

Antigua & Barbuda

Millennium Development Goals Report 2009



Our Goals ★ Our Development ★ Our Country

LETTER OF TRANSMISSION

*from the
Millennium Development Goals
National Task Force*

*Dr. the Honourable Winston Baldwin Spencer
Prime Minister
Office of the Prime Minister
Prime Minister's Drive
St. John's,
Antigua
ANTIGUA and BARBUDA*

Dear Honourable Prime Minister:

The Millennium Development Goals (MDGs) National Task Force is pleased to present to you the Millennium Development Goals Report.

*The Report, presented under the theme: “**Our Goals, Our Development, Our Country - Antigua and Barbuda**”, tracks the attainment of the Goals for the period 1990 to 2007.*

The Task Force expresses its sincere gratitude to you, through the Ministry of Finance, the Economy, and Public Administration for the appointment to serve in this important national development capacity.

*J. Yolanda Goodwin
Coordinator
MDGs National Task Force*

December 2009

FOREWORD

by

Honourable Harold E. Lovell
Minister of Finance, the Economy, and Public Administration
Antigua and Barbuda

The Millennium Development Goals (MDGs) Initiative in Antigua and Barbuda is designed to identify and implement strategies and programmes for the achievement of the MDGs. The internationally agreed MDGs have been tailored to suit our national circumstances with an emphasis on practical results; placing priority on those Goals that remain unachieved in our country; giving recognition to national Objectives; and focusing on those Targets that are of immediate relevance to our people.

We are committed to placing the MDGs, locally adapted, within the framework of our national strategic development plan, using the MDGs to assist in the development and

implementation of our national programmes. The indicators of the MDGs will be used as a yardstick against which to measure our progress and monitor performance.

A critical aspect of this programme is the dissemination of information-hence the preparation of this monitoring and reporting tool. It is our hope that this will not only serve to raise public awareness but will also motivate us to each play our part in the localization of the Goals and the national effort to achieve them.

Each Endeavouring, **All** Achieving.

Honourable Harold E. Lovell
Minister of Finance, the Economy, and Public Administration

MESSAGE

by

Dr. the Honourable W. Baldwin Spencer
Prime Minister
Antigua and Barbuda

*Our Goals
Our Development
Our Country, Antigua and Barbuda*

As a Nation we have made commendable advancements in various areas of development, but there is still a lot of work to be done.

To be successful we must pledge to work together to achieve the Millennium Development Goals - a model designed to eradicate extreme poverty and hunger, achieve universal education, promote gender equality and empower women, reduce child mortality, improve maternal health, reduce HIV/AIDS and other diseases, ensure environmental sustainability, promote a global partnership for development, and additionally, fight the scourge of crime and violence.

We have adapted these time-bound Goals to our local situation. Where we have already reached the Targets, we will endeavour to sustain them, while aggressive efforts are being made to stay on track with the other goals in an effort to achieve them on or before 2015.

Dr. the Honourable W. Baldwin Spencer
Prime Minister

The Millennium Development Goals Report 2009 provides us with an account of our Country's status at the half way mark and points to the need for closer collaboration and coordination, because the Goals are interrelated and interdependent.

I must admit, however, that the global economic downturn will certainly stymie our rate of progress, but this impasse will, by no means, retard our efforts and political will as we proactively seek to achieve our goals.

We can only realise our vision if all of us take ownership of and commit ourselves to this national endeavour.

Therefore, in keeping with our Theme for this our 28th year of Political Independence, while at the same time localising the Millennium Development Goals, let us together, as **One Family**, continue to **Revive our National Pride**.

STATEMENT

by

H.E. Dr. John W. Ashe, CMG
Ambassador to the United Nations

By any yardstick Antigua and Barbuda has made tremendous progress in meeting the Millennium Development Goals (MDGs), and the eight anti-poverty targets with a 2015 deadline. But given the challenges that still lie ahead, we cannot afford to rest on our laurels.

In 2008, at the invitation of the Secretary-General, world leaders, including Prime Minister Spencer, convened at the United Nations Headquarters in New York for a high-level meeting to assess how to translate commitments into effective action to meet the MDGs. They pinpointed gaps and identified steps to take to accelerate progress towards achieving the MDGs.

2008 also marked the half-way point towards the target year of 2015. At this critical juncture the signs are not good. A recent UN report found that soaring food and fuel prices and the global economic downturn are impeding advances in such targets as eradicating extreme poverty and hunger,

achieving universal primary education, and reducing child mortality, jeopardizing the likelihood of achieving some of the Goals.

Seen against this backdrop our achievements to date, however modest, deserve commendation. Clearly then while it may appear to some that we may not be moving fast enough we are moving in the right direction towards our own national goals of slashing poverty, illiteracy, and other socio-economic ills by the target date of 2015.

Finally, it is instructive to note that most of our efforts to date have been largely self-financed. However, as we approach the half-way point for the implementation of the MDGs we call on the international community to honour its commitments towards strengthening the global partnership for development and funding initiatives that will inject new energy, resources, and hope into local, regional and global efforts to achieve the MDGs.

H.E. Dr. John W. Ashe, CMG
Ambassador to the United Nations

LIST OF ACRONYMS

AA	Alcoholics Anonymous	HBS	Household Budget Survey
ABCD	Antigua and Barbuda Centre for Dyslexia Awareness	HFLE	Health and Family Life Education
ABDB	Antigua and Barbuda Development Bank	HIB	Haemophilus Influenza - Type B
ABICE	Antigua and Barbuda Institute of Continuing Education	HIV	Human Immunodeficiency Virus
ABPPA	Antigua and Barbuda Planned Parenthood Association	IA	Institutional Analysis
ABWREC	Antigua and Barbuda Waste Recycling Centre	ICT	Information Communication Technology
ACP	African, Caribbean and Pacific Group of States	IMF	International Monetary Fund
AIDS	Acquired Immunodeficiency Syndrome	IT	Information Technology
ABIIT	Antigua and Barbuda International Institute of Technology	IUCN	International Union for Conservation of Natural Resources
APUA	Antigua Public Utilities Authority	LPG	Liquid Petroleum Gas
ASC	Antigua State College	MDGs	Millennium Development Goals
ARI	Acute Respiratory Infection	MEM	Multilateral Evaluation Mechanism
ARV	Anti-retroviral	MMR	Measles, Mumps, and Rubella
BOE	Board of Education	NEMMA	North Eastern Marine Management Area
CAA	Caribbean AIDS Alliance	NEMS	National Environmental Management Strategy
CAC	Computer Access Centres	NCHS	National Centre for Health Statistics
CAREC	Caribbean Epidemiology Centre	NGO	Non-Governmental Organization
CARICOM	Caribbean Community	NSWMA	National Solid Waste Management Authority
CBH	Central Board of Health	NTTC	National Technical Training Centre
CDB	Caribbean Development Bank	OAS	Organization of American States
CFCs	Chlorofluorocarbons	ODA	Official Development Assistance
CFNI	Caribbean Food and Nutrition Institute	OECS	Organization of Eastern Caribbean States
CICAD	Inter- American Drug Abuse Control Commission	ONDCP	Office of the National Drug and Money Laundering Control Policy
CIDA	Canadian International Development Agency	PAHO	Pan American Health Organization
CITES	Convention on International Trade in Endangered Species	PANCAP	Pan Caribbean Partnership
CNCD	Chronic Non-Communicable Diseases	PLWHA	People living with HIV and AIDS
COTS	Caribbean Open Trade Support Programme	PMCT	Prevention from Mother to Child Transmission of HIV/AIDS
CRN	Caribbean Regional Network	POWA	Professional Organization of Women in Antigua and Barbuda
CSM	CARICOM Single Market	PPA	Participatory Poverty Assessment
CTS	Provision of Care, Treatment and Support	PPP	Purchasing Power Parity
CXC	Caribbean Examinations Council	SIDS	Small Island Developing States
DAC	Development Assistance Committee	SLC	Survey of Living Conditions
DARE	Drug Abuse Resistance Education	STIs	Sexually Transmitted Infections
DCA	Development Control Authority	TB	Tuberculosis
DOTS	Directly Observed Treatment Short course	UNDP	United Nations Development Programme
EAG	Environmental Awareness Group	UN AIDS	United Nations Programme on HIV and AIDS
EMIS	Education Management Information System	UNDP	United Nations Development Programme
EU	European Union	UNFCCC	United Nations Framework Convention on Climate Change
FAO	Food and Agricultural Organization	UN HABITAT	United Nations Human Settlements Programme
GARDC	Gilbert Agricultural Research and Development Centre	UNODC	United Nations Office on Drugs and Crime
GDP	Gross Domestic Product	USAID	United States Agency for International Development
GEF	Global Environment Facility	UWI	University of the West Indies
GNP	Gross National Product	UWI/SC	University of the West Indies School of Continuing Studies
GNI	Gross National Income	WHO	World Health Organization
		WTO	World Trade Organization

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EXECUTIVE SUMMARY

Presented below is a Snapshot of the Goals showing Status and Trends, Challenges, and the Supportive Environment.

Goal 1: Eradicate Extreme Poverty and Hunger

Status and Trends

A joint Survey of Living Conditions and Household Budget Survey conducted in Antigua and Barbuda during 2005/2006 has provided an overview of the extent and location of poverty in Antigua and Barbuda and informs Government's policy on and strategies for poverty reduction. The National Country Poverty Assessment (CPA) Report of 2007 estimated the following:-

- Approximately 18 percent of the population were living in poverty - unable to afford the basic needs of life
- Among the poor, 4 percent of the population could be regarded as indigent, that is, they were unable to meet the cost of food required to maintain good bodily health
- An additional 10 percent of the population was vulnerable - at risk of falling into poverty in the event of an unanticipated catastrophe such as a natural or man-made disaster
- Large differences between incomes of the rich and the poor resulted in huge gaps in spending power.

Information from the Ministry of Health revealed that the incidence of low birth weight averaged approximately 5 percent between 1995 and 2006. Prevalence of underweight children under 5 years of age was approximately 1 percent during the same period.

Challenges

- A high prevalence of obesity and overweight in the population leading to chronic diseases such as diabetes and hypertension which are related to people's life style, and other ethnic/genetic factors
- Rising food prices

Supportive Environment

The Government has introduced several programmes for poverty reduction. Findings from the 2007 CPA and the Census of Agriculture are expected to inform policies for more targeted strategies. The promotion of healthy lifestyles through sporting programmes in communities and the proposal to introduce physical education in schools at all levels are other positive examples. Measures are also being implemented to improve food security.

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Goal 2: Achieve Universal Primary Education

Status and Trends

Data from the Ministry of Education suggests that Antigua and Barbuda has attained this goal. The figures for 1990 to 2006 show:-

- Net enrolment in primary education has been consistently high
- Male net enrolment in primary education has been higher than female
- The literacy rate among 15 – 24 year olds was over 90 percent

Ministry officials are now working to expand this goal to include the achievement of universal early childhood and secondary education.

Challenges

The need to urgently address the following areas of concern:-

- The quality of education and its importance to life skills

- Low levels of performance
- The need for a literacy survey
- Measurement of functional literacy and numeracy
- The need to regularise enrolment in early childhood education
- Tracking of students from Grade 1 through to Grade 5.

Supportive Environment

Attendance at school is compulsory by law between the ages of 5 and 16 years. In addition, the Government has instituted programmes to assist in maintaining high levels of attendance and performance such as the provision of uniforms, text books, transportation, and school meals.

The private sector and other non-governmental organizations, particularly the church, are actively involved in providing education services and after school support programmes.

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Goal 3: Promote Gender Equality and Empower Women

Status and Trends

Official figures reveal a higher enrolment of boys than girls in primary education. However, there was a higher enrolment of girls in both secondary and tertiary education. Performance levels were higher for females in primary, secondary and tertiary education.

Data from the 2001 population census estimated that 55 percent of females were employed in non-agricultural sectors. Participation of women in public and private sector initiatives for the support of small business ventures was comparable to male participation.

Officials seek to address the problem of domestic violence, which seriously limits efforts to empower both women and men.

The proportion of seats held by women in the national Parliament increased significantly from 3 percent in 1990 to 11 percent in 1995 and then to 17 percent in 2007. While this is below the recommended 30 percent minimum, women have been emerging in many supervisory, and managerial positions in the public and private sectors.

Challenges

- ❖ Lower attendance levels for males than for females in secondary and tertiary education
- ❖ Lower levels of performance for males at all levels of education
- ❖ Domestic abuse particularly in light of the culture of 'silence'

Supportive Environment

The Directorate of Gender Affairs was established in 1997 as the national machinery responsible for promoting the advancement of women in Antigua and Barbuda through research and education. In addition, men and women have benefited from programmes by local, regional and international non-governmental agencies providing skills training, loans and grants for small business development.

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Goal 4: Reduce Child Mortality

Status and Trends

There have been significant improvements in health care administration and the eradication of certain diseases. One aspect of the child health care management system is an aggressive immunization programme.

Challenges

- Increase in the cost of health care
- Fluctuating under five mortality rates

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Goal 5: Improve Maternal Health

Status and Trends

The maternal mortality rate has been consistently low throughout the period of review - 1990 to 2007. There were no recorded maternal deaths from 2004 to 2007.

Challenges

- Continuous monitoring, counselling, examining, and implementing new initiatives to improve and sustain the maternal health programme.

Supportive Environment

At the Government Hospital, health professionals operate a well-equipped children's ward including a unit for the care of premature babies.

There is a well managed immunization programme in operation at the hospital and at clinics throughout the island.

To strengthen surveillance, the child health records are being revised according to new WHO Child Growth Standards.

Supportive Environment

The Government Hospital and clinics located throughout the country offer pre- and anti-natal care. Qualified health personnel attend all births.

A Perinatal Information System has been introduced to strengthen surveillance.

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Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

Status and Trends

There is universal and free access to treatment for HIV/AIDS. However, the data from the National AIDS Secretariat continues to show an increase in cases notified. Issuance of free condoms and other contraceptives has increased although contraceptive usage has not been effectively monitored.

There have been significant strides in the Government health programme for the prevention of mother-to-child transmission of HIV/AIDS.

Considerable progress has been made in controlling communicable diseases such as acute respiratory infections, dengue, salmonellosis, gastroenteritis, tuberculosis, and malaria.

Challenges

- Increasing incidence of HIV/AIDS among females and youth
- Increasing incidence of chronic non-communicable diseases such as diabetes and hypertension, which are related to people's nutritional habits.

Supportive Environment

The national AIDS Secretariat in the Ministry of Health spearheads an all inclusive national campaign to reduce transmission and promote positive living among persons infected and affected by HIV/AIDS, in partnership with regional and international agencies

Free voluntary HIV/AIDS counselling, testing and distribution of anti retroviral drugs

Programme for the prevention of mother-to-child transmission of HIV/AIDS offering voluntary counselling and testing of all pregnant women free of charge

Free distribution of condoms and other contraceptives

Health, Hope and HIV Network, an NGO with the goal to enhance the quality of life of People Living with HIV/AIDS

National Clinical Care Coordination Programme to implement clinical care and support for Persons Living with HIV/AIDS

Health and Family Life Education Programme responsible for education awareness programmes for adolescents

Free immunization against communicable diseases.

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Goal 7: Ensure Environmental Sustainability

Status and Trends

Government has introduced a plan to manage the country's natural resources including forests, mangroves, and coral reefs. In addition to land areas that have been declared 'protected,' efforts are being made to safeguard national animals and birds.

The measure of Gross Domestic Product (GDP) per unit of Energy Use has fluctuated between 2000 and 2007. However, consumption of electricity has increased during this period. Carbon dioxide released into the air decreased with the phasing out of the use of certain substances that harm the atmosphere.

Population Census figures for 1991 indicate that approximately 79 percent of households had water piped into their homes while the other 21 percent had access to water through standpipes. The 2007 CPA Report estimated 77 percent of households with flush toilets.

Challenges

- Effects of overall climate change
- Vulnerability to natural disasters including drought
- Increasing number of fires including grass, bush, and rubbish
- Increasing fuel prices and related energy costs
- Developing the tourism product while at the same time preserving the country's natural resources.

Supportive Environment

Agencies involved in caring for the environment include the following:-

- o The National Solid Waste Management Authority and the Central Board of Health
- o The Antigua and Barbuda Waste Recycling Centre operated by an NGO in partnership with the National Solid Waste Management Authority
- o Environment Division with the overall responsibility for managing the country's natural resources
- o Environmental Awareness Group, an NGO
- o Ministry of Agriculture, Lands, Marine Resources, Agro Industries
- o Development Control Authority
- o Barbuda Council
- o Ministry of Housing and Social Transformation, which organizes low income housing schemes and assists the elderly with housing repair and maintenance.

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Goal 8: A Global Partnership for Development

Status and Trends

Antigua and Barbuda is signatory to many trade agreements which provide for duty free access to its agricultural and manufacturing products. However contribution to the Gross Domestic Product (GDP) by these two sectors has been low.

Although figures have not been compiled for Official Development Assistance (ODA), Antigua and Barbuda has benefited from various programmes.

The Government has adopted a debt-management strategy. Negotiations with certain creditors have resulted in partial debt reduction, debt relief, debt rescheduling, as well as some interest rate adjustments.

Data from the National Poverty Assessment Report 2007 shows a high unemployment rate among the youth.

Prescription drugs for nine of the major diseases are distributed free of cost to residents of Antigua and Barbuda.

There is high access to telephone services through land lines, cellular phones, and telephone booths located all over the country. In addition to personal computers and Internet cafes at business places, the Government IT Centre offers free Internet service at schools, empowerment and community computer access centres throughout the country. Communities that do not yet have a centre are serviced by coaster buses, retrofitted as mobile classrooms featuring 17 high speed touch-screen computers with wireless Internet connections.

Challenges

- A high debt burden, vulnerability to natural disasters, and a narrow export base
- Difficulty in accessing development assistance because the country is regarded as a high income country by most international agencies based on its GDP per capita
- Unemployment among the youth.

Supportive Environment

Free computer classes offered by the Government IT Centre

Availability of prescription drugs at the Government Hospital and Medical Benefits pharmacies located around the country

Skills-training programme offered at the Antigua and Barbuda Institute of Continuing Studies and the Hospitality Training Institute

External assistance in the development of a debt management strategy

Bulk purchasing of prescription drugs by the OECS countries through the Pharmaceutical Procurement System.

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Additional Goal: Fight the Scourge of Crime and Violence

Status and Trends

Between 1990 and 2007, crime against persons, property and other related crimes, all increased. The number of youth offenders also increased. Figures on arrests for the use of cannabis and cocaine have been fluctuating. The number of persons receiving treatment for substance abuse is on the increase.

Challenges

- Increasing incidence of crime and violence among the youth
- Need to improve the efficiency of the legal, judicial and law enforcement systems
- Impact of poverty, unemployment, illiteracy, and rising food prices on crime and violence
- Illicit drug use and resultant drug trade

Supportive Environment

The fight against crime and violence is a joint effort of all national law enforcing authorities, including the Royal Police Force of Antigua and Barbuda, Immigration Department, Customs and Excise Division, Coast Guard services, Antigua and Barbuda Defence Force, and Office of the National Drug and Money Laundering Control Policy.

The Crossroads Centre was established in 1998 by members of the Hourglass Foundation to provide treatment, education and counselling to chemically dependent persons from all over the world. The service is available free of charge to Antiguan and Barbudans.

The newly established Government Probation and Counselling Unit seeks to reduce repeat offences through rehabilitation programmes. Other initiatives include the Drug Abuse Resistance Education (DARE), an international programme coordinated by the Royal Police Force of Antigua and Barbuda. This programme strives to provide children with the information and skills necessary to live drug free and violence free lives.

Educational and other support programmes organised by the National Substance Abuse Prevention Division.

The Directorate of Gender Affairs with its empowerment programme, crisis hot line, and walk-in facility.

Other departments within the Ministries of Justice and Legal Affairs, Social Transformation, Finance & the Economy, Health, Education, Sport and Youth Affairs.

Faith-based, non-governmental, and community-based organisations, and families.

Service clubs, other interest groups, and associations.

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ASSESSMENT OF MONITORING ENVIRONMENT

In assessing the monitoring environment the standards adapted below provide a useful yardstick, comparable to standards adopted by other Country Reports on the Millennium Development Goals prepared in collaboration with the United Nations Country Team:-

III **Data gathering capacity**

rated as "strong" if there is capacity for periodic, regular and endogenous collection of nationally representative data with respect to a particular MDG.

III **Quality of recent survey information**

rated as "strong" if the most recent data set is evaluated to be valid, reliable, replicable and consonant with other recent allied data sets and trends. Educated public judgment forms the primary basis of such an evaluation. There is no requirement here for the capacity to be endogenous.

III **Statistical tracking capacity**

rated as "strong" if there exists a fairly longstanding mechanism, already implemented in at least two episodes, to collect relevant information and to process it in a preliminary and descriptive manner.

III **Statistical analysis capacity**

rated as "strong" if there exists a fairly longstanding mechanism, already implemented in at least two episodes, to analyse information and to engage in a multivariable analysis in a sustained manner.

III **Capacity to incorporate statistical analysis into policy planning and resource allocation mechanism**

rated as "strong" if new information and analysis is systematically fed into policy making, planning and resource allocation. Clearly, this capacity will be weak to the extent that the preceding capacities remain relatively undeveloped. On the other hand, this capacity can be weak even if the preceding capacities are relatively strong.

III **Monitoring and evaluation mechanism**

rated to be "strong" if a tradition of systematic, information-based review and re-planning is a constituent component within a program. To a considerable extent, this mechanism is contingent on the strength of the preceding capacities.

~ Adapted from the Millennium Development Goals Report – UN Guidance Note

An overall assessment of the monitoring environment is hereby presented based on the above standards.

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MDGs Status at a Glance 1990-2007: Assessment of Monitoring Environment

GOALS/TARGETS	EXISTING CAPACITY FOR						OVERALL ASSESSMENT
	Data Gathering	Quality of (Survey) Information	Statistical Tracking	Statistical Analysis	Statistics into Policy, Planning, & Resource Allocation	Monitoring and Evaluation	
<i>POVERTY</i>	Fair	Strong	Weak, but Improving	Fair	Weak, but Improving	Weak, but Improving	Fair
<i>HUNGER</i>	Fair	Strong	Weak, but Improving	Fair	Weak, but Improving	Weak, but Improving	Fair
<i>UNIVERSAL PRIMARY EDUCATION</i>	Fair	Fair	Fair	Fair	Fair	Fair	Fair
<i>GENDER EQUITY</i>	Fair	Fair	Fair	Fair	Weak, but Improving	Weak, but Improving	Fair
<i>CHILD MORTALITY</i>	Fair	Fair	Fair	Fair	Strong	Strong	Fair
<i>MATERNAL HEALTH</i>	Strong	Strong	Strong	Strong	Strong	Strong	Strong
<i>HIV and AIDS</i>	Strong	Fair	Strong	Fair	Strong	Strong	Strong
<i>MALARIA AND OTHER MAJOR DISEASES</i>	Fair	Strong	Strong	Strong	Strong	Strong	Strong
<i>ENVIRONMENTAL RESOURCES</i>	Strong	Fair	Fair	Fair	Fair	Strong	Fair
<i>SAFE DRINKING WATER</i>	Strong	Strong	Fair	Strong	Strong	Strong	Strong
OTHER COUNTRY SPECIFIC							
<i>AFFORDABLE HOUSING</i>	Strong	Fair	Fair	Fair	Fair	Weak, but Improving	Fair
<i>DEBT REDUCTION</i>	Fair	Fair	Strong	Strong	Strong	Strong	Strong
<i>CRIME REDUCTION</i>	Strong	Fair	Fair	Fair	Strong	Fair	Fair
OVERALL ASSESSMENT	Fair	Fair	Fair	Fair	Strong	Strong	FAIR

MDGs Status at a Glance 1990-2007: Reaching the Goals and Targets

GOALS/TARGETS	WILL THE GOAL OR TARGET BE REACHED?			NATIONAL SUPPORTIVE ENVIRONMENT		
EXTREME POVERTY Halve the proportion of people living below the national poverty line by 2015	Likely	Potentially	Unlikely	Strong	Fair	Weak
HUNGER Halve the proportion of people who suffer from hunger between 1990 and 2015	Likely	Potentially	Unlikely	Strong	Fair	Weak
UNIVERSAL PRIMARY EDUCATION Ensure that by 2015 children everywhere will be able to complete a full course of primary schooling	Likely	Potentially	Unlikely	Strong	Fair	Weak
GENDER EQUITY Achieve equal access for boys and girls to primary & secondary schooling by 2005 Increase women in Parliament to 30% of all members	Likely	Potentially	Unlikely	Strong	Fair	Weak
	Likely	Potentially	Unlikely	Strong	Fair	Weak
CHILD MORTALITY Reduce under-five mortality rate by two-thirds by 2015	Likely	Potentially	Unlikely	Strong	Fair	Weak
MATERNAL HEALTH Reduce maternal mortality ratio by three-quarters by 2015	Likely	Potentially	Unlikely	Strong	Fair	Weak
HIV and AIDS Halt and begin to reverse the spread of HIV and AIDS by 2015	Likely	Potentially	Unlikely	Strong	Fair	Weak
MALARIA AND OTHER MAJOR DISEASES Halt and reverse the incidence of Malaria and other diseases by 2015	Likely	Potentially	Unlikely	Strong	Fair	Weak
ENVIRONMENTAL RESOURCES Reverse loss of environmental resources	Likely	Potentially	Unlikely	Strong	Fair	Weak
ACCESS TO SAFE DRINKING WATER Halve the proportion of people without sustainable access to safe drinking water by 2015	Likely	Potentially	Unlikely	Strong	Fair	Weak
OTHER COUNTRY SPECIFIC GOALS/TARGETS						
ACCESS TO AFFORDABLE HOUSING Significant improvement in housing accommodation	Likely	Potentially	Unlikely	Strong	Fair	Weak
DEBT REDUCTION Reduce the debt burden	Likely	Potentially	Unlikely	Strong	Fair	Weak
CRIME REDUCTION Reduce the incidence of criminal offences	Likely	Potentially	Unlikely	Strong	Fair	Weak
OVERALL STATUS →	POTENTIALLY			STRONG		

SECTION 1

INTRODUCTION

The United Nations Global Conference agreed, in 1990, to a set of eight key development goals to address and monitor the critical elements of human development. In this connection, the Millennium Declaration was adopted.

The 8 Millennium Development Goals (MDGs) are as follows:-

1. Eradicate Extreme Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria and Other Diseases
7. Ensure Environmental Sustainability
8. Promote a Global Partnership for Development

In 2002, a review coordinated by the Organisation of Eastern Caribbean States (OECS) and the United Nations Development Programme (UNDP) recommended the inclusion of the following additional goals for the OECS Member States and Barbados: -

To take concerted action against international terrorism and to accede as soon as possible to all relevant conventions; and

To intensify efforts to fight trans-national crime in all its dimensions, including trafficking in and smuggling of human beings and money laundering.

Approximately 18 targets and over 40 indicators have been set for the MDGs and these are to be realized over the twenty-five year period: 1990-2015.

MDG monitoring and assessment are expected to be conducted at the national, regional and global levels. This initiative will require a national response involving ownership, commitment, and partnership among all stakeholders – the public and private sectors, community-based and non-governmental organizations and the wider civil society.

In this regard, each country is expected to prepare status reports from time to time.

Work is also in progress at the regional level to make the related Indicators more Caribbean-specific. This will be addressed in subsequent reports.

This Review outlines the status of the MDGs programme in Antigua and Barbuda and its level of achievement. The indicators have been assessed from 1990-2007. Section 2 introduces the National Development Context; Section 3 describes the MDGs Local Programme; An Assessment of the Goals is provided in Section 4, followed by a Conclusion, and Appendices.

SECTION 2

THE NATIONAL DEVELOPMENT CONTEXT

The national development agenda has been designed on a platform of Sustainable Development, upon which the following thematic areas are pillars securing the foundation of “Sound Policies Sure Success”:

Fiscal Stabilization; Economic Growth; Services; Social Development; Physical & Human Resource Development; Information Communication Technology; and Public Sector Transformation.

Recognizing that these issues are cross-cutting and inter-sectoral, the integrated development process (IDP) guides the overall national vision ...

a sustainable services economy that improves quality of life, ensures social stability, and balances environmental integrity.

The goals for national development are closely associated with on-the-ground-policies, programmes and projects that concentrate on alleviating poverty, reforming health, providing quality education, generating employment, protecting the environment, and preventing crime.

Achieving success within each thematic area will automatically result in the attainment of the MDGs or at least position Antigua and Barbuda on track towards the respective targets, but not without its share of developmental challenges such as global demands, climate change, and other external shocks.

Manifestation of this success is critically dependent on Goal 8 – a global partnership for development – as a result, fiscal stabilisation, market access, and debt management are high on the development agenda, in order to attract more Foreign Direct Investment and international aid.

Stakeholder engagement is considered important in “providing feedback and achieving public acceptance”. Government ministries, agencies and departments; community based and non-governmental organisations; and private sector enterprises are afforded the opportunity to participate in shaping strategies for national development through a highly involved consultative process.

Feedback has shown that, not only are the MDGs viewed as an ‘end’ since they are time-bound, but they are also evidence-based and process-driven in that they encourage a level of sustainability after attainment. It is for this reason that this Review has been set within the overall context of...

Our Goals, Our Development, Our Country Antigua and Barbuda

SECTION 3

THE MDGs LOCAL PROGRAMME

In October 2005, under the coordination of the United Nations Development Programme (UNDP), the Government of Antigua and Barbuda, through the Ministry of Finance, officially launched the national MDGs programme and established a MDGs National Task Force to spearhead this initiative. Members were drawn from various ministries, civil society, and the private sector to ensure a coordinated approach and to encourage ownership of this programme by a wide cross section of stakeholders. The members are listed at **Appendix A**.

At the first meeting of the Task Force, it was agreed to establish a Working Group to review the MDGs, Targets and Indicators; examine the required Data Sets with respect to relevance, quality and timeliness; and work in a coordinated manner to ensure collaboration and cooperation within and between the agencies responsible for the data sources. This Working Group assisted in the drafting process leading up to production of the report.

In an effort to sensitise the public about the MDGs, the role of the Media was considered critical to the process and in this connection a Public Awareness Committee was also appointed and a public relations programme was prepared aimed at full-scale national 'buy-in' to this process. To solicit support for this programme, in February of 2006, a meeting was organized with representatives from all the media houses, which was followed by a series of media presentations (**Appendix B**).

A set of public service announcements was later designed and aired on radio and television on a regular basis. Samples of these are presented in Section 4, at the beginning of each goal assessment.

Consultations were also held with several stakeholders including technicians of the Ministries of Education and Health, and senior public servants from other ministries, representatives of non-governmental organizations and the wider civil society (**Appendix C**). From these consultations, it was clear that local chapters of certain international agencies such as the Girl Guides Association and the Anglican Mothers' Union have already organized programmes geared towards achievement of the MDGs. In addition many other organizations, albeit without a stated MDGs focus, have been working towards the achievement of the goals. These include church groups, the Scout Association, Big Brother/Big Sister, and several Government departments.

With respect to the methodology, data was collected from census and survey reports in addition to administrative records. The quantitative data was supplemented with qualitative information, and the review of each goal was submitted to key stakeholders for feedback.

There are still data gaps in some critical areas and these have affected the statistical tracking capabilities for any significant trend analysis, but with the strong supportive stakeholder environment this is expected to improve with the assistance of the OECS Localisation programme.

Acknowledgements and sincere appreciation are accorded to the many local agencies, Government departments, and individuals directly involved in the preparation of this report, or through the sharing of comments, or general information. (**Appendix D**).

Within the Ministry of Finance the National Statistics Division is the focal point to the MDGs initiative while the Economic Policy and Planning Unit (EPPU) serves as the Secretariat to the Task Force. The members of the Secretariat can be read at **Appendix E**.

SECTION 4

AN ASSESSMENT OF THE MDGs

GOAL

1

ERADICATE EXTREME POVERTY AND HUNGER

<< Positive Development through Sustained Effort >>

Independence Theme

1998

*Do I want to reduce Poverty?
Do I want to reduce what I refuse to see?
Accept or deny...even turn a blind eye
However our Country can only see
Real prosperity
When You get rid of Me!*

~~ Core Message ~~

GOAL 1 – ERADICATE EXTREME POVERTY AND HUNGER

In a report by E. Greene “Reducing Poverty in the Caribbean: Implications for Health and Education” - a poverty index estimated the share of the poorest quintile for Antigua and Barbuda at 12%, with a Gini Coefficient of Inequality of 0.525. (*Inter American Development Bank (IDB) 1996, PAHO -Table1.1*)

Some studies on poverty were also done in select areas of the country from which crude estimates were derived, but no comprehensive poverty assessment was conducted until 2005, when with the assistance of the Caribbean Development Bank, work commenced on a joint Survey of Living Conditions (SLC) and Household Budget Survey (HBS). The study was a combination of Qualitative and Quantitative analyses designed to provide an overview of the extent and location of poverty in Antigua and Barbuda, to inform government policy for poverty reduction. The survey which was conducted by Kairi Consultants Ltd. covered the period – the second half of 2005 to the first half of 2006.

The objectives of the study were to assess:

1. The characteristics, extent, geographic concentration, severity, and causes of Poverty;
2. The dynamic links among social issues and Poverty;
3. The impact of socio-economic policies, and institutional, social and legal framework; and
4. The effectiveness of existing responses by Government, non - governmental organisations, and community-based organisations.

The four main components were as follows:

- The **SLC/HBS** – An interview of 1200 households randomly selected, from upper, middle, and lower income brackets; however, quantitative information was generated from 1024 households.
- The **Participatory Poverty Assessment (PPA)** was conducted in 12 communities and involved, *inter alia*, focus group discussions, community meetings, and interviews with selected individuals.

- The **Macro Socio-economic Assessment** was based on secondary data and information and interviews with key officials in Government.
- The **Institutional Analysis (IA)** was conducted mainly through interviews with key personnel and from collation of secondary data.

In August 2007, the National Country Poverty Assessment (CPA) Report was completed, under the caption “**Living Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition**”.

Two Targets will be used to monitor this Goal: Target 1 with three indicators and Target 2 with two indicators.

Target 1 - Halve between 1990 and 2015, the proportion of people whose income is less than a dollar a day.

Indicator 1 – Proportion of Population below \$1 per day

This indicator measures the number of persons living on an income below US\$1 per day at Purchasing Power Parity (PPP) values as a percentage of the total population of the country. PPP values are based on national consumption surveys and are designed to facilitate comparison of National Accounts estimates, independent of national currencies.

The SLC/HBS revealed 18.4% of the population living in poverty. The indigent population was calculated at 3.7%, with the vulnerable individuals estimated at 10%. These were described as persons who ‘lacked the wherewithal to meet the level of expenditure that would be necessary to afford them the minimum nutrition required to maintain good bodily health’ (Table 1.1)

Table 1.1 << Proportion of the Population Living below the Poverty Line >>

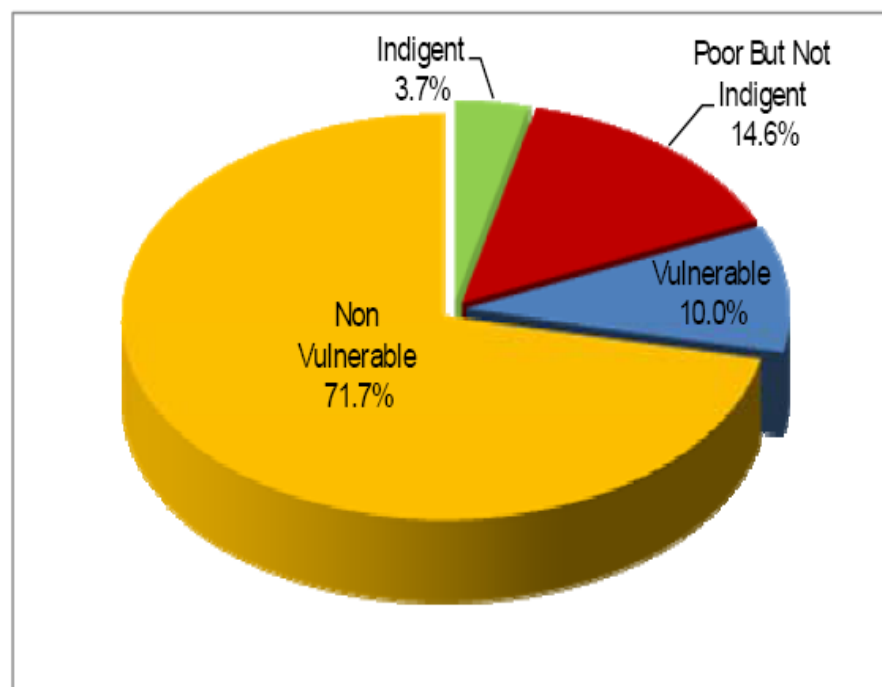
Indigence Line	EC\$2,449 per annum (US\$917.23) or US\$2.51 per day
Indigent Individuals	3.7%
Poverty Line	EC\$6,318 per annum
Poor and Indigent Individuals	18.36%
Vulnerable Individuals	10.0%
Gini Coefficient of Inequality	0.475

Source: Country Poverty Assessment Report 2007 – Volume1, Main Report (pages xix-xx)

According to Table 1.1 the poverty line is EC\$6,318 per annum, with the indigence line estimated at US\$2.51 per day. The Report describes the poverty line as a monetary measure that ‘represents a minimum budget that a household should spend over a period of time if that household is to meet its basic food and non food requirements’.

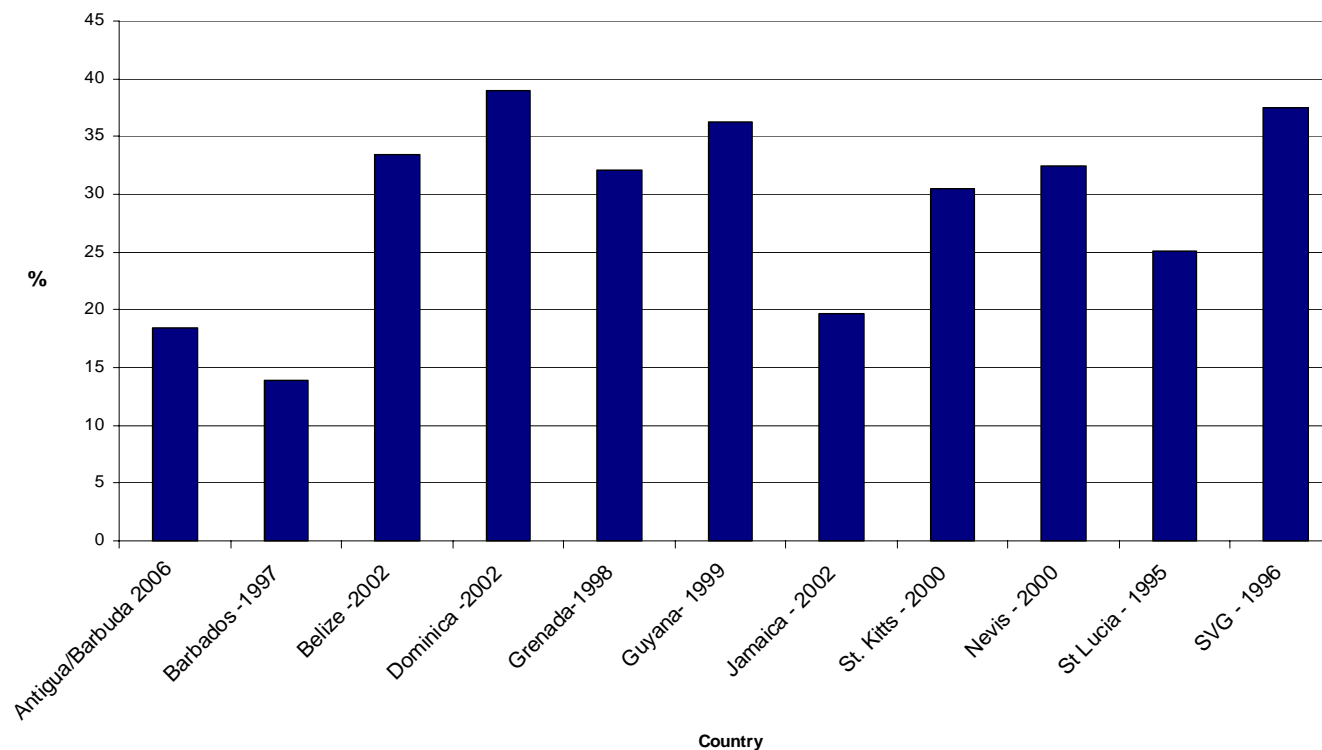
The 2007 Country Poverty Assessment (CPA) Report (page 37) further highlights the socio-economic status of individuals in Figure 1.1 below.

Figure 1.1: Socio-Economic Status of the Population in Antigua and Barbuda



When compared to the rest of the Caribbean the poverty study revealed that Antigua and Barbuda has the second lowest level of Poverty after Barbados. This is presented in the histogram below (Figure 1.2), but it should be noted that the survey was conducted in different years for each country.

Figure 1.2: *Comparison of Levels of Poverty across Selected Caribbean States*



Source: Country Poverty Assessment Report 2007–Volume 1, Main Report (page 37)



Indicator 2 – Poverty Gap Ratio

This indicator measures the aggregate disparity in the expenditure of the poor compared with the poverty line. It represents the amount needed to raise the expenditure of all poor persons to the level of the poverty line as a proportion of the poverty line.

Table 1.2 shows the Poverty Gap Ratio at 6.6% measured against the proportion of poor and indigent population by district.

Table 1.2 << The Poverty Gap Ratio and other Indicators >>

Parish	Population 2006	Percent Poor	Poverty Gap	Poverty Severity
St. John's City	26,814	22.29	9.33	5.84
St. John's Rural	22,922	18.41	6.63	3.64
St. George	7,319	12.28	2.75	1.06
St. Peter	5,965	15.03	6.05	3.72
St. Philip	3,798	25.85	7.47	3.23
St. Paul	8,611	15.63	5.26	2.80
St. Mary	7,451	13.57	2.63	1.11
Barbuda	1,453	10.53	3.31	1.15
Antigua & Barbuda	84,334	18.36	6.63	3.75

Source: Country Poverty Assessment Report 2007– Volume I, Main Report (page 46)

Indicator 3 – Share of Poorest Quintile in National Consumption

This indicator measures the percentage of the national consumption of goods and services attributable to the poorest fifth or twenty percent of the population.

The 2007 CPA Report revealed that in the poorest fifth (quintile) of the population females consumed 47.8% as compared to males (52.2%). This indicator reflected a similar trend for the nation as a whole where females consumed 48.4% as compared to males with 51.6%.

The average household size in the poorest quintile was recorded as 5.2% as against the national average of 3.8%. (Table 1.3)

Table 1.3 << Share of Poorest Quintile in National Consumption >>

Category	Per Capita Consumption Quintiles					Antigua & Barbuda
	Poorest	II	III	IV	Richest	
Sex of head of household	Percentage					
Male	52.2	51.8	54.8	50.4	50.6	51.6
Female	47.8	48.2	45.2	49.6	49.4	48.4
Mean						
Age of head	50	48	46	51	54	49
Household size	5.2	4.2	3.8	3.2	2.5	3.8
Children per household	2.1	1.6	1.2	0.7	0.6	1.3
Earners per household	1.5	1.6	1.7	1.6	1.4	1.6
% of females in household	52.8	56.5	56.6	57.0	57.2	56.0

Source: Country Poverty Assessment Report 2007 – Volume 1, Main Report (page 43)

Table 1.4 shows that in the distribution of expenditure on food and non food items across quintiles, the poorest group spent more on food (40.6% of total expenditure) than any of the other groups. This was significantly higher than the national average of 24.7%. The pattern is reversed with respect to expenditure on non food items with the poorest quintile expending 59.4% as compared to the national average of 75.3%.

Table 1.4 << Share of Food and Non-Food Expenditure across Quintiles >>

Category	Consumption Quintiles					Antigua and Barbuda
	Poorest	II	III	IV	Richest	
Expenditure	Mean (EC\$)					
Food	40.6	37.5	27.9	22.2	18.3	24.7
Non Food	59.4	62.5	72.1	77.8	81.7	75.3
Total Expenditure	100.0	100.0	100.0	100.0	100.0	100.0

Source: Country Poverty Assessment Report 2007 – Volume 1, Main Report (page xxiv)

The Government has introduced several social assistance programmes for poverty reduction including the following:-

Special provisions for the elderly - increased minimum pension, a grant to the Pensioners Association, exemption from income tax for all pensioners receiving a pension of EC\$5,000 or less per annum, and the exemption of persons 60 years and older from the payment of the embarkation tax. In addition, there is free home help for the incapacitated and free utilities for persons over 80 years of age. In respect of residential property owned and occupied by the elderly, the Government has introduced concessionary rates with the implementation of the new Property Tax.

The Government, the private sector, various social clubs, community and faith-based organisations provide meals and certain basic needs to the elderly and the homeless. A Vagrancy Control programme has been approved which will provide food, health care, and shelter to the homeless.



Persons with Disabilities – the Government has disbursed a grant to the Association for Persons with Disabilities and consideration will be given to the disabled when plans are finalized for the re-development of the City of St. John's. Regular stipends are paid to individual persons with disabilities. Work is in progress to design more comprehensive database to facilitate better targeting.

There have been several other community initiatives undertaken including the Board of Guardians, Citizens' Welfare Division, and the Home Help Programme.

In general, the Government has established a Basket of Essential Goods and reduced the Customs Service Tax on all items in the Basket. A value-added tax called the Antigua and Barbuda Sales Tax (ABST) has been introduced but a set of essential commodities has been 'zero-rated'. In addition, the Government has implemented the 'dollar barrel' under the 'Ease the Squeeze' initiative during the Christmas Season, which allows persons receiving barrels containing food items, toiletries, baby supplies, and a limited number of clothing items to pay \$1.00. Since its introduction in November 2004 to December 2007, approximately 14,037 households have benefitted from this initiative.

Target 2 – Halve between 1990 and 2015 the proportion of people who suffer from hunger.

Indicator 4 – Prevalence of Underweight Children (under 5 years of age)

This indicator records the proportion of children under 5 years of age with a weight-for-age ratio less than minus two standard deviations from the WHO/NCHS (National Centre for Health Statistics) reference median.

During the period 1995 to 2006 the proportion of children under 5 years old seen and tested for underweight at the clinics averaged 1.13 %.(Table 1.5). Between 2005 and 2006, however, this percentage increased from 1.28% to 2.30%.

Table 1.5 << Prevalence of Underweight Children (under 5 years of Age): 1995-2006 >>

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
%Weight for age in under 5 year olds	0.83	0.68	1.17	1.15	0.86	1.07	1.30	1.50	1.24	1.32	1.28 ¹	2.30 ¹

Source: Ministry of Health (Health Information Division, and Community Health Clinics)

¹ *provisional*



The incidence of low birth weight (< 2500g) is also being monitored at the clinics (Table 1.6).

Table 1.6 << Incidence of Low Birth Weight: 2000-2006 >>

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
% Incidence of low birth weight	4.90	8.16	4.77	5.64	5.04	3.99	5.27	7.49	6.04	6.13	4.35 ¹	5.43 ¹

Source: Ministry of Health (Health Information Division, and Community Health Clinics)

¹provisional

A significant number of babies seen at the clinics, continues to be breast-fed at 3 months. This averaged 86% between 1995-2006 (Table 1.7).

Table 1.7 << Percentage of Babies seen at the Clinics breast-fed at 3 Months >>

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
% babies seen at the clinics breast-fed at 3 months	86.9	82.2	84.1	86.0	83.8	85.7	79.0	76.9	94.0	86.0	96.3 ¹	88.1 ¹

Source: Ministry of Health (Health Information Division, and Community Health Clinics)

¹provisional

Indicator 5 – Proportion of Population below Minimum Level of Dietary Energy Consumption

This indicator measures the number of persons whose dietary consumption is below the level deemed essential for survival (as determined by the national nutrition authorities) as a percentage of the total population.

The nutrient availability profile for Antigua and Barbuda between 1996 and 2002 showed that there was adequate energy availability per capita based on the average energy requirement established by the Caribbean Food and Nutrition Institute (CFNI). Anaemia (mainly due to iron deficiency) continues to be a problem among children under 5 years old. Data from the public health clinics reveals in Table 1.8 indicators of anaemia (less than 10 grams per decilitre¹) among this age group for the period 1995 to 2006.

Table 1.8 << Indicators of Anaemia in Children 0-5 years old: 1995 -2006 >>

Indicator	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0-5 years olds (<10g/dl ¹)	3.32	3.36	3.89	2.78	1.92	2.45	4.66	5.28	2.74	2.73	2.45 ²	2.59 ²

Source: Ministry of Health (Health Information Division, and Community Health Clinics)

²provisional

There is growing concern over the high prevalence of obesity and overweight in the population especially since obesity is a strong risk factor for the Chronic Non-Communicable Diseases (CNCDs). Of the number of adults, 20 years and over, screened using the Body Mass Index (BMI) at the public health clinics between 2003-2007, approximately 65.8% fell within the category of ‘overweight and obese’, as indicated in Table 1.9 below:

Table 1.9 << Indicators of Obesity and Overweight in Adults 20 years and over: 2003-2007 >>

Indicator	2003	2004	2005	2006	2007
Number of Persons Screened	1,688	1,974	2,209	2,903	2,223
Overweight (BMI ¹ ≥ 25 <30)	546 (32.3%)	549 (27.8%)	561 (25.4%)	845 (29.1%)	845 (38.0%)
Obese (BMI ¹ ≥30)	575 (34.1%)	739 (37.4%)	775 (35.1%)	1,116 (38.4%)	696 (31.3%)
Overweight and Obese (BMI ≥ 25)	1,121 (66.4%)	1,288 (65.2%)	1,336 (60.5%)	1,951 (67.5%)	1,390 (69.3%)

Source: Ministry of Health (Health Information Division, and Community Health Clinics)

¹BMI = body mass index is a relationship between weight and height that is associated with body fat and health risk.
The equation is BMI = body weight in kilograms/height in meters squared.

Recent Developments

A survey of Nutrition Knowledge and Practices and Iron Status of Adolescents in Antigua and Barbuda was conducted in 2006 by the Ministry of Health in collaboration with the CFNI, the Brescia University College, University of Western Ontario, Ministries of Agriculture, and Education. The target population was Secondary School students 11-17 years. The survey revealed that 19% of the students were either overweight or obese with a higher prevalence of this problem among girls. Twenty-four percent (24%) of the students were found to be anaemic, with about 18% mildly anaemic and 6% moderately anaemic. Again more girls were found to be anaemic than boys. Related areas of concern included poor knowledge of iron nutrition, frequent use of snacks which are high in fat, sugar, starch, and salt, and low consumption of fruits and vegetables.



Goal Achievement

Poverty is a social, economic, and environmental problem. Reduction will require the integration of all the critical interrelated and interdependent variables, in a well planned and structured process. The 2007 CPA Report has shown that pockets of poverty exist particularly among the more vulnerable groups. Public education will continue in related areas such as proper nutrition and health care practices which will require a change in certain tastes and preferences, especially among the youth.

The social safety nets should be considered as interim measures, while the recommendations of the 2007 CPA Report are being implemented. A critical success factor, however, will be the measurement of how soon individuals can be encouraged to move away from the psychological poverty of the 'dependency syndrome' to that of empowerment, through education, employment and training.

On the local scene, the impact of the agriculture is considered a critical indicator in the reduction of hunger, and even though this sector has contributed, on an average, less than 4% to the Gross Domestic Product (GDP), the Ministry of Agriculture, Lands, Marine Resources, and Agro-Industry has been working with the farmers to improve the quality of their produce, and increase their output that would generate more inter-sectoral linkages, and additional employment. In November 2007, in an effort to plan better for the sector an inventory was taken by the Ministry of the agricultural resources in the country through the conduct of a Census of Agriculture, under the theme "Counting Farmers for Food Security". One of its main objectives was "to provide data to help monitor progress towards global development targets, in particular the MDGs". This census was a collaborative effort with the Food and Agricultural Organisation (FAO) and the National Statistics Division.



Between 1999-2007 the value of food imports represented approximately 15.67% of total imports. In the face of continuous rising global fuel prices this heavy dependence on food and other imports would result in higher shipping costs, and increased prices or shortages of select food items as some countries store these for their own fuel or food. In light of this the national agricultural programme will continue to aggressively promote import substitution and encourage more local consumption through the "buy local" culture, but the high cost of imports of agricultural machinery, implements and other inputs will still pose a challenge to the possible achievement of this goal.

<<< 1 >>>

GOAL

2

ACHIEVE UNIVERSAL PRIMARY EDUCATION

<< A Solid Foundation Builds an Excellent Future >>

Independence Theme

1988

Is Quality Education a necessity for Nation Building?

I wonder!

You see

We can only Grow into a Better Developed Nation

If I help to Educate Me

~~ Core Message ~~

GOAL 2 – ACHIEVE UNIVERSAL PRIMARY EDUCATION

One Target and three indicators will be used to monitor this goal.

Target 3 - Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Indicator 1 - Net Enrolment Ratio in Primary Education

This indicator is defined as the number of children of primary school age enrolled in primary education expressed as a percentage of the total number in the same age group in the population.

In Antigua and Barbuda there is equal access to education for all. There are sixty- two (62) Primary Schools, of which thirty-two (32) are Public, including two (2) Schools providing Special Education – the Adele School, and the School for the Deaf; and thirty (30) Private.

Primary education includes Kindergarten, Grades 1-6, and Post Primary (Grades 7-9) which have recently been reclassified under the Junior Secondary programme. Between 1990 and 2006 the overall Net Enrolment Ratio in Primary Education fluctuated between a low of 58.5% (2001) and a high of 78.2% (2006). However, throughout the reporting period the Male net enrolment ratio has been higher than that of the Female (Table 2.1).

Table 2.1 << Net Enrolment Ratio in Primary Education >>

Year	Male	Female	Total
1990-91	73.1	67.8	70.3
1995-96	73.4	67.1	71.7
2000-01	79.9	73.7	76.5
2001-02	62.3	54.6	58.5
2002-03	77.7	70.3	74.0
2003-04	80.2	73.2	76.7
2004-05	78.7	69.2	74.0
2005-06	81.7	74.8	78.2
2006-07	76.4	66.2	71.3

Source: Ministry of Education

In general, privately owned schools charge a fee for their services. However, publicly owned schools offer free education. In addition, the Law states that children must attend school between the ages of 5 and 16 years. Truancy officers are employed to deter youths from missing classes, without notification from their parents.

In an effort to encourage full attendance, the Government, introduced a free Textbook Programme for all schools, both public and private in 1995, and a national School Uniform Grant system for primary and secondary school students in 2004. Table 2.2 shows the number of applications by parents and the number of students registered since the inception of the programme. Each student receives vouchers for two sets of regular uniforms. By 2007 the annual average percentage increase in applications by parents was 10.2% which represented an annual average increase in registrations for students of 28.5% (Table 2.2).

Table 2.2 << Number of School Uniform Applications: 2004-2007 >>

Year	2004	2005	2006	2007
No. of Parents Registered	6,158	6,675	7,766	8,047
No. of Students Registered	10,240	12,234	17,503	19,003

Source: Ministry of Education

A national School Meals programme, under the theme ‘Nutrition for Learning’ was piloted in 2006 in nine Government Primary schools. The programme is now fully implemented, and has provided approximately 210,000 meals to students across 15 Government Primary Schools.



There is a school in almost every village, and access is complemented with a school bus system.

Provisions have been made to ensure full participation of segments of the population with special needs and the Association for the Disabled has been lobbying the Government to improve, on a regular basis, the requisite supportive facilities for children with special needs. A specially outfitted bus is provided for these students.

Recent Developments

Early Quality Childhood Education is considered the critical path to the child's overall successful development and achievement later on in life. Four major learning goals are targeted at this level: knowledge, skills, disposition, and feelings (Katz, 2003).

The holistic approach, at this phase, in using the senses, processing information, early stimulation, and nurturing, complemented with proper nutrition will prevent 'developmental deficits' which researchers are linking to sub-standard grades, low self esteem, delinquency, poverty, and crime.

Education officials suggest that for Antigua and Barbuda, Goal 2 should include the achievement of universal early childhood (pre-school) education and that an additional indicator – net enrolment ratio in early childhood education would be appropriate.



The findings from a recent survey revealed that ‘there are 110 operators in the country offering early childhood services for children between the ages of 0-4 years. Approximately 75% are privately owned, 15% by the Church, and 10% Government. The kindergarten and infant sections within the primary schools cater for the children who are between the ages of 5-8 years.’



The Childcare and Protection Act (No. 29 of 2003) provides for the establishment of a Childcare and Protection Agency to “promote the best development of the child which is compatible with early childhood development goals, primary health, and public health requirements.” The Ministry of Education, under the Education Act 1973 does not have legal authority to regulate and set standards for early childhood establishments, even though there has always been an Early Childhood Supervisor on staff to monitor these establishments. However in August 2000 there was an amendment to the Act stating that “pre-school means nursery school for the provision of day care or pre-school services for residential or non-residential care of children under five (5) years.”

The Ministry recognises the need for a comprehensive policy response and work is actively in progress to address this through a review of the Education Bill. Further, in keeping with the CARICOM Heads of Government decision to have a basic set of standards for the delivery of early childhood care and education throughout the Caribbean, the workshop to craft the standards and policy process was launched in September 2006 in Antigua and Barbuda.

Indicator 2 - Proportion of Pupils starting Grade 1 who reach Grade 5

This indicator refers to the proportion of pupils who having entered Grade 1 and continued through to Grade 5.

It is intended to measure “an education system’s success in retaining students from one grade to the next as well as internal efficiency”. A procedure is used called the ‘reconstructed cohort method’ which measures the cohort of pupils.

Even though enrolment is recorded at the beginning and at the end of term, more comprehensive data capturing for example migration, transfers, re-entrants, repeaters, grade skipping, and dropout figures, is required to properly analyse this indicator.

Using the data for 2005 for Government Schools as a reference, Table 2.3 shows the number of students enrolled from Grade 1 to 5 by zone.

Table 2.3 << Number of Students Enrolled from Grade 1 to 5 by Zone: 2005 >>

Zone	Grade 1			Grade 2			Grade 3			Grade 4			Grade 5			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Zone 1	157	118	275	103	130	233	139	142	281	157	155	312	145	160	305	701	705	1,406
Zone 2	46	46	92	45	41	86	51	44	95	63	59	122	58	63	119	263	253	516
Zone 3	84	83	167	92	78	170	100	83	183	118	108	226	122	96	218	516	448	964
Zone 4	125	104	229	137	122	259	128	107	235	132	139	271	134	134	268	656	606	1,262
Total	412	351	763	377	371	748	418	376	794	470	461	931	459	453	910	2,136	2,012	4,148

Source: Ministry of Education

M=male, F=female, T=total

In each of the grades the male student enrolment has exceeded that of the females. Tracking of this indicator is critical.

Recent Developments

The Antigua and Barbuda Institute of Continuing Education (ABICE) offers an adult and continuing education programme coordinated by the Ministry of Education to cater specifically to students who are interested in pursuing studies in General as well as Technical and Vocational Education and Training. Students from 16 years and older, who are unable to complete the school programme from the primary into the secondary level, can now pursue training through a mixed curriculum of technical and academic subject areas, including Building Construction, Business Studies, Technology, Cosmetology and General Studies on a full time or part time basis during the day and evening at any one of three campuses.

ABICE is an amalgamation of three earlier institutions, namely:

- The Youth Skills Training Project, which provided day time skills training (business, building construction, and cosmetology) with a work experience component for youths aged 16 - 25 years old;
- The Golden Opportunity, which was originally designed for females who had dropped out or were required to leave school as a result of becoming pregnant; and
- The Evening Institute, which offered Technical and Vocational Education courses, many of which are examined at the Caribbean Examinations Council, or City of Guilds level. Working adults form the largest group of enrolled students.



Training begins at Level 1, which is equivalent to Form 4 or Grade 10, but students who have not achieved that level of educational competency are still encouraged to apply and enrol in an access programme that would prepare them for entry into Level 1. Most programmes will progress to level 2, with the exception of Cosmetology which is offered up to Level 3.

Indicator 3 - Literacy Rate of 15-24 year olds

This indicator compares those 15-24 year olds who can read, write and say a short, simple statement about their lives, with the total number of 15-24 year olds in the population.

A national literacy survey has not been conducted in the recent past. The Adult Literacy Programme funded by the Government of Antigua & Barbuda and the Government of Canada conducted a partial literacy study in 1993. Some aspects of literacy information can be garnered from the National Census of Population and Housing, conducted every 10 years, but it important to note here that the census definition refers to completion of the ‘first 5 years of primary schooling’.



Average Literacy Rate between the Census of Population and Housing for 1991 and 2001 is estimated at 96% (Table 2.4).

Table 2.4 << The Average Literacy Rate: 1991 and 2001 >>

Census	Indicator	Total	Male	Female	Female:Male
1991	Population 15-24 years	10,965	5,433	5,532	
	Population 15-24 years with at least 5 years primary education	10,686	5,304	5,382	1.01:1
	Literacy rate	97.5%	97.6%	97.3%	
2001	Population 15-24 years	12,379	5,892	6,487	
	Population 15-24 years with at least 5 years primary education	11,570	5,395	6,176	1.14:1
	Literacy rate	93.5%	91.6%	95.2%	

Source: National Statistics Division Population Census Reports - 1991 and 2001

The proxy data from the population censuses also shows a reduction in the literacy rate between 1991 and 2001. Outside of a literacy survey, education officials opined that there is enough qualitative evidence to ascertain that the literacy rate has been falling. As a result the Education Department has sought to devise strategies focusing on the improvement of literacy and numeracy skills at the primary level. The moulding of well-rounded young persons is the aim of the national education system, and as a result additional focus has been placed on functional and cyber literacy.



For the literacy rate of 15-24 years olds to be sustained preparation has to start at the level of early childhood education. It is a developmental process. In addition special education forms a critical component within the system of universal education.

Students who are dyslexic would normally have difficulty in acquiring or mastering the necessary literacy skills such as reading, spelling, writing, remembering spoken instructions, and putting thoughts on paper. These students would be included in the overall numbers, but this indicator would be better captured in a survey module to facilitate specialised attention.

The Antigua and Barbuda Centre for Dyslexia Awareness (ABCDa), in its six years of existence, has raised the awareness of parents and teachers to detect 'learning difficulties and differences in their children'. There is a comprehensive programme which includes 'training of teachers, screening and tutoring of children and providing counselling and other forms of support for parents'.

The Adele School established since 1978 caters for children who are mainly slow learners, autistic, and afflicted with cerebral palsy. Of the 67 students enrolled 64% are boys.



In addition, the School for the Hearing Impaired and the Unit for the Visually Impaired provide education for students with special needs.

Recent Developments

There is no doubt that the quality of education still needs significant improvement since there are children who have completed the primary system still dysfunctional in literacy and numeracy skills. Plans are on the drawing board to establish Reading Clinics in the various zones.

With respect to Universal Secondary Education the situation is that no child, under normal circumstances by examinations or otherwise, should be excluded from accessing secondary education. Presently two examinations (Common Entrance and Junior Secondary) exclude some students. There are 16 secondary schools of which 56% are Government owned. Under the Caribbean Development Bank (CDB) Basic Education Project, a Measurement and Evaluation Unit has been established to 'test students at periodic stages in their school life - Grades 2, 4, 6, and 9' with a view to monitoring their academic progress, assigning students based on the assessment. The proposal is that all students will be given a secondary education - some through an 'academic stream' and others through a more 'technical' stream' which will include remediation for weak areas. The national assessment will then be used as a yardstick to ascertain where students are in the learning process so that they can be guided accordingly.

It is expected that this system will also be able to provide data to facilitate the tracking of students for MDG Indicator 2 – the proportion of pupils who having entered Grade 1 and continued through to Grade 5.

Goal Achievement

Antigua and Barbuda has achieved this goal and concerted efforts are being made to sustain universal primary education with continuous improvements in its quality. However, the goal has been localised to include universal early childhood education, and universal secondary education, and an intensive programme is on the table to successfully achieve these before 2015.

<<< 2 >>>

GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN

<< Building an Excellent Structure >>
Independence Theme
1989

*I am a Mother, I am a Father, I am a Brother, I am a Sister
We would all like to contribute to and benefit from
Our Nation's Growth and Prosperity.
Shouldn't we therefore have Equal Opportunity?*

~~Core Message~~

GOAL 3 – PROMOTE GENDER EQUALITY AND EMPOWERMENT

Gender is defined as “the set of characteristics, roles and behaviour patterns that distinguish women from men which are constructed not biologically but socially and culturally. The sex of an individual is biologically determined, whereas gender characteristics are socially constructed, a product of nurturing, conditioning, and socio-cultural norms and expectations. These characteristics change over time and from one culture to another....” *The GMS Toolkit – Commonwealth Secretariat*

One Target and four indicators will be used to monitor Goal 3.

Target 4 - Eliminate Gender disparity in primary and secondary education, preferably by 2005 and to all levels of education no later than 2015.



Indicator 1 - Ratio of Girls to Boys in Primary, Secondary and Tertiary Education.

In measuring the proportion of the number of girls to boys at the three stated levels of education, the data in Table 3.1 shows that the ratio of girls to boys in primary education was less than one (0.90:1) between 1991 and 2006. This indicates that more boys than girls were enrolled at the primary level throughout the period under review.

Table 3.1 << Ratio of Girls to Boys in Primary, Secondary, and Tertiary Education: 1991-2006 >>

Year	Primary	Secondary	Tertiary		
			ASC	UWI/SC	ABIIT
1991-92	0.97 ¹	1.01 ¹	...	4.52	...
1995-96	0.88	...	...	13.00	...
1996-97	0.91	1.22	...	10.00	...
1997-98	0.92	1.36	...	34.30	...
1998-99	0.88	1.28	...	...	...
1999-00	0.92	1.31	2.02	16.80	...
2000-01	0.92	1.30	1.41	...	...
2001-02	0.87	1.14	1.60	8.56	...
2002-03	0.86 ¹	1.30 ¹	1.40	10.13	1.77
2003-04	0.84	1.30 ¹	1.90	7.62	1.69
2004-05	0.91	1.50	1.60	8.05	1.22
2005-06	0.92	1.24	...	...	1.87
Average	.90	1.38	1.66	12.55	1.64

Source: Ministry of Education

¹estimated

The reverse was observed for the same period for the secondary level 1.38:1 and for the tertiary level at the Antigua State College (ASC) showing an average of 1.66:1 in favour of female students. With respect to the UWI School of Continuing Studies (UWI/SC), while the pattern is similar, there are vast fluctuations in enrolment averaging 12.55:1. Between 2002 and 2005 the enrolment trends at the Antigua and Barbuda International Institute of Technology (ABIIT) showed an average ratio of 1.64:1 in favour of female students.

Under the Board of Education (BOE) Act 1994 a total of 1,791 scholarships, awards, and bursaries were funded between the period 1995 to 2007, of which 65% were females in the ratio of 1.87:1. Following a similar trend, of the 478 students currently on BOE scholarships, 68% are females.

A diagnostic review needs to be commissioned to determine the reasons for the reversal of enrolment patterns from primary through to tertiary. This could be done in collaboration with a labour force survey to determine whether the male students opt to enter the labour force instead, or drop out of the system, thereby becoming unemployed or underemployed.

Recent Developments

A review of the results of the Primary/Common Entrance Examinations has shown that from 1990 to 2007 there was an average of 50.2 % passes among the number of male students who sat and an average of 64.0% for the female students.

With respect to the Post Primary/Junior Secondary, for the same review period, average passes among the males and female students registered 42.4% and 47.9% respectively.

While there are no barriers to students' access to education by sex, it has been reported that more female students graduate annually from secondary and tertiary institutions than males.

A comparison of results from the Caribbean Examination Council (CXC) for 2007 revealed that of the 21 educational centres that registered, 30% of the students (499) were males sitting a total of 2,630 subjects and passing 68% (Table 3.2). Of the 5,305 sittings by the 1,164 females there were passes in 3,661 subjects averaging a rate of 69%.

Table 3.2 << Comparison of Results from the 2007 Caribbean Examination Council Exams >>

Total		Male			Female		
Males	Females	Sittings	Passed	% Passed	Sittings	Passed	% Passed
499	1,164	2,630	1,787	68.0	5,305	3,661	69.0

Source: Ministry of Education

Education officials report that getting data from schools both public and private schools still poses a challenge, although the law mandates provision of data to the Ministry of Education. This has had serious implications for accurate, timely, and comprehensive statistical reporting.

In an effort to address this concern, the Education Management Information System (EMIS) has been introduced. The programme which is being piloted in three secondary schools is expected to enable administration offices in all educational institutions to provide electronically data on the education services provided, to facilitate policy formulation and strategic planning.

Indicator 2 – Ratio of Literate Females to Males of 15 – 24 year olds

This indicator measures the proportion of literate females to males, both in the age group 15 – 24 years.

Data from the two population censuses indicates a ratio of 1.01 for 1991 and 1.14 for 2001 in favour of females in the population with at least 5 years of primary education (*calculated from Table 2.4*).

In light of the current trend of higher attendance of girls to boys in the secondary and tertiary levels of education, it can be deduced that the ratio of literate females to males in this age group would follow a similar pattern.

However, the National Poverty Assessment Report 2007 revealed that in 2005/2006 the majority of the population was functionally literate, “irrespective of consumption quintile or sex” (*Main Report, Table 7.13, page 99*).

Indicator 3 – Share of Women in Wage Employment in the Non-Agriculture Sector.

This indicator is defined as the number of women in wage employment in the non-agricultural sectors as a percentage of total employment (men and women) in the non-agricultural sectors.

Data was derived from the 1991 and 2001 population censuses using information on ‘employed persons by industry and sector’. The data from each of the censuses indicated that 47.7% and 54.7% respectively of employment in the non-agricultural sectors was female.

No comprehensive labour force survey has been conducted in Antigua and Barbuda. Surveys of selected sectors are conducted periodically by the Labour Department. It appears that there has been an increase in the proportion of women in the non-agricultural sectors particularly in hospitality, offshore gaming, and small business ventures.

In 1997, the Directorate of Gender Affairs was established as the national machinery responsible for promoting the advancement of women in Antigua and Barbuda, through research, advocacy, and education. The Directorate also conducts training in various areas,



including arts and craft, seeking to enhance the skills of women so that they can increase their earning capacity. In particular, there are ongoing work and life skills programmes targeting adolescent mothers. Regular sessions are also conducted on 'Women in Leadership'.



Efforts have been made by both the public and private sectors to equip women to own and manage their own businesses both in the agricultural and services sectors. With the assistance of micro-credit schemes, and small grants from international agencies, some small entrepreneurs continue to empower others, thereby developing capacity in certain skills.



The Gilbert Agricultural and Rural Development Centre (GARDC), a non governmental organization, has developed a comprehensive entrepreneurial skills training programme and has reported that the participation of women is approximately equal to that of men.

A serious negative effect on gender empowerment has been the issue of domestic violence within the country. Domestic Violence promotes low self esteem, demoralisation, and depression among the affected. The Directorate of Gender Affairs has been actively addressing this problem through counselling, advocacy, and lobbying for legislative reform.

The Directorate has also been encouraging persons affected to ‘break the silence’ in an effort to get assistance and has been working in collaboration with other agencies and institutions to address this social crisis.



Information at an early age can only help individuals to be more aware and watchful of the signs and symptoms of domestic abuse, if they happen to experience it in later life.

The Directorate operates a Walk-in service that addresses the concerns of the affected cases sent from various sources, including the Courts, Police, Attorneys-at-Law, Faith-Based, other Organisations, Clients that are referred, and individuals. Data for the period 1997-2006 shows a total of 2,718 visits of which 82.6% were made by women (Table 3.3). Between 2004 and 2006 the number of calls made by both men and women decreased at an annual average rate of 20%.

Table 3.3 << Number of Visits to the Domestic Violence Walk-in Service: 1997-2006 >>

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total	%
Male	2	22	69	70	56	85	28	57	48	37	474	17.4
Female	23	167	372	344	269	273	280	264	203	149	2,244	82.6
Total	25	189	441	414	209	358	208	321	251	186	2,718	100.0

Source: Directorate of Gender Affairs

In addition, the Antigua and Barbuda Planned Parenthood Association (ABPPA) operates a 24-hour Crisis Hotline service for victims of domestic violence, which is turned over to the Directorate after 4:30 pm. Table 3.4 shows that between 2000 and 2006 a total of 241 calls were made of which 81% were female. The overall under-utilisation of these two services suggests the need for more support and encouragement for reluctant individuals to 'speak out' amidst threats of possible further violence and abuse from their partners.

Table 3.4 << Recorded Crisis Hotline Calls: 2000-2006 >>

Year	2000	2001	2002	2003	2004	2005	2006	Total	%
Male	18	7	4	1	8	6	2	46	19.1
Female	86	28	8	1	27	34	11	195	80.9
Total	104	35	12	2	35	40	13	241	100.0

Source: Directorate of Gender Affairs

The related offences of Rape, Indecent Assault, and Unlawful Carnal Knowledge are also being closely monitored, and there is joint aggressive action between the Police Department and the Directorate and other concerned groups to stamp out these and other criminal offences, which also include buggery and incest (Table 3.5). Families and the general community are being encouraged to 'speak out' in order to bring the perpetrators to justice.

Table 3.5 << Rape and Other Indecent Acts: 2003-2007 >>

Year	2003	2004	2005	2006	2007
Rape	28	22	22	17	30
Indecent Assault	17	19	16	26	14
Buggery	0	5	1	2	0
Incest	5	0	1	1	0
Unlawful Carnal Knowledge	20	19	20	26	22

Source: Criminal Investigations Department - Royal Police Force of Antigua & Barbuda

Indicator 4 – Proportion of Seats held by Women in the National Parliament

This indicator measures the number of women (elected and non-elected) holding seats in the Parliament as a percentage of the total seats held by both men and women.

Table 3.6 << Proportion of Seats held by Women in the National Parliament: 1990-2007 >>

Year	1990	1995	2000	2005	2006	2007
%	2.8	11.1	8.3	13.9	13.9	16.7

Source: Clerk to Parliament

Although the data, 2.8% in 1990 to 16.7% in 2007, shows that there has been a significant increase in the percentage of women holding seats in the National Parliament, the percentage is still below the recommended 30% minimum (Table 3.6).



Recent Developments

Women in Antigua and Barbuda play a crucial role in political activities such as voting, campaigning, and overall organisation and management of the constituency/electoral branch offices. However, few females have contested the political elections and none of

them was successful until the year 2004 when one female was elected, who presently holds the portfolio of Minister of Labour, Public Administration and Empowerment. In the Lower House the Speaker is female. In the Upper House are four female Senators – the President of the Senate; the Minister of State in the Ministry of Agriculture, Fisheries, Marine Resources, and Agro-Industries; the Senate Minority Leader; and the newly appointed Senator in November 2007.

Government has been making every effort to promote, support and encourage women in other leadership roles. This is evident in the many senior positions held by women in the Public Service, including Permanent Secretaries of which 75% are women. Other positions include the Commissioner of Police, Accountant General, Auditor General, Ombudsman, Chief Establishment Officer, Government Training Officer, Chief Education Officer, AIDS Programme Manager, and Directors of Gender Affairs, Youth Affairs, Agriculture, Bureau of Standards, Culture, Social Policy, Prices and Consumer Affairs, and the Economic Policy and Planning Unit. Women also hold leadership positions in a few of the established quasi-government organisations or statutory corporations.

In October 2007, the twin island State witnessed the appointment of its first female Governor General, Her Excellency, Dame Louise Lake-Tack.



In addition, several women also hold key management positions in the private sector, including the banking, insurance, and the hospitality sectors, and the number of women, who own businesses, is steadily increasing. In 1997 a group of professional women established the Professional Organisation of Women in Antigua and Barbuda (POWA) that encourages the empowerment of women through advocacy, leadership, and overall business management skills development.

With respect to empowerment in entrepreneurship, in August 2005 the Government, in collaboration with a private investment company, the Stanford Financial Group, made funds totalling EC\$10m available for small business ventures - under the theme “Empowerment for Ownership” - through the Antigua and Barbuda Development Bank (ABDB). Between 2005 and 2007 of the 149 customers registered with the programme approximately 40% are female. Training sessions have also been organized by the ABDB in various aspects of business management.

Goal Achievement

In Antigua and Barbuda, while huge strides have been made in the area of education, the parity levels will need to be aggressively addressed, before universal tertiary education can be successfully targeted.

While there is evidence that gender equality in some areas of employment continues, equal representation at the highest levels of decision making in the country, measured by the proportion of seats held by women in the National Parliament, shows that much more advocacy needs to be done in this area.

Further analysis is required to determine the differential impact that policies and programmes have on men and women with a view towards introducing gender-based planning and budgeting to better assist the attainment of this goal.

<<< **3** >>>

GOAL 4

REDUCE CHILD MORTALITY

<< Youth Development for Greater Participation >>
Independence Theme
1982

*We Value
Every Woman and Child*

~~ Core Message ~~

GOAL 4 – REDUCE CHILD MORTALITY

One Target and three indicators will be used to monitor Goal 3.

Target 5 – Reduce the under-five mortality rate by two-thirds between 1990 and 2015.

Indicator 1- Under-Five Mortality Rate

This indicator is defined as the number of deaths among children under 5 years of age per 1,000 live births.

The under-five mortality rate per 1000 live births was reduced by more than “two-thirds” from 27.19% in 1991 to 11.68% in 2006, but with fluctuations throughout the period (Table 4.1). In 2007, there were 31 deaths in this age group which resulted in a significant increase in the rate to 24.05 per 1000 live births. A closer look at the data shows the under-five mortality rate fluctuated from a high of 28.1% in 1996 to a low of 11.68% in 2006 for all deaths.

There have been marked improvements in the certification process for the deaths of the under-five year olds for the reporting period. In 1991 the proportion of certified deaths to total deaths in this age group registered 21.88% which later increased to 87.10% in 2007, with an average of 79% between 2004-2007.

Table 4.1 << Under - five Mortality Rates: 1991-2007 >>

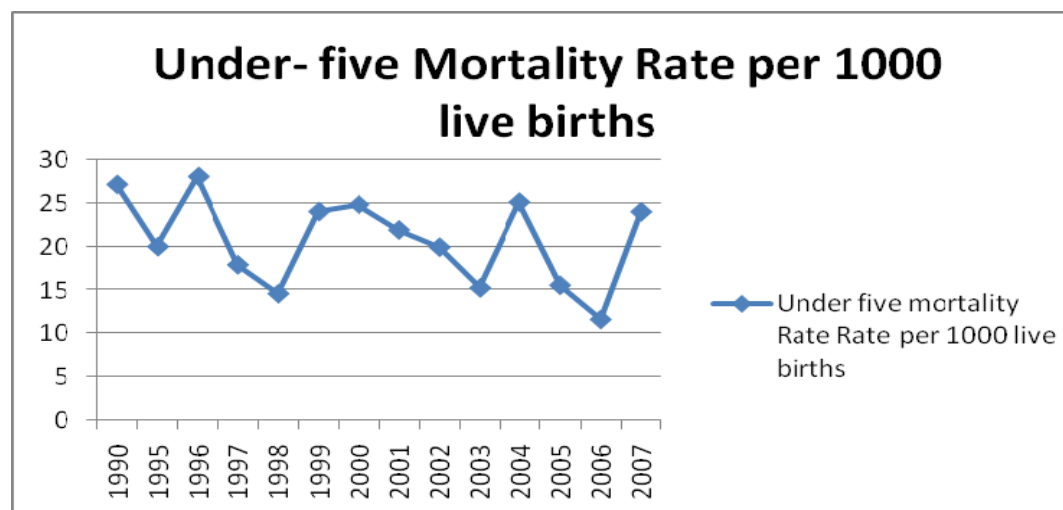
Year	1991	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Deaths of under-five year (<5) olds ¹	32	27	41	26	20	32	38	30	24	19	32	19	14	31
Live Births	...	1,347	1,459	1,448	1,366	1,329	1,528	1,366	1,201	1,241	1,272	1,218	1,198	1,289
<5 Death Rate per 1000 live births ¹	27.19	20.04	28.10	17.96	14.64	24.08	24.87	21.96	19.98	15.31	25.16	15.60	11.68	24.05
Certified <5 Deaths	7	8	14	13	8	16	19	13	5	8	23	15	11	27
% Certified Deaths	21.88	29.63	34.15	36.10	40.00	50.00	50.00	43.30	20.83	42.11	71.88	78.95	78.57	87.10

Source: Health Information Division and National Statistics Division

¹ includes uncertified neonatal deaths



Figure 4.1: Under – Five Mortality Rates: 1991-2007



Indicator 2 - Infant Mortality Rate

This indicator refers to the deaths of children under 1 year of age per 1,000 live births.

The infant mortality rate per 1000 live births showed fluctuations between 1991 and 2007, with a high of 25.49 % in 1991 to a low of 10.84% in 2006 for all infant deaths (Table 4.2). In 2007 the number of infant deaths doubled over 2006 from a rate of 10.84 per 1000 live births to 20.95 per 1000 live births.

The infant mortality certification process continues to show significant improvements with an average of 76.24% between 2004-2007.

Table 4.2 << Infant Mortality Rates: 1991-2007 >>

Year	1991	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
All Infant Deaths ¹	30	23	37	21	17	28	33	24	21	18	28	16	13	27
Live Births	...	1,347	1,459	1,448	1,366	1,329	1,528	1,366	1,201	1,241	1,272	1,218	1,198	1,289
<1 Death Rate per 1000 live births ¹	25.49	17.01	25.36	14.50	12.45	21.07	21.60	17.57	17.49	14.50	22.01	13.14	10.84	20.95
Certified<1 Deaths	4	4	10	8	5	12	14	7	2	7	19	12	10	23
% Certified Deaths	13.30	17.39	27.02	38.10	29.40	42.90	42.40	29.17	9.52	38.89	67.86	75.00	76.92	85.19

Source: Health Information Division and National Statistics Division

¹includes uncertified neonatal deaths



Indicator 3: Proportion of one-year old Children Immunized against Measles

This indicator is defined as the number of children aged 1 year who have received one dose of vaccine against Measles expressed as a percentage of the 1 year old population.

Coverage has been consistently high (98.5%) throughout the review period for children immunized against Measles. Over the years there has been a well-organised and sustained immunization programme in Antigua and Barbuda (Table 4.3). This programme ensures that all children in Antigua and Barbuda are immunized against many vaccine preventable diseases. The measles vaccine is administered using a trivalent vaccine which is given in two doses. This vaccine protects children from Measles, Mumps, and Rubella (MMR). The first dose is given at the age of one year and the second dose at five years of age. However, if for any reason the second vaccination period is missed (children who attain the age of 5 years) then immunization is given when that child reaches the age of 15 years.

Table 4.3 << Proportion of One-Year Old Children Immunized against Measles >>

Year	1991	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Measles Immunisation Coverage (%)	94	100	100	97	100	100	100	100	100	100	90	100	100	100

Source: Health Information Division



Although this indicator focuses on measles, the immunization programme in Antigua and Barbuda also covers a wide cross section of other diseases. These include diphtheria, tetanus, whooping cough, hepatitis B, and haemophilus influenza type B (Hib). Children are immunised against these five diseases using a pentavalent vaccine. Other vaccines administered include polio and influenza. All of the vaccine mentioned are available in both the public and private sectors. Mention must also be made of the availability of the human papilloma vaccine in the private sector. Pneumococcal vaccine will be available to persons with sickle cell disease later in the year.

Goal Achievement

Generally, in the area of child health, commendable advancements have been made. This has been due mainly to the Government's commitment to treating health care as a priority area. Additionally, there have been significant improvements in health care administration and the eradication of communicable diseases such as measles, mumps, rubella and polio, through an aggressive and sustained immunization programme. The advisory and participatory roles of regional and international organizations such as the Caribbean Epidemiology Centre (CAREC), World Health Organisation (WHO), and the Pan American Health Organization (PAHO) have also contributed to the advancements made in child health in Antigua and Barbuda.

The goal of reducing child mortality is achievable in Antigua and Barbuda. The child health programme is administered by a cadre of very dedicated nurses through a network of strategically located community health clinics. With the financial commitment of the Government, local initiatives will continue to be aggressively implemented to not only reach the MDG target of reducing the under-five mortality rate by two-thirds but to sustain and further improve on this rate.

GOAL 5

IMPROVE MATERNAL HEALTH

<< Our Elders - Our Foundation, Our Youth - Our Hope, for the 21st Century >>
Independence Theme
1999

*We strive to ensure
That Women are able
To go through pregnancy, childbirth,
And the postnatal period safely...*

Irrespective of their ability to pay for these services

~~ Core Message ~~

GOAL 5 – IMPROVE MATERNAL HEALTH

One Target and two indicators will monitor this Goal.

Target 6 - Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Indicator 1 - Maternal Mortality Ratio

This indicator is defined as the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) per 100,000 live births. However, because of the small number of births in Barbados and the OECS sub-region, it is recommended that the rate for this region should be per 1,000 live births.

There is a very effective maternal health care programme that is administered by highly skilled health personnel throughout Antigua and Barbuda. This is manifested in the 13 year period (1995-2007) where zero maternal deaths were recorded for 10 of these years. The maternal mortality rates for the remaining years have been significantly low. For 1997, 2001, and 2003 the maternal mortality ratios were 0.69, 0.73, and 0.40 per 1000 live births respectively. The programme is well articulated to meet the growing needs of pregnant women (Table 6.1).



Table 6.1 << Maternal Mortality Rates: 1991-2007 >>

Year	1991	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Maternal Mortality Rates	0.85	0	0	0.69	0	0	0	0.73	0	0.40	0	0	0	0

Source: Ministry of Health (Health Information Division)

The service includes free access to pre- and ante-natal care. Additionally, hours are flexible to accommodate all expectant mothers and there are four sessions of scheduled classes for first-time mothers and their partners. These classes provide training, practical, and counselling sessions on young child feeding and nutritional diets for expectant mothers.

Individual follow-up and group sessions also form part of this extensive programme, which includes regular monitoring of changes in their health conditions. Women with high-risk pregnancies are referred to the Government owned and operated Hospital.

Counselling sessions form an important part of the ante-natal clinics.



Indicator 2 - Proportion of Births Attended by Skilled Health Personnel

This indicator refers to the number of births attended by skilled health personnel as a percentage of total number of births.

Emphasis placed on a comprehensive preventive approach to maternal mortality has produced high levels of risk-free maternity cases in Antigua and Barbuda. Between 2000-2007 the proportion of births attended by skilled health personnel was reported as 100%. This includes a well managed premature care programme at the Holberton Hospital.



The National Poverty Assessment Report 2007 recorded that in 2005-2006 of the 6,049 children under 5 years old, 94.6 % were delivered by skilled health personnel, either at a hospital or clinic. *Country Poverty Assessment Report (Table 7.18, page 104).*

Goal Achievement

Free access to health care has spurred improvements in the survival of mother and child. Therefore, the goal of improving maternal health has already been achieved in Antigua and Barbuda. The challenge will be continuous monitoring, counselling, examining, and implementing new initiatives to further improve and sustain the maternal health programme through to 2015 and beyond.

GOAL 6

COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

<< Volunteering to Preserve and Safeguard Our Heritage >>
Independence Theme
2001



*What do You see when you look at Me?
Anger, Pain, Regret...even Death.
There is Nothing Positive about Contracting HIV and AIDS...eventually.
Help develop Our Country by protecting Yourself and Your family.
Abstain, **B**e Faithful, use a **C**ondom*

~~ Core Message ~~

GOAL 6 - COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

The **Human Immunodeficiency Virus (HIV)** is a virus that attacks the immune system of the human body. The **Acquired Immunodeficiency Syndrome (AIDS)** refers to the late-stage or advanced HIV infection. Numerous Declarations to address the HIV and AIDS have been brought to the fore. Representations have been made at a CARICOM Heads of Government Meeting in Nassau, Bahamas in 2001 supported by the Pan Caribbean Partnership against HIV and AIDS (PANCAP) and approaches were made at the international AIDS Conference in Barcelona, Spain in 2002 to the W.J. Clinton Foundation seeking assistance in fighting the HIV and AIDS epidemic in the Caribbean. These have resulted in comprehensive and sustained HIV/AIDS programmes in Antigua and Barbuda.

Two Targets will be used to monitor this goal, Target 7 with three indicators and Target 8 with eight indicators.

Target 7 - Have halted by 2015 and begun to reverse the incidence of HIV and AIDS

The Ministry of Health, through the work of the National AIDS Secretariat, has sustained a very intense programme in an effort to stem this national pandemic. This has been boosted by the appointment of National Clinical Care Coordinator assigned to the programme.



Between 1985 and 2007, there were 682 reported cases of HIV, of which 52% were adult males, 43% adult females, and 3% children (Table 6.1). Of the 191 notifications from 2005-2007 there were 85 males and 101 females, with 5 persons not stated.

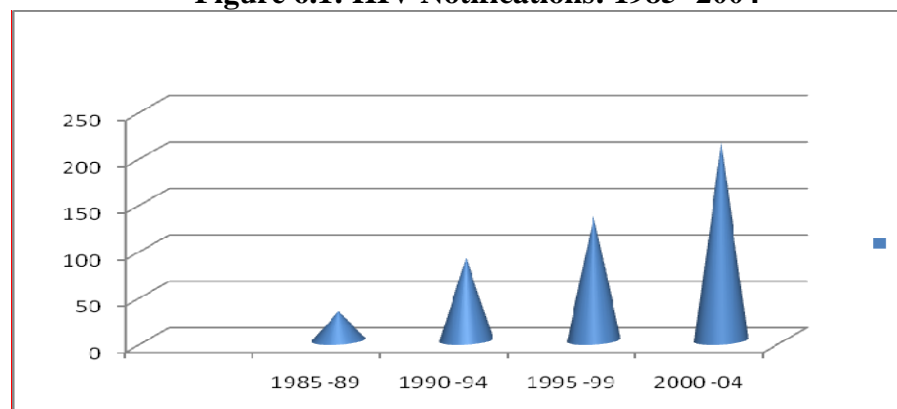
Table 6.1 << HIV Notifications by Sex: 1985-2007 >>

Year	Adults		Children		Not stated	Total	Cumulative Total
	Male	Female	Male	Female			
1985-89	17	14	0	0	-	31	31
1990-94	66	23	4	6	-	99	130
1995-99	63	71	3	4	-	141	271
2000-04	124	89	2	1	4	220	491
2005	27	31	0	0	4	62	553
2006	27	34	0	1	1	63	616
2007	30	34	1	1	0	66	682
Total	354	296	10	13	9	682	

Source: National AIDS Secretariat

It is important to note that these are only the cases reported. In spite of all the national prevention, corrective, and management programmes in operation, the numbers continue to rise. This can be attributed to the fact that either more persons are becoming infected or that more individuals are taking the HIV test to know their status.

Figure 6.1: HIV Notifications: 1985- 2004



Universal access to treatment started in Antigua and Barbuda in 2004, yet between 2004 to 2005 new cases of HIV notifications showed an alarming increase of approximately 48% among females and 35% among males. There are 66 new cases reported for 2007, bringing the total number of new cases from 2004 to 235. During this 4 year period new notifications within the age 15-49 years registered 179 (3 not stated) of which 59% were females. More women are now being tested under the prevention of mother to child transmission (PMCT) programme. More details are given in Table 6.2 below by age group and sex:

Table 6.2 << New Cases of HIV Notifications by Age Group and Sex: 2004-2007 >>

Year	Category	0-14 years	15-24 years	25-34 years	35-49 years	50-59 years	60+ years	Not stated	Total
2004	Male	0	5	3	5	4	0	3	20
	Female	2	5	9	4	1	0	0	21
	Not stated	0	0	1	1	0	0	1	3
	Total	2	10	13	10	5	0	4	44
2005	Male	0	3	7	11	4	1	1	27
	Female	0	6	11	8	3	0	3	31
	Not stated	0	0	1	0	0	0	3	4
	Total	0	9	19	19	7	1	7	62
2006	Male	0	0	6	14	4	2	0	26
	Female	1	9	14	6	3	2	0	35
	Not stated	0	0	0	0	0	0	2	2
	Total	1	9	20	20	7	4	2	63
2007	Male	3	2	9	7	8	1	1	31
	Female	1	12	15	5	2	0	0	35
	Not stated	0	0	0	0	0	0	0	0
	Total	4	14	24	12	10	1	0	66

Source: National AIDS Secretariat

A division of the population into three groups shows that the under 17 years and the over 60 years (retirees) are considered as dependents, leaving the population between 17 to 59 years defined as the labour force. The national school leaving age in Antigua and Barbuda is 16 years. One of the major observations of the epidemic is the growing number of persons within the work force category living with HIV/AIDS and their affected families requiring care and support. For example, between 2004 to 2007 the number of notifications in the 25-59 age group averaged 71% of total notifications (Table 6.2).

There were 32 HIV/AIDS related deaths since 2004 of which 72% were male, and 28% female (Table 6.3).

Table 6.3 << Number of Deaths due to HIV/AIDS Related Illnesses: 2004-2007 >>

Year	2004	2005	2006	2007	Total
Male	3	8	8	4	23
Female	3	2	1	3	9
Total	6	10	9	7	32

Source: National AIDS Secretariat

Indicator 1 - HIV Prevalence Among 15-24 year old Pregnant Women

This indicator is defined as the number of HIV pregnant women aged 15-24 years expressed as a percentage of the population of women aged 15 –24 years.

The HIV/AIDS epidemic has become a major development problem affecting every country worldwide and the Caribbean in particular where the epidemic is second in magnitude only to that in Sub-Saharan Africa. The epidemic has shifted to younger populations, in particular young females of child-bearing age.



Table 6.4 shows the HIV prevalence rate among 15-24 year old pregnant women. Between 2004 and 2007, the new cases of HIV among women of 15-24 years totalled 32, having risen from 5 in 2004 to 12 in 2007 (Table 6.2). Over this same period 7 HIV infected women within this age group (38%) were pregnant (Table 6.4). Given the magnitude of the problem and in recognition of the fact that HIV/AIDS is a major national public concern, there have been extensive programmes and preventative measures put in place to counteract this trend. Main among these have been an increase in public education campaigns targeting young females, the availability of free anti-retroviral therapy and an increase in the number of voluntary and counselling sites in the country.

With reference to Table 6.2 above, of the total 104 cases of new HIV notifications in the reproductive cohort (15-49 years) between 2004-2007, there were 7 (7%) pregnant women among this group (Table 6.4).

Table 6.4 << HIV Prevalence Rate among 15-24 year old Pregnant Women: 1990-2007 >>

Year	1990-2000	2001	2002	2003	2004	2005	2006	2007
15-24 years	5	3	0	1	0	2	3	2
Prevalence Rate	...	0.05	0	0.01	0	0.03	0.04	0.03
25-49 years	8	1	1	1	1	2	3	1
Not stated	1	0	0	0	0	0	1	0
Total	14	4	1	2	1	4	7	3

Source: National AIDS Secretariat

Table 6.5 shows the HIV Mother to Child transmissions between the ages 15- 49 years.

Table 6.5 << HIV Mother to Child Transmissions between the ages 15- 49 years: 2000-2007 >>

Year	2000	2001	2002	2003	2004	2005	2006	2007
Transmissions	13	5	2	2	1	4	7	0 ¹

Source: Holberton Hospital (Antenatal Clinic)

¹no new cases

There have been great improvements with regards to HIV prevalence among pregnant women. The prevention from mother to child transmission (PMCT) of HIV/AIDS programme which commenced in 1999, offers voluntary counselling and testing of all pregnant women for HIV/AIDS. Over 90% of mothers have voluntarily participated in this programme that offers anti-retroviral treatment to HIV positive pregnant women, who are advised not to breastfeed, instead a supplemental infant formula is provided. There were no new cases reported in 2007.

Indicator 2 - Contraceptive Prevalence Rate

This indicator is defined as the number of persons aged 15 – 24 years who currently use any type of contraceptive method as a percentage of the population aged 15 –24 years.

Contraceptive devices are issued by the Antigua and Barbuda Planned Parenthood Association (ABPPA), Community Health Clinics, and the National AIDS Secretariat. No data is available for contraceptive prevalence rate for this cohort but overall, there has been a significant increase in the issuance of contraceptive devices by the ABPPA. Between 2002-2006, there has been a positive relationship where, as the 15 – 49 year old population increased, the overall contraceptive distribution increased. Over that five year period, the issuance of condoms represented an annual average of 43.8% of all devices used with the highest rate being 55.6% in 2005.



Data from the ABPPA (Table 6.6) also shows an annual average increase (33.7%) in the issuance of total contraceptive devices between 2002 to 2004 and a reduction of approximately 6.1% between 2004 to 2006. Between 2002 and 2005 there was an annual average increase in the issuance of condoms of 62%, with a 24.5% decrease in 2006.

<< *Table 6.6: Issuance of Contraceptives: 2002-2006* >>

Year	2002	2003	2004	2005	2006
All Types:	16,837	22,786	28,195	26,326	24,733
Condoms	5,108	9,892	12,724	14,632	11,041
(% of total)	(30.3)	(43.4)	(45.1)	(55.6)	(44.6)
Intra-uterines	97	140	135	143	253
Orals	9,546	10,425	12,719	9,294	11,182
Injectables	2,086	2,329	2,617	2,257	2,257

Source: Antigua and Barbuda Planned Parenthood Association

Contraceptive devices are also issued from the community clinics and health centres. Table 6.7 shows that between 1995 and 2006 more oral and injectable contraceptive devices were issued than condoms, which, on an average, represented approximately 14.2%.

<< *Table 6.7: Number of Persons Accepting Contraceptives from Community Clinics: 1995-2006* >>

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
All Types:	4,501	4,872	5,738	4,505	2,786	1,966	2,335	3,549	3,854	4,077	4,078	2,757
Condoms	1,020	712	614	680	520	296	374	340	356	314	650	424
(% of total)	(22.7)	(14.6)	(10.7)	(15.1)	(18.7)	(15.1)	(16.0)	(9.6)	(9.2)	(7.7)	(15.9)	(15.4)
Intra-uterines	3	-	-	68	33	-	-	3	16	4	26	9
Orals	2,140	2,018	2,263	2,652	727	489	327	613	669	687	545	384
Injectables	1,338	2,142	2,861	1,105	1,506	1,181	1,634	2,593	2,813	3,072	2,857	1,940

Source: Health Information Division compiled from Community Clinics

In addition, there is a contraceptive distribution programme coordinated through the National AIDS Secretariat where condoms are issued to houses of entertainment, groups with alternative sexual preferences as well as to all the Government clinics for distribution free of charge. At the clinics, free counselling is also offered. Contraceptives can also be obtained through prescriptions from private doctors, and commercial purchases from pharmacies, but this data was not available at this time of reporting.

Indicator 3 - Number of Children Orphaned by HIV/AIDS

This indicator refers to the number of children who are alive but whose mother or father or both have died as a result of HIV/AIDS.

A pilot study conducted by UN AIDS on the number of children orphaned by HIV/AIDS in Antigua and Barbuda revealed 11 children for 2000 and 2001 respectively. It is important to note that although these children have been listed as orphans, concerted efforts have been made to educate caregivers such as guardians and other family members to carry on the parental guidance and rearing of the children. Three of these children are currently being boarded at the Government Hospital, and they are all integrated into the general education system.

Although these children have been orphaned as a result of the death of their infected parents, some of them may not be infected, yet they are stigmatised. Proper care, attention, counselling, and physical and psychological support would need to be provided for these children so as to avoid a possible new trend in poverty namely “children-headed households”, where these children would have to fend for themselves.

Recent Developments

The fight against this pandemic continues. The Government is working expeditiously through the National AIDS Secretariat to reduce the transmission of HIV/AIDS and other sexually transmitted infections (STIs), and to promote positive living among persons infected with HIV/AIDS. This all inclusive and all embracing campaign is spearheaded by the secretariat in partnership with other related programmes at the international, regional, and national levels.

International >

The **Global Fund** provides an invaluable contribution to the overall enhancement of the national programme.

Under the **Clinton Foundation**, first line anti-retrovirals (ARVs) are provided.

Regional >

The Pan American Partnership against HIV and AIDS (**PANCAP**) has been assisting in institutional strengthening, prevention of HIV transmission especially among the youth, and the provision of care, treatment, and support (CTS).

The **Caribbean Regional Network (CRN +)** provides assistance for capacity building for people living with HIV and AIDS (PLWHAs), and has established a Human Rights desk to address complaints from the PLWHAs.

The **Caribbean AIDS Alliance** coordinates a condom distribution especially to Houses of Entertainment and at public functions.

National >

Line Ministries benefit from regular workshops for public officers on “HIV and AIDS in the Workplace” coordinated through the National Training Division and the Ministry of Health.

The **Directorate of Gender Affairs** partners with the National AIDS Secretariat in its fight against stigma, discrimination and related domestic violence.

The **Substance Abuse Prevention Division** continues its awareness of the relationship between drug abuse and HIV/AIDS.

The **Health, Hope and HIV Network** started in 2001 out of the national programme as a foundation for the infected and affected. Its goal is to enhance the quality of life of PLWHAs and their families through capacity building, training, advocacy, and support. The network is an integral part of the National AIDS Secretariat’s education programme and condom distribution. It also works closely with Caribbean AIDS Alliance in its fight against stigma and discrimination.



The **National Clinical Care Coordination Programme**, has the responsibility for the implementation of clinical care and support of persons living with HIV and AIDS. Among the special areas of focus are the treatment of persons taking ARVs, collaboration with other physicians providing related treatment and care services, and the periodic review of the programme, protocols, and guidelines.

The **Health and Family Life Education** (HFLE) programme has stepped up its education awareness programmes to adolescents.

A partnership has been forged between the National AIDS Secretariat and social clubs including the Lions, Rotary, Kiwanis, Optimist, and JCI International; Sporting Associations, and education and training programmes continue in collaboration with Non Governmental Organisations, Community Based and Faith-Based organisations, and the wider civil society. In addition, agencies like the Gilbert Agricultural Rural and Development Centre (GARDC) have been conducting skills enhancement workshops to engender a sense of self sufficiency among the PWLHAs.

The Government recognises that all these initiatives will be fruitless if ‘Stigma and Discrimination’ is allowed to continue in the magnitude it currently is. Further, with all the support systems mentioned above and more, infected persons are living longer thereby enabling them to lead normal productive lives. As a manifestation of this the National Policy on HIV/AIDS focussing particularly on HIV/AIDS in the Workplace is currently being reviewed. In addition there is an ongoing public relations campaign in the print and electronic media, as well as at national social events like Sports, Carnival, and Sailing Week.

Goal Achievement

There is no guarantee from the current trends that the HIV/AIDS epidemic will be halted by 2015 or that the incidence will begin to reverse. With all the herculean national integrated efforts being expended management and prevention of this disease still present a major challenge. At the national level the work programme of the National AIDS Secretariat will continue in the ‘intensification and expansion of services to deliver an integrated, comprehensive service of HIV treatment, care, support, and prevention thereby bringing all HIV infected persons into care’. Extensive training will continue on a regular basis for medical personnel, health care and community workers in all aspects of programme delivery.

The youth, the most vulnerable group, have expressed in various surveys, that they are aware of the need to either **A**bstain, **B**e faithful or use a **C**ondom, however a more holistic approach will be needed in order to instill in them the far-reaching consequences of being sexually ‘care-free’ and to continuously indulge in unsafe sexual practises.

In summary, combating this disease through continuous education and changes in cultural practices supported by global technical and financial assistance will still pose a challenge, but all efforts will be intensified. More resources will continue to be expended in public education, preventive management, and resultant control measures that can be sustained over the years. <<>>

*Imagine Our Country...
Without any Healthy People!*

*No Teachers to teach Me, No Farmers to feed Me,
No Nurses or Doctors to take care of Me,
and
No Policemen to keep us crime free.
You cannot!
So
Let us try to stay Disease-free and Healthy.*

~~ Core Message ~~

GOAL 6 Target 8 - Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases.

Indicators 1 – 4:- Prevalence and Death Rates Associated with Acute Respiratory Infections, Gastroenteritis, Salmonellosis, and Dengue.

Prevalence for each disease is defined in this review as the reported number of cases per 10,000 population while death rates are the number of deaths from the particular disease per 10,000 of the population. The prevalence and deaths from these diseases were considered to be more relevant to the country. However, the malaria indicator is included for purposes of international comparison.

The prevalence rate associated with Acute Respiratory Infections (ARI) has been fluctuating but still remains relatively high for a small population like Antigua and Barbuda, particularly among the under-five year olds (Table 6.8). However, between 2005 and 2007 there has been a steady decrease in the prevalence rate.

Table 6.8 << Acute Respiratory Infections (ARIs) Prevalence Rates: 1990-2007 >>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Under 5 years	...	3,572	4,015	4,040	3,949	4,111	3,110	3,942	3,033	2,062	3,081	3,284	2,635	2,394
Prevalence rate	...	528.34	585.17	586.44	565.22	580.19	430.09	512.71	387.26	258.46	379.11	396.69	312.46	277.69
Over 5 years	4,382	4,027	3,920	5,009	3,181	5,139	2,855	3,253	3,183	4,368	2,848	3,188
All Ages	8,397	8,067	7,869	9,120	6,921	9,081	5,888	6,115	6,264	7,652	5,483	5,582

Source: Health Information Division, compiled from the Community Health Clinics

This communicable disease ranks number 1, and has accounted for 24 deaths in the under-five year olds between 1990 and 2007 (Table 6.8a). There were no related deaths reported in 1998, 2003, 2006 and 2007.

Table 6.8a << Acute Respiratory Infections (ARIs) Death Rates: 1990-2007 >>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Under 5 years	2	1	4	4	0	7	2	1	1	0	1	1	0	0
Death rate	0.313	0.148	0.582	0.580	0	0.988	0.276	0.130	0.128	0	0.123	0.121	0	0

Source: Health Information Division, compiled from the Community Health Clinics

Throughout the period 1990-2007 although the total number of reported cases with Gastroenteritis fluctuated, this illness still ranked second among the leading incidences of disease. In 1997, the prevalence rate tripled among the under-five year olds in

comparison to 1995 and 1996 (Table 6.9). Although there has been some reduction in the rate for this cohort in the subsequent period 1998-2007 the number of cases among the under-five year olds accounted approximately 40% of all reported cases, at an average prevalence rate of 101.18 per 10,000 population. The average prevalence rate between 1995 and 2007 among the under-five year olds was 115.28 per 10,000 population, while the average prevalence rate for all ages was recorded at 282.85 for that same reporting period.

There were no related deaths reported in the under-five age group between 1990 to 2006, but there was one recorded in 2007.

Table 6.9 << Gastroenteritis Prevalence Rates among Children under Five years old: 1990-2007 >>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Under 5 years	754	728	687	2,090	1,037	1,427	697	738	676	286	841	440	744	593
Prevalence rate	118.04	107.68	100.13	303.53	148.38	201.39	96.39	97.44	86.31	35.85	103.48	53.15	88.22	69.03
Over 5 years	...	...	929	2,664	1,691	1,532	946	1,033	1,067	1,262	922	923	1,037	1,006
All Ages	...	...	1,616	4,754	2,728	2,959	1,643	1,771	1,743	1,548	1,763	1,363	1,781	1,599
Prevalence rate	...	...	235.53	690.43	390.34	417.60	227.22	230.34	222.55	194.03	216.93	164.64	211.19	186.14

Source: Health Information Division, compiled from the Community Health Clinics



The number of reported cases for Salmonellosis and other food borne illnesses varied between 1995-2007. Between 2000 and 2002 the reported number of **Salmonellosis** cases increased significantly from 4 to 23 but decreased by 61% in 2003 and by 78% in 2004 (Table 6.10). The highest prevalence rate was recorded in 2002 at 2.93 per 10,000 population. The average prevalence rate for the period 1995 to 2007, when 75 cases were reported, was 0.76 per 10,000 population. There were no related deaths reported between 1990 to 2007.

These Salmonellosis cases are considered low when compared to Ciguatera (fish poisoning) and other food borne illnesses which are of more national concern since the average number of reported cases between 1996 and 2007 was 252 and 204 respectively.

Table 6.10 << Salmonellosis Prevalence Rates: 1990-2007 >>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Salmonellosis	0	4	4	6	0	2	4	15	23	9	2	2	1	3
Prevalence rate	0	0.59	0.58	0.87	0	0.28	0.55	1.98	2.93	1.13	0.25	0.24	0.12	0.35
Ciguatera	...	...	237	260	330	209	393	294	281	244	249	225	170	134
Other food-borne	...	...	109	72	156	174	218	200	207	249	250	200	260	352

Source: Health Information Division, compiled from the Community Health Clinics

The highest prevalence rate of **Dengue Fever** was recorded 1995 at 8.28 per 10,000 population (Table 6.11). Between 1996 to 2002 there were 42 cases at an average rate of 0.65 per 10,000 population. There were no deaths reported for that period. No cases have been reported for this disease between 2003-2006, but in 2007 there was a diagnosis of 3 cases.

Table 6.11 << Dengue Fever Prevalence Rates: 1990-2007 >>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
All Ages	...	56	5	6	2	2	9	8	5	0	0	0	0	3
Prevalence	...	8.28	0.73	0.87	0.29	0.28	1.24	1.06	0.64	0	0	0	0	0.35

Source: Health Information Division, compiled from the Community Health Clinics

The Dengue Fever Control Mechanism has been showing positive results, which are substantially due to a sustained and extensive mosquito monitoring programme carried out by the Vector Control Division of the Central Board of Health. The daily programme necessitates a 4-day house inspection consisting of 3 teams of approximately 5 persons each. An environmental health team is administered in several districts and provides national coverage of Antigua. In Barbuda, the Barbuda Council has its own health team

but gets further assistance when needed from Antigua. At a minimum, national coverage is approximately 2 cycles per year. To determine the likelihood of Dengue recurring, an *Aedes Aegypti* house index is used (number of positive containers/total number of houses inspected). If the occurrence is about 1% or below it is considered unlikely that Dengue transmission will occur. However, above 1% increases the likelihood of the occurrence. Additional calculations are also used to make determinations for example, the container index (number of wet containers breeding/total number of containers) and the potential index (number of wet containers/total number of containers).

Indicator 5 - Prevalence and Death Rates Associated with Tuberculosis (TB).

The prevalence rate is defined as the number of reported cases per 10,000 population, while the death rate is the number of deaths from TB per 10,000 population.

During the period 1990 to 2007 there were 46 reported cases of Tuberculosis in the country, at an average prevalence rate of 0.36 per 10,000 population. The data shows a downward trend in the number of reported cases, however in 2005 there were 6 new cases. Throughout the reporting period 1990-2007, 1 death was reported in 1998 and 2006 respectively, at a rate of 0.14 per 10,000 and 0.12 per 10,000 population (Table 6.12).

Table 6.12 << Tuberculosis Prevalence Rates: 1990-2007 >>

Year	1990	1991	1992	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
TB cases	3	1	3	0	3	4	4 ¹	2	4	1	4	1	4	6	4 ²	2
Prevalence rate	0.47	0.16	0.46	0	0.44	0.58	0.57	0.28	0.55	0.13	0.51	0.13	0.49	0.72	0.47	0.23

Source: St. John's Health Centre

¹ 1 person died and 1 returned to home country; ² 1 person died

Indicator 6 - Proportion of Tuberculosis Cases Detected and Cured under DOTS (Directly Observed Treatment Short) Course

This refers to the number of TB cases detected and cured under DOTS as a percentage of the number of TB cases detected.

Antigua and Barbuda has a very well organised DOTS programme. Because the disease is highly infectious, this process includes strict monitoring on a patient-to-patient basis in collaboration with the respective families. Under the programme patients are isolated

until they are no longer infectious, and given anti TB medication free of charge. There is also a contact tracing and prophylactic treatment, whenever necessary.

From the 46 cases of TB detected between 1990 and 2007 all were treated, 43 (93.5%) cured, 2 (4.3%) died, and 1 (2.2%) returned to home country (Table 6.12).

Indicator 7 - Prevalence and Death Rates Associated with Malaria

The prevalence rate is defined as the reported number of cases of malaria per 10,000 of the population while the death rate is the number of deaths from malaria per 10,000 of the population.

Table 6.13 << Malaria Prevalence Rates: 1990-2007>>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Malaria cases	0	2	2	0	0	0	0	2	0	0	0	2	1	0
Prevalence rate	0	0.30	0.29	0	0	0	0	0.26	0	0	0	0.24	0.12	0

Source: St John's Health Centre

There were 9 cases of Malaria reported between 1995-2007 (Table 6.13). These were all imported cases. No deaths resulted from this disease.

Indicator 8 - Proportion of Population Using effective Malaria Prevention and Treatment Measures

This indicator measures the number of persons using effective malaria prevention and treatment as a percentage of total population.

Malaria has not posed a serious health threat in Antigua and Barbuda, but full anti-malaria medication and other treatment measures are administered to the imported cases reported in Table 6.13. In addition there is continuous monitoring in the event there is a re-emergence brought about by travel and immigration.

Chronic Non-Communicable Diseases

It has also become necessary for an additional indicator to focus on the high prevalence of Chronic Non-Communicable Diseases (CNCDS) like cancer, diabetes, hypertension, and cardiovascular diseases, which are among the top ten causes of deaths in Antigua and Barbuda. Data from the community health clinics (Table 6.14) reveals a significant overall increase in the number of persons seen with conditions of diabetes and hypertension between 1996 and 2007. The average annual rate of increase in cases of diabetes and

hypertension within this reporting period was recorded at 16% and 12% respectively. While cardiovascular cases have been fluctuating and the highest number of cases (143) was recorded in 2001, there was a decrease in each of the subsequent years, with the trend continuing to 82 cases in 2005.

Table 6.14 << Chronic Non-Communicable Diseases: 1996-2007 >>

Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Diabetes	529	562	697	785	775	798	898	1,009	1,154	1,293	1,245	1,281
Hypertension	1,287	1,314	1,691	2,152	2,338	2,249	2,343	2,479	2,936	2,526	2,620	2,669
Cardiovascular	94	88	125	103	141	143	99	115	103	82	...	...

Source: Health Information Division, compiled from the Community Health Clinics

... not available

Goal Achievement

The goal of combating Malaria and other major diseases, besides HIV/AIDS, is achievable. Considerable progress has been made in controlling these diseases. A sustained and aggressive integrated monitoring network will therefore have to be established, since travel and migration can increase the spread of these diseases.

The reduction and management of the chronic non-communicable diseases can be achieved with a concerted commitment by individuals and families to proper nutrition and exercise in tandem with a change in certain lifestyle practices. The completion of the National Food and Nutrition Plan/Policy will be an asset in this regard.

The introduction of sporting complexes in communities and the proposal towards compulsory physical education in schools at all levels are initiatives in the right direction, which should be integrated under the umbrella of a fully coordinated national programme.

GOAL 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

<< Unite to Rebuild Our Land, Our Pride, Our Heritage >>
Independence Theme
1995

Do you know who I am?
I am the Environment
Lend a hand, help to save and take care of Me

~~ Core Message ~~

GOAL 7 – ENSURE ENVIRONMENTAL SUSTAINABILITY

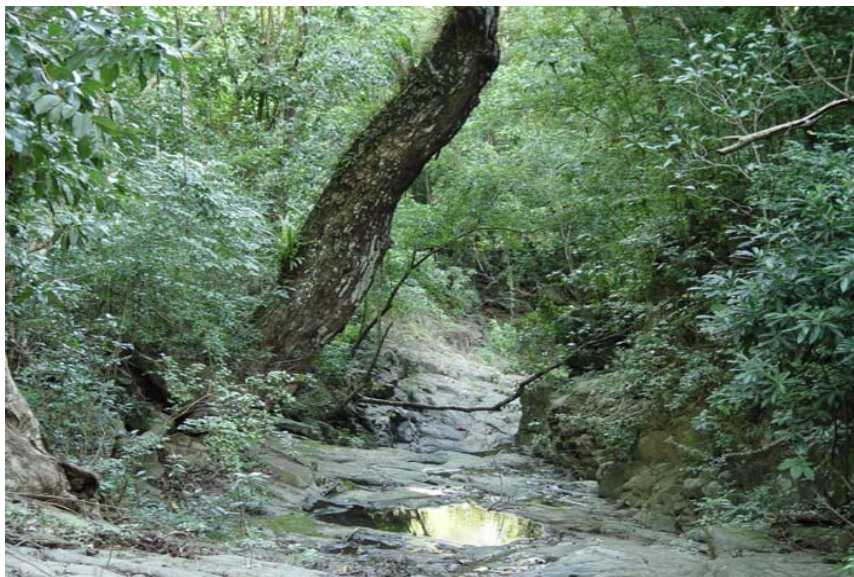
Antigua and Barbuda, in 2001, joined with its OECS Member Governments to endorse the St. Georges Declaration. As a result, a National Environmental Management Strategy (NEMS) was formulated, embodying the principles of integrated management of natural ecosystems.

Three Targets will be used to monitor this goal, Target 9 with four indicators, Target 10 with one indicator, and Target 11 with two indicators.

Target 9 - Integrate the principles of sustainable development into country policies and programmes to reverse the loss of environmental resources

Indicator 1 - Proportion of Land Area Covered by Forest

This indicator refers to the land area covered by forest as a percentage of the total area of the country concerned.



The data collection on the environmental performance of Antigua and Barbuda in reference to this indicator shows marked sustainability with evidence of improvement in some areas. Archived data of 1990 and 2000 has shown a generally stable forest cover totalling 21% of land coverage.

However, in the process of review and verification of this data it became apparent that the quoted percentage was actually limited solely to the main island of Antigua and did not factor in the vegetation cover of Barbuda. The total forest cover of Antigua and Barbuda is equal to approximately 68% of the combined land mass. It is also of concern that total forest area as defined by this indicator does not include mangroves, which make up a sizeable portion of vibrant vegetation-based ecosystems in Antigua and Barbuda.

Although having a 68% forest cover constitutes a significant environmental achievement, the Government of Antigua and Barbuda is concerned that the indicators provided do not present a complete picture of what should be regarded as necessary environmental reporting particularly with regards to what constitutes a healthy biodiversity.

As a small island developing state (SIDS), it is necessary to recognize the importance of environmental resources outside of and in addition to terrestrial ecosystems if an accurate barometer reading of the state of the environment is to be determined. Specifically, this refers to the wealth of environmental resources found within our coastal and marine areas, which could not be adequately represented in a terrestrial study. In this regard, in addition to the 29,924 acres of forests identified in Antigua (22,024 acres) and Barbuda (7,900 acres) mangroves are estimated to occupy some 4,500 acres in Antigua and 3,729 acres in Barbuda. The total coral reef area is approximately 25.45sq.km.



There is an interdependent relationship, with all three categories of ecosystems, that further supports the need to account for all types and classes of resources.

Indicator 2 - Land Area Protected to Maintain Biological Diversity

This indicator refers to the area of land (in acres) set aside by legislation or some other form of restriction solely for preserving and maintaining biological diversity.

As the protected areas in Antigua and Barbuda contain more than just land, more work is need to accurately confirm the areas requiring protection to maintain biodiversity. However, the data suggests that 66 km² was the land area protected in 1990 and 2000 respectively. Under the Declaration of the North Eastern Marine Management Area (NEMMA) there is also protection of water and some land area (*Fisheries Legislation, 2006*).

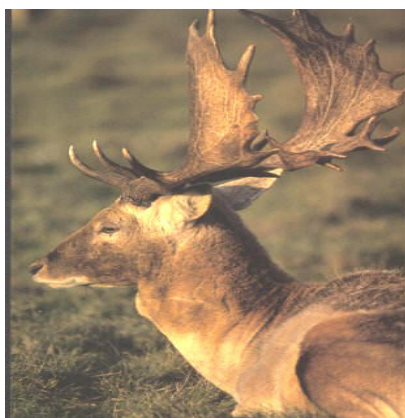
Areas Currently Declared as Protected¹

Protected Area	Location	Responsible Department	Type of Protected Area	Year of Designation	Reason for Designation
Public Beach Park	Long Bay	Public Parks Commission	Terrestrial	1965	
Public Beach Park	English Harbour	Public Parks Commission	Terrestrial	1965	
Diamond Reef/Salt Fish Trail Reef		Fisheries Division	Marine	1973	To ensure environmentally sustainable of the lobster and conch fishing.
Plaster Reef		Fisheries Division	Marine	1973	To ensure environmentally sustainable fishing, wreck diving and similar tourist activities
Nelson's Dock Yard National Park	English Harbour	National Parks Authority	Terrestrial	1984	Protection of the historical and cultural heritage of the dockyard
Cades Bay Marine Reserve	Cades Bay	Fisheries Division	Marine	1999	To create sustainable production of fish and protection of ecosystems
Codrington Lagoon National Park	Codrington, Barbuda	Environment Division/ National Parks/ Barbuda Council	Marine/ Terrestrial	2005	Protection of waterfowl habitat and marine biodiversity
North East Marine Management Area	North East Coast, Antigua	Fisheries Division	Marine	2005	Refuge for endemic, rare and globally important wildlife

¹ Environment Division Initial Analysis and Priority Setting: Antigua and Barbuda – Programme of Work on Protected Areas



In addition to the Declaration of Protected Areas, the Government of Antigua and Barbuda has also made provision for the protection of specific species through a number of statutory instruments. The Wild Birds Protection Ordinance 1951, the Protection of Animals Act 1935 and the Turtle Act all seek to offer protection to specific species where their natural ranges may extend beyond specific ecosystems.



This list of legislation needs to be updated. However there exists newer legislation not solely geared toward species protection but making significant inroads into better species protection. The Fisheries Act and the Physical Planning Act are examples of these improvements. Additionally, there is an Environmental Management Bill which will also improve the current situation.

There are some 52 species (of important global concern) known to occur in Antigua and Barbuda and listed on the International Union for Conservation of Nature and Natural Resources (IUCN website). Further, Antigua and Barbuda is party to a number of international treaties which also aim at providing a degree of protection and effective management to biological resources. These are the Convention on International Trade in Endangered Species (CITES), Convention to Combat Desertification, Convention on Biological Diversity, Ramsar Convention on Wetlands, and the Convention on Migratory Species.

Despite lack of formal protection, the population of the endemic Antigua Racer snake, which is listed as ‘critically endangered’ was estimated in December 2007 to have increased by some 6 times its population when conservation activities were started by the local environmental NGO in 1995. This work has also benefited from technical assistance provided by several government agencies as partners to the local environmental NGO.

In 2007, under the biodiversity component of the Caribbean Open Trade Support (COTS) program, funded by the United States Agency for International Development (USAID) the country received assistance in the following areas:

- An assessment was conducted of the threats to the Codrington Lagoon and capital city of Barbuda caused by heavy sand mining of the dune and options were presented for rehabilitation and mitigation.
- Work was done with the Environmental Awareness Group to produce the first ever field guide of endangered flora that will identify habitats and threats. This guide will contain a check-list of rare and endangered plants for inclusion in the legislation and can be used for guided tours and public education.
- A series of workshops was conducted to strengthen resilience to natural disasters.

Indicator 3 – Gross Domestic Product per Unit of Energy Use

This indicator measures the Gross Domestic Product (GDP) at market prices divided by energy use in a common physical unit. Barrels of Petroleum Imports have been used as proxy for energy consumption. Petroleum imports include mainly Mogas, Liquid Petroleum Gas (LPG), Jet Fuel, Diesel, Bunker C, and Crude Oil.

GDP per Unit of Energy Use fluctuated significantly between 2000 and 2007. GDP per barrel of petroleum imports decreased by 0.23% between 2000 and 2001 and 8.91% between 2001 and 2002 (Table 7.1). This indicator, however, increased at fluctuating rates between EC\$ 441.12 (2002) through to EC\$ 656.90 (2007) at an average of 8.35%. The GDP per barrel of oil increased by 35.3 % in 2007, from a 2000 figure of US\$ 485.40 per barrel.

Table 7.1: << GDP per Unit of Energy Use: 2000-2007 >>

Year	2000	2001	2002	2003	2004	2005	2006	2007
GDP at market prices (EC\$M)	1,769.29	1,882.88	1,929.45	2,036.71	2,209.96	2,358.18	2,716.68	3,053.63
Petroleum Imports (Million barrels)	1.35	1.44	1.62	1.60	1.70	1.62	1.68	1.72
GDP per barrel of petroleum imports (EC\$)	1,310.59	1,307.56	1,191.02	1272.94	1,299.98	1,455.67	1,616.67	1,773.62
(US\$)	485.40	484.28	441.12	471.46	481.47	539.14	598.77	656.90
Annual % change	-0.23	-8.91	6.88	2.12	11.98	11.06	9.70	
% change (2000 base year)	100.00	99.70	90.90	97.20	99.20	111.10	123.40	135.30

Source: West Indies Oil Company Limited

Another indicator of energy use was manifested in residential electricity consumption during 2001-2007 (Table 7.2), which showed that the number of domestic customers billed for electricity consumption continues to increase.

Table 7.2: << Number of Domestic Customers Billed for Electricity Consumption: 2001-2006 >>

Year	2001	2002	2003	2004	2005	2006	2007
Average Number of Domestic Customers Billed for Electricity Consumption	23,198	23,658	24,893	25,166	28,608	28,977	27,024
Annual % change	1.98	5.22	1.09	13.68	1.29	-6.70	

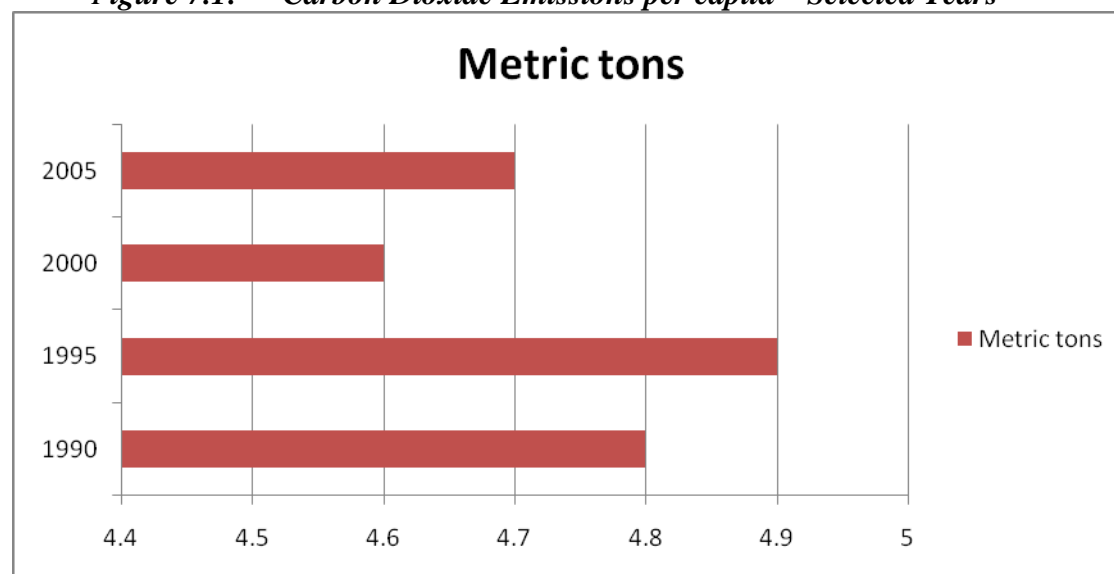
Source: Antigua Public Utilities Authority

The data on Energy and Greenhouse Gas emissions are not available at this time. However, the Government of Antigua and Barbuda will be conducting the national greenhouse inventory as part of its national communications to the United Nations Framework Convention on Climate Change (UNFCCC). In this regard, it is hoped that energy efficiency and green house gas emissions will be provided in time for the next reporting period.

Indicator 4 - Carbon Dioxide Emissions

This indicator is defined as total carbon dioxide emissions divided by the total population.

Figure 7.1: Carbon Dioxide Emissions per capita – Selected Years



Source: National Environment Division and UNSD estimates

As part of Antigua and Barbuda's environmental responsibility the nation has begun a national phase out process of Ozone-depleting substances; banning several substances and restricting entry of others. The data clearly indicates the success of this initiative with the dramatic decrease of recorded emissions from the consumption of all Ozone-depleting substances from 425.4 ODP metric tons in 1990 to 5.1 ODP metric tons in 2000 with a further decline to 1.7 ODP metric tons in 2005. Following in a similar pattern consumption of Ozone-depleting CFCs declined from 421 ODP metric tons in 1990 to 5 in 2000 with a further decline to 1.1 in 2005 (*UNSD Website estimates*).

The Fire Department is concerned about the number of fires in the twin island State, and environmental authorities have also expressed concern, especially with respect to the grass, bush, and rubbish fires that damage the environment in at least three ways:

- the soil - the heat draws nutrients from the soil and kills organisms such as earthworms and other microbes making it difficult for the land to sustain plant and animal life.
- the atmosphere - carbon is one of the bi-products produced and released into the atmosphere, one of the elements causing global warming.
- the air - smoke and ash pollute the air for human and animal inhalation.

The number of Fire calls made between 2002 to 2007 totalled 2,400 distributed across Grass, Bush, and Rubbish (48.3%); House (22.3%); others including Businesses and Vehicles (23.4%) (Table 7.3).

Table 7.3 << Number of Fire Calls by Type: 2002-2007 >>

Year	2002	2003	2004	2005	2006	2007	Total
Grass	53	111	39	78	75	78	434
Bush	25	39	30	37	50	67	248
Rubbish	67	72	63	91	76	107	476
(% of total)	(41.1)	(51.4)	(39.1)	(49.4)	(50.5)	(54.4)	(48.3)
House	80	86	98	85	87	110	546
(% of total)	(22.7)	(19.9)	(29.1)	(20.3)	(21.9)	(23.8)	(22.3)
Business	15	19	12	21	22	7	96
Vehicle	33	28	28	30	24	21	164
Other	57	43	49	52	46	55	302
(% of total)	(27.7)	(20.8)	(26.4)	(24.7)	(23.1)	(17.9)	(23.4)
False calls	23	34	18	23	18	18	134
Total fire calls	353	432	337	417	398	463	2,400

Source: Fire Department

Target 10 - Halve by 2015 the Proportion of People without Sustainable Access to Safe Drinking Water

Indicator 1 - Proportion of Population/Households with Sustainable Access to an Improved Water Source

This indicator is defined as the number of households with piped water supply as a percentage of total private households.

Total households recorded in the 1991 and 2001 Censuses of Population and Housing were 18,421 and 20,437 respectively - an increase of 10.9%. The 2007 Country Poverty Assessment (CPA) Report estimated the number of households at 31,126 from a mid-year population of 84,334.

Table 7.4 shows the number of households in Antigua and Barbuda with access to water piped into dwelling or yard from public and private sources which was recorded at 79.2% (2001) as compared to 67.5% (1991).

Table 7.4 << Proportion of Households with access to Safe Drinking Water >>

Census Year	1991		2001	
Indicator (%)	Total piped into dwelling or yard	Other (including standpipe)	Total piped into dwelling or yard	Other (including standpipe)
National	67.5	32.5	79.2	20.8
St. John's Parish	68.4	31.6	77.4	22.6
Barbuda	75.2	24.8	89.8	10.2

Source: National Statistics Division

From the 2007 CPA Report (*page 120*) the number of households with access to water in 2005/06 was further increased to 84.5%. The use of standpipes, well/tank, or truck was reported by 15.4% of the households, showing a reduction from 2001 which was recorded at 20.8%. The report also stated that 'access to piped-borne water into dwellings improved with socio-economic status' (*Figure Table 8.13, page 123*).

As a primary target, with the inclusion of standpipes there is 100% access, but as a secondary target, the proportion of households without direct sustainable access would still need to be reduced by 50%.

Over the years, Antigua and Barbuda has developed policies, designed to improve national access to water. Building codes require all buildings over a specified roof area, to construct independent catchment systems as a direct recognition of the dry nature of

the country. The Government treats the provision of water in two ways, as a common good and as a commodity to be sold. For those households/buildings that can afford direct potable water connection, a standing nominal fee is charged, by the Antigua and Barbuda Public Utilities Authority (APUA) for access to a quantity of water, which is within international standards for adequate health and development.

The number of domestic consumers billed for water consumption continues to rise between the period 2003-2007. (Table 7.5).

Table 7.5 << Average Number of Domestic Customers Billed for Water Consumption: 2003-2006 >>

Year	2003	2004	2005	2006	2007
Average Number of Domestic Customers billed for Water Consumption	17,146	18,253	18,469	19,018	19,465
Annual % change	6.5	1.2	3.0	2.4	

Source: Antigua Public Utilities Authority

On the occasion that households/buildings use in excess of this limit, unit charges are applied for the difference. The Government has instituted communal pipes for improved access in less affluent communities, at no cost to residents.

However, although this data shows domestic consumption, the number of households that drink the water supplied by the APUA cannot be ascertained, though it is used for other purposes. Water from the APUA is also processed, bottled and sold for drinking. Rain water is harvested and stored in cisterns and tanks, and is made safe for drinking through disinfection or boiling. There is a monitoring programme; in place by the Central Board of Health (CBH) as follows:

- Weekly testing (every Wednesday) of drinking water for microbiological parameters to include Coliforms (total and faecal).
- Daily testing for free available Chlorine (Chlorine residual) at the stand pipe;
- Weekly testing for the potential of Hydrogen (pH.) and turbidity.

Recent Developments

Given the vulnerability of Antigua and Barbuda to drought the Minister of Public Works, Transportation and Environment in 2006 held bilateral meetings with the European Union's Environment Commissioner, Stavros Dimas, in Brussels on ways in which the ACP-EU Water Facility could enhance the sustainable delivery of water and sanitation infrastructure, improve water governance and the integrated water resources management practices in the twin-island State. (*Antigua Sun*, 12 July 2006, P.7, volume 7 No. 200).

The Government has also invested in desalination to further improve the distribution of and access to an improved water source. Recently, a new Enerserve Reverse Osmosis Unit located at the Antigua Public Utilities Authority (APUA) Crabbs facility began producing 700,000 gallons of potable water per day, increasing the Enerserve's daily supply to APUA from 1.8 million gallons to 2.5 million gallons. Enerserve presently has the capacity to supply 3.5 million gallons per day. In March of 2007 the APUA commenced operation of its Reverse Osmosis plant located at Camp Blizzard. This plant which is comprised of four units is capable of supplying 600,000 gallons of water on a daily basis. Plans are in place to install yet another plant at the Ffreyes Beach. This beach facility will also have the capacity of 600,000 gallons and installation work is scheduled to be completed by the end of 2008.

Target 11 - By 2020 to have achieved a Significant Improvement in the Lives of at Least 100 Million Slum Dwellers

A *slum household* is defined by UN-HABITAT as 'a group of individuals living under the same roof that lacks one or more (in some cities, two or more) of the following conditions: security of tenure, structural quality and durability of dwellings, access to safe water, access to sanitation facilities and sufficient living area'.

Indicator 1 - Proportion of Population/Households with Access to Improved Sanitation.

The indicator is defined as the number of private households with water borne toilet facilities as a percentage of total private households.

The proportion of households with access to improved sanitation or water-borne toilet facilities increased between population censuses. In Table 7.6 the proportion of households recorded was 72.7% (2001) as compared to 52.8% (1991). There was a corresponding change in the use of pit latrines which declined from 41.3% in 1991 to 25.3% of households in 2001 indicating that there was a significant upgrade of toilet facilities in national households.

Table 7.6: << Proportion of Households with Access to Improved Sanitation >>

Year	Census 1991			Census 2001			Survey 2005/06		
Indicator (%)	Flush Toilet	Pit Latrine	Other/ none	Flush Toilet	Pit Latrine	Other/ none	Flush Toilet	Pit Latrine	Other/ none
National	52.8	41.3	5.9	72.7	25.3	2.0	77.1	19.5	1.6
St. John's Parish	54.8	39.0	6.2	72.4	25.9	1.7	78.9	19.9	1.7
Barbuda	49.6	37.1	13.3	62.0	24.2	13.8	51.3	29.6	11.1

Source: National Statistics Division; Country Poverty Assessment Report 2007 – Volume 1, Main Report Table 8.9, (page 120)

This trend has continued where from the 2007 CPA Report the number of households with access to water-borne toilets in 2005/06 was estimated at 77.1%. The number of pit latrines during that same period was reduced to 19.5%. In the case of Barbuda, between 2001 and 2005/06 the proportion of households with flush toilets was decreased from 62% to 51.3% with a corresponding increase in pit latrines of 29.6% as compared to 24.2% in 2001.

Although many homes in Antigua and Barbuda use water closets a small portion of the population still utilize basic pit latrines.

Feasibility studies have been conducted regarding the phasing out of pit latrines in the country. Despite these improvements, major diseases such as Gastroenteritis continue to be a major challenge for health care providers. Greater efforts are being made by the Central Board of Health (CBH) to further upgrade all water-borne facilities, and educate food vendors regarding safe food handling and preparation methods. The Government has provided communal sanitation facilities in certain communities and there are plans in the pipeline to implement a sewage system in the city of St. John's.

The data also shows a significant disparity between access to improved sanitation in Antigua as compared to Barbuda. Although in Antigua its capital parish of St. John's in particular has shown tremendous improvement, aggressive efforts must be made to reduce the pit latrine system in Barbuda.

With respect to the disposal of solid waste on land there are two official sites, namely the Cooks Sanitary Landfill in Antigua and the Plantation Sanitary Landfill in Barbuda.



Information from the National Solid Waste Management Authority (NSWMA) states that the process of spreading, compacting and covering of waste deposits allows for the effective decomposition and better utilisation of land space. The Cooks site is estimated to have landfilling capacity for approximately 15 years on completion of other planned phases.

Recent Developments

The Antigua and Barbuda Waste Recycling Center (ABWREC) Recycling plant was established in December 2005 in partnership with the NSWMA – the first project of its kind in the Caribbean and is operated by an NGO. The plant is recycling Grade 1 and 2 plastic and aluminium as well as lead acid batteries and is expected to improve the environmental quality through its stated target of “reducing the amount of plastic and aluminium beverage containers entering the environment by at least 40% ...”. Financial assistance was granted through the UNDP /GEF Small Grants Program and the British High Commission.



In January 2006 the NSWMA introduced a new Garbage Collection System on assigned days for household garbage collection. In addition, for those households that cannot afford personal receptacles, garbage bins and skips are placed at strategic locations in the communities. As stated in the company’s newsletter Volume 2, Issue 1 the procedure includes daily supervision and monitoring in addition to the “establishment of a *rapid-response mechanism* wherever problems are identified”. This is facilitated through the operation of a hot line service for complaints or requests.

In addition the Authority also coordinates a 'litter picker' programme where a group of workers regularly walks the streets in the city centre with litter picking equipment continuously collecting the garbage that has been spilled or strewn on the streets by commuters. Special arrangements are in place for the organised removal of bulk household waste, especially before the hurricane season.

In July 2006 the NSWMA embarked on a project to reduce the volumes of bulk waste in the local environment.



Indicator 2 - Proportion of People/Households with Access to Secure Tenure

This indicator is defined as the number of households which are owner occupied as a percentage of total private households.

Secure tenure refers to households that ‘own or are purchasing their homes, are renting privately or are in social housing or sub-tenancy. Households without secure tenure are defined as squatters (whether or not they pay rent), the homeless and households with no formal agreement.’

Table 7.7: << Proportion of Households with Access to Secure Tenure >>

Year	Census 1991		Census 2001		Survey 2005/06	
Indicator (%)	Total owned, rented/leased	Squatted/ other	Total owned, rented/leased	Squatted/ other	Total owned, rented/leased	Squatted/ other
National	98.7	1.3	98.8	1.2	86.4	13.6
St. John's Parish	98.7	1.3	98.8	1.2	88.9	11.1
Barbuda	99.2	0.8	99.3	0.7	100.00	0.0

Source: National Statistics Division; Country Poverty Assessment Report 2007 – Volume1, Main Report, Table 8.2 (page 115)

Approximately 98.8% of households have access to secure tenure, whether owned, rented or leased. This trend was sustained between the 1991 and 2001 population censuses (Table 7.7) and all indications are that there has been a steady increase in the household owners since the census periods. Another increasing trend is also being observed in the rental of apartments by young adults and homes by the immigrant households.

Data from the 2007 CPA Report shows that this percentage of households having secure tenure in 2005/06 has decreased to 86.4%, and of the 13.6% represented under ‘squatted/other’ 1.5% was categorised as squatting and 12.1% as ‘not stated’.

The Development Control Authority (DCA) has reported that since 2002 there has been an increase in the residential housing stock for ownership and rental purposes, which substantiates the fact that citizens are being empowered to ownership (Table 7.8).

Table 7.8: << Residential Building Applications Received by the Development Control Authority: 2003-2007 >>

Year	2003	2004	2005	2006	2007
Residential Building Applications received	610	618	677	696 ¹	733
Annual % change	1.31	9.55	2.81	5.32	

Source: Development Control Authority

¹ Jan-Oct

The DCA has also been paying closer attention to the increased practice of squatting in certain communities across the country, which has begun to derail current efforts to improve housing quality, and sanitation.

Recent Developments

The Ministry of Housing and Social Transformation has introduced a number of housing related initiatives which include:

- Housing scheme for low income families,
- Assistance to the elderly to repair and maintain their homes, and
- Provision for public servants to own their own home/property at reasonable rates.

Goal Achievement

Though progress in some areas has been encouraging and at times rewarding, commitment to the principles of sustainable development and implementation of national agreements is still insufficient to ensure environmental sustainability. It is expected that by 2015 the proportion of people without sustainable access to safe drinking water and improved sanitation will be significantly reduced, and the current policies pertaining to secure tenure maintained. However, these efforts can be thwarted if the current squatting and other illegal residential operations are not curbed.

GOAL 8

A GLOBAL PARTNERSHIP FOR DEVELOPMENT

<< Unite to Rebuild Our Land, Our Pride, Our Heritage >>
Independence Theme
1995

*A partnership initiative
Between heavily-indebted small states
and
Developed countries,
That specifically targets
The reduction of unsustainable debt*

~~ Core Message ~~

GOAL 8 – PROMOTE A GLOBAL PARTNERSHIP FOR DEVELOPMENT

“We are willing and prepared to play our part in the global development process, notwithstanding our severe financial and other constraints. But, we cannot do it alone. To this end, I urge for greater progress in promoting the sort of international cooperation necessary to manage the risks that can deter investors from bringing much needed capital, technology and jobs to where they are most needed”(27 June 2005, UN, New York).

This statement, made by the Honourable Minister of Finance and the Economy, Antigua and Barbuda, in his address at the high-level Dialogue on Financing for Development, underscores the need for a global partnership for development.

The success in achieving the other MDGs in Antigua and Barbuda will depend heavily on this goal. Increased support from and collaboration with global partners and donor agencies are platforms which are being restored through fiscal prudence, structural adjustment, public sector reform, customs renewal, and debt management, among others. These are at different stages of development, but all part of an overall integrated planning framework enveloping better governance. This will build trust in government, which will in turn lead to increased technical and financial assistance.

The following seven Targets and related Indicators will monitor this goal: Official Development Assistance (ODA), Market Access, Sustainable Development, Debt Sustainability, Youth Empowerment, Affordable Essential Drugs, and Transfer of Technology.

Official Development Assistance and Sustainable Development

Official Development Assistance (ODA) refers to “the amount of international aid received by a country. The actual international transfers by the donor of financial resources or of goods and services valued at the cost to the donor less any repayments of the loan principal during that same period. Grants by official agencies or members of the Development Assistance Committee (DAC) are included as are loans with a grant element of at least 25% and technical cooperation and assistance” (*Earth Trends, 2003, World Bank, 2002*).

Targets 12 and 14 - Address the Special Needs of Small Island Developing States (SIDS)

In Antigua and Barbuda, data on the level of ODA allocated to specific areas was not available at the time of compilation. However, countries such as the European Union, Canada, United States of America, China, Venezuela, and Japan have given assistance from time to time for development projects. In addition the country has also benefited through donor assistance for bilateral and regional projects and programmes being a member of the Organisation of Eastern Caribbean States (OECS), the Caribbean Community (CARICOM), and the Caribbean Development Bank (CDB).



Between 2000 and 2007 the annual Gross Domestic Product (GDP) per capita averaged EC\$ 26,769 (US\$ 9,914). Antigua and Barbuda's economy has been achieving a high rating in the Human Development Index, a trend which continued to 2005 with a ranking of 57. However, as a Small Island Developing State (SIDS), Antigua and Barbuda has severe constraints including a high debt burden, vulnerability to hurricanes and other natural disasters, and a narrow export base.

Gross National Income (GNI) at market prices is the sum of gross primary incomes receivable by resident institutional units and sectors. In contrast to gross domestic product (GDP), GNI is a concept of income (primary income) rather than value added (*UNDG 2003, Indicator 37*).

Table 8.1 summarises the ODA received by Antigua and Barbuda during the period 1990 to 2007. Between 2000 and 2007 the annual GNI per capita averaged EC\$25,410 (US\$ 9,411).

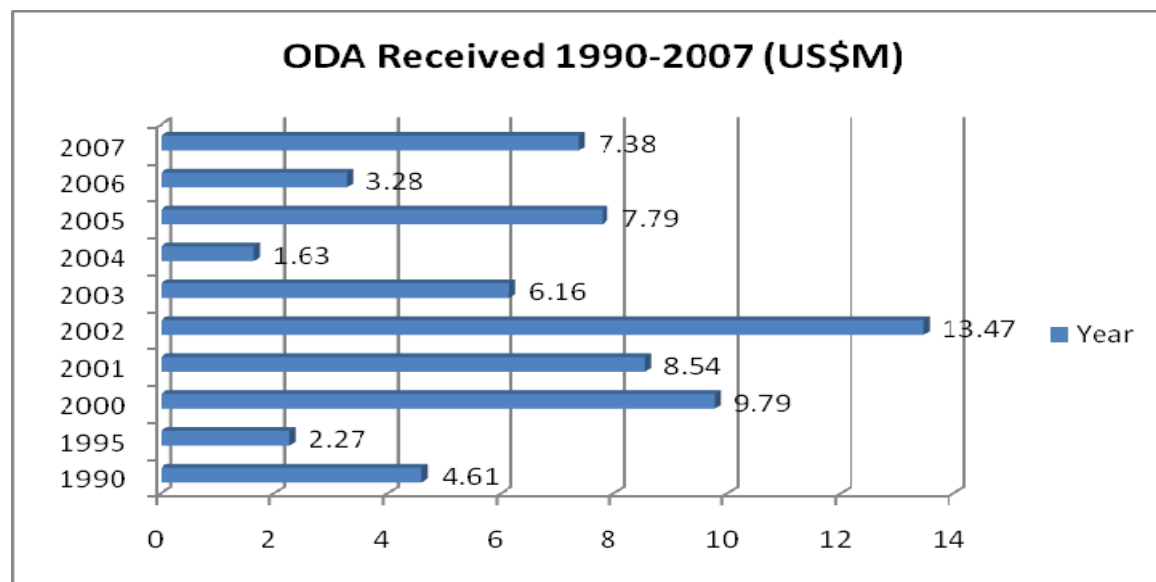
Table 8.1 << ODA Received by Antigua and Barbuda: 1990-2007 >>

Year	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007
ODA ¹ Received (US\$M)	4.61	2.27	9.79	8.54	13.47	6.16	1.63	7.79	3.28	7.38

Source: OECD/DAC database

¹disbursement basis

If Antigua and Barbuda is to achieve sustainable economic development, the country must have the benefit of increased ODA flows. The amount of ODA received is shown graphically at Figure 8.1.



Market Access

Target 13 - Develop further an open, rule based, predictable, non-discriminatory trading and financial system.

Antigua and Barbuda is signatory to many trade agreements with provisions for market access mainly in manufacturing and agriculture. However, the country has not been in a position to take full advantage of these agreements due to supply constraints in the manufacturing and agricultural sectors, which are very small - together contributing on average less than 6% to GDP.

Indicator 1 - Proportion of Exports (by value and excluding arms) admitted free of duties and quotas.

This indicator measures the value of exports admitted free of duties and quotas to other countries as a percentage of total exports to all countries.

The pattern of trade between 1999-2007 showed a deficit balance of visible trade, where total imports far exceeded total exports. Between 2002 and 2007 there were significant increases in both total imports and exports but the majority of the latter was mainly re-exports as domestic exports were marginal. Between 2005 and 2007, domestic exports averaged only 3% of total exports.

Indicator 2 – Average Tariffs and Quotas on Agricultural Products and Textiles and Clothing.

This indicator shows the average tariff rates and quotas on the products listed.

Average tariffs are the simple average of all applied *ad valorem* tariffs (tariffs based on the value of the import) applicable to the bilateral imports of developed countries. **Agricultural products** comprise plant and animal products, including tree crops but excluding timber and fish products. **Clothing and Textiles** include natural and synthetic fibres and fabrics and articles of clothing made from them (*UNDG 2003, Indicator 39*).

Antigua and Barbuda is making every effort to honour its obligations in the international trading community by systematically reducing tariffs and other barriers to trade. The National Statistics Division reports that the average duty on agricultural products is 25% with no consumption tax. For textiles and clothing, average duty is 15% with an average consumption tax of 22%.



Indicator 3 - Proportion of ODA provided to help build Trade Capacity

This indicator measures the proportion of total ODA that is given to assist in building trade capacity.

Antigua and Barbuda has benefitted from various ODA programmes to assist in building trade capacity.

In particular, institutions such as the World Trade Organisation (WTO) and the Organisation of American States (OAS) provide assistance aimed at upgrading human resource capabilities in all areas of international trade.

The Caribbean Open Trade Support programme of the United States Agency for International Development (USAID/COTS), designed to facilitate the transition of the OECS to compete more successfully in the global economy, has been working with Governments, the private sector, and non-governmental organisations in an effort to enhance private sector growth and improve the business and investment climate in addition to areas of environmental protection.

The main focus of the programme has been on the building of trade capacity and improving competitiveness. To this end, an amount of US\$2 million per year for four years was allocated for this initiative, which commenced in September 2005. This project includes assistance geared towards the enhancement of trade facilitation through a comprehensive Customs Renewal Programme.

Debt Sustainability

Target 15 - Deal comprehensively with the debt problem of developing countries through national and international measures in order to make debt sustainable in the long run.

The Government of Antigua and Barbuda has incurred excessive debt over the years and has been working aggressively to reduce the current level to manageable proportions. In seeking to improve the overall fiscal imbalances incurred attempts have been made to renegotiate a number of longstanding debts in addition to employing a more structured approach to the acquisition of new debts (2006 Budget Statement “Gearing up for Growth”, 30th November, 2005, page 41).

The challenge continues as Government aims to rationalise its borrowing needs and strengthen its debt management capacity, through “a debt strategy that seeks to establish a debt service profile consistent with Government’s evolving payment capacity that will help to normalise relations with all creditors” (2008 Budget Statement “Sound Policies Sure Success” 3rd December, 2007, page 87).

Indicator 1 - Debt service as a percentage of exports of goods and services

External debt service refers to principal repayments and interest payments made to non residents in foreign currency, goods, or services.

Exports of goods and services comprise sales, barter or gifts or grants of goods and services from residents to non-residents. Exports receipts along with worker remittances received from abroad provide the foreign exchange proceeds for meeting external debt service obligations (*UNDG, 2003 Indicator 44*).

Debt service as a percentage of exports of goods and services has fluctuated between 1990 and 2006 from a low of 2.5% in 1995 to a high of 17.3% in 2006 (Table 8.2). This percentage increased steadily from 2003 to 2006 at an average of 12.7%.

Table 8.2 << Debt Service as a Percentage of Exports of Goods and Services (EC\$M): 1990-2006 >>

Year	1990	1995	2000	2001	2002	2003	2004	2005	2006
Debt Service (cash basis)	36.9	27.5	174.9	98.9	136.2	105.8	153.2	212.2	250.4
Interest Payments	15.8	12.1	113.2	75.3	94.8	77.5	109.1	89.3	98.1
Principal Repayments	21.1	15.5	61.7	23.6	41.4	28.4	44.1	123.0	152.3
Exports of Goods & Services	932.3	1,084.3	1,260.5	1,202.4	1,155.2	1,249.1	1,441.7	1,471.6	1,449.0
Debt Service as % of Exports of Goods & Services	4.0	2.5	13.9	8.2	11.8	8.5	10.6	14.4	17.3

Note: 1995 principal repayments (external)

Source: Eastern Caribbean Central Bank, Ministry of Finance Headquarters, and the National Statistics Division

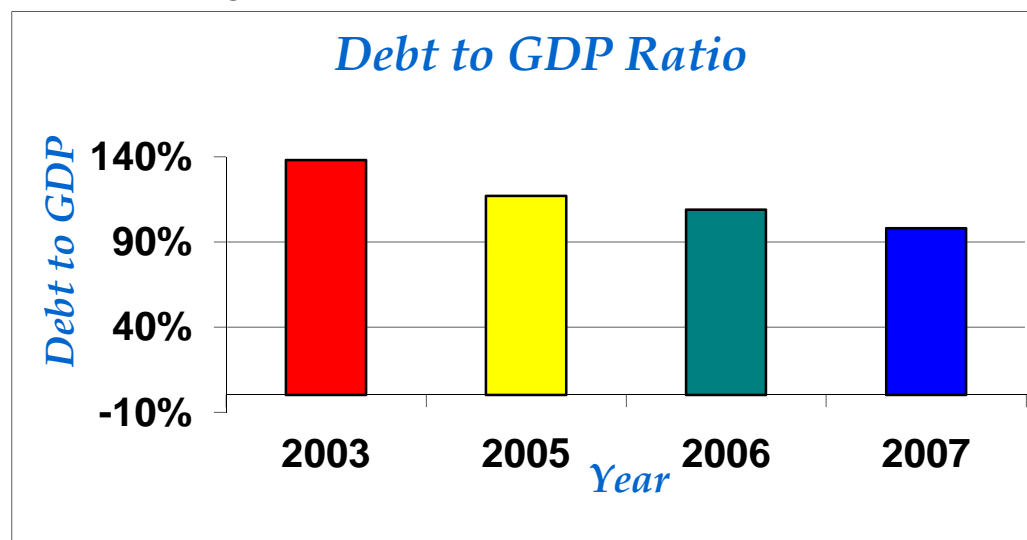
At the end of 2005, the Government of Antigua and Barbuda embarked on an ambitious and far-reaching programme aimed at rehabilitating the public sector's financial and credit position. With the financial assistance of the Canadian International Development Agency (CIDA) and in close consultation with the International Monetary Fund (IMF), a specialised debt advisory firm, Houlihan Lokey, was retained to assist the Government undertake a detailed diagnostic study of the country's debt profile and help

define, formulate, and implement a comprehensive debt management strategy to complement efforts by the Government to achieve fiscal sustainability.

The general findings of the diagnostic report were as follows:

- The public sector's total debt stock stood at just under EC\$3 billion at the end of 2007. Of that amount, approximately EC\$2.6 billion is owed by the Central Government.
- Over 50% of these liabilities are in the form of non-performing debt and arrears accumulated over decades of missed payments.
- The public sector's debt-to-GDP ratio totalled just over 100% at the end of 2007.
- Antigua and Barbuda's public sector debt is not sustainable. Despite a debt-to-GDP ratio that has begun to decline as a result of actions undertaken by the Government over the past two years (from 117% at the end of 2005 to 103.7 in 2007), the fiscal capacity still cannot support the current level of debt (Figure 8.2).

Figure 8.2: Debt to GDP Ratio: 2003-2007



Source: National Budget Presentation - 3rd December 2007, pg 88

Indicator 2 - Proportion of ODA provided as debt relief

It is extremely challenging for Antigua and Barbuda to “make mid to long-term development plans backed by sound economic growth forecasts in the face of persistent levels of unsustainable debt. It also challenges our ability to accurately forecast social spending beyond the short-term” (23rd October, 2007, New York). This national statement was made by the Honourable Minister of Finance and the Economy to the United Nations General Assembly during a special high-level meeting on international financing for development.

As part of the national debt management strategy aggressive negotiations are in progress with certain creditors for partial debt reduction, debt relief, debt rescheduling as well as some critical interest rate adjustments.

Youth Empowerment

Target 16 - In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

Indicator 1 - Unemployment rate of 15-24 year olds

This indicator represents the ratio of unemployed 15-24 year olds to the labour force.

Unemployed persons are all those who are not employed during a specified reference period but are available for work and have taken concrete steps to seek paid employment or self-employment. The **labour force** consists of those who are employed plus those who are unemployed during the relevant reference period. It is the economically active portion of the population (UNDG 2003, Indicator 45).

According to the Laws of Antigua and Barbuda, children must attend school until they are 16 years old. Therefore 15 and 16 year olds are not considered part of the work force.

The 2001 Population Census Report estimated the unemployment rate of 15-24 year olds at 10.1%. Further the 2007 CPA Report stated that unemployment was higher among youth than in the population as a whole.

As such Government is committed to providing greater opportunities for the youth to gain productive employment. In this regard Antigua and Barbuda has ratified all the relevant conventions and every effort is being made to ensure that employers adhere to the principles of decent work.



A National Youth Policy prepared by the Ministry of Sports and Youth Affairs under the theme “Empowering tomorrow’s leaders today” was passed in the National Parliament in 2007. This Policy “seeks to promote the implementation of programmes and provision of services geared towards the holistic development of all of Antigua and Barbuda’s young people”.

One of the main areas of focus is the issue of those youth looking for work, as well as the underemployed youth, those actually employed but not in the quality of work they would like or the level of remuneration they expect.

A Youth Empowerment Job Programme has been organised, which targets unemployed youth. It provides a small stipend while placing them in businesses where they could acquire a skill. An adjunct to this programme is a skills enhancement programme for young men by placing them in the construction sector.

The Youth Skills Training Project is now part of the expanded ABICE project aimed to provide more and better opportunity for youth skills enhancement.

In addition, the Labour Department offers a service where the unemployed can register. In turn, employers are afforded the opportunity to provide unemployed registrants with a job whenever there are staff vacancies.





Three Government tertiary institutions, the Antigua State College, the Antigua and Barbuda Hospitality Institute, and the Antigua and Barbuda International Institute of Technology offer internships as part of their study programmes.

Students are placed in the work environment during the summer vacation to afford them the opportunity to 'link their educational experiences with the world of work.' This often leads to an offer of employment from some of these agencies upon leaving school.

Access to Affordable Essential Drugs

Target 17 - In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicator 1 - Proportion of population with access to affordable essential drugs on a sustainable basis

This indicator measures the number of persons under 16 year olds, those 60 years old and over and those suffering from life-threatening diseases as a percentage of the total population.

Significant savings have been realised by the OECS through the bulk purchasing of prescription drugs under the Pharmaceutical Procurement System (PPS). In Antigua and Barbuda these drugs are available free of cost to residents at the Government and quasi - Government pharmacies operating throughout the twin island State.

Access to affordable essential drugs is close to 100%. The Medical Benefits Scheme (MBS) provides free medication to persons below 16 years of age and those over 60 years as well as to persons in the labour force living with 9 chronic diseases namely: diabetes, cancer, certified lunacy, asthma, hypertension, glaucoma, sickle-cell anaemia, cardiovascular, and leprosy.



The MBS operates a pharmacy at the following locations: MBS headquarters, St. John's Health Centre, and five poly-clinics located at Johnston's Point, Browne Ave, Clare Hall, Grays Farm, and All Saints. The Hannah Thomas Hospital in Barbuda is also supplied with drugs from the MBS. Additionally, the population has access to essential drugs from private pharmacies at affordable prices. Medication for HIV/AIDS is provided free of cost.

Transfer of Technology

Target 18 - In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Indicator 1 - Telephone lines per 1000 people

This indicator refers to telephone lines in private households.

Data from the 1991 Population Census indicates that the percentage of households with land telephone lines was 44.2%. With respect to the 2001 Population Census, of the 20,016 households in Antigua there were 66.5% with land telephone lines; while 63.7% of the 421 households in Barbuda had land telephone lines. Household members who do not have individual lines have access to telephone booths dotted across the country.

The 2001 Population Census also recorded 42% of all households with a cellular phone service. Of these households in Antigua (42%) and in Barbuda (32%) had cellular phone service, provided by one of three companies, one of which is operated by the Government. This was estimated to increase significantly and was corroborated in the 2007 CPA Report which stated that “all households have a land line and at least one cellular phone, irrespective of per capita consumption quintile” (page 124).

In many cases, some individuals own more than one cellular phone.

Indicator 2 - Personal Computers per 1000 people

This indicator refers to personal computers in private households.

The 2001 Population Census further states that 21% of all households own a computer. Of the 20,016 households in Antigua, 21.5% own computers. Of these, 64.7% have Internet connection. Of the 421 households in Barbuda, 16% own computers. Of these, 34% have Internet connection. Household members also have access to the Internet at school, work, at Internet cafés and cyber centres placed in community centres. Others have Internet access via their cellular phone service. There are three Internet service providers, one of which is operated by the Government. Vast improvements are continuously being made. Duty free privileges are extended to households to facilitate the procurement of a computer for educational purposes. Government in its ICT Policy has further committed itself to ensuring “that every citizen and resident have affordable access to ICT services in order to communicate and to better themselves educationally and economically”.

Recent Developments

The Ministry of Information, Broadcasting and Telecommunications within the Office of the Prime Minister, has embarked on a comprehensive programme, called the **Connect Antigua and Barbuda Initiative**, which is a blueprint for the rapid expansion of the Community Technology Programme. The programme is intended to serve seven (7) districts programmes, which will form the basis for the usage of computerised technology by 30,000 users (20,000 primary school students, and 10,000 adults).

Since 2006, this Community Technology programme now includes Computer Access Centres (CACs) in 8 primary schools, IT Empowerment Centres in 4 communities and at the National Technical Training Centre (NTTC); 3 mobile IT Classrooms accommodating approximately 25 students at a time; Community Technology Officers; e-learning advantage; education Max advantage; multi-lingual student programme; and technology for the physically and visually challenged – all on a free basis.



Goal Achievement

The Government of Antigua and Barbuda remains committed to reducing the country's debt to a sustainable level and great strides have already been made in this area. There is still much to be done to guarantee that the Country achieves a viable debt position. To ensure that these efforts are sustainable, wide-ranging guidelines are being established to enhance efficiency in Government's borrowing and debt management operations. These efforts are all part of a larger strategy which includes a comprehensive inventory of all public sector liabilities, reconciling each debt individually, moving to resolve accumulated arrears, and building technical capacity within Government. A further commitment has been made to address the liabilities owed to certain local institutions to ensure that the social fabric of the society is strengthened and the interests of the citizens and residents of Antigua and Barbuda are protected (*National Budget Statement "Sound Policies Sure Success" 3rd December 2007, pages 88, 89*).

Since the country's economy is based mainly on services, Antigua and Barbuda would benefit more from the removal of barriers to trade in services, while concerted efforts are being made to aggressively stimulate the development of and resultant growth in the agricultural and manufacturing sectors.

In terms of the country's access to new technologies, future projections show that by 2012 every home in the twin island State is expected to have a personal computer and high speed Internet broadband access.

With respect to access to affordable drugs the country should be in a position to sustain this goal.

However, in terms of employment of the youth, and the constraints of the global trading system, more work must be done if the goal is to be achieved by 2015.

<<< 8 >>>

ADDITIONAL GOAL

FIGHT THE SCOURGE OF CRIME AND VIOLENCE

<< National Unity for a Secured Future >>

Independence Theme

1992

A Decrease in Crime and Violence

Equals 2 Steps Forward

but...

An Increase in Crime and Violence

Equals 4 Steps Backwards.

What can You do to help reduce this problem?

Working Together We can Eradicate the Scourge of Crime, and Violence

~~ Core Message ~~

ADDITIONAL GOAL: FIGHT THE SCOURGE OF CRIME AND VIOLENCE

Although eight Goals were originally identified, in the pilot project launched for the OECS and Barbados in 2003 the Eric Straughn Report, recognising the serious impact of Crime and Violence on the other goals, recommended that the following two internationally agreed actions were of critical concern to the sub-region and should be monitored:

- A. To Take Concerted Action against International Terrorism and to Accede as soon as possible to all the Relevant Conventions.
- B. To Intensify Efforts to Fight Transnational Crime, in all its Dimensions, including Trafficking in and Smuggling Human Beings and Money Laundering.

Antigua and Barbuda has localized these actions under the additional goal to ***“Fight the Scourge of Crime and Violence”***.

There is a joint national effort, among the law enforcing authorities, to fight the scourge of Crime and Violence in all its dimensions, including drug and human trafficking, money laundering, and terrorism. These agencies include the Royal Police Force of Antigua and Barbuda, Departments of Immigration, Customs and Excise, Coast Guard, the Antigua and Barbuda Defense Force, and the Office of the National Drug and Money Laundering Control Policy (ONDACP).

In addition to its Headquarters, the Royal Police Force of Antigua and Barbuda has under its control eleven Police Stations, zoned across the following four Divisions covering the entire the country:

- Division A: St. John’s, and Grays Farm
- Division B: Parham, Coolidge, Willikies, and Freetown
- Division C: All Saints, Liberta, and the Dockyard
- Division D: Bolans, and Barbuda

Regular police patrol teams are supplemented by a fleet of mobile units targeting strategic locations.

The Royal Police Force of Antigua and Barbuda works in close collaboration with the Office of the National Drug and Money Laundering Control Policy (ONDACP) which was established in 1996 to eradicate the trafficking of illicit drugs and money laundering in Antigua and Barbuda.

The stated objectives of the ONDCP are:

- To increase prevention, intervention and treatment programmes for all citizens and residents of Antigua and Barbuda;
- To expand all interdiction activities in Antigua and Barbuda and improve interdiction effectiveness by updating technical skills, training and the procurement of state of the art narcotics surveillance and related equipment;
- To eliminate corruption and increase integrity among public officials and law enforcement personnel;
- To improve financial institution management and regulations with a view to decreasing the opportunities and incidents to launder illicit funds;
- To increase protective security and terrorist management programmes.

A strong partnership has also been forged between the law enforcing authorities and various Government departments, private sector, church groups, social service clubs, community based and non governmental organizations and the wider civil society to reduce crime and violence.

Eight indicators have been identified to monitor this additional goal.

Indicator 1 - Number of Incidents of Crime

This refers to reports of crime made to the law enforcement agencies and found to be true. Unreported criminal offences cannot be recorded. Types of Crime are coded according to the following international categories:

Against - Lawful Authority, Public Morality, the Person, Property, the Penal Code, Traffic, Township, and Liquor Ordinances, Gambling, Local Statute, and Other offences.

Incidents of Crime have been classified into the following three main groups: **Crime against the Person, Crime against Property, and other Offences.**

Between 1990 and 1995 crimes against the person and crimes against property increased at an annual average rate of 7.3%, and 8.9% respectively. Of the total criminal offences recorded for the period 2000 to 2004, crimes against the person and property together amounted to 40.5%.

For the period 2000 to 2006 an average of 453 criminal offences against persons, which include mainly murder, robbery, wounding and indecent assault, was reported. Crime against property for that same period accounted for 2,629 reported incidents, which include acts of theft, burglary and malicious damage, among others. Details are presented in Table 9.1.

Table 9.1 << Reported Criminal Offences: 1990-2006 >>

Year	1990	1995	2000	2001	2002	2003	2004	2005	2006	Average 2000 - 06	%
Against Person	328	447	458	436	414	473	466	430	494	453	14.7%
Against Property	2,199	3,173	2,423	2,466	2,437	2,583	2,695	3,042	2,758	2,629	85.3%
Other Offences	...	...	3,722	2,656	4,942	5,864	4,871	...	...	...	...
Total Offences	...	...	6,603	5,558	7,793	8,920	8,032	...	...	...	...

Source: Criminal Investigations Department - Royal Police Force of Antigua and Barbuda

Indicator 2 - Number of Murders and Murder Rate

Murder is one of the crimes classified as *Crime against the Person*. The murder rate is defined as the number of murders per 10,000 of the population.

Between 1990 and August 2007 the number of murders fluctuated from a low of 3 (1990, 1996) to a high of 19 (2007¹).

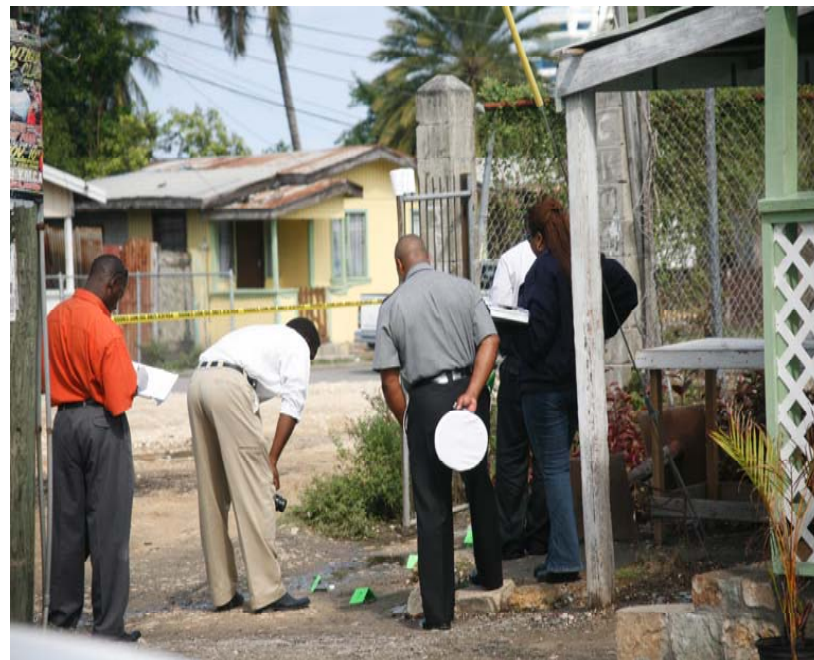
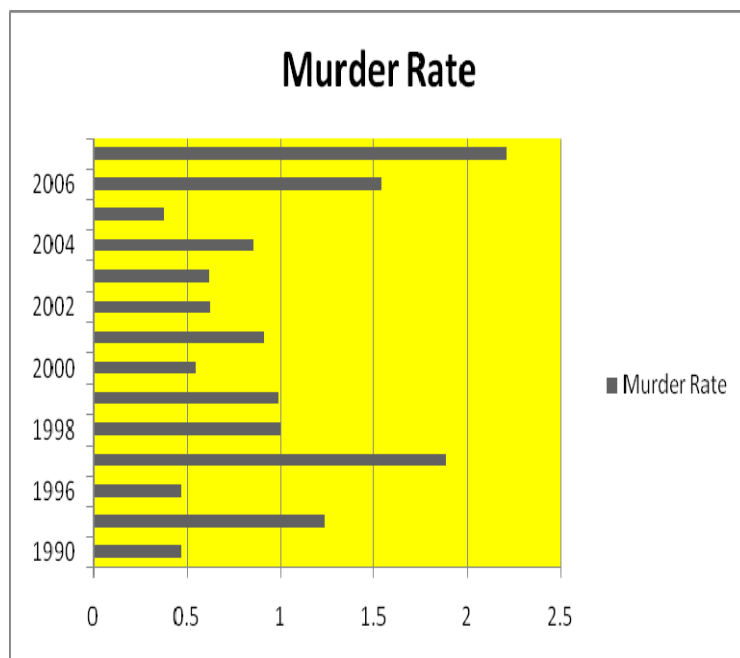
Table 9.2 also shows that from 2005 to 2006 there has been a significant increase in the murder rate from 0.72 per 10,000 population to 1.66 per 10,000 population, with a further increase to 2.21 per 10,000 population in 2007.

Table 9.2 << Number of Murders and Murder Rate: 1990 – 2007¹ >>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Murder	3	8	3	13	7	7	4	7	5	5	7	6	14	19
Murder Rate ²	0.47	1.24	0.47	1.89	1.00	0.99	0.55	0.91	0.63	0.62	0.86	0.72	1.66	2.21

Source: Criminal Investigations Department - Royal Police Force of Antigua and Barbuda ¹Jan – Aug; ²per 10,000 population

Figure 9.1: Murder Rate per 10,000 Population: 1990-2007



Indicator 3 - Number of Thefts and Burglaries

Thefts and Burglaries are classified as *Crime against Property* and are shown separately in crime statistics. They do not include Robbery, which is classified as *Crime against the Person*, that is the taking of property from a person by force or threat of force.

A **Theft** is the removal of property without that property owner's permission or consent, while a **Burglary** is the unlawful entering of someone's property or premises with the intent to commit a crime.

Table 9.3 shows the number of reported thefts, burglaries, and corresponding rate per 10,000 population for the period 1990-2007 and robberies between 2000-2007.

Table 9.3 << Number of Thefts and Burglaries, Reported and Rate per 10,000 population: 1990 – 2007 >>

Year	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Theft	933	1,249	1,016	1,259	976	760	861	869	798	897	1,032	964	821	952
Burglary	1,057	1,564	1,410	1,483	844	1,121	1,264	1,505	1,383	1,348	1,672	1,820	1,786	1,773
Total	1,990	1,813	2,426	2,742	1,820	1,881	2,125	2,374	2181	2,145	2,704	2,784	2,607	2,725
Rate ¹	311.08	281.73	376.93	398.03	260.50	265.47	293.87	308.77	278.47	268.86	332.78	336.29	309.14	317.22
Robbery	...	...	...	...	...	...	58	40	61	74	78	73	148	198

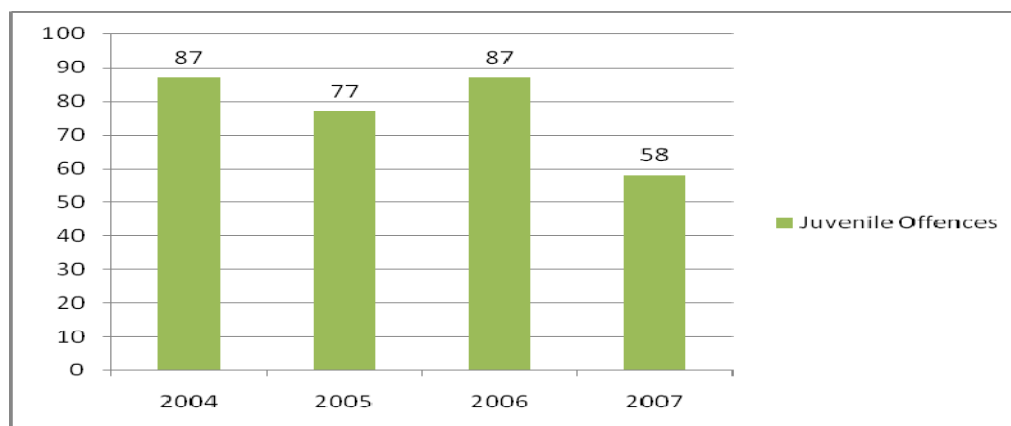
Source: Criminal Investigations Department - Royal Police Force of Antigua and Barbuda

¹per 10,000 population

Indicator 4 - Number of Youth Offenders by Sex

Youth is defined, for purposes of this review as those persons, male or female, who are 24 years old or less. However, the data in this table represents only **Juveniles**, that is - youth under 18 years of age. There were 309 juvenile offences reported between 2004-2007. (Figure 9.1)

Figure 9.2: Number of Juvenile Offences Reported: 2004-2007



Source: Criminal Investigations Department - Royal Police Force of Antigua and Barbuda

*Do you want to be carefree?
A part of something that could affect YOU
and
STOP the development of our Country?*

*Well, DO the right thing and remain Drug Free
It works for Me!*

~~ Core Message ~~

Indicator 5 - Number of Drug Offences by Type of Drug and Category

The illicit drug trade continues to plague the country, and has forced the law enforcement authorities to intensify their land, sea, and air surveillance procedures.

Data from the Narcotics Department of the Royal Police Force of Antigua and Barbuda, covering the period 2000-2007, gives a comprehensive breakdown of related cases, arrests, and drug seizures by type. Table 9.5 provides a summary of the drug cases in Antigua and Barbuda for the above reporting period. There were 1,116 drug cases reported of which 33.2% were prosecuted and 66.8% were pending Court. The number of cases awaiting court trial is significantly higher than the number of cases prosecuted.

Table 9.4 << Number of Drug Cases by Status: 2000 – 2007 >>

Year	2000	2001	2002	2003	2004	2005	2006	2007	Total
Number of Drug Cases	173	121	105	110	157	132	147	171	1,116
Cases Prosecuted	83	55	41	41	41	32	32	45	370
Persons Convicted	81	55	41	40	9	32	30	42	330
Persons Acquitted	2	0	0	0	2	0	2	0	6
Cases Withdrawn	0	0	0	0	0	0	0	0	0
Cases Pending Court	90	66	64	69	116	100	115	126	746

Source: Narcotics Department - Royal Police Force of Antigua and Barbuda

The breakdown shown in the following tables 9.5 - 9.8 is not exhaustive but covers the two main drug types – Cannabis, and Cocaine.

Cocaine is also locally referred to as coke, snow, flake, and blow.

Other popular names for **Cannabis** are marijuana, bush, herb, and spliff, pot, weed, joint, reefer, hash. Possession includes simple possession as well as possession with intent to supply for both types of drugs. The category ‘trafficking’ shows possession of a trafficable quantity of Cannabis or Cocaine as appropriate.

Table 9.5 << Number of Persons arrested for Cocaine: 2000-2007 >>

Year	2000	2001	2002	2003	2004	2005	2006	2007
Males	20	14	17	21	26	9	20	26
Females	3	2	8	18	7	8	1	2
Juvenile Males	0	1	1	0	0	0	0	0
Juvenile Females	0	0	0	0	0	1	0	0
Total	23	17	26	39	33	18	21	28

Source: Narcotics Department - Royal Police Force of Antigua and Barbuda

According to the Laws of Antigua & Barbuda, under the Misuse of Drugs Act, Chapter 283, substances such as marijuana, cocaine and heroin use or consumption are illegal. Persons caught are taken before the Court and prosecuted. In seeking to obtain a conviction, magistrates do not have any discretion in cases where individuals go before the Court charged with the possession of cocaine.



The Act provides for a minimum fine of EC\$5,000 for simple possession and a maximum fine of EC\$200,000. In the case of cannabis, the maximum fine for simple possession is EC\$200,000, but magistrates can utilize their judgment in imposing a reprimand,

or discharge. Those persons convicted of the charge of importation can receive a fine six times the value of the drugs or EC\$200,000, whichever is greater.

Table 9.6 << Number of Persons arrested for Cannabis: 2000-2007 >>

Year	2000	2001	2002	2003	2004	2005	2006	2007
Males	181	136	84	86	139	111	145	192
Females	17	13	19	12	14	2	12	15
Juvenile Males	0	0	2	0	10	1	7	6
Juvenile Females	0	0	0	0	0	2	0	0
Total	198	149	105	98	163	126	164	213

Source: Narcotics Department - Royal Police Force of Antigua and Barbuda

Drugs seizures were conducted which resulted in arrests. These are recorded in the Table 9.7 below:

Table 9.7 << Amount of Drugs seized where arrests were made: 2000-2007 >>

Year	2000	2001	2002	2003	2004	2005	2006	2007
Cocaine	24K, 331G	6K, 80G	59K, 859G	62K, 259G	26K, 359G	24K, 6G	8K, 520G	6K, 669G
Cannabis	42K, 337G	372K, 631G	1130K, 524G	255K, 271G	7,054K, 899G	2,707K, 87G	40K, 809G	1,475K, 33G
Plants	2,981	54,665	648	6,317	20,605	440	9,153	360

Source: Narcotics Department - Royal Police Force of Antigua and Barbuda

Drugs were also seized where no arrests were made. These are recorded in the Table 9.8 below:

Table 9.8 << Amount of Drugs seized where no arrests were made: 2000-2007 >>

Year	2000	2001	2002	2003	2004	2005	2006	2007
Cocaine	36G	12G	2K	14G	32.3G	8G	10K, 100G	558G
Cannabis	24K, 368G	383K, 453G	126K, 972G	104K, 105G	104K, 699G	67K, 491G	53K, 624G	6K, 967G
Plants	5,435	14,833	3,892	886	13,638	519	25,041	11,035

Source: Narcotics Department - Royal Police Force of Antigua and Barbuda

Indicator 6 - Prevalence of Drug Abuse Among the Secondary School Population

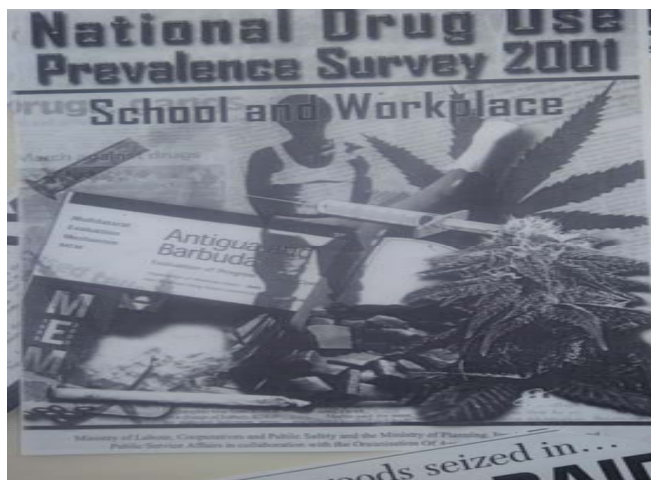
This indicator refers to the number of Secondary School children who report the regular use of illegal drugs as a percentage of the population of secondary school age i.e. those aged 11 to 20 years of age.

Antigua and Barbuda has been focusing on efforts to address the impact of Drug Abuse on both primary and secondary school students since the former cohort falls within the specified age group.

Initiatives have been put in place by various agencies from time to time to capture data to measure the prevalence of drug abuse among school children. However, they have not formed part of an integrated plan and the analysis has not been coordinated for effective policy formation. It is important to note that although drug abuse among the school population has a direct and indirect impact on the student, family, and society, there is still reluctance among students to reveal to authorities their drug habit.

An earlier survey on drug use was conducted in 1991 among students, but the results have not been published.

In 2001, a National Drug Use Prevalence Survey was conducted in the School and Workplace in collaboration with the Organization of American States. Students participated from the Primary, Post Primary, and Secondary Schools; Youth Skills Training Project; and the Antigua State College.



The reference group included students who fell into the 11-20 year old category. A total of 1,714 students participated with a gender distribution of 43.7% males and 54.8% females, and a non-response rate of 1.5% covering 26 students. With respect to the illicit drug use, in this study, approximately 13% of the students interviewed reported that they have used illegal drugs at some time in their teenaged lives. Of these 30% reported that they were still using illicit drugs.

In 2003, a Focus Assessment Study on Youth-Centred Drug Abuse and HIV/AIDS Prevention was conducted with support from the United Nations Office on Drugs and Crime (UNODC) Regional Office, Barbados.

A second survey was conducted through the National Drug Council in 2005 funded by the Inter-American Drug Commission/Multilateral Evaluation Mechanism (CICAD/MEM) with the sample drawn from both public and private secondary schools. However, the results of this survey have not yet been published.

A Survey on Drug Use coordinated by the Health and Family Life Education (HFLE) Unit at the Ministry of Education was conducted among Grade 7 Students.

The Substance Abuse Prevention Division, established in 1989, has been mandated to educate the general public about drugs including alcohol and other illicit substances. Although its main focus is prevention through education by the use of lectures and seminars, it also provides counselling services to clients referred or persons voluntarily seeking assistance in areas such as violence and anger management. This approach is seen as the best method to prevent drug abuse and to assist those students who are already drug abusers.

Table 9.9 << Referrals to the Substance Abuse Prevention Division: 2004-2007 >>

Year	Total Referrals	Male	Female	Male under 16 years	Female under 16 years	Referrals			
						By Self	By Others	By the Court	To Cross-roads
2004	17	12	5	3	0	8	8	1	4
2005	23	20	3	4	0	5	17	1	7
2006	25	21	4	9	2	2	23	0	3
2007	20	20	0	5	0	1	18	1	5
Total	85	73	12	21	2	16	66	3	19

Source: National Drug Information Unit

Table 9.9 provides a summary of the referrals to the Substance Abuse Prevention Division between 2004 and 2007. These are referrals made by the persons themselves, the Court and other persons. Of the 85 referrals 84.7% are males. Over this period, 19 of the referrals were admitted at the Crossroads Centre.

The D.A.R.E Programme (Drug Abuse Resistance Education) is an international programme, coordinated by the Royal Police Force of Antigua and Barbuda. Its main goal is officer-led, in-classroom, anti-drug, anti-gaming, anti-violence education for school children around the world. It was initiated in Antigua and Barbuda in 1997.

This collaborative effort between the Police Department and the Ministry of Education was established in response to the need for such a preventive measure in the face of increased drug use and related violence within the society.



The programme strives to provide children with the information and skills necessary to live drug free and violence free lives. It also aims to establish positive relationships between law enforcement officers, teachers, students, parents and other members of the community. Integrated efforts by all agencies will continue since the illicit drug use among students may be related to reports of increase in alcohol use, HIV infections, crime and violence (including gang operations), low self esteem, and attempts at suicide.

Indicators 7 and 8 - Number of Persons Receiving Treatment by Type of Substance, Type of Treatment, and Sex

These indicators refer to the number of persons receiving treatment mainly for cannabis or cocaine.

Institutionalized treatment refers to treatment administered in an institution that requires the patient to be confined during the period of treatment. Persons are usually institutionalised at the Holberton and the Mental Hospitals. Out-patient treatment permits the patient to return to his/her residence after each treatment. Data is unavailable at this time of reporting to accurately measure these indicators.

In addition to the Substance Abuse Prevention Division's referral process to the Crossroads Centre for drug abusers, there is also the Bevon House - a halfway aftercare programme for recovering drug abusers. The number of persons utilizing the Unit has increased over the years.

Crossroads Centre was established in 1998 by members of the Hourglass Foundation, for men and women worldwide who are 18 years and over. It was designed to provide the environment for persons afflicted by drug addiction and alcoholism to facilitate recovery. Its mission is to provide treatment to chemically dependent persons and education and counselling to these persons and their families. The service is available free for Antiguans and Barbudans. Table 9.11 shows that between the period 1998 to 2007 a total of 290 persons (81% male and 19% female) received treatment for addictions to Cocaine (42%), Cannabis (12%), and other substances including Alcohol (45%). Of these 170 persons treated between the five-year period, 2003 to 2007, 47% were for Cocaine, 7% for Cannabis, and 42% for Alcohol.

Table 9.10 << Number of Persons at Crossroads Centre who Received Treatment by Type of Substance and Sex>>

Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Total
Cocaine	7	5	1	15	12	9	12	15	21	26	123
Cannabis	1	2	2	6	13	4	1	2	2	3	36
Total	8	7	3	21	25	13	13	17	23	29	159
Alcohol	...	...	...	...	...	17	13	15	15	12	72
Other	2 ¹	10 ¹	19 ¹	15 ¹	10 ¹	0	2	1	0	0	59
Total	10	17	22	36	35	30	28	33	38	41	290
Male	6	10	19	31	26	24	23	23	37	35	234
Female	4	7	3	5	9	6	5	10	1	6	56

Source: The Crossroads Centre

¹ includes Alcohol

There is the Alcoholics Anonymous (AA) programme for alcohol abusers, which has been in operation for approximately 24 years. It has three arms: Alcoholics Anonymous, Narcotics Anonymous, and Al-non: a fellowship for the families of abusers. It is usually recommended that persons, after going through detoxification, attend one of the arms of Alcoholics Anonymous at least twice a week.

Goal Achievement

Although there needs to be more integrated action against international terrorism, efforts have been continuous in combating drug trafficking and money laundering in Antigua and Barbuda.

More aggressive efforts are needed, however, to fight crime in general and particularly to target reduction among youth offenders. It is expected that the recently established Probation and Counselling Unit will play an integral role.

Crime has become such a national issue that the Honourable Prime Minister, in his address to the Nation on Thursday 25th October, 2007, outlined a 15 point directive to facilitate “the need for a more effective response to incidences of crime and violence,” which includes “the need for more coordinated patrols by security forces...” The laws governing anti-crime measures are also being reviewed in a concerted effort to restore public order and safety in the country.

Prime Minister Spencer also appealed to the population to partner with the Police “in strategies for reducing the opportunities for crimes” and in the management of “community policing programmes”. With the immediate implementation of these directives in tandem with continuous monitoring and evaluation, the country will endeavour to achieve this additional goal before 2015.

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SECTION 5

CONCLUSION

The interdependence and interrelatedness of the Millennium Development Goals, Targets, Indicators, and required Data Sets have enforced the critical need for closer communication, collaboration, and data-sharing among stakeholders within and between sectors.

The national statistical system continues to be institutionally strengthened to manage the data gathering and tracking processes, thereby enabling a more effective monitoring system to facilitate policy decisions.

From this Assessment there is potential for the attainment of the Goals and respective Targets. This is possible given the strong national supportive environment that exists. Despite the challenges identified, an integrated and concerted effort towards improving the existing capacity to achieve the Millennium Development Goals will continue.

*Our Goals, Our Development, Our Country
Antigua and Barbuda*

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Appendix A

Millennium Development Goals Members of National Task Force:

No.	Name	Designation	Agency/Department
1	Ms. J. Yolanda Goodwin	Director (<i>Coordinator</i>)	Economic Policy & Planning Unit
2	Mr. Hesketh H.A. Williams	Labour Commissioner	Ministry of Labour
3	Ms. Janet Weston	Programme Manager	National AIDS Secretariat, Ministry of Health
4	Dr. Rhonda Sealey-Thomas	Chief Medical Officer	Ministry of Health
5	Mr. Lincoln Burton	Chairman	Barbuda Council
6	Mr. Colin James	President	Antigua and Barbuda Media Congress
7	Ms. Brenda Lee-Browne	Secretary	Antigua and Barbuda Media Congress
8	Ms. Jacintha Pringle	Chief Education Officer	Ministry of Education
9	Mr. Franck Jacobs	Chief Statistician	Statistics Division, Ministry of Finance
10	Mr. Ato Lewis	Chief Environment Officer Ag.	Environment Division, Ministry of Tourism
11	Ms. Almira Henry	Director Ag.	Social Policy Unit, Ministry of Social Transformation
12	Mr. Lionel Michael	Chief Health Inspector	Central Board of Health, Ministry of Health
13	Ms. Roberta Williams	Director	Gilbert Agricultural and Rural Development Centre
14	Ms. Sheila Roseau	Director	Directorate of Gender Affairs
15	Mr. Charlesworth Davis	Director	Public Works Department
16	Mr. Lyndon Francis	Manager	Water Division, Antigua Public Utilities Authority
17	Dr. Ermina Osoba	Resident Tutor	UWI School of Continuing Studies

Appendix B

Millennium Development Goals

Schedule of Media Programmes, Meetings, and Consultations:

Schedule of Media Programmes:

- ABS TV/Radio – Issues Live
- Observer Radio – Without Limits
- Grenville Radio (Radio ZDK) – Expressions
- Crusader Radio – Moving On
- Crusader Radio – Teenage Information Programme
- Antigua Sun News
- Observer News

Series of Meetings and Consultations:

- Senior Civil Servants
- Technicians – Ministry of Health
- Technicians – Ministry of Education
- Non Governmental and Community-Based Organisations
- National Youth Policy
- Barbuda Council
- Media Station Managers and News Editors
- Media Sub-Committee

Appendix C

Millennium Development Goals:

Main Contributors and Secretariat to the National MDGs Task Force:

Main Contributors:

- Government Ministries
- Royal Police Force of Antigua and Barbuda
- Non-Governmental Organisations
- Community-Based Organisations
- Faith-Based Organisations
- Statutory Bodies
- Private Sector Agencies
- Private Individuals

Secretariat to the National MDGs Task Force:

Economic Policy and Planning Unit

Ministry of Finance and the Economy

J. Yolanda Goodwin Director

Hortensia Brookes PSIP Coordinator

Sean Cenac Senior Development Planner

Sharon James Senior Economist Ag.

Sharon Herbert Sector Planner

Charmaine Simon Sector Planner

Samantha Cummings Secretary

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