

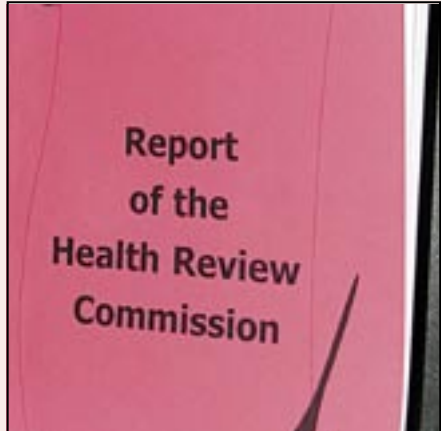


NATIONWIDE

A publication of the Department of Information Services



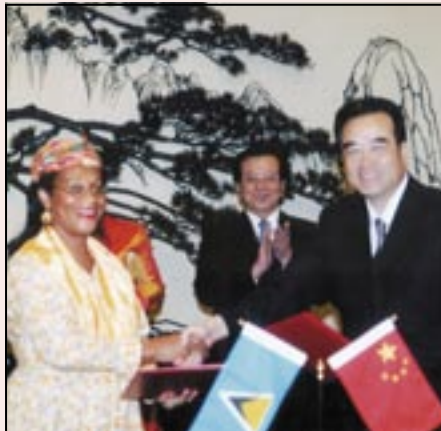
Rt. Hon. Allan Louisy takes Oath in 1982 as AG and Minister of Legal Affairs



Wide-ranging recommendations pages 2, 4, 5



Coco Palm Hotel heading for completion page 3



Psychiatric Hospital coming page 6



Support for tsunami victims page 7

ALLAN LOUISY KNIGHTED

Sir Allan Fitzgerald Laurent Louisy has been awarded the status of Knight Commander of St. Michael and St. George (KCMG). The announcement was made in the New Year's Honours List issued by Buckingham Palace.

Sir Allan, as the former Prime Minister is to be referred to as of now, served as Prime Minister of St. Lucia after the party he led won the 1979 general elections. However, before entering politics the former judge had a distinguished career as a Caribbean jurist and regional Public Servant.

Born on September 5, 1916 in the Village of Laborie, Sir Allan's record of public service spanned several Caribbean territories. Apart from St. Lucia, he served in various parliamentary, administrative, judicial and legal capacities in Antigua, Dominica, Jamaica and Montserrat.

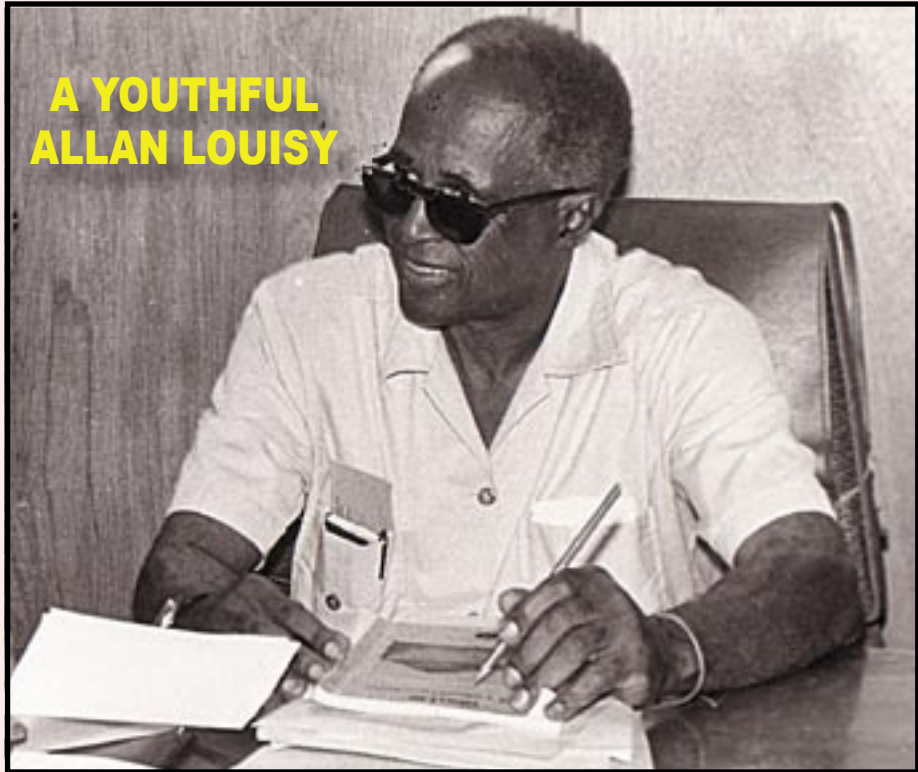
His administrative career began as a clerk at the Education Department in St. Lucia in the late 1930s. He rose thereafter to serve as President of the St. Lucia Civil Service Association and eventually as the second Prime Minister on an Independent St. Lucia.

Sir Allan's legal career began as a clerk at the offices of Sir Garnet Gordon, where he qualified as a local barrister in 1945. He entered the Inns of Court, Middle Temple in the UK and qualified in 1949, after which was called to both the local and English Bar.

He has served in various legal and judicial capacities, including Crown Attorney, Magistrate, Registrar of the Supreme Court and Court of Appeal (Jamaica) and Judge of the Windward and Leeward Islands (now Eastern Caribbean) Supreme Court.

Sir Allan was Acting Crown Attorney of St. Lucia in 1950 and became the First Supervisor of Elections after the granting of Adult Suffrage to St. Lucia in that same year. He served as Acting Commissioner (Governor) of Montserrat and served on the Legislative and Executive Councils in Antigua, Dominica, Montserrat and St. Lucia.

Following his resignation as Acting Judge of the Eastern Caribbean Court



of Appeal in 1973, Sir Allan entered the political arena by joining the St. Lucia Labour Party (SLP), which was in opposition at the time.

After being elected Leader of the SLP and also as Parliamentary representative for Laborie in the House of Assembly, Sir Allan was appointed Leader of the Opposition. Thereafter, he signed the documents for the Independence of St. Lucia in February 1979 with the first Prime Minister of St. Lucia, Sir John Compton, whom he replaced five months later as Head of the new Government of St. Lucia.

Sir Allan resigned as Prime Minister in 1981, but was appointed as a Minister Without Portfolio and then as Attorney General in the Interim Government. He did not seek re-election in 1982 and retired from the political arena soon thereafter.

Returning to private practice, the then former Prime Minister served as Chairman of the National Insurance

Scheme (NIS) for four years and has served in several capacities on special commissions and boards.

A founding member and the first General Secretary of the Seamen and Waterfront Workers Trade Union, Sir Allan has also been associated with the Scouting Movement of the Caribbean.

This latest award is one of several conferred by Her Majesty the Queen on the former St. Lucia Prime Minister. Sir Allan was appointed a Privy Councillor by Her Majesty in 1980 and became the first person in St. Lucia with the title of The Right Honourable. He was later awarded the Commander of the British Empire (CBE) in 1982 and received the St. Lucia Cross (SLC) in 1998.

Although semi-retired, Sir Allan, now 88, continues to be of service to fellow citizens of the village of Laborie, where he provides various legal, advisory and other related services free of charge.



First OECS yacht race page 6



Assou Square page 8



Assou Square page 8



"Take ②" - A fifteen minute news review of the week.
Every Friday at 6.15 p.m. on **NTN**, Cablevision Channel 2.

Government Notebook
A fresh news package daily
on all local radio stations



Health Review Commission Report makes wide-ranging recommendations



The report by the Health Review Commission, which investigated the terms and conditions of employment of medical practitioners and nurses made wide-ranging recommendations on the island’s health sector.

The 100-page report was submitted to Cabinet Secretary, Dr. James Fletcher and presented to the medical fraternity on January 4, 2005. The terms of reference for the Commission, which comprised Chairman Sir Richard Haynes, Deputy Chairman Mrs. Jennifer Astaphan, and members, Dr. Barbara Johnson and Cletus Springer was set out in Cabinet Conclusion No. 115 (d) of 2004 and dated February 16, 2004.

The review and recommendations of the report addressed separately, issues relating to the Ministry of Health, Human Services, Family Affairs and Gender Relations; Doctors; Nurses; the Payments System; Victoria Hospital (VH); St. Jude Hospital; Golden Hope Hospital; Other Secondary Care Institutions; Bed Utilisation at Hospitals, Physical Conditions at primary and secondary health care facilities,

Ambulance Services, as well as implementation services

Among the many recommendations were that the Ministry assume the responsibility as the employing authority to determine the standard for the employment of doctors and more particularly, for the employment of consultants; the leadership cadre at the policy level be strengthened immediately; the contractual process employed by the Ministry and VH be urgently addressed and responsibility to reside at the policy level to ensure consistency in the practice, pending a decision on the future governance of VH; a Disciplinary Committee be established within the Ministry; and the Standards Bureau be invited to establish clear standards for the importation of all drugs.

In terms of issues relating to doctors, the Commission recommended the establishment of a Board to govern the operations of VH; the removal of VH from the rigid system of payments in the wider public service to facilitate the changes proposed by the Commission; the involvement of doctors and nurses in the management of the health system through appropriate Committee

structures; the adoption of a “no compromise” policy in setting the qualifications for the post of “Consultant”; the removal of any differentials in the basic remuneration of Consultants paid by the Government; the enforcement of all legal remedies against doctors who collect fees from patients in their private office in breach of the Hospital Fees Regulations; and the investigation of all reports of failure to respond to calls for assistance by nurses and junior doctors and appropriate action taken.

In the case of nurses, the Commission recommended that the post of Chief Nursing Officer (CNO) be filled as soon as practicable and that the CNO be involved in all matters relating to nurses employed in the public sector; a policy of decentralisation of the management of entities in the primary health care system be actively pursued; urgent steps be taken to empower nurses in the management of all sectors of the health care system; and in respect of VH and/or its successor (when it is transferred to the governance of a Board), the Director of Nursing Services be an ex-officio member of the Board, a member of the Senior Man-

agement Team, Chairperson of a Nurses Staff Committee, and a member of a Patient Care Committee.

In addition, the report called for an urgent recruitment programme to be pursued to attract more young persons into the nursing profession; the appointment of Nursing Aides in the secondary care system as support personnel for nurses; an increase in the size of the nursing establishment; no discriminatory measures against former Nursing Assistants who have become Staff Nurses; the introduction of a special programme of assistance to facilitate scholarships/study leave for nurses seeking training in approved areas; and improved allowances for nurses on night duty.

The Health Review Commission acknowledged the assistance of the medical fraternity and said it was grateful to the Minister of Health for his demonstrated keen interest in the progress of their work and for helping to clear the administrative hurdles that surfaced from time to time.

The full Report is available on the Government website at www.stlucia.gov.lc



2004 highlights point to a brighter future

St. Lucia made very good progress in 2004, and indications are that the trend will continue in 2005 and beyond. This trend is attributed to Government policies, programmes and projects implemented in the past, and those established in 2004.

It is believed that the Government’s development programme in 2005 will continue to fuel economic and social progress in the years ahead.

The island became the first in the Caribbean to receive the Five Star Diamond Award from the Academy of Hospitality Sciences in the United States, cementing the country’s image as an elite tourist destination.

The majesty of the Pitons was recog-

nised by UNESCO, when it became a World Heritage Site, confirming their unique geological formation and geographical location.

The St. Lucia Government’s development thrust in the tourism sector got the recognition and Award it deserved, when it was voted the Best Government in the region by the region.

The Government’s vision to construct the Beausejour Cricket Ground hailed in cricketing circles as the best in the region, made St. Lucia proud, and a major venue for Cricket World cup 2007.

Despite the unacceptable level of unemployment faced by St. Lucia and the rest of the region, the economy showed resilience, growing by 3.71 per cent in

2003 and maintaining momentum in the first half of 2004.

International business moguls endorsed St. Lucia’s favourable investment climate. Gordon “Butch” Stewart’s Sandals Resort International said it would construct a new US\$80 million hotel to add to the three already operating on the island.

Another foreign investment was launched by David Singh, Chairman of Destiny Health and Wellness based in Canada. The company is one of Canada’s leading manufacturers of nutraceutical products.

A Memorandum of Understanding on a US\$10-million project for geothermal exploration was signed between

the Government and United Network of the Eastern Caribbean represented by CEO, Steven Baker.

A Youth Apprenticeship Programme was established to foster the transition of skilled, unemployed persons into the world of work through on-the-job training. This is projected to realise 500 new jobs by March 2005.

A massive road programme proceeded in high gear, to rehabilitate 55 pieces of tertiary roads throughout the island.

And in a survey, St. Lucian households expressed satisfaction with the basic human and social needs and requirements provided by the Government.

New 84-room Coco Palm, Rodney Bay Village with a Business Centre including Conference Facilities, seating up to 240 persons under construction next to 20-room Coco Kreole



Site of the new US\$80M, 300-room Sandals Beaches Resort, which will employ 250 persons during construction and 600 full-time when completed. Sandals Group operates 3 properties employing 2000 persons and contributing \$300M to the economy in direct revenue



106-room Discovery Hotel in Marigot Bay employs 160 persons during construction



New Fire Station in Gros-Islet is well placed and equipped to respond to facilities in the Rodney Bay area



Executive Summary of the

Introduction

On February 16th, 2004, the Cabinet of Ministers of Saint Lucia approved the Terms of Reference (TORs) of the Commission to Review the Terms and Conditions of doctors and nurses employed in the Government Health Services. The members of the Commission were: Sir Richard Haynes, Chairman; Mrs. Jennifer Astaphan, Deputy Chairman; Dr. Barbara Johnson, Member and Mr. Cletus Springer, Member.

The Task

The Commission was required to: (a) to review the system of remuneration and other conditions of service of doctors and nurses employed in the Government Health Service; (b) to determine the extent to which this system has impacted the quality of medical care available to the people of Saint Lucia; (c) to identify any deficiencies in the system and the extent to which such deficiencies have contributed to the dissatisfaction of patients, their relatives and the general public with the standard and quality of medical care delivered to patients at public institutions; (d) to inquire into the exercise of private practice by doctors employed in the Government Health Service, with particular reference to desirability, organization, management and effects on the performance of hospitals and other health institutions; (e) to review the existing structure (legal and administrative) of the medical services in light of the planned construction of the new hospital complex; (f) to make recommendations: a. to ensure that existing incentives within the system achieve the declared objectives in the provision of better patient care; b. for the cost effective delivery of health care by doctors and nurses employed in the Public Service to public patients; c. for the enhancement of the capacity of doctors and nurses to deliver such care; d. for effective monitoring, management and organization of the exercise of private practice by doctors employed in the Government Health Service; e. for the elimination of any contentious disparities in the system of remuneration and privileges accorded to doctors in the Government Health Service; f. for the enhancement of the legal and administrative structure of the medical services.

The Commission was also required to take into consideration: a. the prevailing social and economic conditions of Saint Lucia; b. the terms and conditions of service of doctors and nurses

employed in the Government Health Service of other OECS and CARICOM States; c. the declared health priorities of the Government of Saint Lucia in the health sector.

Interpretation of Our Mandate

The Commission interpreted its mandate as requiring it to review the system of remuneration of doctors and nurses and not the level of remuneration that is paid to these professionals. This interpretation is supported by the fact that levels of remuneration are determined through well established collective bargaining processes between the Government and the Saint Lucia Medical and Dental Association (SLMDA); the Nurses Association (SLNA); the Civil Service Association (CSA) and the National Workers Union (NWU) respectively. Indeed the Commission considered this distinction to be important enough that it sought from the outset to assure representatives of those organizations that appeared before it that it would do or say nothing that could be construed as usurping the collective bargaining process.

The Commission accorded high priority to cost-effectiveness and operational efficiency in the public health care system. Accordingly, the Commission decided to focus on those aspects of its TORs that required it to examine and report on all relevant matters affecting the functioning of doctors and nurses; to identify any deficiencies which compromise the capacity of doctors and nurses to provide satisfactory levels of health care to patients and to make recommendations to: (a) correct any existing deficiencies in the governance and management of the public health service which militate against effective delivery of health care by doctors and nurses; (b) correct any deficiencies in the system of remuneration which have led to the problems identified in our TORs; (c) strengthen institutional arrangements to remedy any shortcomings; (d) restructure the system of remuneration to eliminate any contentious issues under the present system and to provide for equity and transparency in the system of remuneration; (e) strengthen the management, monitoring and organization of the exercise of private practice by doctors employed in the government service; and (f) enhance the capacity of doctors and nurses in health care delivery.

The Commission took into consideration the proposed construction of a new secondary/tertiary care hospital in arriving at its conclusions and rec-

ommendations regarding the future utilization of existing secondary care institutions.

Methodology and Approach

The Commission's work was carried out in the Conference Room of the Ministry of Health, Human Services, Family Affairs and Gender Relations (hereinafter referred to as the Ministry) on the second floor of the Sir Stanislaus James Building on the Castries Waterfront.

At its first meeting, the Commission decided to adopt the following procedure: (a) to invite via the media, written submissions from members of the public; (b) to invite all interested persons and organizations who wished to make representations to the Commission to attend its hearings and to assure them that all information received will be treated in the strictest confidence; (c) to hold community consultations in key population centres served by Hospitals; (d) to visit as many health facilities as possible so as to gain a first-hand appreciation of the physical conditions of work; (e) to interview as many health professionals as possible; (f) to request the Ministry of Health to commission a User Expectation and Satisfaction Survey among a representative sample of users of the health services of Saint Lucia; (g) to request the Ministry of Health to obtain details of the remuneration of doctors and nurses in Dominica, St Vincent and the Grenadines, Grenada, and Antigua and Barbuda. Over 150 persons interacted with the Commission through formal interviews and community consultations. Interviews were conducted with about 100 health service personnel employed at primary and secondary health facilities. A list of interviewees is carried at Appendix 1 to this Report.

Community consultations were planned in Babonneau, Castries, Vieux-Fort, Soufriere, Gros-Islet and Dennery. It soon became apparent to the Commission that the promotion and advertisement of these events, which were supposed to have been done jointly through the Ministry and the Ministry of Social Transformation, were not effective. Consultations were Report of the Health Review Commission 5 September 2004 10 held only in Babonneau, Dennery and Soufriere, where the turn-out averaged 12 persons. The Consultation in Vieux-Fort did not take place as no one showed up. The Commission had little reason to believe that the attendance in the other communities would increase to meaningful levels. Accordingly, the Commission decided, most regrettably, to cancel the consultations planned for Castries and Gros-Islet.

Up to the time of preparing this report, the User Survey had not been conducted. The Commission considers this survey to be a useful tool that could yield valuable information about the policy, structural and organizational changes that are required in the health service. The Commission recommends that this survey be executed as soon as circumstances allow and that it be repeated at regular intervals.

The Commission perused reams of consultancy reports, and policy proposals on various aspects of the management of Saint Lucia's Health Sector. A more complete listing of these

documents is provided at Appendix 2 to this Report. Among them are: (a) The Report of the Task Force on Universal Health Care. (b) The Report on the Primary Health Care system by Mr. Peter Carr and Dr. Barry Wint. (c) The Report on Paying Health Care Providers in the Caribbean by Macide Pinto and Brent Anderson. (d) Legal instruments governing the provision of public health care. (e) Submissions relating to the system of remuneration of doctors and nurses in Dominica, St. Vincent and the Grenadines, Grenada, Antigua and Barbuda. (f) The Report of the Chief Medical Officer of Saint Lucia (2001 – 2002). (g) Health Sector Reform Proposals, Saint Lucia (March 2001). (h) Report of the Commission of Inquiry into the exercise of Private Practice by doctors employed in the Government Health System – Jamaica 1996. (i) Such information as was available relating to accounting, and financial matters, including the levels of remuneration achieved by doctors and nurses under the present system. (j) The Report on the Managed Migration Problem (PAHO/CPC Office, Barbados).

We found many of the recommendations in these documents to have continuing relevance and usefulness. Our observation is that many of these recommendations have not been acted upon.

The Commission received several valuable written submissions from doctors and nurses in particular. No written submissions were received from members of the public and no member of the public appeared before the Commission, except at the community consultations, despite invitations carried via advertisements in the local print and broadcast media.

Visits were made to the Victoria, Golden Hope, St. Jude, Dennery and Soufriere Hospitals where the Commission met with various categories of doctors, nurses, administrators and other personnel from these institutions. The Commission also visited the Castries Health Centre and the Gros-Islet Polyclinic.

As a matter of policy the Commission met with representatives of several organizations and institutions within and without the health service. These included: (a) The Saint Lucia Medical and Dental Association. (b) The Saint Lucia Medical Council. (c) The Saint Lucia Nurses Association. (d) The Saint Lucia Nursing Council. (e) The Saint Lucia Chamber of Commerce. (f) The Saint Lucia Civil Service Association. (g) The Public Service Commission. (h) The Sir Arthur Lewis Community College. (i) The National Insurance Corporation. (j) The Saint Lucia National Council of and for Persons with Disabilities. (k) The Saint Lucia Pensioners Association. (l) The Saint Lucia Council of and for Older Persons. (m) The Saint Lucia Fire Service. (n) EDF/Programme Monitoring Unit. (o) Officers from several Ministries of the Government of Saint Lucia.

The Commission is satisfied that it gave all who wished to appear before it and/or make submissions, the opportunity to do so and wishes to thank all who made such a valuable contribution to its work.



Victoria Hospital

Health Review Commission

Summary of Findings, Conclusions and Recommendations of the Commission

The Commission's findings, conclusions and recommendations are contained in twelve chapters of its report.

Chapter 1 focuses on the capacity of the Ministry to effectively: (a) design and implement national health policies and plans in general and in particular, the policies governing the system of remuneration of health personnel; (b) manage the human resources within the health service; (c) manage the system of compensation and benefits; (d) perform employee evaluation and control functions; and (e) manage its financial resources.

The Commission found systemic weaknesses in all of these areas. In particular, the Commission found: (a) A highly insular approach to the design and implementation of health policy, which is a departure from Government's stated desire to ensure that "...health policies are consistent with developmental, educational, socio-economic and health promotion concepts". (b) The absence of a comprehensive, integrated health policy document, that articulates a sufficiently clear vision and accompanying objectives for the health sector; that is informed by solid epidemiological data; that is supported by a strategy outlining clear roles and responsibilities for internal and external stakeholders; and that outlines the programme and organizational linkages that must exist with the economic, social and environmental sectors. (c) The absence of a detailed, integrated, transition plan identifying the human resource requirements and other "soft" aspects of the establishment of the new General and Psychiatric Hospitals. (d) The lack of standard human resource management policies and procedures to govern proper recruitment, selection, training and development, and deployment of staff. (e) Widespread dissatisfaction among staff at the various health institutions with the overall governance and management of the Ministry. (f) A compensation and benefits system that is in disarray. (g) The lack of enforcement of procedures for employee evaluation and control including performance appraisals, disciplinary systems and grievance procedures. (h) A health system afflicted by waste and a lack of adherence to sound financial management principles.

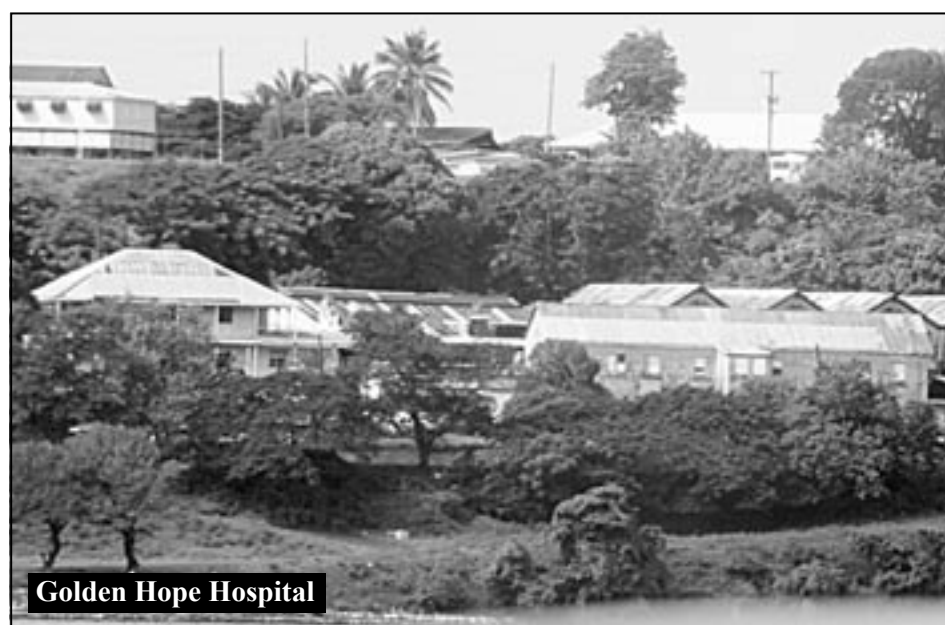
The Commission realised that the Ministry does not have full control over many of the areas listed earlier especially those relating to human resource management. It is our view that a contractual system that requires the intervention of four different parties at varying times (the Hospital's ED, the Ministry of Health, the Ministry of the Public Service and the Public Service Commission) is totally inappropriate in situations where the exigencies of the service usually require that a post be filled expeditiously.

The Commission recommends that: (a) the Ministry must assume the responsibility as the employing authority to determine the standard for the employment of doctors and more particularly for the employment of consultants; (b) there is an urgent and immediate need to strengthen the leadership cadre at the policy level; (c) the contractual process employed by the Ministry and

VH must be urgently addressed and responsibility must reside at the policy level to ensure consistency in the practice pending a decision on the future governance of VH; (d) the existing generic contract documents be revised to include all relevant conditions and terms of employment including job functions; (e) the Ministry of the Public Service should be engaged in discussions aimed at developing a re-classification plan for medical personnel that is sufficiently flexible to allow for employment of various categories of junior doctors within the budgeted allocation; (f) there is an urgent need for a policy formulation and strategic planning exercise to be conducted to coordinate the vision and plans for the health sector in general and to define and plan for the proposed New Hospital and its support institutions; (g) priority attention is given to human resource needs, training and succession planning to build the institutional capacity needed for hospital management; (h) new Job Descriptions and Job Specifications should be prepared for all posts; (i) a Training Needs Assessment of the Ministry should be conducted and its results used to plot a Career Development Path for each officer; (j) the Ministry should adopt the Management-by-Objective approach, which should involve the preparation of Annual Work Programmes, with realistic goals, measurable objectives and objectively-verifiable-indicators (OVIs); (k) a Disciplinary Committee should be established within the Ministry; (l) the Health Complaints Act should be enforced as soon as possible; (m) a Handbook of Administrative Policies and Procedures should be prepared with input from staff of the Ministry and the Ministry of the Public Service; (n) Heads of Institutions be exposed to regular training programmes in management and team building; (o) urgent action be taken at the national and sub-regional levels to preserve the integrity of the OECS/PPS; (p) the Office of the Chief Pharmacist be strengthened to allow it to perform a stronger role in monitoring the importation and dispensing of drugs within the public and private health system; (q) the formulation of a National Drug Policy and the drafting of Regulations for the 1993 Act be accelerated and the post of Drug Inspector provided for under that Act be activated as soon as possible; and (r) the Standards Bureau be invited to establish clear standards for the importation of all drugs.

Chapter 2 of the Report examines the problems relating to doctors in the public health service as the basis for assessing the extent to which the current payments system has contributed to these problems. The impact of public/private sector relationships on the health system is also assessed.

The Commission found a long-standing payments system, the basic element of which is the payment by the State of a salary and other allowances to doctors, while some categories of doctors are also permitted private practice in order to augment their earnings. While this arrangement worked reasonably well in the past, various pressures generated by changed expectations, economic circumstances and costly investments in infrastructure in private practices appear to have created a new dynamic



Golden Hope Hospital

in this payments system. In the view of the Commission, the failure to respond to the new developments with appropriate changes has not only fuelled the development of the private sector of medicine but has had an overall negative impact on the delivery of health care by doctors in the public sector, who are permitted to engage in private practice.

The Commission found that while many of the problems are attributable to the system of payments, there are other issues that compound the situation. These relate to strong perceptions of conflict of interest especially among doctors engaged in public and private practice; lack of participation by doctors in the governance and management of the health services; a poor physical environment in many instances; lack of equipment and other necessities for effective patient care; and a pervasive sense of helplessness to effect change for the better.

The arrangements whereby doctors are appointed to the public service at salary levels which are based on a presumption that they can increase their earnings through permitted private practice has operated very much to the disadvantage of the efficient delivery of care in the public sector.

The Commission received a large number of complaints by and about some doctors in the secondary health system, including: (a) breaches of hospital regulations by doctors who charge and collect fees in their offices for procedures done at VH; (b) manipulation of "on-call" and "call-out" allowances to enhance incomes; (c) special arrangements which result in marked differences in remuneration among Consultant staff; (d) misuse of the hospital to increase earnings; (e) failure of senior doctors to give proper direction to and respond to calls for help from junior doctors and nurses; (g) failure to see patients, often for over a week, who have been admitted to hospital under their care; (h) chronic indiscipline and no response to complaints about the conduct of doctors towards nurses and patients; (i) an almost complete absence of doctors at VH in the afternoons, except for those in Accident and Emergency and junior doctors on emergency duty; (j) patients seen for the first time by doctors when they are on the operating table; (k) patients requiring urgent emergency procedures are kept waiting until the doctor is free from his private practice obligations in the evening; (l) inappropriate invasive interventions in patient care; (m)

no sanctions against doctors, no matter how serious the complaints.

Complaints were also made by and about some doctors in the Primary Health Care System. Generally, the DMOs felt that their salaries are inadequate and do not reflect the critical work that they perform. Other complaints include: (a) priority given to private practice; (b) inadequate assessment of patients; (c) inadequate documentation of findings by some doctors; (d) difficulties in getting doctors to do home visits; (e) absence of a system of rotation of doctors through various communities, some of whom have been assigned to the same community for decades; (f) an inconsistent supply of drugs; (g) lack of confidence in the professional acumen of some doctors; (h) delayed responses to emergency calls; (i) infrequent clinics leading to overcrowding; (j) re-direction of patients to private offices; (k) non-specific contracts which do not spell out the obligations of doctors; (l) no monitoring of the performance of doctors; (m) lack of punctuality in attending clinics and unacceptable speed in disposing of patients in order to get to their private offices; (n) schedules for clinics that do not place the interest of the patient first; (o) absence of a proper patients-based records system except at the Gros-Islet Polyclinic; (p) high fees for post-mortem examinations; (q) lack of involvement of DMOs in the community.

The Commission found that the overall influence of doctors on the management of the health services to be minimal and outlined steps which should be taken to correct this, not only in the context of proposed statutorization of some entities but in respect of all elements left under the management of the Ministry.

The Commission also found the status of consultants to be under grave danger of compromise due to the practice of according the status of "Consultant" to persons who may have developed some post-graduate experience and additional qualifications, which are not normally recognized as those required of Consultants.

On the issue of public/private sector relationships the Commission is of the view that the State should seek to provide a satisfactory level of health care that on medical grounds, gives patients an equal choice to determine whether they wish to access private or public care and be guaranteed an appropriate standard of care in the public sector.

Continued in the next issue

Geological Survey for the Psychiatric Hospital completed



Agreement signed: \$US3.41M for Psychiatric Hospital

After ten days of hard work, the geological survey to the Psychiatric Hospital project was completed before the end of 2004.

The Saint Lucia Psychiatric Hospi-

tal project, financed by the government of the People's Republic of China, is under design at present. The preliminary design has been submitted to the Government of Saint Lucia for final approval from November. After approval of the preliminary design by the Saint Lucian Government, the Chinese design team will continue with the construction design. Related geological data are needed for the construction design.

Technicians of the Chinese Geological Survey Team arrived in Saint Lucia on December 8, 2004 and began their work from 20 December because the survey equipment shipped from Dominica arrived at Port of Castries a few days later than scheduled. They have been working on the proposed con-

struction site even on the Christmas holidays and finished drilling 40 holes. Samples of soil and rocks underground have been taken out for test and the result of test will be adopted for the construction design. Five local workers, staff of WASCO and officers of the Ministry of Health were working with the Chinese Team during the past ten days including the Christmas holidays. It is the close cooperation between both sides that guaranteed the success of the geological survey to the Psychiatric Hospital in such a short time. Two sets of drilling equipment were donated to the government of Saint Lucia by the Chinese Geological Survey Team after they finished their work on the project.

It is hoped that construction of the project will be commenced in the first half of 2005.

Foreign Affairs and Foreign Trade Minister, K.D. Knight, at the signing ceremony held on January 03 at his office in Kingston.

He pointed out that the project was expected to enhance sports tourism in the East Central St. Catherine and provide long and short-term employment for residents.

"We envisage the complex being a specialized sport camp all year round serving at the international level as a standard field for cricket practise gearing up for the 2007 World Cup of Cricket," he stated.

He expressed gratitude to the Chinese government for funding the project, noting that it had come about after visits by two Chinese delegations to Jamaica in 2003 and his subsequent visit to China in February of last year.

In his address, Chinese Ambassador Zhao Zhenyu said that the project was the culmination of a long but fruitful process.

China funds multimillion-dollar sports complex for Jamaica

The Government of the People's Republic of China is funding the construction of a multi-purpose sports complex in Jamaica at a cost of \$222 million.

The massive structure will offer a range of sporting activities including football, cricket, track and field, bas-

ketball and table tennis. The football field will be built with seating for 1,500 spectators, the basketball and netball courts will accommodate 600 persons, while the running track and cricket oval will seat 1,200 spectators.

Construction is expected to start in May and should be completed within

10 months.

The sports complex will be built in the Sligoville square in the parish of St. Catherine, and the scope of work will include the upgrading of existing recreational facilities and the demolition of the post office and police stations to make way for new ones, explained

He noted that once signing has been completed and "everything goes smoothly, it will take only ten months for the Chinese to finish the project," noting that the work would be completed in "Chinese speed".

Describing the complex as "probably the best multi-purpose, community based-complex in Jamaica", the Ambassador promised to donate two to three table tennis tables and the services of Chinese coaches to give demonstration matches to the people of Sligoville and the surrounding communities to give luster to the sports complex.

The site of the complex is located near to the first free village in Jamaica and is of great historic importance. The entire cost of the construction will be borne by the government of the People's Republic of China.

First OECS Rally sets sail

It's ship ahoy as the first OECS Rally sets sail from Rodney Bay St. Lucia on Wednesday, December 29th 2004, to several ports in the sub region.

The yachts involved in the inaugural event first arrived at Port Elizabeth in Bequia, St Vincent and the Grenadines, on December 30th to a welcome splash.

This was followed by a four-night stop in Grenada on January 3rd 2005. Races along the popular Grand Anse Beach will be part of the activities in St. Georges.

The OECS Rally will then sail for Castries on January 13th, where some yachts are expected to compete in the annual St. Lucia Regatta.

Martinique will host the participants from January 19th to 27th, before the sea journey continues to Dominica from January 29th to February 4th. While in Dominica, the visitors will experience life in the Carib Territory among the indigenous peoples of the Caribbean.

The OECS Rally's next stop will be in Guadeloupe from February 6-8.

The final leg of the OECS Rally will climax in Antigua and Barbuda from February 10th to 12th 2005. That leg

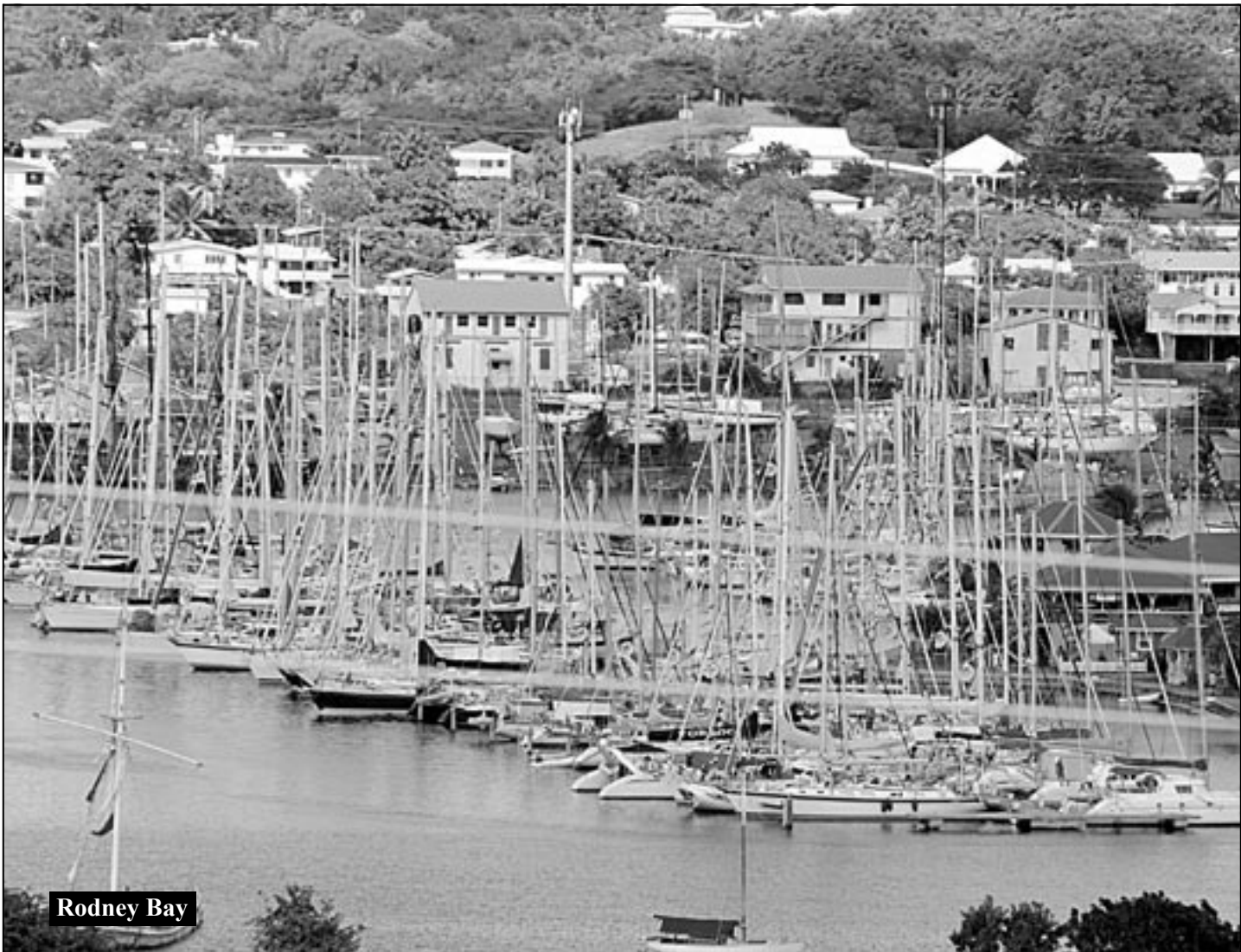
will comprise a trip to Barbuda for a historic island tour. Activities will for-

mally end with an official prize giving ceremony for participants at English Harbour.

The participating yachts in the first OECS Rally recently challenged each other in the annual Atlantic Rally for Cruisers (ARC).

The OECS Rally is designed to at-

tract yachters from around the world. It precedes another major yachting and tourism sector development opportunity for the sub-region in 2005 when the OECS will be the "Guest of Honour" at the world famous Le Grand Pavois Boat Show in France from September 7th to 12th.



Rodney Bay

The Mauritius United Nations Conference on Small Islands will be held in spite of the tsunami

Mauritius was relatively spared by the 26 December's tsunami and will be able to host as planned in January a major United Nations international meeting on the future of small islands worldwide. The Mauritius conference will address as a matter of priority the need for better disaster preparedness in small islands against natural disasters such as tsunamis and cyclones.

United Nations Under-Secretary-General and the Secretary-General of the United Nations International Meeting on Small Island Developing States,

Anwarul K. Chowdhury, while extending his deepest sympathies to the people and governments of the countries affected by the disaster, and especially to the small island developing states, said, "Destruction of life and property to the low lying coastal areas, once again highlights the vulnerability of the small island developing states."

"This wave of destruction comes on the heels of a number of recent climatic disasters where the impact of sudden climate change has never before been more evident than the recent devastating widespread hurricanes and tropical storms affecting small island develop-

ing states, most vulnerable to global climate change," he added.

Faced with issues ranging from natural disasters and climate change to trade losses and threats from HIV/AIDS, the meeting is a forum for 37 island nations to present their problems to the international community and seek help.

"Small Island Developing States are extremely vulnerable to all kinds of natural disasters and in view of the enormous damage caused by the tsunami disaster, naturally the Mauritius conference will have that kind of a special focus," Mr. Chowdhury said.

"I am sure the issue of some kind of global early warning system will be proposed by many states and I am one of the people who believe such an early warning system should be set up immediately."

Over 2,000 participants from the islands, their traditional donor partners and other countries, including some 25 heads of State and Government, will participate from 10 to 14 January in Mauritius in the United Nations International Meeting to Review the Implementation of the Programme of Action for the Sustainable Development of

Small Island Developing States, which was agreed upon a decade ago at a Global Conference in Barbados.

The Mauritius Meeting is expected to adopt a proactive strategy to further implement the Barbados Programme of Action, which included priority areas like natural disasters, climate change, wastes, marine resources, freshwater, energy, biodiversity, transport and tourism. The strategy will also address emerging problems such as market access, HIV/AIDS and new security concerns, and new opportunities like the economic potential of information technology and island culture.

In addition to the official conference, several parallel events will be held in Mauritius: a Civil Society Forum (6-9 January), a youth gathering called "Youth Visioning for Island Living" (7-12 January), and a large event aimed at promoting exchanges among small islands, the "Community Vilaj" (6-14 January), which will include a dialogue and performance space as well as an "Island Market" to showcase the diversity of island products. (Information on parallel events available on www.un.org/smallislands2005 and www.un.org/ohrrls).

UN urges international community to join forces in support of vulnerable small island states

United Nations Under-Secretary-General and the Secretary-General of the United Nations International Meeting on Small Island Developing States, An-

warul K. Chowdhury, said that he was shocked and saddened to learn of the loss of life and destruction caused by a series of earthquakes and tidal waves in the western Pa-

cific and Indian Oceans recently. He extends his deepest sympathies to the people and governments of the countries affected by the disaster, and especially to the small island developing states. "Destruction of life and property to the low lying coastal areas, once again highlights the vulnerability of the small island developing states," he said.

"This wave of destruction comes on the heels of a number of recent climatic disasters where the impact of sudden climate change has never before been more evident than the recent devastating widespread hurricanes and tropical storms affecting small island developing states, most vulnerable to global climate change," he added.

Referring to the impact of this disas-

ter on small island developing states, Mr. Chowdhury cited the example of the Maldives, which has shown remarkable economic progress in the past, but now faces a serious setback.

Calling on countries to support the recovery efforts of small island developing states, Mr. Chowdhury said, "The United Nations International Meeting on Small Island Developing States will discuss climate change and sea level rise, among other issues in Mauritius next January, and as Secretary-General of that conference, I would like to draw international attention to the need to join forces to support small island states with their recovery efforts and tangibly assist them in improving their economies, as well as make serious endeavour to address the issue of climate change in a practical way."



CDF's Assou Square 2004: A great success



A large, youthful crowd thrilled by Nicole David with hand in the air



Kids enjoying rides on the ferris wheel



THIS WEEK ON NTN

Sat. Jan. 8th - Fri. Jan. 14th, 2005

- The Investitures – Path of Honour
- Sat. Jan. 8th , 8:00 p.m. (Featuring Llewlyn Xavier)
· Conversation with Dr. Leton Thomas -Sat. Jan. 8th, 9:00 p.m.
· Youth Gospel Concert Part 2 – Sun. Jan. 9th, – 7:30 p.m.
· Highlights of Soufriere Community Mental Health Project - Sun. Jan. 9th, 9:00 p.m.
· The GIS discusses the use of the Female Condom as a female method of contraception – Mon. Jan. 10th, 8:00 p.m.
· Storm watch - Hurricane Preparedness for Hospitals – Mon. Jan. 10th, 9:00 p.m.
· The Royal St. Lucia Police Force Presents “Music, Praise & Celebration” Part 1 – Wed. Jan. 12th, 9: 00 p.m.
· The Royal St. Lucia Police Force Presents “Music, Praise & Celebration” Part 2 – Thurs. Jan. 13th, 9: 00 p.m.
· Calypso Soca Monarch 2002 – Fri. Jan. 14th 8:30 p.m.

- Remember to tune in for:
· GIS News Breaks and Kweyol News daily from 6:30 p.m.
· Issues & Answers/Mondays at 8:00pm:
· Interview/Tuesdays at 6:15pm :
· Konsit Kweyol/Tuesdays at 8:00pm (Kweyol Discussion):
· Your Right to Know/Thursdays at 6:15 p.m. (Min. of Ed. Prog).
Take 2/Fridays at 6:15pm (Week in Review)
· Weflechi/Fridays at 6:40pm - (Week in Review—Kweyol)

For the complete programme guide, log on to our website at www.stlucia.gov.lc and then click on the NTN icon.

www.stlucia.gov.lc