



**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief



Strengthening Health Outcomes  
*through the Private Sector*

## Eastern Caribbean Program Profile



**PROFILE**

**Summary:** In 2010, the Strengthening Health Outcomes through the Private Sector (SHOPS) project began a four-year program in the eastern Caribbean funded by the President's Emergency Plan for AIDS Relief (PEPFAR). The program included Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines. It supported the United States-Caribbean Regional HIV and AIDS Partnership Framework 2010–2014, a strategic plan for strengthening HIV prevention efforts in Caribbean countries. In accordance with the framework, the program sought improvements in four areas: strategic information dissemination, laboratory strengthening, human capacity development, and program sustainability. SHOPS used a multisectoral, participatory approach focused on sustainability and led by country partners. This profile presents the program's context, goals, components, results, and the following lessons learned:

- Program implementation in the eastern Caribbean is complex and calls for a combination of country-specific and regional approaches.
- Continued efforts are needed to harness the region's diverse and expansive private sector resources to address priority health needs and help sustain the HIV response.
- Participatory, multisectoral processes for identifying and addressing HIV priorities foster greater stakeholder support and program sustainability.
- Technology-based approaches are effective for increasing private sector participation in health data sharing.
- Further NGO capacity-building efforts are required to best serve key populations.

---

**Keywords:** AIDS, Antigua, Barbuda, Dominica, eastern Caribbean, Grenada, Grenadines, HIV, Nevis, St. Kitts, St. Lucia, St. Vincent, sustainability

**Recommended Citation:** SHOPS Project. 2015. *Eastern Caribbean Program Profile*. Bethesda, Maryland: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.

**Cover photo:** PAHO/WHO

**Project Description:** The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

**Disclaimer:** The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

**Cooperative Agreement:** GPO-A-00-09-00007-00

**Download:** Download copies of SHOPS publications at [www.shopsproject.org](http://www.shopsproject.org).

**Abt Associates Inc.** • [www.abtassociates.com](http://www.abtassociates.com)

March 2015

## **ACKNOWLEDGMENTS**

The SHOPS project is grateful for the support of USAID/Barbados and the Eastern Caribbean, especially René Brathwaite, Angela Davis, and Kendra Phillips of the mission. Special thanks to all of the stakeholders and implementing partners for their invaluable insights and contributions to the program, including the Caribbean Broadcast Media Partnership on HIV/AIDS, the Caribbean Health Leadership Institute, the Caribbean HIV/AIDS Alliance, the Insurance Association of the Caribbean, the Caribbean College of Family Physicians, private practitioners, and representatives from the countries' ministries of health. SHOPS also acknowledges its entire Caribbean team for contributions to the management and implementation of this program. Kylie Graff of Abt Associates prepared this profile.





# Eastern Caribbean Program Profile

## CONTEXT

The United States-Caribbean Regional HIV and AIDS Partnership Framework 2010–2014 (hereafter, Partnership Framework) outlined a plan for the United States government to collaborate with 12 Caribbean countries on HIV prevention through strategic information dissemination, laboratory strengthening, human capacity development, and sustainability. USAID/Barbados and the Eastern Caribbean oversees health systems strengthening activities in the region, with a focus on health financing and the private sector. As the global flagship project on private sector engagement for the U.S. Agency for International Development (USAID), the Strengthening Health Outcomes through the Private Sector (SHOPS) project supported the framework’s objective “to promote creative, multisectoral arrangements to increase effectiveness of resource utilization and efficiency in HIV service delivery” (Caribbean Regional HIV and AIDS Partnership Framework 2010–2014). SHOPS focused its efforts at the national and regional levels across six eastern Caribbean countries: Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines.

SHOPS’s focus countries comprise a series of small island-nations in the Leeward and Windward Island chains of the Caribbean Sea with a combined population of approximately 617,000. Average per capita gross national income (GNI) across the six islands is \$10,852. Although the World Bank classifies each country as either high or upper-middle income, average per capita GNI has declined by roughly 16 percent since 2010 (World Bank, 2015).

Though culturally and politically diverse, eastern Caribbean countries face common challenges, including limited ability to achieve economies of scale for goods and services, heavy reliance on exports, and vulnerabilities to natural disasters that affect crop production and the tourism



PAHO/WHO

industry. Geographical proximity, interdependence, and migration have increased cooperation and collaboration among the countries, including in the areas of health and HIV prevention. In 1981, the six SHOPS project countries and Montserrat formed the Organization of Eastern Caribbean States (OECS).<sup>1</sup> The OECS has successfully created a common currency and central bank. It regulates banking and securities, telecommunications, and aviation, and it has developed common foreign, defense, and security policies. The OECS also adopted strategies to address regional concerns such as health, education, and tourism.

---

<sup>1</sup> The seven members include Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Montserrat, which is not a party to the Partnership Framework.

## Health

Eastern Caribbean countries fare well on key health and standard-of-living indicators. Nearly all births are attended by skilled health personnel, and under-5 mortality has steadily improved to roughly 13 per 1,000 live births in 2013. Average total expenditures on health as a percentage of gross domestic products were roughly 6.1 percent in 2012; the average for the entire Latin American and Caribbean region was 7.7 percent (Trading Economics, 2015). All but Antigua and Barbuda and Dominica saw an increase in total health expenditures over the last three years.

The region is experiencing an epidemiological transition, with declines in infectious disease rates and growing prevalence of chronic noncommunicable diseases (CNCDs), which affect the Caribbean more than any other region in the

Americas, and are the leading contributor to life years lost in each country (CARICOM, 2014). At the same time, mortality from communicable diseases has been rising since the late 1980s, primarily due to the HIV epidemic and the more recent rise in vector-borne disease like dengue and malaria.

While the burden of disease is shifting toward CNCDs, HIV remains a significant concern. Prevalence estimates for HIV in the eastern Caribbean range from 0.28 percent in St. Lucia to 1.51 percent in Antigua and Barbuda. These rates are assumed to be low because of the epidemic's concentration among key populations for which little data are available, including commercial sex workers and men who have sex with men. The lack of data is a major concern and is often attributed to the challenge of quantifying such populations on small islands where stigma and discrimination are present.

**Table 1. Selected health indicators for the eastern Caribbean**

Country	Human Development Index rank (2012)	Life expectancy at birth in years (males/females), (2012)	Under-5 mortality (2013) (per 1,000 live births)	Proportion of births attended by skilled health personnel (2012)	Total expenditure on health as % of gross domestic product (2012)
Antigua and Barbuda	High	73/77	9	100	5.2
Dominica	High	72/77	11	100	5.9
Grenada	High	66/70	12	100	6.4
St. Kitts and Nevis	High	71/78	10	100	5.9
St. Lucia	High	71/79	15	100	8.5
St. Vincent and the Grenadines	High	72/76	19	99	5.2

Sources: United Nations Development Report 2010, 2007; World Bank, 2014.

The eastern Caribbean has made great strides in responding to the HIV epidemic, including a nearly 100 percent success rate in the prevention of mother-to-child transmission (PMTCT).<sup>2</sup> HIV and AIDS counseling, testing, and support services are readily available in public and private sector facilities across the region, and antiretroviral medications (ARVs) are free of charge through public sector channels. However, gains made in the region’s HIV and AIDS response are currently threatened by a lack of sustainable financing. Direct donor funding, including funding from PEPFAR, has largely ended in the region. While the Global Fund intends to provide an additional round of funding, it is unclear whether these grants will continue to support the provision of free ARVs. Given competing priorities for limited financial resources, domestic spending on HIV and AIDS is unlikely to be sufficient in the near term to replace previous levels of donor funding.

One key strategy for sustaining the HIV response is engaging and leveraging the private sector. Greater collaboration and coordination among sectors can lead to increased capacity to lead, finance, manage, and sustain the delivery of quality services at the national and regional levels.

The availability of private sector clinical services in the eastern Caribbean varies by country but is generally robust. Although some private hospitals

exist, solo practitioners or small group practices dominate the market. Private providers offer a wide range of clinical and consultation services, including specialized services and facilities that are not always available in the public health system. Private laboratories and diagnostic facilities exist in each country and offer services that range from testing for HIV and sexually transmitted infections (STI) to ultrasound and radiology services. Other actors in the private for-profit health sector include pharmacies, pharmaceutical distributors and wholesalers, and dental offices.

Private companies invest in the health sector by undertaking workplace health promotion programs and contributing to community health services such as regional HIV testing days. The nonprofit sector generally consists of small NGOs that vary in size and level of organization. The HIV-focused NGO community is disparate and primarily focused on outreach to key populations.

While the region has universal access to free health care, data show that a large proportion of the population still relies on the private health sector for at least some health needs.

---

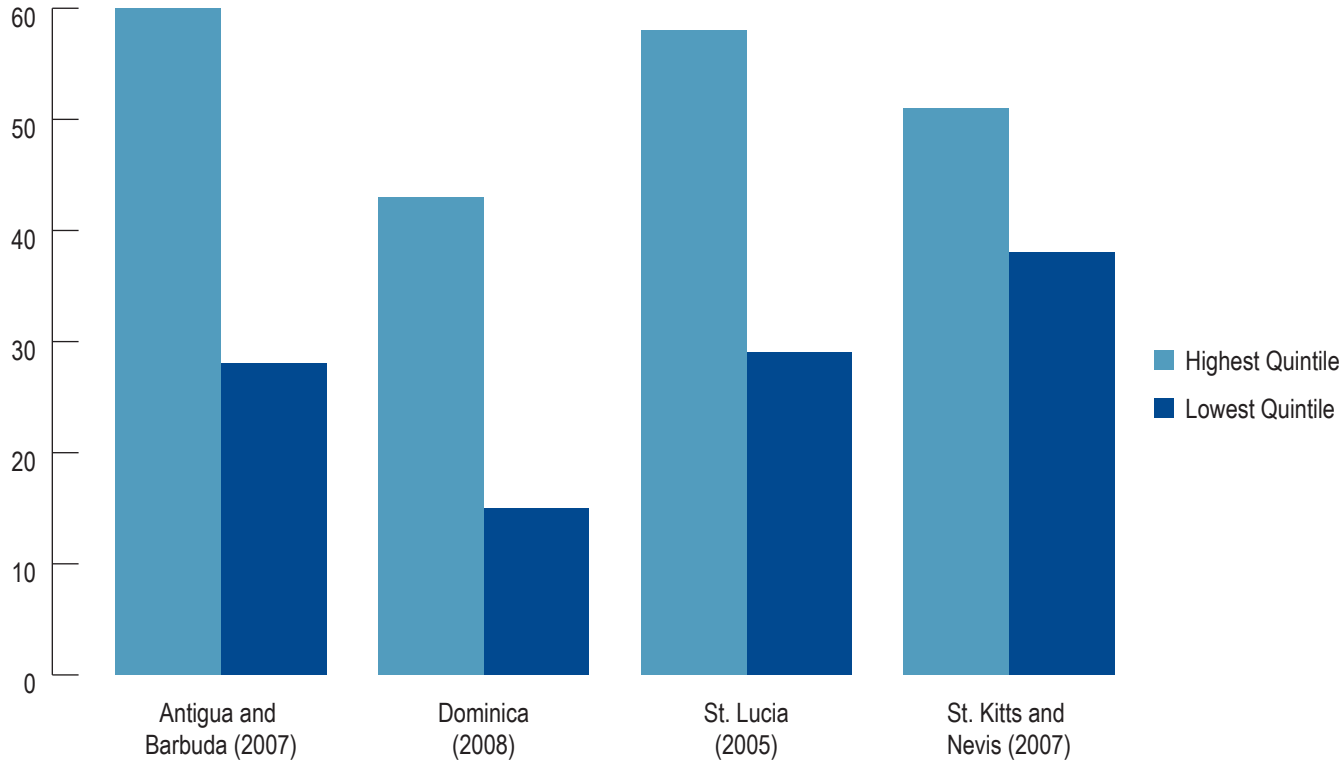
<sup>2</sup> Latest UNGASS reports in each country report no more than one HIV positive infant born to an HIV positive mother in the report year.

**Table 2. Overview of the HIV epidemic in the eastern Caribbean**

Country	HIV prevalence among adults 15–49	Patients on antiretroviral therapy (ART)
Antigua and Barbuda	1.51	98
Dominica	0.75	38
Grenada	0.57	54
St. Kitts and Nevis	0.46	37
St. Lucia	0.28	124
St. Vincent and the Grenadines	0.40	162

Sources: MEASURE Evaluation. 2013; United Nations General Assembly Special Session (UNGASS) 2014; UNGASS 2010.

**Figure 1. Percentage of population seeking health care from a private sector source in select eastern Caribbean countries, by income quintile**



Source: Caribbean Development Bank, Country Poverty Assessments (years as noted).

The use of private sector facilities will likely increase along with the region’s rising incidence of CNCDS, which require a level of long-term care and treatment that will stretch the already strained capacity of the public sector.

Prior to SHOPS’s engagement in the region, collaboration between the public and private sectors was limited and constrained by a number of key factors. The Ministry of Health (MOH) in most of the target countries was unaware of the magnitude and capacity of its country’s private sector health care resources. Available resources were underutilized, and patients were sometimes sent off-island by

providers for services available from in-country private practitioners. These practices affected the efficiency and cost of service delivery and had serious health implications for patients. National plans that formalized a methodology or strategy to engage and leverage the private health sector were virtually nonexistent.

USAID/Barbados and the Eastern Caribbean invited the SHOPS project to help identify and facilitate strategies to strengthen the private health sector and help sustain the HIV response at the national and regional levels.

## GOALS

The overarching goal of SHOPS's engagement in the eastern Caribbean was to support multisectoral efforts to increase the effectiveness of resource utilization and efficiency in HIV service delivery. SHOPS supported the following objectives:

- Increase understanding of the private sector's role in addressing priority health needs.
- Identify opportunities to strengthen and facilitate private sector engagement to sustain national HIV responses.
- Strengthen collaboration among health providers at the local and regional level to address priority health services, with an emphasis on HIV and AIDS.

## Timeline

**September 2010:** Launch program.

**May 2011:** Initiate data collection for joint health systems and private sector assessments.

**October 2011:** Facilitate assessment validation workshops in all countries.

**March 2012:** Launch mobile reporting pilot in Dominica.

**September 2012:** Initiate a private provider census in Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines.

**November 2012:** Launch Public and Private Health Sector Task Force in Antigua and Barbuda.

**March 2013:** Conduct private health insurance industry scan in Grenada and initiate web-based reporting program in Antigua and Barbuda.

**December 2013:** Launch virtual Caribbean Health Connection community of practice.

**January 2014:** Initiate efforts to strengthen the financial sustainability of Caribbean HIV/AIDS Alliance.

**July 2014:** Support the development of national strategic plans for HIV and AIDS and investment briefs in Dominica and St. Vincent and the Grenadines.

**November 2014:** Transfer virtual Caribbean Health Connection to regional steering committee.

**December 2014:** Launch web-based platform with findings from private provider census data in Antigua and Barbuda, Dominica, and St. Vincent and the Grenadines.



Steve Shapiro

*Memorial quilt honoring Caribbean communities affected by HIV and AIDS. The quilt was displayed at the 2011 Caribbean HIV Conference.*



## COMPONENTS

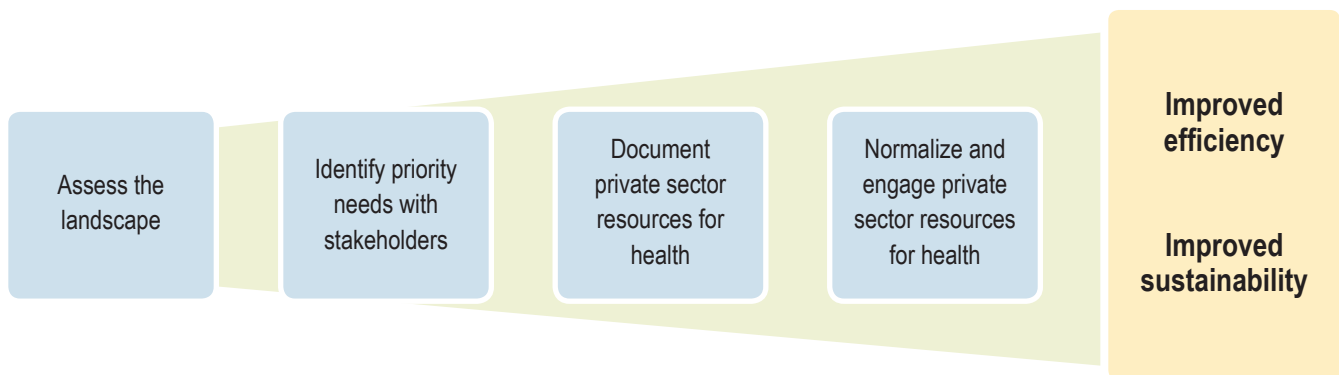
HIV and AIDS prevention programming in the eastern Caribbean changed significantly during SHOPS's four-year effort in the region. Globally, the 2008 PEPFAR reauthorization (PEPFAR II) marked a transition away from emergency response towards sustainable, country-owned programs with an emphasis on strengthening health systems. This shift signaled a need for supporting countries in mobilizing all available resources, including those in the private sector. PEPFAR II's strategy was mirrored in the Partnership Framework for the Eastern Caribbean, which sought to identify and employ strategies to move the region toward greater program sustainability. Key among these strategies was strengthening government partnerships with the private sector. The role of USAID/Barbados and the Eastern Caribbean as a leader in both strengthening health systems and engaging the private sector further solidified SHOPS's role of engaging the private sector through a health systems lens.

In 2014, PEPFAR announced major changes to the program's strategy, focus, and geographical footprint. Under the new strategy, funding to the

region was redirected to high-prevalence, high-disease-burden countries, as well as activities that strengthen support for prevention, care, and treatment services for key populations. Given the comparatively low HIV prevalence rates in eastern Caribbean countries, PEPFAR funding was redirected toward larger Caribbean islands with greater disease burdens. Programming for eastern Caribbean countries was stalled and ultimately diverted to activities that would link countries to alternative funding sources. The program components and results below reflect this shift.

SHOPS designed a program in the eastern Caribbean to identify private sector resources and address barriers to greater private sector engagement in the HIV response. SHOPS identified barriers, including a lack of basic information on private sector resources and capabilities, insufficient mechanisms for multisectoral collaboration, and a weak NGO sector incapable of responding to national health priorities.

**Figure 2. SHOPS's approach to program design in the eastern Caribbean**



The process began with a detailed assessment of the regional health sector landscape to identify areas for greater private sector engagement. After assessment findings and recommendations were validated and prioritized by local stakeholders, SHOPS developed a three-pronged approach: 1) document the private health sector, 2) normalize public-private collaboration, and 3) engage the private sector to help sustain the HIV response. In designing and implementing its approach, SHOPS consistently worked with national and regional stakeholders to foster sustainability.

## Assessing the Health Sector Landscape

SHOPS and Health Systems 20/20 collaborated with local stakeholders to develop a rapid assessment of each country's health system.<sup>3</sup> The assessment team interviewed as many as 110 stakeholders in each country to identify strengths and weaknesses in the health systems, the current and potential role of the private health sector, and issues surrounding the country's HIV response. Findings and recommendations followed the World Health Organization's health systems building blocks with a cross-cutting emphasis on the private health sector.<sup>4</sup> Assessment results served as the cornerstone of multisectoral stakeholder engagement workshops to prioritize next steps.



Abby Vogus

OECS country delegations and implementing partners brainstorm how to sustain the Caribbean's HIV response.



Kylie Graff

Rosanna Emmanuel, director of clinical and community affairs at Ross University in Dominica, votes to prioritize greater public-private coordination.

## Stakeholder Workshops

To finalize the assessment process, SHOPS and Health Systems 20/20 convened a series of national multisectoral stakeholder workshops. Each meeting began with a presentation of assessment findings and recommendations followed by an open forum to garner feedback. A facilitator guided the stakeholders through a process of prioritizing recommendations for implementation and identifying next steps. Participants were careful to align the priorities to the national strategic plans for health and HIV.

<sup>3</sup> The Health Systems 20/20 cooperative agreement (2006–2012), funded by USAID and implemented by Abt Associates, helped USAID-supported countries address health system barriers to the delivery and use of life-saving priority health services. Health Systems 20/20 worked to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity in local institutions.

<sup>4</sup> The World Health Organization's health systems building blocks are governance, health financing, human resources for health, service delivery, health information systems, and medical products and technologies.

## Documenting the Private Health Sector

A major finding of all of the country health sector assessments was key stakeholders' lack of awareness of the size and scope of the private health sector at the national and regional levels. Stakeholders called for better documentation of the private health sector to facilitate partnerships and maximize health resources. This led SHOPS to conduct a private provider census in four countries and share findings on web-based platforms for optimal accessibility. In Grenada, the desire for more information about the private sector resulted in a private insurance industry scan to better understand coverage in advance of a proposed national health insurance scheme.

### Private provider census

SHOPS conducted a private provider census in Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines. Each census gathered basic information from private health care facilities and NGOs providing HIV services, including the address and hours of operation; human resources; and the availability of specific

services, equipment, and pharmaceuticals. Findings were compiled into databases with prepopulated statistical reports and disseminated at handover events. The events included a presentation of findings, tutorial on the mechanics of the registry, and facilitated discussion on how to use the data for decisionmaking.

### Web-based private provider registries

Stakeholder feedback revealed that SHOPS's original provider database design limited both usability and sustainability. It required a specific software license and was available only to the MOH and practitioners, not to potential patients. In response, SHOPS transferred the national registries to a web-based platform that includes a user tutorial on database functionalities. Designed in close collaboration with health information specialists in each country, the new platform allows each MOH to host its database as an extension of its existing website.

### Private health insurance industry scan in Grenada

Grenada is actively working towards implementing a national health insurance (NHI) scheme. As a first step, the MOH requested a private health insurance industry scan to determine the depth, breadth, and coverage rates of existing health insurance plans. SHOPS met with local insurers to document the private health insurance industry and make recommendations for private sector engagement in the NHI development process.

H. Amanda Lynch-Foster, USAID



In her opening remarks at the census handover event, St. Kitts Minister of Health, the Honorable Marcella Liburd, stated that the country's recent reclassification as a high-income country and the resulting cuts in external health funding meant that more collaboration was needed to meet health care needs. She said, "In my mind it poses an opportunity for greater local, private-public sector partnership, which this exercise is all about. [It promotes] shared responsibility and sustainability of our health system."

## Normalizing Public-Private Collaboration

Sustainable health programming relies on the effective and efficient use of all available resources, both human and financial. In the eastern Caribbean, sustainability was hindered by an environment where collaboration between the public and private health sectors was often informal and limited. In Antigua and Barbuda and Dominica, SHOPS sought to address barriers to greater collaboration. As a first step, SHOPS used assessment and census findings to identify areas of mutual interest for public and private providers. Priority areas, including private facility regulation and data sharing, were then developed into activities that required strong commitments from public and private sector participants. The ultimate goal was to begin the process of making cross-sectoral collaboration the norm when identifying and addressing priority health issues.

### Public and private health sector task force in Antigua and Barbuda

In Antigua and Barbuda, stakeholders sought to normalize multisectoral coordination by establishing a formal mechanism for public-private dialogue. In response, SHOPS designed and facilitated the Public and Private Health Sector Task Force as a forum for open dialogue and regular, constructive communication between the sectors to address priority health needs. SHOPS also facilitated the creation of two multisectoral technical working groups: one focused on health information systems and improved data collection and sharing, and one focused on regulating private health facilities. To ensure sustainability and country ownership of the task force, SHOPS worked with the group to formalize comprehensive terms of reference, identify a task force chairperson, and draft a proposal to the Cabinet of Ministers requesting that the task force be formally recognized as a government body.

### Mobile reporting of notifiable conditions in Dominica and Antigua and Barbuda

Stakeholders in both Antigua and Barbuda and Dominica perceived limited or uneven private sector reporting of health data, including positive cases of HIV, as a critical issue. They acknowledged that accurate reporting of positive test cases could increase follow-up for treatment and offer a better estimation of HIV prevalence. To support this goal, SHOPS worked to leverage mobile technologies

to increase the reporting of critical health data by public and private providers. SHOPS designed and implemented the pilot program in Dominica in collaboration with the MOH's Health Information Unit, which consisted of a platform for frontline clinical providers (public and private) to report weekly on communicable diseases. Participants who sent weekly reports on a pre-determined list of syndromes received an automatic confirmation message that summarized key headlines about national health trends. Lessons learned from the Dominica pilot informed a similar program in Antigua and Barbuda, where SHOPS worked with the task force's health information system technical working group to develop a web-based platform for providers to submit data via a web portal. In return, participants received an automated report of key statistics.

### Virtual Caribbean Health Connection

Before SHOPS conducted the censuses, most eastern Caribbean countries were unaware of the extent and capacity of their respective private health sectors. While economies of scale prevent individual countries from providing for all health needs, the region as a whole offers most priority services. To help practitioners better capitalize on these resources, SHOPS collaborated with seven regional organizations to design and launch the virtual Caribbean Health Connection (vCHC). The vCHC is an online community of practice where Caribbean health professionals can connect on matters related to the prevention and management of chronic diseases, with an emphasis on HIV and AIDS.<sup>5</sup> Members access and contribute to the site, which includes a registry of regional health professionals, a resource library, a shared calendar of visiting specialists, and discussion groups.

---

<sup>5</sup> More information about the vCHC can be found at <https://knowledge-gateway.org/virtualcaribbeanhealthconnection>.



## Engaging the Private Sector to Help Sustain the HIV Response

At the time of SHOPS engagement in the eastern Caribbean, donor funding for HIV treatment and prevention faced rapid decline as priorities shifted to care and treatment in high-prevalence countries. Few leaders in the region had identified alternative funding sources or dedicated additional domestic resources for HIV. NGOs reliant on PEPFAR for programmatic funding also lacked strategic plans to ensure long-term financial viability. Given these factors, PEPFAR programming in the region saw a major shift in 2014 towards identifying and obtaining alternative funding. In response, SHOPS helped two countries prepare HIV investment cases for future program funding. SHOPS also helped create a revenue diversification plan for the Caribbean HIV/AIDS Alliance (CHAA), the region's largest provider of advocacy and prevention services for key populations.

## HIV investment briefs in Dominica and St. Vincent and the Grenadines

Dominica and St. Vincent and the Grenadines faced drastic declines in donor funding for HIV and AIDS programming. This decline was compounded by limited domestic resources for competing health priorities, including CNCDs. To maintain gains made, both countries had to review their HIV program priorities to ensure the most efficient and effective use of limited financial resources. SHOPS, in collaboration with the Health Finance and Governance (HFG) project helped both countries project the cost and impact of HIV response scenarios, including leveraging private sector funding and participation.<sup>6</sup> SHOPS and HFG then convened multisectoral workshops to review the findings and develop an outline for the resulting investment case. The workshop in Dominica also examined priorities to include in the next National Strategic Plan for HIV and AIDS (2015–2019).

## Strengthen financial viability of Caribbean HIV/AIDS Alliance

With a presence in all six countries, CHAA was a leading provider of HIV advocacy and prevention services. It spearheaded community-based outreach and linked key populations to National AIDS Programs (NAP) for testing, care, and treatment services. This function was critical, because political pressures prevented NAP from reaching out to key populations engaged in illegal activities, such as homosexuality or commercial sex work. Despite its critical role, CHAA was almost solely reliant upon PEPFAR funding that ended in September 2014. SHOPS conducted a financial sustainability analysis and offered recommendations to help CHAA shore up its financial situation and position itself for future work.



Schoolchildren outside Gray's Farm Health Center in Antigua

Lisa Tarantino, HFG Project

<sup>6</sup> HFG is a five-year cooperative agreement funded by USAID and implemented by Abt Associates. The project aims to improve health finance and health governance systems in partner countries leading to expanded access to health care and improved health outcomes.



# Results





## RESULTS

### Assessing the Health Sector Landscape

#### Joint health and private sector assessments

The assessments in the eastern Caribbean were the first to combine SHOPS's private sector assessment methodology with Health Systems 20/20's health systems assessment methodology to gather a comprehensive overview of each country's national health system. Results suggest that health constraints across the region are complex and require a combination of approaches to improve health outcomes. In some ways, the eastern Caribbean is uniquely positioned for regional collaboration to improve service delivery. For example, the assessments noted a trend of sending patients to the United States for services that could be provided on neighboring islands. However, each country also has unique health priorities and challenges to private sector engagement that must be addressed in context-appropriate ways. These findings helped SHOPS to quickly pinpoint areas in each country, and across the region, where the private sector could be leveraged to improve health outcomes.

#### Validation and prioritization workshops

The assessments revealed multiple challenges to private sector engagement that required context-specific solutions. SHOPS gathered up to 50 stakeholders in each country to weigh these challenges against other sizable health systems issues. The stakeholders offered input on which areas of support would be most impactful and feasible given available resources.

Participants were then tasked with articulating next steps. For many countries, these workshops represented the first time multisectoral brainstorming had been used to identify and address national health priorities.

Ultimately, SHOPS used the prioritized recommendations from these brainstorming sessions and follow-on discussions with workshop participants to design a phased context-specific approach to private sector engagement in each country: (1) documenting the private health sector, (2) brokering public-private collaborations, and (3) leveraging the private sector to help sustain the HIV response.



AusAID

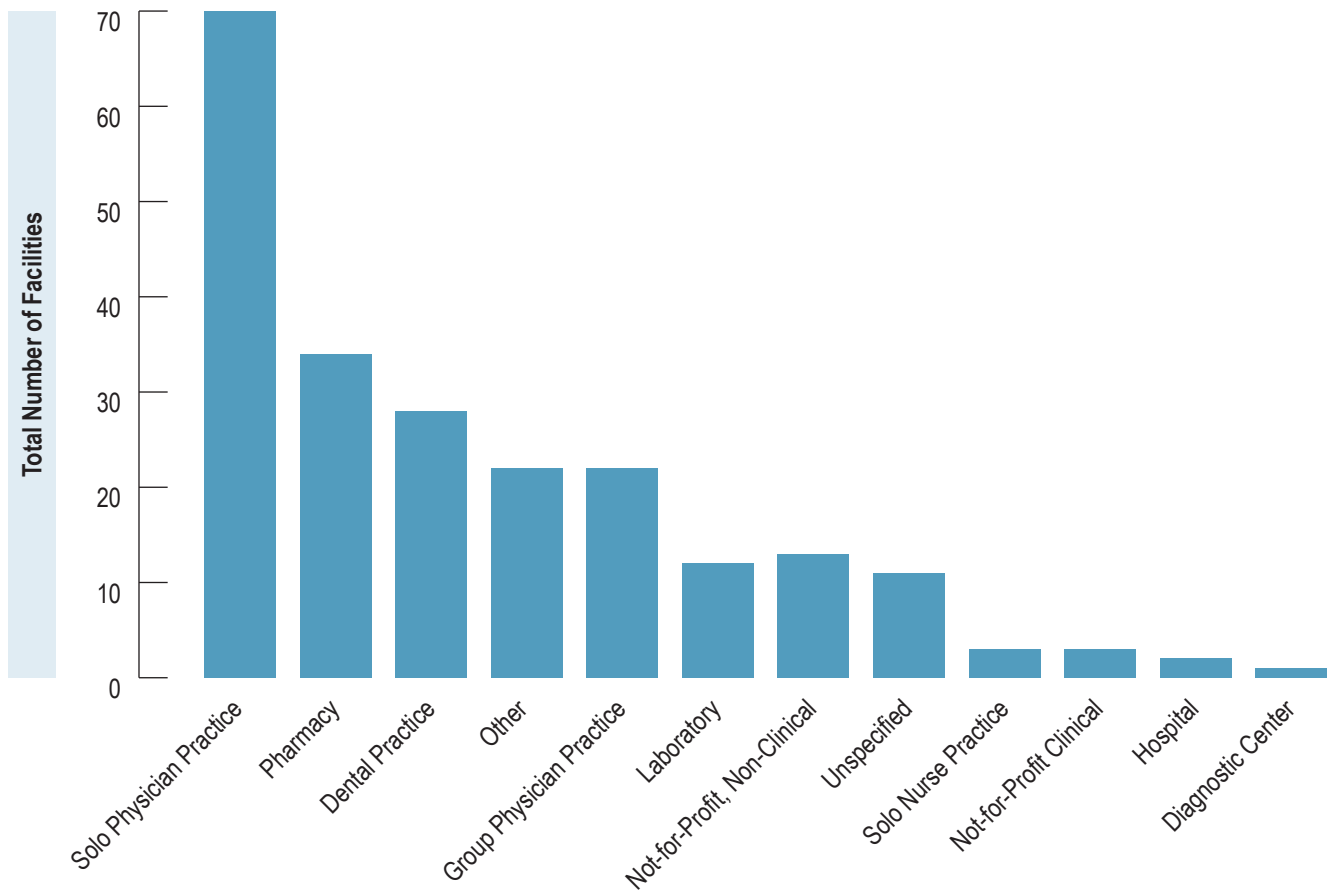
Nurse in St. Lucia

## Documenting the Private Health Sector

By conducting a census of private providers in Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines, SHOPS identified 281 private health facilities across the four countries. Of these, SHOPS gathered detailed information from 221 facilities (79 percent) representing 540 private health practitioners (Figure 3). Proprietors from the remaining 60 facilities were either unavailable or unwilling to participate. The censuses revealed that the region's private sector provides a wide range of services, including antenatal care, cancer detection, dental care, and surgical procedures.

The private health sector is robust and diverse in its composition and service offerings.

Figure 3. Distribution of private sector facilities by type



**Table 3. Private sector service availability across four eastern Caribbean countries**

Service offering	Number of facilities
Antenatal care	39
Cancer detection	91
Cancer treatment	26
Diabetes care	92
HIV testing	23
Hypertension care	94
Labor and delivery	25
Dental care	59
Pediatric care	78
Reproductive health	63
STI diagnosis	85
STI treatment	56
Surgery, local anesthesia	49
Surgery, general anesthesia	21

Collectively, the data showed that the private health sector is robust and diverse in terms of both composition and service offerings. It also provided significant information on the role of the private health sector in providing HIV and AIDS services. While counseling services were available at 70 facilities across all four countries, only 23 facilities offered HIV testing services (Table 3). The vast majority of these were private labs. Private sector provision of HIV treatment and PMTCT services were limited throughout the region, due at least in part to the fact that ARVs are only available through the public health sector. Only half of private providers had received any formal training in HIV counseling and testing, and the vast majority (74 percent) had received it more than a year before census data collection. Nearly 40 facilities had providers trained in counseling and testing but were not offering these services. An additional five facilities were offering these services without any formal training. This finding suggested a need to look at quality improvement measures in HIV counseling and testing, including opportunities to link private providers to essential training.

Census findings led to action at both the national and regional levels. In Dominica, census data were used to invite private providers to MOH-sponsored trainings to ensure HIV counseling and testing services were provided according to national protocols. In Antigua and Barbuda and Dominica, the findings sparked an increased demand for knowledge sharing between the sectors, leading to the mobile reporting programs described on page 17. On a regional level, findings served as a catalyst for capitalizing on available resources and improving collaboration via a regional community of practice.

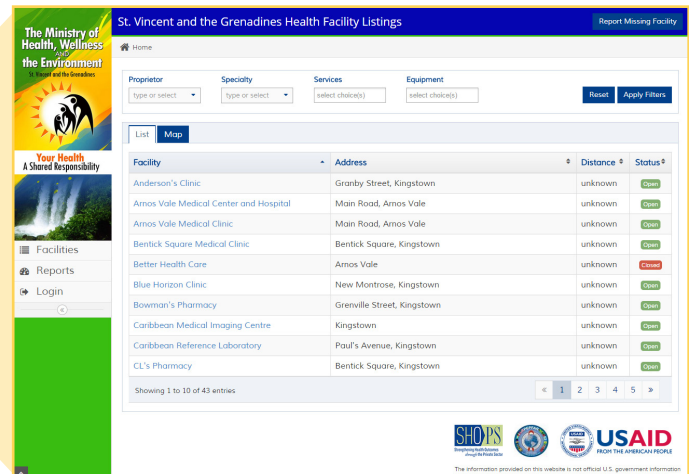
## National web-based registries of private providers

In Antigua and Barbuda, Dominica, and St. Vincent and the Grenadines, census data were converted to web-based databases. The websites allow users—including MOH officials, practitioners, and potential patients—to browse facilities by specialty, location, and services. A country’s provider website can also be used to produce summary reports for the MOH on key health statistics and service offerings.

“The work that SHOPS has done is an example of how information technology can really accelerate and improve access to health services. It’s a really important development.”

– Dr. Paul Ricketts, epidemiologist, Dominica

## New provider registry gets 100 visitors in one month



The homepage of the government of St. Vincent and the Grenadines links directly to the new registry of providers. The registry had 100 visitors in February 2015, and will be updated by the Ministry of Health.



Each country has designated staff for maintaining the facility listings and ensuring that data remain current. In addition, visitors to the sites can flag missing information or needed updates and send an automated alert to the MOH, which can then make the necessary edits. Ministries can continue to update or add new facilities, including public facilities, making this platform a useful tool for comprehensive health service management. The application used for these sites is open-source, enabling other countries to create their own provider websites.

### Private health insurance industry scan in Grenada

SHOPS's scan of the private health insurance industry was the first of its kind in Grenada. The scan revealed that 20,539 individuals, roughly 20 percent of the total population, were covered by private health insurance products in 2012. As in many other countries, individuals with private insurance were typically formally employed, higher-income earners whose insurance premiums were partially subsidized by their employers or trade unions. In general, private insurers did not cover pre-existing conditions, meaning chronic diseases contracted before insurance enrollment were often excluded.

SHOPS's report of findings provided the MOH with key considerations and strategies for ensuring any NHI program complements the insurance available in the private sector. The report recommended facilitating a supportive and fair regulatory environment for the private health insurance industry and encouraging private insurers to develop "top-up" products that complement public offerings. The report also recommended that NHI benefit packages include care for populations considered too high risk for private health insurance, including people living with HIV, chronic disease patients, and the elderly. These recommendations served both to position the private health insurance industry as a partner in NHI reforms and promote the inclusion of HIV services in the new scheme. Grenada's NHI scheme was still under development at the time of SHOPS's withdrawal from the eastern Caribbean.

## Brokering Public-Private Collaborations

### Public and private health sector task force in Antigua and Barbuda

The Public and Private Health Sector Task Force facilitated by SHOPS in Antigua and Barbuda successfully emerged as that country's first formal forum for addressing national health priorities with multisectoral solutions. An inaugural meeting convened nearly 50 key public and private health sector stakeholders to nominate task force representatives, develop mutually agreed upon terms of reference, and prioritize a health agenda. The resulting task force consists of 20 representatives from the health community who are charged with addressing health priorities by actively engaging the public and private sectors, sharing information, forging formal partnerships, making policy recommendations, and assisting in the oversight of health policy implementation.

The Task Force identified data sharing and private facility regulation as top priorities. In response, SHOPS supported two multisectoral technical working groups. The health information systems group worked to improve data collection and sharing among the public and private sectors, particularly

**"Health systems cannot operate without the help of private sector organizations, associations, non-governmental organizations, and civil society. A comprehensive response to disease management [requires] a holistic, comprehensive approach."**

*– Dr. Rhonda Sealey-Thomas, chief medical officer of Antigua and Barbuda, explaining the impetus for the new Task Force*

HIV and AIDS data. The technical working groups played an active role in the web-based reporting program. The facility regulation group completed an assessment of regional private facility regulations and developed an action plan for creating a formal body to develop and impose facility regulations and quality assurance measures. At the time of SHOPS withdrawal, the Task Force was seeking approval from the Cabinet of Ministers to become a formal government entity with its own budget and agenda.

### **Mobile reporting of notifiable conditions in Dominica and Antigua and Barbuda**

The pilot in Dominica that used a mobile platform for reporting notifiable conditions was successful on many levels. It promoted behavior changes required to improve national surveillance and transition from paper-based to electronic reporting and information management. And, for the first time, a private, university-affiliated clinic and two private providers contributed routine surveillance data.

The pilot confirmed that simple text messages from personal, low-end mobile phones could provide cost-effective disease surveillance. It was a critical starting point for strengthening bi-directional information sharing: providers shared syndromic data and the MOH shared statistics on national health trends stemming from those data—another first. The design of such a low-scale, low-cost pilot supported country ownership and program sustainability, as the MOH was able to continue with program implementation after SHOPS’s withdrawal and expand without expensive devices or software.

The pilot also revealed some essential lessons about private sector reporting. For example, transitioning to mobile reporting may strengthen private provider engagement in surveillance activities, but it will not necessarily ensure regular reporting. Regular reporting requires a better alignment of private provider incentives and needs with data collection instruments.

SHOPS applied lessons learned in Dominica to a Communicable Disease Daily Reporting Tool in Antigua. The tool, designed in close collaboration with the MOH and the president of the Medical Association, allows providers to enter data into a web-based portal any time they diagnose a patient with a communicable disease. Similar to

“There were eight new cases of dengue fever reported last week, a 50 percent increase over same week last year.”

– *Example of health trends message sent from the MOH to pilot participants in Dominica*

the program in Dominica, the tool sends providers an automated report of summary findings on health trends across the country. Launched in October 2014, the program initially led to minimal increases in private sector reporting. In an effort to increase participation, SHOPS worked with the MOH and Medical Association to develop and launch an aggressive promotional campaign to raise awareness about the tool. At a minimum, the program was instrumental in fostering a commitment to ongoing collaboration between the MOH and the Medical Association in generating more comprehensive data for decisionmaking.

### **Virtual Caribbean Health Connection community of practice**

As of December 2014, the vCHC had 175 members from 22 countries. The membership level was largely due to a core team of seven regional organizations representing multiple private health sector communities, including professional medical associations, the private health insurance industry, a broadcast media partnership focused on HIV



**Virtual Caribbean  
Health Connection**

Networking for a Healthy Caribbean

and AIDS, and a regional university-affiliated leadership institute for health professionals. The unique collaboration was instrumental in the design, development, and roll out of one of the first free, sustainable forums for regional collaboration and knowledge sharing among public and private providers across the Caribbean. To help ensure vCHC's longevity, representatives from four organizations formed a regional steering committee charged with overseeing the content and direction of the community of practice moving forward. Its primary goal will be addressing the vCHC's most difficult challenge: engaging members to increase participation and facilitate dialogue.

**HIV investment briefs in Dominica and St. Vincent and the Grenadines**

SHOPS collaborated with HFG and local stakeholders in Dominica and St. Vincent and the Grenadines to develop HIV investment cases, which outline strategic investments in HIV prevention, care, and treatment that would achieve the greatest impact given available resources. Each

case outlined three potential scenarios, including maintaining the status quo and scaling-up to reach national or PEPFAR targets. For example, Table 4 presents findings from the scale-up scenario in Dominica, which projected an increase in ARV treatment coverage and prevention programs.

Findings revealed that a targeted scale-up would result in 42 fewer HIV infections and 66 fewer AIDS-related deaths by 2019. Stakeholders were able to use the impact projections to prioritize program investments and determine costs, including the gap between available funding and what was required for scale-up.

The multisectoral workshops conducted in Dominica and St. Vincent and the Grenadines were among the first gatherings of representatives from across each country's health sector, both public and private, to discuss national HIV priorities within the context of the current financial landscape. The workshops helped both countries develop more-informed funding strategies; coordinated discussions between

**Table 4. Population covered under Dominica's strategic plan (%)**

Intervention	2013	2019
Adult population tested every year	17.7	20
Population covered by condom promotion and distribution	42	80
Prevention for commercial sex workers and clients	25.7	50
Prevention for men who have sex with men	50.3	75
STI treatment	13	60
Blood safety	100	100
ART for adults	41.5	80
ART for children	80	80
PMTCT	100	100

**Impact**

**42**  
HIV  
infections  
averted

**66**  
AIDS-related  
deaths averted



health sector stakeholders and international donors, including PEPFAR and the Global Fund; and offered critical guidance on how to access and leverage future donor funds. The workshop in Dominica led to the inclusion of sustainability as a key objective of the National HIV Strategic Plan (2015–2019). As a result, private sector engagement will be explicitly prioritized for the first time.

Based on the workshop discussions, the final investment cases will also be used to inform the development of PEPFAR’s Sustainability Plan, which focuses on how to achieve greater country ownership of PEPFAR-funded HIV responses to develop and submit a concept note for the next round of Global Fund grants. Ultimately, both countries are now better positioned to advocate for public and private domestic funds, articulate funding needs, and strategically align donor funding and priorities to national strategic plan targets.

#### **Support for Caribbean HIV/AIDS Alliance**

SHOPS’s support for CHAA resulted in two major products: a financial sustainability analysis and a suite of financial management tools and templates.

The financial sustainability analysis laid out CHAA’s programmatic strengths and shortcomings and outlined potential funding sources, which range from partnerships with MOHs, corporations, and universities to grants from foundations and Global Fund resources.

Based on its assessment findings, SHOPS outlined a series of short- and long-term recommendations to cut program costs, leverage existing resources, and pursue new business. The financial management tools and templates SHOPS provided will allow the organization to have a better understanding of its financial position going forward.

CHAA received the deliverables just before SHOPS withdrawal from the region. It is anticipated that the support provided by SHOPS will help CHAA make more informed decisions about business development, budgeting, and resource allocation as they work toward long-term financial viability.



Taylor Williamson

*Pharmacists inside their shop in St. Kitts and Nevis*





# Lessons Learned

**P  
H  
A  
R  
M  
A  
C  
Y**

**THE  
MEDICAL  
CENTRE  
PHARMACY**

*Motto "We are conscious about  
your health."*

**Tel.: 469-5357/5655**

**Cell: 66 2-9061**

**Mon - Fri - 8:30 - 7pm**

**Sat - 8:30 - 6pm**

**Sun - 6pm - 8pm**

**SCHERZANDO  
SCHOOL OF MUSIC**



ESTABLISHED 1982

We offer

• Prescription Service

• Prescription Drugs

• The Counter Drugs

• Livestock Products

• Petries

• Homeies

• Blood Pressure Checks

• Livestock Extension Service

• Patient Counseling

**Exquisite**

**Kreations**

and Crafted

Jewelry



## LESSONS LEARNED

A range of private sector participants—private providers, health associations, private insurance companies, and NGOs—and public health sector representatives benefitted from SHOPS’s support. Each country now has a stronger sense of its private health sector’s depth, breadth, and capabilities. As a result, health sector leaders across the region are better equipped to engage in multisectoral collaborations to address priority health issues and help sustain national and regional HIV responses.

Summarized below are the lessons SHOPS learned that could inform future private sector engagement in health delivery systems in the eastern Caribbean.

### **Program implementation in the eastern Caribbean is complex and requires a combination of country-specific and regional approaches.**

The assessment and prioritization process in each country was invaluable in understanding the unique opportunities and challenges that exist for private sector engagement.

The eastern Caribbean is uniquely positioned geographically, politically, and economically to collaborate for more effective health care service delivery. Potential examples include partnerships between countries for sharing specialized equipment and submitting regional applications for future donor funds. At the same time, each country has unique health priorities and challenges to private sector engagement that must be addressed in context-appropriate ways.

### **Sustained efforts are required to harness the region’s diverse and expansive private sector resources to address priority health needs and help sustain the HIV response.**

Census data reveal that the private health sector is more diverse than anticipated. Private providers offer a wide array of health services and have the potential to play a large role in supporting and sustaining gains in national HIV programs.

Governments and implementing partners must actively engage the private sector to achieve and sustain national health priorities. SHOPS made great strides in creating an environment for multisectoral collaboration; it is now up to stakeholders to identify and capitalize on opportunities for the private and public health sectors to work together.

### **Participatory, multisectoral processes for identifying and addressing HIV priorities foster greater stakeholder participation and sustainability.**

SHOPS’s approach to implementation in the eastern Caribbean was highly participatory. Representatives from public and private health sectors shaped

the program; input and stakeholder participation was solicited at every stage from initial assessment design to priority setting and activity development. In an environment where public-private collaboration was limited, this approach was vital to creating more sustainable interventions while fostering an environment conducive to future collaborations.

The eastern Caribbean is uniquely positioned geographically, politically, and economically to collaborate for more effective health care service delivery.

### **Technology-based approaches are an effective means of increasing private sector data sharing.**

The delivery of quality health services requires sufficient data for decisionmaking. Lack of private sector data resulted in an incomplete picture of health resources and trends to the detriment of program effectiveness. SHOPS quickly recognized that time constraints and a perceived lack of benefits were major barriers to private sector data sharing; private providers were too busy to participate in paper-based reporting and felt that they received nothing in return. Technology-based approaches, including SHOPS’ mobile reporting programs and web-based provider registries, were critical first steps in changing provider perceptions about data sharing. Ministries of health should build on this momentum and create provider-friendly mechanisms for collecting and sharing important health data.

**Further NGO capacity-building efforts are required to best serve key populations.**

Eastern Caribbean NGOs, including CHAA, have technical knowledge and strong connections to key populations. However, they often lack capacity in financial sustainability, networking, and organizational capacity building. The problem became more pronounced with the cancellation of CHAA's EC-CAPII program, which provided most of the region's outreach services and included a local NGO capacity-building effort. SHOPS provided technical assistance to help CHAA identify alternative funding to continue its important work. However, further capacity building and financial investments within CHAA and across the region's NGO sector are required to ensure continued support for key populations.



PAHO/WHO

## REFERENCES

- Caribbean Regional HIV and AIDS Partnership Framework 2010–2014. <http://www.pepfar.gov/documents/organization/143196.pdf>.
- CARICOM, 2014. Accessed October 23, 2014. [http://www.caricom.org/jsp/community/chronic\\_non\\_communicable\\_diseases/alarming\\_facts.jsp](http://www.caricom.org/jsp/community/chronic_non_communicable_diseases/alarming_facts.jsp).
- MEASURE Evaluation. 2013. *Strategic HIV Testing and Counseling Models for the Eastern Caribbean*.
- Trading Economics. 2015. "Health expenditure total (% of GDP) in Latin America and Caribbean." Accessed January 21. <http://www.tradingeconomics.com/latin-america-and-caribbean/health-expenditure-total-percent-of-gdp-wb-data.html>.
- United Nations Development Programme. 2014. *International Human Development Indicators*. Accessed September 28, 2014, <http://hdr.undp.org/en/countries>.
- United Nations General Assembly Special Session (UNGASS) 2014. (Antigua and Barbuda, St. Kitts and Nevis).
- United Nations General Assembly Special Session (UNGASS) 2010. (Dominica, Grenada, St. Lucia, St. Vincent).
- World Bank. 2015. "GNI per capita, ATLAS method (current US\$)." Accessed February 19, 2015, <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD>.
- World Bank. 2014. *Antigua and Barbuda World Development Indicators*. Accessed September 28, 2014, <http://data.worldbank.org/country/antigua-and-barbuda>.
- . *Dominica World Development Indicators*. Accessed September 28, 2014, <http://data.worldbank.org/country/dominica>.
- . *Grenada World Development Indicators*. Accessed September 28, 2014, <http://data.worldbank.org/country/grenada>.
- . *St. Kitts and Nevis World Development Indicators*. Accessed September 28, 2014, <http://data.worldbank.org/country/st-kitts-and-nevis>.
- . *St. Lucia World Development Indicators*. Accessed September 28, 2014, <http://data.worldbank.org/country/st-lucia>.
- . *St. Vincent and the Grenadines World Development Indicators*. Accessed September 28, 2014, <http://data.worldbank.org/country/st-vincent-and-the-grenadines>.









The Strengthening Health Outcomes through the Private Sector (SHOPS) project is a five-year cooperative agreement (No. GPO-A-00-09-00007-00) funded by the U.S. Agency for International Development (USAID). The project focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. SHOPS is led by Abt Associates Inc., in collaboration with Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting. The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

**For more information about the SHOPS project, visit: [www.shopsproject.org](http://www.shopsproject.org)**



Abt Associates Inc.  
4550 Montgomery Avenue, Suite 800 North  
Bethesda, MD 20814 USA  
Telephone: 301.347.5000 • Fax: 301.913.6019  
[www.abtassociates.com](http://www.abtassociates.com)