaches as means of generating greater political will: (a) identifying best practices and illustrating how it would cost governments more in the long run if they did nothing, and (b) defining the issue and selling it as a health issue, along the lines in which HIV/AIDS was handled.

36. Along those lines, the representative of Trinidad and Tobago reiterated that figures and costs were vital in trying to win support for any initiative. She further stated that it was useful to package the issue in a way that highlighted the relevance of the proposed intervention and also appealed to the emotions of the politicians.

37. In support of those contributions regarding the promotion of social health insurance for the population, the representative of PAHO/WHO indicated that technical assistance for the conduct of cost-efficiency analysis was available through his agency and could be sourced by countries. He further emphasized that those analyses were a major selling point and a good mechanism for convincing governments of the importance of implementing such schemes.

38. In relation to the availability of technical support for countries through the main international partners involved in the promotion of social protection, the representative of Belize enquired about alternative ways of accessing that support and resources other than through the formal channels of the Ministry of Health. In response, the representative of PAHO/WHO stated that direct contact could be facilitated between the requesting institution/agency and the United Nations entities via the Resident Coordinator of UNDP assigned to every country.

39. Discussants reinforced the important role played by interest/support groups in lobbying for the needs of the vulnerable subpopulations. Specific reference was made to the experiences in Latin America and the introduction of the Seguro Popular Programme in Mexico.

Community-based health insurance

40. In her discourse on community-based health insurance, the representative of UWI revealed that, contrary to popular belief, the principal concern for older persons was health, not finance. She highlighted the strides that had been made by countries in the subregion in providing primary care as a basic need, and the poverty-alleviating measures that had been initiated by PAHO/WHO. She noted the challenges with accessing health services, both physically and otherwise, and highlighted the efforts that had resulted in the development of guidelines for age-friendly spaces and subsequent implementation of those by the San Fernando City Corporation. She underscored the role of the media as a key ally in lobbying for support from government, and noted the importance of engaging stakeholders in the process.

41. The representative of PAHO/WHO noted that limitations to access were not just physical in nature and pointed out the cultural barriers encountered by indigenous populations as a result of their beliefs and practices. He underscored the need for culturally friendly heath centres and equipping them with staff that were in tune with the needs of those patients. He also noted that some staff at health centres were not adequately trained to serve the elderly. Some elderly persons visited health centres to voice concerns about their health, but the medical practitioners spared little time to listen and were more interested in diagnosing problems.

42. The representative of UWI stated that stereotyping in ageing among health care providers and professionals posed a problem.

43. The representative of Trinidad and Tobago supported the points made on the use of the media as a tool for stirring interest and getting buy in, and highlighted her experience and successes with using that medium.

6. Implementation of social health insurance: lessons learned from Latin America

44. The presentation by the representative of the University of Costa Rica focused on health financing in Latin America. She presented the findings of research that had been done in the area and provided a comparative assessment of the schemes that were operational in Latin America. An assessment of catastrophic health expenditure revealed that in the health systems in that region inequalities existed in the coverage and that the elderly, in particular, were not adequately covered. Differences existed in the level and type of coverage across countries.

45. In response to questions on Costa Rica's health insurance system, the representative of the University of Costa Rica provided insight on the level of coverage and main components of the system. She stated the strengths of the system in providing comprehensive health care and indicated the financial challenges that confronted the system at that time.

46. The representative of PAHO/WHO traced the development of social security institutions by ILO in the 1940s as a means of providing health protection for workers. He noted that such contributory systems were most successful when there was a large number of formal workers under contract but, in the absence of that contractual relationship, the system fell apart. He discussed the social security model for Colombia and noted the failures and challenges of that system and remarked on the unsuitability of that model for the Caribbean.

47. It was noted that the British model and primary heath care systems which had been used in the Caribbean worked well. In particular, the public system had proven to be more successful in Belize, Jamaica and Trinidad and Tobago than private insurance systems.

48. Participants exchanged views on the social insurance models used in Latin America and highlighted the pros and cons of the systems.

7. Conclusions and closing remarks

49. The meeting concluded with a summary of the main recommendations from the discussions and closing statements from the representative of ECLAC.

Annex I

LIST OF PARTICIPANTS

Gregory Corinde, Deputy Director, Administrative Services, Ministry of Social Affairs and Housing/Chairman of the Steering Committee, Conditional Cash Transfer, Paramaribo, Suriname.; E-mail: gregcorinde@hotmail.com

Denise Eldemire-Shearer, Professor and Head, Community Health and Psychiatry Department, University of the West Indies, Mona Campus, Kingston, Jamaica. Email: denise.eldemireshearer@uwimona.edu.jm

Beverly Hall-Taylor, Executive Director, National Council for Senior Citizens, Kingston 10, Jamaica. Email: ncscjm@yahoo.com

Gail Henry Lewis, Assistant Project Officer, Social Policy Unit, Ministry of Social Transformation, St. John's, Antigua and Barbuda. Email: gailalyson@hotmail.com

Gianluca Giuman, MDG Analyst, United Nations Development Programme (UNDP), Port of Spain, Trinidad and Tobago. Email: gianluca.giuman@undp.org

Ruth Jaramillo, Primary Care Manager, National Health Insurance Unit, Social Security Board, Belmopan, Belize. E-mail: rjaramillo@socialsecurity.org.bz

Johanna Muiser, Associate Researcher, University of Costa Rica/CCP, San Jose, Costa Rica. Email: jorine.muiser@gmail.com

Nehekia Quashie, Doctoral Candidate/ Graduate Instructor, Sociology Department, The University of Utah, Salt Lake City, Utah, USA. Email: nekehia.quashie@soc.utah.edu

Jennifer Rouse, Director, Division of Ageing, Ministry of Community Development, Port of Spain, Trinidad and Tobago. Email: divisionofageing@gmail.com

Guillermo Troya, Advisor in Health Services Administration, PAHO/WHO Country Office, Port of Spain, Trinidad and Tobago. Email: troyagui@trt.paho.org

Economic Commission for Latin America and the Caribbean (ECLAC)
Subregional Headquarters for the Caribbean

Hirohito Toda, Officer-in-Charge, Email: hirohito.toda@eclac.org
Sinovia Moonie, Population Affairs Officer, Email: sinovia.moonie@eclac.org
Julio Rosado, Social Affairs Officer, Email: julio.rosado@eclac.org

Annex II

SUMMARY OF EVALUATION

This section provides a summary of participants' responses to the evaluation questionnaire which was distributed at the conclusion of the meeting. It presents an overview of the overall usefulness/ relevance of the meeting, the applicability of the resulting recommendations as well as identifying key issues to consider in future related meetings.

Responses were received from all participants of the meeting, thus the views documented below were fully representative of the group.

1. IDENTIFICATION

Table 1 captures the demographics of participants of the expert group meeting by sex and organizational type / affiliation.

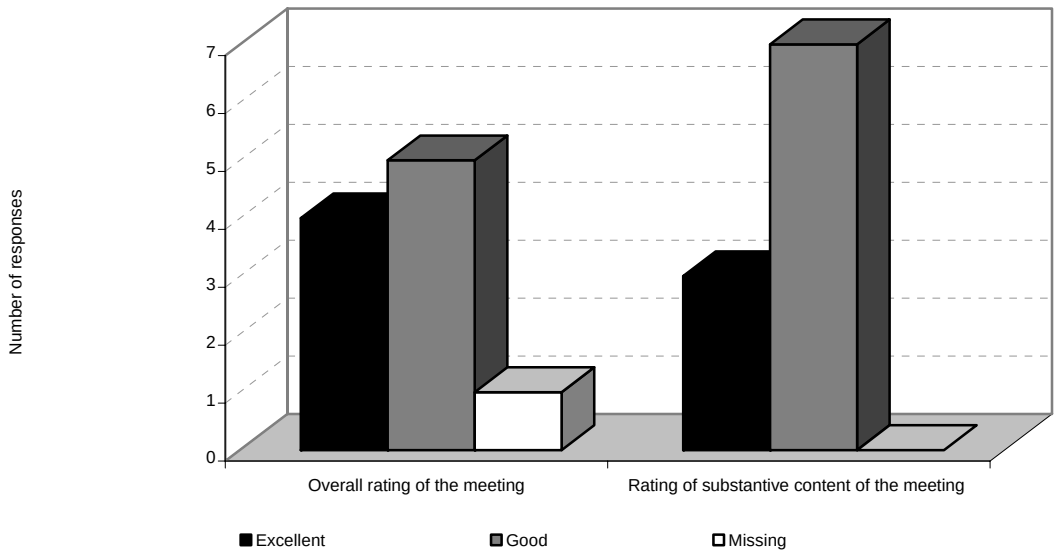
Table 1
Sex of respondents by organization

		Organization				***Total***
		National Ministry	*Other National Institution*	*Academic institution of university*	*International Organization*	
Sex	Male	1	0	0	2	**3**
	Female	3	1	3	0	**7**
Total		**4**	**1**	**3**	**2**	**10**

2. SUBSTANTIVE CONTENT AND USEFULNESS OF THE MEETING

The initial item of the evaluation asked participants to provide a rating of their overall impression of the meeting along a 6-point scale, which ranged from excellent to not sure/ no response. Participants' provided a strong positive rating of the meeting. Of the 9 responses, 4 assigned excellent ratings to that item and 5 rated the meeting as good. Similar ratings were recorded for the item on the substantive content of the meeting. Participants' ratings for that item were split between excellent (30%) and good (70%). Figure 1 displays the distribution of the responses for those two aspects of the evaluation.

Figure 1
Participants' feedback on the substantive content and overall quality of the meeting



Participants were also required to rate along a 3-point scale, the extent to which the meeting met their expectations. With the exception of two participants, who registered ambivalent feelings, through the option not sure/ no response and one who did not respond, all other participants indicated agreement with the statement.

Items 4 to 7 of the evaluation assessed the value added by the meeting through the presentations, discussions and recommendations. In terms of the relevance of the subjects discussed to their work, with the exception of one participant who did not respond, all other participants indicated that the meeting was either very relevant (60%) or relevant (30%). Following from this item, participants were asked, through an open-ended question, to identify issues that they thought should have been addressed at the meeting. The majority of participants were satisfied with the issues discussed, however, the time allotted for discussion was too short. As such, they suggested that the meeting should have spanned two days and follow-up meetings should be convened. In addition, the following areas of interest were listed:

- Social safety nets and regional best practices and financing options
- Social protection for vulnerable populations living in the interior

With respect to the usefulness of the analyses and recommendations, two participants (20%) indicated that the meetings were very useful, six (60%) rated it as useful, one person was unsure and another did not respond.

The evaluation also assessed the usefulness of the meeting as a forum for networking and exchanging experiences with representatives of other institutions. Participants' ratings to that item were split equally between very useful and useful.

3. ORGANIZATION OF THE MEETING

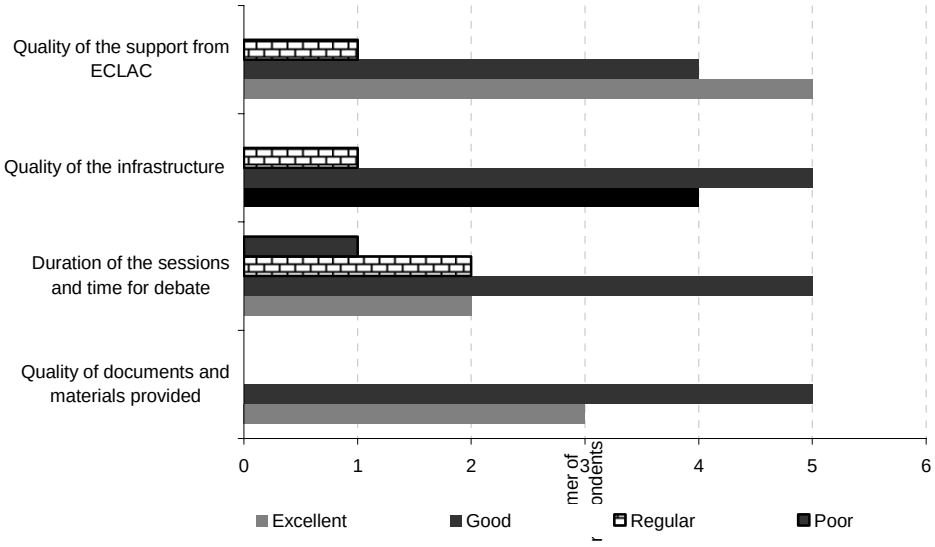
Responses to the item on access to and use of presentations and materials prior to the meeting were favourable. Of the eight responses for the two dichotomous items, seven participants (87.5%) indicated that they had access to the material and, of those, six persons indicated that they had read it.

A 5-point scale, where 1=Excellent and 5= Very Poor, was used to evaluate the organization of the meeting in terms of four key components. For all components, except duration of the sessions and time for debate, positive ratings were selected. For those specific components, 80% or more of the participants provided combined ratings of excellent or good. Ratings for the duration of the sessions and time for debate were consistent with earlier feedback on the short duration of the meeting. Thus, for this component, just 70% of participants deemed that aspect of the training as excellent or good; the remaining ratings were split between regular or poor. The disaggregation of responses by rating for each aspect of the training is given in figure 2 below.

Based on the ratings provided to the items on the organization of the meeting, participants were then required to identify the strengths of the meeting and suggest areas for improvement. Some participants used that opportunity to commend the organization of the meeting and reiterated their concern about the amount of time allocated for the discussion.

- "Good presentation on best practices"
- "We need more of this"
- "I commend the clear information and communication prior to the meeting"
- "Thanks for the excellent initiative"

Figure 2
Participants' views on the organization of the meeting



In terms of areas for improvement, some participants shared their viewpoints:

- "Better distribution of the material before the workshop"
- "Suriname has similarities with the Caribbean but also with Latin America. It would be good to have both representatives"
- "Participants showed up and were vocal but Barbados should have been represented given its demographics on ageing and established programmes for older person"
- "Continue sharing relevant studies in region; promote further research for the region"

Part of the evaluation also entailed a few questions that solicited participants' feedback on ways in which ECLAC could support their respective institutions and countries, as a whole, through the delivery of technical cooperation activities in the area of population development. The following areas of were identified:

- "Social determinants of health"
- "Social safety nets; case studies presentations; social protections systems; best practices and policy implementation"
- "Expert group meeting on specific items on the agenda; financing (health and pension); household surveys to capture dynamics of elderly"
- "Social Development"

In terms of participants' interest in receiving information on activities or publications by ECLAC, all participants gave affirmative responses along with their email addresses.

CONCLUSION

The positive ratings and comments highlighted in the foregoing summary provided evidence that the meeting was a success. The feedback indicated that the meeting met its objectives and provided a forum for sharing national experiences and stimulating dialogue on issues of social protection in the region

Appendix I

EXPERT GROUP MEETING ON SOCIAL HEALTH PROTECTION FOR VULNERABLE POPULATIONS: IDENTIFYING CHALLENGES AND FORGING NEW DIRECTIONS
Port of Spain, Trinidad and Tobago
31 October 2011

MEETING EVALUATION

In an effort to assess the effectiveness and impact of this Expert Group Meeting, kindly complete the following evaluation form. Your responses will be invaluable in providing feedback on the overall meeting, identifying areas of weakness and help improve the organization of future meetings.

Sex

☐ Female
☐ Male

Country of origin: _____

Institution(s) you represent: _____

Title/Position: _____

Type of organization you represent:

National ministry
Other national institution (please specify):
_____
Local / municipal institution
Academic institution / university
Private sector

Subregional institution
International organization
Independent consultant
NGO
Civil society (please specify):
_____
Other: _____

Substantive content and usefulness of expert group meeting

1. How would you rate the Expert Group Meeting overall?

1. Excellent 2. Good 3. Fair 4. Poor 5. Very poor 6. Not sure / no response

2. How would you rate the substantive content of the Expert Group Meeting?

1. Excellent 2. Good 3. Fair 4. Poor 5. Very poor 6. Not sure / no response

3. Did the Expert Group Meeting live up to your initial expectations?

1. Agree 2. Neither agree nor disagree 3. Disagree 4. Not sure / no response

4. How relevant was the Expert Group Meeting for the work of your institution?

1. Very useful 2. Useful 3. Fair 4. Not very useful 5. Not useful at all 6. Not sure / no response

5. How would you improve this Expert Group Meeting in terms of the subjects addressed (for example, issues you would have liked to address or analyze in greater depth or subjects which were not so important)?

6. How useful did you find the analyses and recommendations formulated at the Expert Group Meeting for your work?

1. Very useful 2. Useful 3. Fair 4. Not very useful 5. Not useful at all 6. Not sure / no response

7. Based on the above, what specific recommendations would you consider incorporating in the work of your institution?

8. How useful did you find the Expert Group Meeting for engaging in conversations and exchanging experiences with representatives of other institutions?

1. Very useful 2. Useful 3. Regular 4. Not very useful 5. Not useful at all 6. Not sure / no response

Organization of the event

9. a. Did you have access to the materials for the Expert Group Meeting before seeing the presentations at this event?

□ Yes
□ No

b. Did you read them?

□ Yes □ No

10. How would you rate the organization of the meeting? If you choose "poor" or "very poor" please explain your response so that we can take your opinion into account.						
Quality of documents and materials provided	1. Excellent	2. Good	3. Fair	4. Poor	5. Very poor	6. Not sure/No response
Duration of the sessions and time for debate	1. Excellent	2. Good	3. Fair	4. Poor	5. Very poor	6. Not sure/No response
Quality of the infrastructure (room, sound, catering)	1. Excellent	2. Good	3. Regular	4. Poor	5. Very poor	6. Not sure/No response
Quality of support from ECLAC Port of Spain to facilitate logistics for your participation in the event	1. Excellent	2. Good	3. Fair	4. Poor	5. Very poor	6. Not sure/No response

11. Based on the ratings selected above, please indicate what worked well and what could be improved.

12. Do you have any other comments or suggestions on the organizational aspects of the Expert Group Meeting?

13. a. What additional technical cooperation activities in the field of population development would you suggest that ECLAC undertake in the future?

b. Would you like to receive more information about activities or publications by ECLAC in the field of population development?

□ Yes □ No

c.If yes, please provide your e-mail address:_____

Thank you.

Appendix II

RESPONSES TO QUANTITATIVE ITEMS

Table A.1
Sex of Participants

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Male	3	30.0	30.0	30.0
Female	7	70.0	70.0	100.0
Total	10	100.0	100.0	

Table A.2
Type of organization being represented

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
National Ministry	4	40.0	40.0	40.0
Other National Institution	1	10.0	10.0	50.0
Academic Institution or university	3	30.0	30.0	80.0
International organization	2	20.0	20.0	100.0
Total	10	100.0	100.0	

Table A.3
Overall Rating of the expert group meeting

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Excellent	4	40.0	44.4	44.4
Good	5	50.0	55.6	100.0
Total	9	90.0	100.0	100.0
Total	1	10.0		

Table A.4
Rating of substantive content of the meeting

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Excellent	3	30.0	30.0	30.0
Good	7	70.0	70.0	100.0
Total	10	100.0	100.0	

Table A.5
Did meeting live up to initial expectations

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Yes	7	70.0	77.8	77.8
Not Sure/ No response	2	22.0	22.2	100.0
Total	9	90.0	100.0	
Missing	1	100.0	100.0	

Table A. 6
How relevant was the subject matter presented and discussed for the work of your institution

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Very relevant	6	60.0	66.7	66.7
Relevant	3	30.0	33.3	100.0
Total	9	90.0	100.0	
Missing	1	10.0		

Table A.7
Usefulness of the analyses and recommendations presented at the expert group meeting

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Very useful	2	20.0	25.0	25.0
Useful	6	60.0	75.0	100.0
Total	8	80.0	100.0	
Total	2	20.0		

Table A.8
Usefulness of the meeting for engaging in conversations and exchanging experiences with representatives of other countries and institutions

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Very useful	5	50.0	50.0	50.0
Useful	5	50.0	50.0	100.0
Total	10.0	100.0	100.0	

Table A.9
Access to materials of the meeting before the event and were they read

		Did you read them?		
Access to materials before the meeting	Yes	6	1	**7**
	No	0	1	**1**
	Total	**6**	**2**	**8**

Table A.10
Quality of the documents and materials provided

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Excellent	3	30.0	37.5	37.5
Good	5	50.0	62.5	100.0
Total	8	80.0	100.0	
Missing	2	20.0	100.0	

Table A.11
Duration of the sessions and time for debate and questions

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Excellent	2	20.0	20.0	20.0
Good	5	50.0	50.0	70.0
Regular	2	20.0	20.0	90.0
Poor	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Table A.12
Quality of the infrastructure (room, sound, catering)

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Excellent	4	40.0	40.0	40.0
Good	5	50.0	50.0	90.0
Regular	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Table A.13
Quality of support from ECLAC Port of Spain to facilitate the logistics for your participation in the event

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Excellent	5	50.0	50.0	50.0
Good	4	40.0	40.0	90.0
Regular	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Table A.14
Interest in receiving information about activities or publications by ECLAC

	Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Yes	10	100.0	100.0	100.0
Total	10	100.0	100.0	