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Subregional Headquarters for the Caribbean

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Project on MDG/IADG Monitoring in the Caribbean
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**REPORT OF THE SECOND EXPERT GROUP MEETING
ON THE DEVELOPMENT ACCOUNT SUPPORTED PROJECT
ON MDG/IADG MONITORING IN THE CARIBBEAN**

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Table of Contents

Introduction	1
Agenda Item 1: Opening Session	1
A. Overview of MDG/IADG Development Account Project.....	2
Agenda Item 2: MDG monitoring and reporting in the Caribbean: Status of art	2
A. MDG/IADG DA project – what is in there for me?	2
B. Support to Poverty Assessment and Reduction in the Caribbean (SPARC)	3
C. Metadata and MDGs – a Metadata database for the Caribbean	4
Agenda Item 3: MDGs & Health in the Caribbean: introduction	6
A. Demography and health related MDGs – situation in the region	6
B. MDGs and Health in the Caribbean: Expert panel	6
Agenda Item 4: MDG Monitoring at the Country Level	8
A. MDG monitoring and costing project in Belize	8
B. Barbados	9
C. Grenada	9
D. Netherlands Antilles	10
E. Suriname	10
F. Jamaica	11
G. Anguilla	12
H. Aruba	12
I. Trinidad and Tobago	13
J. Bahamas	13
K. Antigua and Barbuda	14
L. Belize	15
M. Guyana	15
N. St. Vincent and the Grenadines	15
O. Saint Lucia	16
P. British Virgin Islands	16
Q. United States Virgin Islands	17
R. St. Kitts and Nevis	17
S. Presentation on the forthcoming review and appraisal meeting on the occasion of the 15 th anniversary of the International Conference on Population and Development (ICPD) and the adoption of the Programme of Action	18
Agenda Item 5: Summary and Recommendations	18
Agenda Item 6: Closure of the Meeting	18
Annex I: Agenda	19
Annex 2: List of Participants	21

EXPERT GROUP MEETING ON THE DEVELOPMENT ACCOUNT SUPPORTED PROJECT ON MDG/IADG MONITORING IN THE CARIBBEAN

Introduction

The Economic Commission for Latin America and the Caribbean (ECLAC), Subregional Headquarters for the Caribbean, held a two-day expert group meeting on Millennium Development Goals (MDG) monitoring and reporting with a particular focus on health-related indicators in Port of Spain, Trinidad and Tobago, on 16-17 June 2009. This meeting was convened within the framework of the United Nations Development Account-funded project 'Strengthening the Capacity of National Statistical Offices in the Caribbean Small Island Developing States to fulfil the Millennium Development Goals (MDGs) and other Internationally Agreed Development Goals (IADGs)'.

Present at the meeting were officials from National Statistical Offices (NSOs) and ministries of health from the following ECLAC Caribbean Development and Cooperation Committee (CDCC) member countries: Antigua and Barbuda, the Bahamas, Barbados, Belize, Grenada, Guyana, Jamaica, Saint Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago. Officials from the following associate member States were also in attendance: Anguilla, Aruba, the British Virgin Islands, the Netherlands Antilles and the United States Virgin Islands. Representatives from the following organizations participated: Caribbean Community (CARICOM), the International Labor Organisation (ILO), (United Nations Development Programme (UNDP) (Barbados, Belize), United Nations Children's Fund (UNICEF) (Barbados, Guyana, Latin America and the Caribbean Regional Office - Panama), United Nations Population Fund (UNFPA) (Jamaica, Trinidad and Tobago) along with officials from ECLAC Headquarters and the Subregional Headquarters for the Caribbean. Three independent experts were also at the meeting.

This meeting was the second expert group meeting convened under the above cited Development Account project. The purpose of the meeting was two-fold: to present the first version of the Caribbean metadata database (CTTInfo) to its future beneficiaries and to discuss in more detail the MDG monitoring and reporting in the area of health.

Agenda Item 1: Opening Session

Ms. Charmaine Gomes, Officer in Charge of the ECLAC Subregional Headquarters for the Caribbean, welcomed the participants by providing a brief introduction to the meeting and describing ECLAC's role in supporting countries in realizing the MDGs. World-wide significant progress had been made towards achieving many of the goals with, globally 43 countries on track to halve hunger by 2015. However, there was still much to be done at the global level. Over one billion people still lacked access to safe drinking water and lived on less than one U.S. dollar per day. She also noted that it was unrealistic to expect that many of the Small Island Developing States (SIDS) in the Caribbean would be able to achieve the same progress as other more developed nations. She further recognized the fact that some of the global goals would need to be adjusted to the regional or even local circumstances to become a useful tool. Thus, she supported the idea for Caribbean countries to develop customized targets at the regional or even national level. Ms. Gomes highlighted the importance of good quality statistical data for measuring

progress and expressed her conviction that ECLAC was aware of the data-related needs of the region and the necessity to address these needs with practical solutions.

A. Overview of MDG/IADG Development Account Project

The Social Affairs Officer of the ECLAC Subregional Headquarters for the Caribbean, who also serves as the project coordinator, introduced the agenda for the meeting. She stressed the need for feedback from the countries represented to be better able to tailor the project activities according to the actual needs of the region, as a whole, as well as at the country level. She also stressed the importance of sharing best practices and of identifying bottlenecks in the area of MDG monitoring and reporting with other partners in the region. She discussed the results and recommendations of the first meeting and presented a brief assessment of the status of MDG reporting in the Caribbean, indicating that the majority of the countries had so far reported on progress towards the MDGs either through a national or a regional report (for the Organisation of Eastern Caribbean States (OECS) and Barbados). She then provided an overview of the objectives and expected accomplishments of the project since February and highlighted the main activities carried out under the project so far. A report detailing the results of a regional survey on monitoring and reporting of MDG indicators was completed and a first version of an MDG metadata database (CMDGinfo) had been developed by a consultant recruited through the project (this database was also presented to the meeting). Further activities to be carried out through project would include: a third expert group meeting focusing on MDGs and environment (MDG 7) to be convened later in 2009, the execution of several training workshops, and the creation of a website as a mechanism to share information on the project and the establishment of a skills database. The project was also expected to provide technical support to a selected group of countries at the national level. The beneficiary countries should have at least the basic statistical capacity to monitor MDG indicators and should be willing to provide this information (micro- and meta data) to the international community. Further, an indication of sustainability of the intervention upon completion of the project activities would be expected from those countries wishing to participate.

The ECLAC representative also discussed some of the issues currently affecting data collection and analyses in the Caribbean. Countries would need to address communication gaps at the national level between ministries and other stakeholders involved in gathering data for and reporting on MDG indicators. She further reiterated the need for common data collection protocols and called for the establishment of a cost recovery mechanism to support NSOs in their efforts to make data available to the international community. The latter had been discussed intensively at the first expert group meeting.

Agenda Item 2: MDG monitoring and reporting in the Caribbean: Status of art

A. MDG/IADG DA project – what is in there for me?

The objective of this presentation was to highlight the benefits of this project for the countries and other stakeholders present. The project coordinator emphasized the fact that the project would build on ongoing activities in the region and could only be a success if participatory, needs-based approaches would be applied to ensure ongoing consultations with the beneficiaries of the activities. Thus, she stressed the fact that the success of the project would depend to a great extent on the active involvement of all stakeholders concerned. She also

acknowledged that the counterparts would be engaged in numerous other activities and stressed the fact that the activities of the project should not be considered an additional ‘burden’, but should support countries to enhance general monitoring and reporting responsibilities and thus also increase national capacities in MDG monitoring and reporting. Another envisaged benefit of the project would be the provision of knowledge-sharing tools, such as the website and the metadata database. The database was designed to serve as a framework for national and regional use and could be expanded to also include regional and even national indicators. It was further expected that this tool would facilitate transparency, coordination and harmonization of concepts applied in data collection and analysis. The project also hoped to assist in enhancing communication between the various sources of data and those responsible for monitoring and reporting at the national level. Finally, she indicated that a selected group of countries would receive technical assistance at the national level.

Discussion

In response to an inquiry regarding the skills database that had been one of the recommendations coming out of the first expert group meeting, the project coordinator responded that this activity had not yet started. She reported that this skills database could build on an already existing mechanism housed at the Caribbean Knowledge Management Centre (CKMC) at the ECLAC Subregional Headquarters for the Caribbean.

The representative of the Bahamas underscored the importance of data anonymization as a precondition to share micro-data with regional and international organizations. She referred to CARICOM’s efforts in this area and encouraged ECLAC to liaise with CARICOM on this matter. In response, the project coordinator informed the meeting that her office was currently engaged in a regional household survey project that would also comprise an element addressing data anonymisation. She suggested addressing this issue when the project coordinator of that project would be present. She also informed the meeting that UNDP and the World Bank had begun to work with two countries in the region (Dominica and Saint Lucia) on this issue.

The representative of CARICOM inquired whether the project was going to use the Caribbean-specific MDGs that CARICOM member countries had indicated were more relevant and which embodied a gender focus. She quoted as an example the lack of relevance of the Purchasing Power Parity (PPP) based One-US-Dollar-per Day poverty measurement for the region. The ECLAC project coordinator responded that the main focus of this project was to strengthen metadata collection and reporting. Given the limited resources of the project, the currently developed metadata database would presently only reflect the global MDGs and assess comparability across the region as well as at the international level. However, this meta database could be expanded by its users at any stage and populated with information on regional and/or local metadata.

B. Support to Poverty Assessment and Reduction in the Caribbean (SPARC)

The UNDP representative provided an overview of the mandate of the Support to Poverty Assessment and Reduction in the Caribbean (SPARC) project, a regional effort to facilitate delivery of a comprehensive package of assistance to Caribbean countries to strengthen national and regional capacities to systematically collect, analyze and disseminate social data for poverty assessment. In addition it would critically inform social policy formulation at national levels meant to enhance the collection of social data for poverty assessment, monitoring, and the

achievement of the MDGs in the Caribbean. She stressed that poverty monitoring and reporting would be essential to better understand the impact of the current economic crisis.

She provided an overview on the type of support her agency provided to the countries in the region. Of particular importance was the collaborative support of UNDP and the Caribbean Development Bank (CDB) in the area of Country Poverty Assessments (CPAs) and Core Welfare Indicator Questionnaires (CWIQs) that have been conducted over the past years in several countries. She indicated that more surveys will be conducted in the next years and also reported on the work to support countries in their efforts to formulate poverty reduction strategies (PRSs). UNDP, in collaboration with other partners has also supported the regionalization and nationalization of MDG indicators and has assisted several countries in that regard. Further, their work also encompassed developing indicators and tools, enhancing coordination at the national and regional levels, strengthening institutional leadership for monitoring and advocating for the fulfilment of the Goals. The agency was currently collaborating with the OECS in the compilation of their Human Development Report (HDR), supported gender mainstreaming exercises in collaboration with the United Nations Development fund for Women (UNIFEM), promoted policy reform and partnered with other United Nations agencies to assist with data anonymization and capacity development. Recent activities undertaken were an MDG Strategic Thinking Workshop and their continued work on an MDG toolkit to facilitate MDG monitoring, reporting and advocacy at the national level. Finally she summarized the main challenges the region was currently facing: rising poverty in some countries, increasing infant and maternal mortality rates in some instances, the need to improve HIV/AIDS data collection and reporting, the impact of the global economic crisis on the sustainable development of the Caribbean; and the continued lack of an integrated approach to development planning and decision making at the national level.

C. Metadata and MDGs – a Metadata database for the Caribbean

The consultant to the project provided a brief overview of the main accomplishments of his assignment and presented the first version of a Caribbean metadata database 'CMDGInfo'. The design of CMDGInfo was based on the metadata manual provided by the United Nations Statistics Division (Millennium Development Indicators – Metadata, ECLAC, 2009). So far metadata for selected indicators, as available through reports, such as poverty assessments and national MDG reports, had been entered into the database. The ultimate goal of this database was to document the methodologies and concepts used to produce data for MDG indicators at the national level, to compare those to the internationally recommended guidelines and then to attempt to harmonize those concepts initially with a group of countries to allow for cross-country as well as inter-temporal comparisons.

The consultant reported on the general lack of metadata available in the assessed reports for all MDG indicators. Based on the analysis of data and metadata for MDG 1, eradication of poverty, he lamented that the lack of appropriate documentation of concepts and methodologies in the establishment of poverty lines would lead to misleading analysis and resulting interpretation that could have considerable consequences when used as a basis for policy and programme formulation. He particularly highlighted the fact that while poverty lines would be changed, inter temporal comparisons would be conducted that would lead to misinterpretation of the changes in the poverty level in a given country. Also, while nationally established poverty-lines that would not be based on PPP could not be used for cross-country comparisons, the analysis showed that such comparisons had been undertaken and reported in various documents. However, the causes for these obvious errors seemed to be multiple. For example, one reason, he

cited, was that many MDG reports in the region were produced with little involvement of the NSOs and often countries would not have sufficient financial and human resources to produce a high quality document. Further, some guidelines provided by United Nations agencies did not emphasize the need for appropriate documentation of metadata and many of those responsible for the production of such reports were not aware of the above-cited manual published by the United Nations. Further, CPAs were not linked to MDG reporting and, thus, would only be of limited value in this regard. To conclude, he called upon the countries to increase the awareness of the need to apply internationally agreed upon standards to enhance data quality, particularly in the area of poverty measurements, which were a centerpiece for the region's countries' development planning.

He therefore recommended the establishment of national and regional metadata databases that would facilitate documentation of concepts and methodologies and thus ease the approach to compare across borders and time. He proposed creating a national committee composed of members of academia, NSOs and other relevant institutions to review metadata standards, including: setting definitions for indicators, drafting relevant policies and reviewing the performance of the database. NSOs would be responsible for sharing the metadata for each indicator with the database. The database would serve as the clearinghouse for disseminating data and enhancing communication between countries on best practices for monitoring and reporting. The average user would be able to quarry this database to find both data and metadata by indicator and by country. The proposed Structured Query Language (SQL) database would be easily linked to other platforms, such as DevInfo (the most commonly used information platform in the Caribbean) and databases housed at the ECLAC offices (such as BADEHOG (base de datos de hogares = household survey database). The consultant also recommended the creation of a regional newsletter to share best practices for data collection, management and analysis as a tool for improving communication and collaboration among NSOs.

Discussion

Several countries voiced their concerns about the issues regarding metadata raised by the consultant. The representative of Aruba argued that many countries lacked the skills and human resources to provide metadata. He also suggested that guidelines be established in order to facilitate cross-country comparisons. The representative of Belize agreed, mentioning that many NSOs were limited by inadequate human resources and leadership skills. A number of participants made reference to the fact that external consultants were frequently hired to compile the MDG country reports and that this would often contribute to the lack of metadata presented in the reports. The representative of the Bahamas asked to be included in the group of countries to receive technical assistance through the project to support national efforts to finalize their MDG report.

The consultant reiterated once more the importance of documenting metadata in poverty assessments, particularly when cross-country and inter-temporary comparisons would be made. He emphasized the need to maintain the poverty line to allow for such comparisons. The representative of CARICOM reminded the participants that the change of poverty lines would be justified by the country situations that often changed considerably and thus would need to be reflected in an adjusted poverty line. However, she supported the fact that this would limit comparisons. She also mentioned that some progress had been made in the harmonization of various health indicators since 2002.

Agenda Item 3: MDGs & Health in the Caribbean: introduction

A. Demography and health related MDGs – situation in the region

The Population Affairs Officer of the ECLAC Subregional Headquarters for the Caribbean reminded all participants of the importance of translating the commitments made at the Millennium Summit into action to achieve the Goals as agreed upon in 2015. He stated that MDG data collection, monitoring and reporting would be critical to support national efforts towards the achievement of the Goals. This information should be used to assist governments in evaluating existing policies and projects, formulating new policies and projects, appraising government accountability and informing and involving the public in the national development debate. He continued with an overview of the various types of assistance provided through the United Nations in the area of health-related data collection and analysis. This included the provision of handbooks on methodological aspects and definitions and on site guidance and technical assistance. Also data and estimates were provided in case no data would be available at the national level.

He noted that national statistical offices should bear the primary responsibility of ensuring the quality of the data collected and reported, but was aware that they were frequently not the only party involved in data collection and monitoring. Coordination and cooperation between NSOs and the health agencies involved was essential to producing accurate data. National sources of health-related data included registries, censuses and surveys. Surveys, such as Multi-Indicator- Cluster Surveys (MICS), strongly supported by UNICEF, were also important sources. These surveys were very useful since they provide time-series data. At the international level, organizations such as UNICEF, UNFPA, World Health Organization/Pan-American Health Organization (WHO/PAHO), Caribbean Epidemiological Centre (CAREC) and Joint United Nations Programme on HIV/AIDS (UNAIDS) were key sources for information and data in regards to health-related indicators.

Based on research undertaken and on the findings of a survey undertaken by the ECLAC office in late 2008/early 2009, he stated that none of the Caribbean countries had reported on all of the health-related indicators and the lack of consistent time series data would make it difficult to monitor change over time. Some of the issues identified to affect the quality of health-related data in the Caribbean included: undercount in surveys and administrative records, missing information/no response, multiple sources of data applying different concepts and lack of time series data, often poor quality of data and metadata. The representative further stressed the need for reliable metadata, in terms of applied methods, definitions and documentation of adjustments. Finally, he recommended that countries improved cooperation within the region to harmonize practices in an effort to enhance efficiency to cope with the lack of skills and scarcity of resources allocated for MDG monitoring and reporting.

B. MDGs and Health in the Caribbean: Expert panel

1. UN and child mortality

In his presentation, the representative of UNICEF discussed the practices for monitoring Goal 4 of the MDGs, which focused on reducing the under-five mortality rate. The representative stressed the importance of this indicator as a general gauge of a country's developmental status. He discussed the importance of accurate, high-quality, reliable and timely data. He also

underscored the need for better sub-national data in order to target the specific districts that needed assistance. UNICEF's MICS were a significant source of data for approximately 21 of the MDG indicators. MICS were nationally representative surveys with internationally tested indicators that, in general, could be disaggregated to the regional level. They provided a wealth of information for advocacy and planning at the national and regional levels. UNICEF was currently preparing the fourth round of the MICS offering similar indicators as the previous round. The representative reported that a section on youth participation and adolescent well-being as well as a set of questions to be administered to men will be added to the repertoire. He continued with a brief elaboration on DevInfo, a data storage and sharing platform developed by UNICEF that was already used by many Caribbean countries. The representative also briefly discussed the strengths and weaknesses of other sources of data such as vital registration, national censuses and household surveys. Comparing available data for the region from 1995 and 2007, he noted that though the under-five mortality rate had generally decreased across the region, it had begun to stagnate in many Caribbean countries. He also explained that indicator harmonization was necessary on many key issues, and cited the inter-agency work that many United Nations institutions did to harmonize and produce high quality estimates of under-five mortality. He ended by emphasizing the importance of good data quality and of sharing documents and experiences.

2. UN and Maternal health

Focusing on Goal 5, which addressed reducing maternal mortality and expanding access to reproductive healthcare, the representative of UNFPA provided an overview of efforts undertaken by UNFPA, UNICEF and the World Bank in assisting countries to achieve this objective. Statistics available showed that some progress had been made but not at the levels needed to accomplish the Goal. He reported that UNFPA's strategy had concentrated on the provision of family planning, reproductive health, emergency obstetric and newborn care, and skilled care during pregnancy and birth. The presenter listed the following as the key constraints to measuring and monitoring maternal health: lack of regular and consistent data, limited technical capacity among data agents, lack of recognition of factors related to gender, limited financial resources, and insufficient cooperation among data collecting and processing agencies. Overall, he lamented the weak research culture in the Caribbean. According to him, the countries also experienced difficulties in measuring some of the indicators, such as contraceptive prevalence rates and the adolescent fertility rate. In addition, often no national agency was responsible for collecting data on contraceptive prevalence rates and/or family planning needs. The presenter stressed the importance of access to disaggregated data for these indicators, but noted that they were often not available. The presentation was concluded with a review of the importance of good quality data and metadata for accurate reporting and planning.

3. UN and other health related MDGs

A representative of the Statistics Division of ECLAC Headquarters outlined efforts to assist countries in Latin America in monitoring the MDG indicators. She spoke specifically about a regional project that was currently addressing discrepancies between data originating from national and international sources. These discrepancies resulted from several factors, including methodological differences in data collection and interpretation and lack of inter-institutional coordination among agencies and among countries and agencies. She noted that some countries occasionally would not use some of the global health-related indicators in their reports since they did not consider them to be relevant to their national situation. Moreover, countries also often lacked a central body responsible for coordinating the collection of health-related data and obtaining data from multiple sources which often caused fragmentation and thus

difficulties in interpreting these data. She emphasized the importance of metadata and argued that official MDG indicators should be calculated according to international standards. She briefly discussed the MDG reporting practices of Argentina and Chile, observing that both countries produced metadata guidelines as well as country-specific indicators.

Discussion

Representatives from the Netherlands Antilles, CARICOM and the ILO agreed that one of the primary causes of incomparability of data was the collection of data from different sources. The representative of UNICEF argued that different methodologies were appropriate for different indicators, but emphasized that countries must undertake an effort to harmonize indicators and methodologies. The representative of ECLAC concurred that methodologies should be designed to make data comparable and that the currently ongoing MDG/IADG Development Account project contained a component to address this issue. The representative of CARICOM added that the Council of Human and Social Development (COHSOD) adopted at its last meeting, at the request of its member countries, a list of Caribbean-specific indicators that were developed with support from international organizations, such as the UNDP, UNIFEM, ECLAC and the CDB. This list of indicators had been submitted to all CARICOM member States and she offered to share this list also with all participants to this meeting. The representative of the United States Virgin Islands commented on the need to adjust the global list to local conditions, particularly given the fact that new issues, such as lifestyle related chronic diseases had arisen. The panelists generally agreed that countries should consider developing new indicators as new issues emerged. The representative of UNFPA commented on the lack of emphasis on gender in relation to MDG monitoring and reported on a current project on gender indicators in the Caribbean. The stagnation of childhood mortality rates in the Caribbean was addressed by the representative of the Bahamas. She inquired as to how much these rates could be lowered in the region and what rate would be considered acceptable. Panelists suggested that much could be done to lower rates further and that countries should aspire to reach the level attained by the three countries with the lowest rates in the region. The representative of the ILO remarked on the considerable costs of surveys but emphasized their value in measuring progress towards the Goals. He suggested that countries considered combining survey and administrative data sources to ensure continued reporting particularly for the time periods without surveys. While this idea was considered valuable, the need to strengthen administrative data was recognized by all participants. The importance of research and data analysis was discussed by the representative of the Netherlands Antilles and the panelists affirmed the need for countries to share data with the wider research community to benefit from their analysis of the data provided.

Agenda Item 4: MDG Monitoring at the Country Level

A. MDG monitoring and costing project in Belize

The representative of the UNDP office in Belize provided a detailed overview of an MDG monitoring and costing project that her organization was currently implementing in Belize. The main objectives of the project were to produce an update of the MDG score card report and to support the country in an MDG costing exercise that was focusing on three MDGs: MDG 3: Gender equality, MDG 4: child mortality and MDG 7: environmental sustainability. Of critical importance to the sustainability of the approach was a participatory process that had evolved around three core teams established around each of the MDG Goals identified. These teams encompassed representatives from the NSO, the University of Belize, the respective government

ministries and civil society. A lead consultant had been hired to assist with the establishment of the teams and to provide methodological guidance in the assessment and analysis of the available data and information material. It was hoped to institutionalize this process to provide a sustainable mechanism for similar activities in the future in the country and could also serve as a template for similar efforts in other countries in the region or elsewhere.

Wrap-up day one

The Social Affairs Officer of the ECLAC Subregional Headquarters for the Caribbean commended the participants on a successful first day and affirmed the need for detailed examination of the issues addressed in the meeting. She acknowledged that skills were needed to analyze data and to translate the findings into evidence-based policies. This would be critical for the countries in the region in their efforts to accomplish the MDGs as expected by the year 2015. She also noted that as a consequence of the present economic down-turn, fewer resources would be made available for development and that therefore the resources available would need to be used more efficiently to accomplish the desired achievements.

Agenda Item 4 (continued): MDG Monitoring at the Country Level Country Briefs

B. Barbados

Barbados reported the lowest maternal mortality rates in the Caribbean since pre- and postnatal care were widely available and accessible to those in need. The representative of that country also reported on the establishment of a national HIV/AIDS Commission in 2001 to enhance coordination of the activities of various stakeholders working in this area. While vector control programmes were in place, an increase of non-communicable diseases had been noted. Generally the Ministry of Social Care was responsible for MDG reporting and the country had prepared their last report in 2007. Generally, data were collected from several sources, including the Ministry of Health and the Ministry of Energy and the Environment but current data were not available for all eight Goals. The presenter also stated a lack of coordination among ministries in their data collection practices and reported that in order to streamline data collection and reporting mechanisms, the government had appointed the Barbados Statistical Service as the focal point for all data collection activities ongoing in the country. He informed the meeting on ongoing activities related to MDG monitoring and reporting. A national version of DevInfo would be launched soon, a CPA was scheduled for this year and the NSO was currently engaged through ILO in a regional effort to harmonize Labor Force Surveys (LFS).

C. Grenada

Generally the country had experienced declining child and maternal mortality rates along with dwindling HIV/AIDS cases reported. Grenada completed its first MDG report in 2005. The Ministry of Finance, of which the Central Statistical Office was part, was responsible for compiling the report. Data on childbirth were collected through the maternal units of public and private hospitals and then later transferred to the Ministry of Health for analysis and processing of the yearly report on the subject. The Central Statistical Office also produced a vital statistics report every two years. With reference to HIV/AIDS, the official reported that his country was currently establishing a national HIV/AIDS committee and their last national report on HIV/AIDS had been produced in 2008. The country was currently working on updating the MDG

scorecard report using data from registries, the national census, statistical offices and a poverty assessment. While there was a close relationship between the Central Statistical Office and other ministries, there were still challenges related to the often unavailability of timely data of good quality, lack of skilled staff in the area of data collection and analysis and the lack of fully functioning data sharing mechanisms at the national level. He expressed a need for assistance with improving communication mechanisms at the national level among the various data agents involved in data collection, management and reporting. Further, assistance would be needed in the formulation of country specific indicators.

D. Netherlands Antilles

The representative of the Netherlands Antilles informed the meeting on the currently ongoing restructuring process of their country finally leading to the disintegration of the Netherlands Antilles.

While the country had not yet compiled a national MDG report, there was increasing awareness of the fact that MDG monitoring and reporting should become an integral part of development planning. However, so far no agency had been assigned the responsibility to oversee the production of such a report. The country was expected to receive assistance from UNDP to prepare the first national MDG report which was expected to be completed before the end of 2009.

Generally the relationship among the various institutions involved in health-related data collection and monitoring on the islands comprising the territory was reported to be good, with the Central Statistical Office primarily collecting data from federal and island-level health units as well as from blood banks and pharmacies. However, data were not always timely or equally available from all of the islands, particularly for the smaller islands belonging to the territory. Data regarding contraceptive prevalence rates or family planning were not available and data on HIV/AIDS were rather incomplete and thus insufficient to assess the status of the respective indicators.

E. Suriname

The National Steering Committee for the MDGs within the Ministry of Planning and Development was responsible for monitoring and reporting on the Goals. Suriname collected health-related data through the National Health Information System (NHIS) in the Ministry of Health. The representative indicated that the cooperation among the stakeholders responsible for data collection was strong and that the country had made good progress towards achieving Goals 1, 4, 5 and 6; though it was recognized that the progress achieved was insufficient. Suriname had participated in two rounds of MICS and could now draw on a wealth of information from these datasets. However, for some indicators, data were collected from multiple sources that often applied different concepts and definitions. The representative further reported on the considerable gaps between the administrative records on child mortality from the Mortality Surveillance Unit and the information received through MICS 3. Given the fact that these administrative data were considered to be of sound quality, child mortality levels from a survey twice as high as those provided by the Mortality Surveillance Unit could not be explained. Referring to past and future MICS surveys, she indicated that her institution had decided not to collect maternal mortality in the last round of MICS and planned to also exclude child mortality from the forthcoming survey round (MICS 4).

Furthermore, some MDG indicators, such as malaria infections and other contagious diseases were not applicable to Suriname. Malaria, for example, had been reduced by a further 85% since 2000.

The country reportedly also needed to strengthen national coordination mechanisms in the area of data collection, analysis and reporting and expressed a need for assistance with conducting specific surveys to collect data for some of the indicators. She made particular reference to the forthcoming MICS 4 round, but emphasized that no modules on mortality should be included.

F. Jamaica

The Planning Institute of Jamaica (PIOJ) was reported to be responsible for compiling MDG reports with the latest report compiled in 2005. The meeting was also informed on the establishment of the national version of DevInfo 'JAMSTAT' by the NSO, however, currently only available for internal use. The representative reported overall progress in achieving the MDGs with already three Goals achieved and reportedly on track achieving Goal 5 and lagging behind on six of the goals. The official also reported increased access to HIV/AIDS treatment. Jamaica collected health-related data primarily from administrative records, such as the National Family Planning Board that provided indicators related to reproductive health every five years. The public health sector was working towards meeting all the health-related goals, but a need for assistance with training and retaining of health personnel was expressed. The presenter summarized the main challenges faced by his country in achieving health-related MDGs, which were shortages of nurses and midwives, insufficient supply of community health aides, lack of knowledge among young parents regarding immunization of their children and lack of financial resources to improve the overall health conditions of the nation. On a more general note he also outlined the obstacles currently faced to meeting all the Goals, such as the current global recession, crime and violence, food security and distressed youth.

Discussion

The representative of Aruba commended Jamaica on their efforts to contain the spread of HIV and to improve access to anti-retroviral care for those infected and asked what methods the country had used to achieve progress towards meeting this goal. The representative of Jamaica responded that the country had used a combination of education and treatment with a focus on reducing the stigma attached to the disease. His country had further engaged in programmes to assist persons living with the disease.

The ECLAC consultant inquired about available metadata and reiterated his call to recognize the importance of metadata and suggested that countries remember to include information on metadata as well as data in their presentations and inquired as to why generally no metadata were published in their MDG reports. The representative of Jamaica responded that metadata used to create their reports were documented after having been reviewed by the Statistical Institute (STATIN). He also noted that he was not aware of the need to bring any information on the country's metadata to the meeting. The representative of Suriname concurred with this statement. The representative of CARICOM added that the organization attempted to document all metadata for the data used in their reports that would also help to verify if the indicators were harmonized and thus comparable. The representative of Jamaica was asked to elaborate on the process of data collection for health-related indicators. He responded that personnel trained in data collection were stationed at several levels in the public health system to

collect data and store data electronically. However, STATIN was concerned about the time lag regarding birth and death registration, since birth registration was often delayed and death registration was perceived to be incomplete. To enhance birth registration, efforts were underway to collect data directly at the hospitals where the births occurred. The representative of the United States Virgin Islands inquired whether any of the other islands had laws restricting the disaggregation of data related to HIV/AIDS. The representative of Jamaica responded there were no restrictions since the country had successfully eliminated the stigma attached to the disease. The representative of Suriname was asked to elaborate on the country's MDG Steering Committee. She responded that the Committee, which consisted of working groups and clusters, collaborated with ministries and the UNDP in the preparation of the MDG report. The Committee was also responsible for reporting to Parliament on the country's progress towards achieving the Goals.

G. Anguilla

The representative of Anguilla provided an overview of the country's progress towards achieving Goals 4, 5 and 6. The country had not yet produced an independent MDG report, but had participated in an assessment in partnership with the OECS. The country expected support through UNDP in the preparation of its first national report. The country was also involved in a regional initiative to localize MDG indicators that was supported by the OECS with funding from UNDP. While some data would be available, most of these data however would not be of sufficient quality to suffice the reporting requirements. Data for Goals 4 and 6 were available, but not in a format to be used for MDG reporting. Regarding Goal 5, data for indicator 1 and 2 were reported to be of reasonable quality and information on contraceptive prevalence would be referring to the year 2003.

In terms of data dissemination, all official statistics were released by the Statistics Department and the possibility of using DevInfo to disseminate data was currently being explored. Data on health-related indicators was obtained from censuses, vital registration and annual health reports prepared by other agencies. Anguilla currently used an electronic registration system for births and deaths adopted from a system used in Australia that allowed access to all stakeholders in need of such data. The Statistics Department also planned to implement a continuing education programme focusing on MDG monitoring and cooperation among agents responsible for data collection and reporting. The official reported on two recent initiatives to increase cooperation and collaboration at the country level. The country's primary challenge to data collection and analysis was the lack of adequate human resources.

H. Aruba

The representative of Aruba presented briefly on the status of MDG reporting in his country. The presenter indicated that most of the goals had been achieved or were within reach. Extreme poverty and hunger were virtually non-existent in Aruba and universal primary education had also already been accomplished. He further reported that most gender goals had been achieved and child and maternal mortality rates had been lowered to almost developed country status. The country experienced more challenges reporting on HIV/AIDS since only limited data would be available (11 new cases were reported for 2008). Also, immunization rates were around 90% and all persons were covered through the country's General Health Insurance. So far his country had not prepared a national MDG report and also no national institution had been assigned the responsibility for MDG monitoring and reporting. Currently both the

Department of Health and the National Statistical Office were responsible for MDG monitoring. However, it was expected that the CSO would be appointed focal point for MDG reporting. The representative noted that the country's health system was well-developed and that most of the health-related Goals were within reach. However, the country needed to make significant strides towards achieving Goal 7, which addressed environmental sustainability. Currently a nation-wide project to promote and implement sustainable development, called Vision 2025, is being carried out. In order to protect certain areas and streamline development, a National Spatial Plan was recently approved.

I. Trinidad and Tobago

Representatives from the country's Ministry of Health and the Central Statistical Office (CSO) were present at the meeting. The representative of the Ministry of Health gave an overview of the data collection processes for health-related indicators. Hospitals and health centres reported data to the Ministry of Health which then collated these data for analysis and reporting purposes. No data were collected from the private sector, affecting the accuracy of the statistics. The National Surveillance Unit monitored infectious conditions, including tuberculosis, malaria and other diseases, while the Ministry of Health monitored immunization. The Ministry also recently hired a consultant to develop metadata for health-related indicators and to make use of DevInfo to assist in centralizing health related data collection. Collecting and processing data in a timely manner and developing indicators to address emerging health conditions were some of the challenges faced by the Ministry. Also, getting data on additional indicators considered important by the country, such as child obesity, was a testing task.

The representative for the CSO of Trinidad and Tobago confirmed that the country had not yet published their national MDG report. A draft report was produced in 2005 and updated recently but it had not been cleared for publication by the responsible Ministry. The CSO was the primary body responsible for compiling the data for the report. Successful collaboration with other data providers helped to fill the data gaps encountered by the CSO. The official reported that his office's primary activity during the last year had been the development of the national version of DevInfo, 'CTTInfo'. In the framework of this exercise staff from other public sector institutions had been trained in data collection and the use of CTTInfo. The project also assisted the office in collecting data for nearly 366 indicators and developing metadata for those indicators. He indicated that data from CTTInfo were used to update the MDG scorecard report, but that no metadata had been included into the present MDG report. In terms of technical assistance needed, he suggested that training be provided to improve data collection and research capacity of staff in his institution.

J. Bahamas

The representative of the Bahamas indicated that the country had prepared a national MDG report in 2007 that also covered Caribbean specific indicators, however, this report had not yet been officially released. She further advised that this report included a technical annex with some notes on metadata. The Bahamas had a national MDG committee consisting of two bodies, a policy-level committee and a technical working group. The representative reported that the country created sub-working groups around specific MDG goals. She provided a brief summary of the country's progress towards the health-related MDGs, confirming that the Health Information Unit was the primary body responsible for collecting data on health-related indicators from public and private health centers. She emphasized the good collaboration among various

data agents in that field, and further reported on the availability of good quality time-series data on under-five mortality and infant mortality. Discrepancies between hospital and registry records had been experienced in 2005 and 2006, but had since been consolidated. She also expressed concern regarding the fact that the infant mortality rate had not experienced any significant decline in recent years and this was currently under investigation. This situation was questionable given the advances in antenatal care and a generally sound health system. Data on maternal deaths as well as adolescent fertility were reliable and readily available and generally, efforts had been undertaken to report on the Caribbean specific goals, but lack of data did not allow for complete coverage of all indicators. In reference to monitoring and reporting on HIV/AIDS prevalence, time series data by sex and age would be available. A national HIV/AIDS Secretariat established years ago, focused on reducing prevalence rates through outreach programmes targeting youth and their parents. She further stated that malaria was not a cause of concern in the country, however, two years ago there were a few imported cases reported. The government since then had reinstated surveillance programmes to address the issue. She concluded by stating that to date an MDG specific website had not been established.

K. Antigua and Barbuda

The Economic, Planning and Policy Division within the Ministry of Finance was currently the focal point for MDG reporting. However, the NSO was responsible for all statistical data and was working closely with its satellite offices on this matter. The presenter further reported that his country was presently working on a national MDG report that was expected to also include metadata following the international standards outlined by the ECLAC consultant earlier in the meeting. The country also planned to consider MDG-related data requirements in the forthcoming population census to be convened in 2011.

In regards to health-related indicators, the country collected data from registries and public hospitals but was lacking coverage of the private sector. He reported on gaps from the satellite offices concerning information on sources of data and methodology applied as well as gaps in birth and death registration. While maternal mortality was almost zero, fluctuations in the levels of infant mortality had been observed that needed further clarification. The country was currently engaged in a pilot project to establish a maternal health information system. Immunization rates against measles of one-year olds were reportedly almost 100%, due to the fact that this was a mandatory requirement for enrolment in early education and primary schools. The country also reported progress in the area of antenatal care and births attended by skilled health personal with in both cases almost 100% coverage. Since less information was available on unmet needs for contraception, the official indicated the need for a special survey to gain more insight into this topic. Surveillance on HIV/AIDS was the responsibility of the national AIDS Secretariat that was also engaged in programmes to support persons living with HIV/AIDS and to conduct public information campaigns to sensitize the public and combat the stigma and discrimination of those infected. Statistical information was reported on a regular basis to the Ministry of Health that was responsible for further analysis and reporting. A national surveillance unit was responsible for infectious diseases.

Discussion:

The representative of the Netherlands Antilles suggested that a working group should be established to document and share best practices with other partners in the region given the fact that in different countries various sources seem to provide information on MDGs. Barbados then

requested CARICOM to share the official list of CARICOM indicators to which CARICOM agreed. The representative of the United States Virgin Islands inquired about the ways countries would access data from the public health sector. The countries reported that they would generally receive hardcopy data that would then be entered into the system by the NSOs. However, there seemed to be no legal provision to guide data sharing from the private sector with public institutions.

L. Belize

The representative of Belize stated that the country was currently in the process of updating its national score-card report and was also engaged in an MDG costing exercise, both activities being supported by the UNDP. A MDG desk had been established to coordinate future MDG reports and to coordinate efforts to localize MDGs.

Health-related data would be available from several MIC surveys conducted in the country. The country's participation in the third round of the MICS had helped to improve its awareness of the importance of metadata and this had provided an incentive to start compiling metadata for older datasets. Data available from post-natal clinic records needed to be improved and discrepancies between register data and MICS surveys consolidated. Generally, progress was reported in the area of infant and child mortality while maternal mortality seemed to have remained a rather volatile statistic. The presenter indicated a possibility that reported HIV/AIDS prevalence rates might overstate the situation and special surveys would be necessary to gain more insight into knowledge, attitude towards and perception of the disease.

M. Guyana

The representative of Guyana reported that the CSO was the responsible agency for MDG reporting in the country and that so far no website had been dedicated to MDG reporting at the national level. He further outlined the country's status in regards to monitoring health-related MDGs. The Ministry of Health was the primary body responsible for gathering data on these indicators and cooperation with the CSO seemed to be sound according to the presenter. However, he indicated difficulties in accessing health-related administrative data. Data for Goals 4 and 5 were available at the country level at the Bureau of Statistics for 2000 to 2006/07, but there were gaps in relation to information available to cover Goal 6.

He indicated a need for assistance to enhance data sharing at the national level as well as to improve regional cooperation and coordination as it concerns MDG monitoring and reporting. Finally, he requested more information on the metadata requirements to guide his institution in its data gathering and documentation efforts.

N. St. Vincent and the Grenadines

The representative of St. Vincent and the Grenadines reported that the primary sources for data on health-related MDG indicators were the Ministry of Health and the Environment and the Ministry of Education. Other sources included the Nutritional Unit, the HIV Unit, the Central Statistical Office and the National Registry. Further, she indicated that the country was currently in the process of launching a national DevInfo database and it was hoped that metadata would also be included in this database. The representative gave a brief summary of the country's

progress towards meeting the health-related indicators. The Ministry of Health was responsible for collecting data for Goal 5. No maternal death had occurred over the past years and 95% of all births were attended by a skilled professional. There were some gaps in the data related to adolescent pregnancies, but efforts were underway to improve coverage. The data for the indicators related to HIV/AIDS were being collated by the NSO and it was hoped that they soon would be made available to the public. Cases of tuberculosis were routinely screened for HIV, but not all HIV cases were screened for tuberculosis. The representative stated discrepancies between NSO data and data from other sources. The country was currently discussing the production of a national MDG report expected to be released in 2010. Major obstacles encountered were the lack of IT resources for electronic storage of data and a shortage of qualified staff to design appropriate instruments and to conduct surveys and data analysis.

O. Saint Lucia

The Statistical Department was responsible for monitoring Saint Lucia's progress on the MDGs. The launch of a national DevInfo platform also provided an opportunity for educating the wider public on the importance of statistics and monitoring and reporting on the MDGs. Supported by the European Union (EU) and UNICEF, the NSO was currently engaged in training administrators in the use of electronic data, including Excel and DevInfo. DevInfo was also used to support efforts to bridge the divide between statistics and policy formulation. The key challenges to improving the country's progress towards health-related indicators included strengthening the health system and orienting stakeholders to the importance of the goals. The representative noted that communicable and non-communicable diseases posed a big threat to the lives of all Saint Lucians and psychological conditions appeared to be on the rise. The country also faced underreporting of HIV/AIDS cases due to poor surveillance systems and avoidance of testing for fear of stigmatization and discrimination. In spite of the observed data, Saint Lucia seemed to experience a rise in prevalence rates over the recent years. The representative expressed his country's dedication to strengthening the links between different agencies and partners, referring specifically to Saint Lucia's strong relationship with its partners in CARICOM. In closing, he gave a short demonstration of some of the software being used by the Statistics Department. This software was supported by UNDP in collaboration with the World Bank as part of the Accelerated Data Programme (ADP) funded by Paris21. This was a practical example of support provided to data anonymization that was currently piloted in the Caribbean in Dominica and Saint Lucia.

P. British Virgin Islands

The representative of the British Virgin Islands reported that the country disposed of a wealth of statistical information but more attention would need to be given to metadata documentation. Also, so far no MDG reporting mechanism had been established. With reference to poverty measurement, the presenter indicated that defining the poverty line as one U.S. dollar per day was not appropriate for the British Virgin Islands. While the country's educational system was strong, she identified a need to focus on reducing gender violence, health risks to women and teenage pregnancy. With regard to HIV/AIDS, the country was engaged in various activities focusing on HIV/AIDS prevention, with care and counseling provided by non-profit organizations. She further reported that dengue had become a matter of serious concern. Concerning technical assistance requirements, the country would need help with establishing a national health monitoring system.

Discussion:

The representative of UNDP inquired on the appropriate use of language, since the terminology ‘homosexuals’ had now been replaced by ‘lesbians-gays-bi-transsexuals’ (LGBTs), to capture the wider group of sexually differently oriented persons. This would be necessary to ensure adequate collection of data in various forms for planning and response. The representative of Saint Lucia responded that HIV/AIDS prevalence data would underreport on LGBTs since many would not get tested in fear of discrimination and stigmatization.

Q. United States Virgin Islands

The representative of the United States Virgin Islands stated that no MDG report had ever been prepared, but he noted that his presence at the meeting would indicate an interest in the matter on the part of the highest authorities of the territory.

He reported that data were available and his office was very interested in partnering with other countries in the region. He described the country’s data collection methods in regards to health-related indicators. Data related to Goal 4 were routinely collected through registers, and immunization records were available through a web-based registry for pediatricians. Several entities within the Department of Health collected data on the indicators for Goal 5. While the United States Virgin Islands had an effective HIV/AIDS screening programme and very active prevention and treatment programmes, prevalence rates were increasing. It was assumed that this was due to the fact that infected persons migrated to this country to seek treatment. Reporting on other infectious diseases, such as malaria, dengue and tuberculosis, data was reported to be sound due to the fact that such reporting was mandatory in the United States. The Department of Health was currently establishing an electronic database that would link all agencies involved in health data collection. He concluded by stating that his Department was also active in conducting health-related research and would welcome collaboration with other countries in the region.

R. St. Kitts and Nevis

The representative of St. Kitts reported that so far no national MDG report had been prepared. However, an MDG localization exercise had been undertaken in 2005/06 and a report was produced. Further, the official reported that his country would be interested to explore DevInfo to enhance data collection, storage and analysis. The presenter also indicated a need for surveys to gather information on topics such as contraceptive prevalence.

Discussion

One of the panel experts noted the problems identified by Saint Lucia and other countries concerning inter-temporal comparisons of their data and the need to establish a fixed baseline to allow for such comparisons.

Another issue addressed was the impact of migration on HIV/AIDS records. While nationals from several countries migrated abroad for better treatment, some countries (particularly overseas territories) reported an influx of persons with HIV/AIDS. Reporting of outflow and inflow of migrants was a general challenge and monitoring migrants seeking treatment for HIV/AIDS was even more difficult in many instances. An additional challenge was the fact that many infected individuals would not be aware of their status and thus would not be recorded. The British Virgin Islands reported to have inter-island programmes addressing HIV/AIDS and other infectious diseases with the United States Virgin Islands and Puerto Rico.

The meeting further discussed reporting and documentation of children born abroad and the participants indicated that while there were no standard approaches to access this information, they had identified means and ways to gather such data.

S. Presentation on the forthcoming review and appraisal meeting on the occasion of the 15th anniversary of the International Conference on Population and Development (ICPD) and the adoption of the Programme of Action

A short presentation was given on the upcoming Caribbean review meeting on the implementation of the Programme of Action adopted at the International Conference on Population and Development (ICPD) 15 years ago in Cairo, to be convened in Antigua and Barbuda in August. The Population Affairs Officer informed the meeting that a consultant had been engaged to conduct an assessment on the status of the implementation of said programme in the region. In order to conduct this assessment, various government counterparts would be contacted, such as NSOs and ministries of health and others in the region to solicit the required information. He asked the officials to facilitate access to the required information when contacted by the consultant.

**Agenda Item 5:
Summary and Recommendations**

The following are the main suggestions and recommendations of the two-day meeting:

- a) Provision of support to collect, document and share meta data;
- b) With a view at cost-benefit, it was recommended to identify key 'alternative' data sources that would not depend on surveys, such as administrative/register data;
- c) The group further expressed a need for support to collation of data, analysis and report preparation;
- d) More advocacy needs to be undertaken to mainstream MDG monitoring and reporting into national development planning;
- e) The meeting recognized the need to specifically review and enhance inter-temporal and cross-country comparisons;
- f) A call was made to establish a forum to exchange best practices. This could take the form of a website and/or a newsletter;
- g) The participants expressed a need for a matrix to compare global concepts of metadata with those used at the national and regional level (*comment: this is exactly what the ECLAC consultant had presented to the meeting*).

**Agenda Item 6:
Closure of the Meeting**

Ms. Karoline Schmid, Social Affairs of the ECLAC Subregional Headquarters for the Caribbean, brought the meeting to a close by extending her gratitude to the participants and technical aides for their active participation in the meeting and their valuable contributions to the discussions. The participants also joined in expressing their satisfaction at the comprehensive and open discussions.

AgendaTuesday 16 June 2009

8.30 a.m. – 9.00 a.m.	Registration	
9.00 a.m. – 9.30 a.m.	<u>Item 1:</u>	<i>Opening Session</i> <ul style="list-style-type: none"> • Welcome by the Director, ECLAC Subregional Headquarters for the Caribbean • MDG/IADG DA Account project – brief introduction - <i>Karoline Schmid, ECLAC</i>
9.30 a.m. – 10.45 a.m.	<u>Item 2:</u>	<i>MDG monitoring and reporting in the Caribbean: status of art</i> <ul style="list-style-type: none"> • MDG/IADG DA Account project – what is in there for me? - <i>Karoline Schmid, ECLAC</i> • Metadata and MDGs – metadata database for the Caribbean - <i>Vanus James, consultant</i> • SPARC - <i>Leisa Perch, UNDP</i>
10.45 a.m. – 11.00 a.m.	<i>Coffee break</i>	
11.00 a.m. – 12.00 a.m.	<u>Item 2 – cont'd:</u>	<i>MDG monitoring and reporting in the Caribbean: status of art</i> <ul style="list-style-type: none"> • Questions & Discussion
12.00 a.m. – 12.30 p.m.	<u>Item 3:</u>	<i>MDGs & health in the Caribbean: introduction</i> <ul style="list-style-type: none"> • Demography and health related MDGs – Situation in the Region - <i>Taeke Gjaltema, ELCAC</i>
12.30 p.m. – 2.00 p.m.	<i>Lunch</i>	
2.00 a.m. – 3.30 p.m.	<u>Item 3 – cont'd:</u>	<i>MDGs & health in the Caribbean: Expert Panel</i> <ul style="list-style-type: none"> • UN and Child Mortality - <i>Shane M Khan, UNICEF</i> • UN and Maternal Health <i>Glen Smith, UNFPA</i> • UN and Other Health related MDGs <i>Pauline Stockings, ECLAC-STGO</i> • Questions & Discussion

3.30 a.m. – 3.45 p.m.	<i>Coffee break</i>	
3.45 p.m. – 4.45 p.m.	<u>Item 4:</u>	<i>MDG monitoring at the country level</i>
		<ul style="list-style-type: none"> • MDG monitoring & costing project in Belize - <i>Patricia Mendoza, UNDP Belize</i>
4.45 p.m. – 5.00 p.m.		<i>Wrap-up Day One</i>

Wednesday 17 June 2009

9.00 a.m. – 10.45 a.m.	<u>Item 4 cont'd:</u>	<i>MDG monitoring at the country level</i>
		<ul style="list-style-type: none"> • Country briefs <i>Tbd.</i>
10.45 a.m. – 11.00 a.m.	<i>Coffee Break</i>	
11.00 a.m. – 12.30 a.m.	<u>Item 4 cont'd:</u>	<i>MDG monitoring at the country level</i>
		<ul style="list-style-type: none"> • Country briefs <i>Tbd.</i> • Questions & Discussion
12.30 p.m. – 2.00 p.m.	<i>Lunch</i>	
2.00 p.m. – 3.00 p.m.	<u>Item 4 cont'd:</u>	<i>MDG monitoring at the country level</i>
		<ul style="list-style-type: none"> • Questions & Discussion
3.00 a.m. – 3.15 p.m.	<i>Coffee break</i>	
3.15 p.m. – 4.45 p.m.	<u>Item 5:</u>	<i>Summary and Recommendations: The way forward</i>
		<ul style="list-style-type: none"> • Identify major areas of concern and discuss possible strategies and recommendations
4.45 p.m. – 5.00 p.m.	<i>Closure</i>	

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