PRIVATE SECTOR RESOURCES FOR HEALTH IN ANTIGUA AND BARBUDA: A RAPID MAPPING

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INTRODUCTION AND OBJECTIVES

The mapping of private sector resources for health in Antigua and Barbuda is in response to findings of the joint health systems and private sector assessments conducted in 2011 by the Strengthening Health Outcomes through the Private Sector (SHOPS) project and Health Systems 20/20 (HS 20/20) project as part of the U.S.–Caribbean Regional HIV and AIDS Partnership Framework 2010–2014. The assessment captured information on the overall strengths and weaknesses of the health system, both public and private, under the framework of the World Health Organization's (WHO) health systems building blocks: governance; health financing; human resources for health; service delivery; management of pharmaceuticals and medical supplies; and health information systems. Special emphasis was placed on the current and potential role of the private health sector in addressing HIV and AIDS across each of the building blocks. A meeting with key stakeholders to present assessment findings and recommendations and to determine priorities for action was subsequently held in February, 2012. The meeting validated one of the top priorities identified in the report, which was the need to explore partnerships with the private sector that maximize all on-island resources for health.

While the assessment and validation meeting brought to light some key facts and insights about the private sector, the lack of a formal registry of private health providers suggested that the actual size and scope of the private health sector was largely unknown in Antigua and Barbuda. In response to this finding, it was determined that better documenting available private health resources through a rapid "mapping" exercise would provide a more accurate picture of the overall health sector. As such, a mapping tool was developed to help identify the degree of specialization, equipment available, services offered, staffing, and location of each private provider in Antigua and Barbuda. The mapping exercise is intended to provide the Ministry of Health and other public and private sector stakeholders with a better understanding of the private health sector's capacity, and contribute to greater coordination and cooperation between the sectors. More specifically, it will enable the MOH to engage more private health stakeholders in a dialogue on opportunities for improved cooperation between the sectors, facilitating public-private partnerships as appropriate to sustain the HIV response and strengthening the overall health system.

The results of the mapping were presented to the Ministry of Health's Health Information Division during a hand-over event in November 2012. To ensure that all providers have access to the gathered information, the president of each health-related professional association has agreed to maintain a copy of the database and make it available to providers in their association upon request.

1 METHODOLOGY

1.1 QUANTITATIVE QUESTIONNAIRE

The mapping exercise was designed to gather information through structured interviews with private health facilities, pharmacies, laboratories, diagnostic facilities, dental facilities, nursing homes, and NGOs providing HIV and AIDS and/or reproductive health services. A quantitative questionnaire was designed to gather basic information, including address, contact details, and hours of operation from each identified facility. Additional questions were developed to gather information on the availability of services, including HIV and AIDS-specific services, as well as equipment and pharmaceuticals at each location. Once drafted, the questionnaire was vetted with stakeholders from both the public and private sector in Antigua and Barbuda before being finalized and converted to a Microsoft Access database to allow for direct entry of interview responses.

1.2 DATA COLLECTION

For the purposes of this exercise, data collection for clinical providers was limited to facilities with at least one staff member with an advanced clinical degree. Based on stakeholder feedback, the mapping was modified to include privately owned nursing homes that provide care for the elderly. While services such as chiropractic, natural/homeopathic medicine, and optometry were excluded from the original methodology, these may be added to future iterations of the mapping protocol. Noting that caveat, the mapping team began the data collection process by conducting a preliminary search and compiling a master list of private sector health resources in Antigua and Barbuda. Initial sources included participant lists from the joint health systems and private sector assessment and prioritization meeting as well as the local Yellow Pages. Facilities contained within the master facility list were contacted to confirm that they were currently providing health services. Once verified to be an active provider, full interviews with the proprietor/head physician (or a representative) were carried out. A snowball-type sampling technique was then used to locate private facilities not identified during initial consultations and thus not included in the master provider list. Providers included in the initial list of facilities were consulted regarding the existence of other private facilities they may be aware of. Additional facilities identified were added to the master list and administered the questionnaire by the mapping team.

1.3 DATA ENTRY

A customized Microsoft Access database with an easy-to-use data entry interface was created for the mapping exercise. Quantitative data were entered by the mapping team directly into the database while administering the assessment questions. The database was designed with an intelligent data entry system that ensured that the value for each field or data item was within a predetermined and permissible range of values for that item. This increased the likelihood that reasonable data were entered during the interview process. Fields identified as non-applicable for a particular respondent were automatically skipped using Microsoft Access programming language in an effort to reduce errors during the collection and entry process.

1.4 LIMITATIONS

While the objectives of the mapping exercise were ultimately met, some limitations prevented a 100 percent response rate among private providers of health services. The most significant limitation was the lack of availability of many providers during the days identified for data collection. Some respondents were unwilling to participate because of overburdened work schedules while others were unable to keep the appointments that they had originally made. In the case of Barbuda, the team was not able to identify any individuals willing and/or available to participate in the activity and, as such, the data below represents findings from Antigua, only. While efforts to follow-up with providers continued for several weeks after the initial data collection phase was completed, the assessment team was not able to reach all providers. The exercise was also limited by requests for specific types of information, such as educational qualifications, coming after the questionnaire was finalized and/or data collection underway. While this information was not gathered, it may be added to the next iteration and data obtained at a later date.

2 FINDINGS

Seventy-nine separate proprietors of privately owned facilities were identified as currently offering health services in Antigua and Barbuda. Detailed information was ultimately captured from 70 proprietors, or roughly 89 percent of those identified. Table 1 below provides a detailed breakdown of data gathered by type of facility.

TABLE 1. NUMBER OF PROPRIETORS IDENTIFIED AND INTERVIEWED BY FACILITY TYPE

Facility Type	# Identified	# Complete	% Complete
Solo Physician Practice	22	18	82%
Group Physician Practice/Health Center	8	8	100%
Dental Practice	14	12	86%
Laboratory	6	6	100%
Pharmacy	14	13	93%
Nursing Homes/Elderly Care	5	3	60%
Non-Governmental Organizations	10	10	100%
Total	***79***	***70***	***89%***

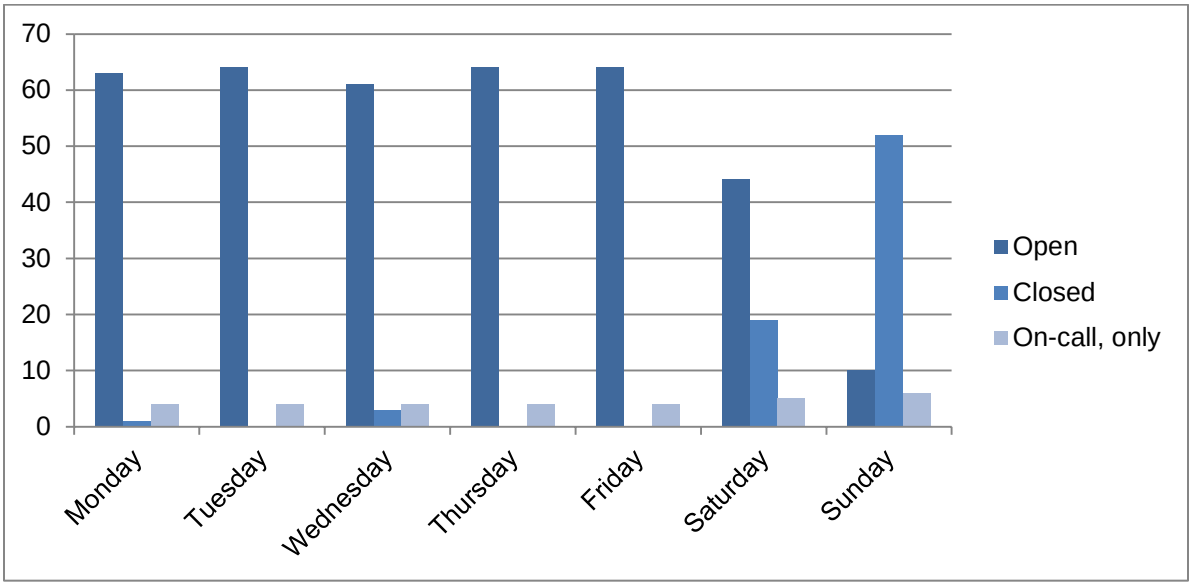
As indicated in Table 1, detailed data were gathered from 100 percent of the group physician/health center practices as well as all laboratories and identified NGOs providing HIV and AIDS and/or reproductive health services. The least success was in gathering information from solo physician practices and nursing homes. Solo practitioners most often cited being off-island or too busy as the reason for not participating in the exercise. Because privately owned nursing homes were added upon stakeholder request mid-way through the exercise, there was limited time to contact proprietors and gather information. While considerable efforts have been made to complete the quantitative questionnaire for all facilities, nine proprietors have remained unavailable for interview or unwilling to participate.

2.1 FACILITY INFORMATION

As indicated in Table 1 above, solo practitioners represent the largest proportion of private facilities offering health services in Antigua (28 percent) followed by pharmacies (19 percent) and dental facilities (18 percent). Group practices and/or private health centers comprise an additional 10 percent of the private health sector.

Figure 1 on the following page shows the availability of health services in the private sector by day. As the figure suggests, health services are available in the private sector seven days a week. Roughly 93 percent of facilities are open to the public at least five days a week, with most closed on Sundays.

FIGURE 1: SERVICE AVAILABILITY BY DAY



Hours of operation vary by day and type of facility. Solo practitioners, including physicians and dental practices, typically have set business hours during the week. Many of these facilities close for an hour or two during midday and resume services in the afternoon. Group practices tend to have set business hours, though the availability of specific physicians varies considerably. Hours of operation at Adeline and Belmont Clinics and Winter Medical Center also extend when the facilities admit patients over night. Outside of in-patient facilities, including nursing homes that operate 24 hours per day, pharmacies tend to have the most extended hours of operation. The latter offers services to patrons an average of 10.6 hours per day Monday through Saturday.

As can be expected, service availability is more limited on the weekends. Roughly 65 percent of providers see clients for at least some portion of Saturday, oftentimes keeping set morning hours. Facilities open on Sundays are generally limited to pharmacies and 24-hour facilities such as nursing homes. However, Medpath laboratory and Estillo Salud, a solo practitioner facility, offer services for patients during the morning hours. An urgent care center has also opened in Woods Center that provides care to patients 08:00 to 4:00 on Sundays. In addition, 17 private providers are on-call in cases of emergency, including two dentists, seven private solo practitioners, four group practices, and two pharmacies.

Hours of operation for NGOs providing HIV and AIDS and/or reproductive health services tend to vary depending on the type of organization. NGOs with a physical office, like Planned Parenthood and the Caribbean HIV and AIDS Alliance (CHAA), have set business hours when clients can speak with staff and receive services. Smaller, grass-roots organizations, such as Meeting Emotional and Social Needs Holistically (MESH) and the Antiguan Resilience Collective (ARC), lack office space and work on an on-call basis. These organizations generally meet with clients only upon request and are reflected in the ‘on-call, only’ calculation of Figure 1.

2.2 PRIVATE SECTOR HUMAN RESOURCES FOR HEALTH

Similar to other countries in the Organization of Eastern Caribbean States (OECS), many health professionals in Antigua and Barbuda are engaged in both public and private sector service delivery, or dual practice. In total, 37 proprietors (52 percent) of interviewed proprietors have

worked in the public health sector at some point in their professional career. Fifteen (21 percent) are currently splitting their time between private practice and public health sector responsibilities. Among these dual practitioners, the estimated proportion of working time spent at public health facilities ranges from 10 to 80 percent. On average, respondents indicated that roughly 47 percent of their working hours are at public health facilities. One must note, however, that questions pertaining to dual practice were only asked of facility proprietors and do not take into consideration other practitioners employed within each facility. As such, it is likely that the total proportion of individuals employed in both the public and private health sectors is higher than the estimate noted above.

Figure 2 shows the distribution of all identified clinical human resources for health in the private health sector by professional cadre. As the chart suggests, the largest percentage of individuals employed in the private sector, either full- or part-time, are nurses (28 percent) followed by specialist physicians (17 percent) and pharmacists (15 percent). An additional 15 percent, or roughly 30 individuals, fall under an "Other, Clinical" category comprised of physician, nursing, dental and laboratory assistants. General practitioners and dentists each generally comprise an additional 10 percent of identified human resources for health.

FIGURE 2. DISTRIBUTION OF PRIVATE HEALTH PROVIDERS BY TYPE

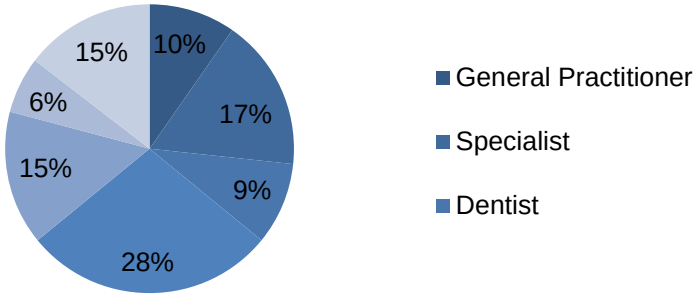
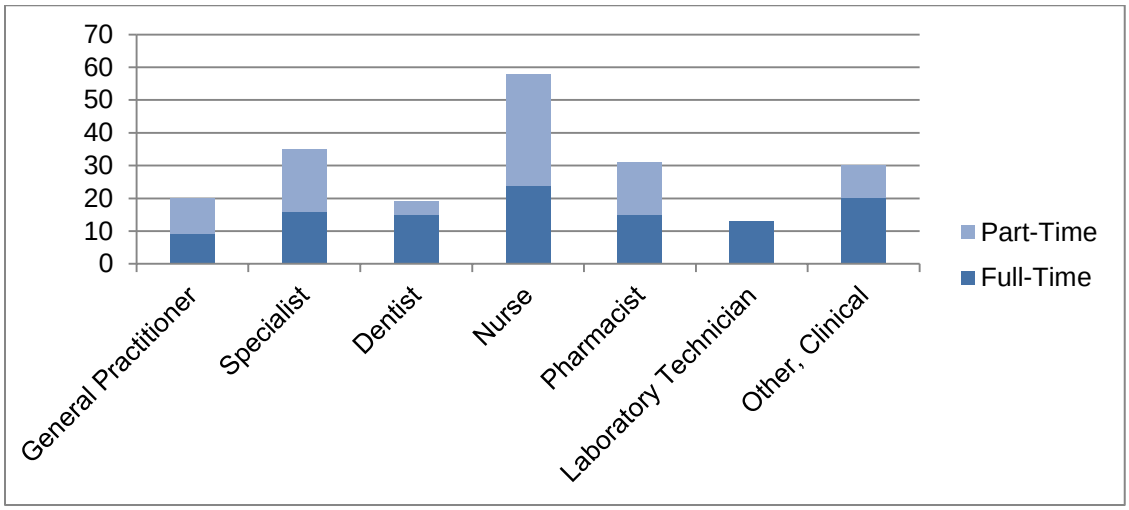


Figure 3 shows the distribution of 205 identified private medical staff across seven clinical categories and delineated by full- and part-time employment status.

FIGURE 3: HRH CADRES BY FULL- AND PART-TIME EMPLOYMENT STATUS



The 70 facilities for which data were gathered identified 54 full-or part-time physicians, including 19 general practitioners and 35 specialists. An additional 19 dentists, 31 pharmacists, and 13 laboratory technicians were also identified as employed, either full- or part-time, by the private health sector. Nurses comprise the largest proportion of private sector health professionals (58), though most (59 percent) are employed on a part-time rotational basis at the larger private medical facilities. While 23 physicians have surgical privileges at Adelin Medical Center, they are not employed by the facility and are not included in overall HRH estimates. Similarly, it is important to note that identifying data (i.e. names), were only collected for the facility proprietor. As such, it is possible that some health professionals work on a part-time or rotational basis at multiple health facilities and are counted as available staff at each.

In addition to the clinical facilities noted above, the mapping team identified 108 full- or part-time outreach workers and volunteers supporting 10 NGOs. The vast majority of these individuals, roughly 80 percent, are part-time volunteers that support organizations during major events. Similar to the limitation noted above, identifying data were not gathered so it is possible that many individuals volunteer across several organizations and are counted against the total more than once.

2.3 EQUIPMENT

The private health sector possesses an array of equipment for the diagnosis and treatment of patients in Antigua and Barbuda. In total, 16 facilities possess a functional film and/or digital x-ray machine. Most of these are available at dental practices However, some physician practices, including Medical Surgical Associates, Ortho Medical Associates, and Adeline Clinic also provide x-ray services at their facilities. Ten facilities offer ultrasound services, including the three noted above and several obstetrics and gynecology practices located throughout Antigua.

Most HIV and AIDS-related equipment is limited to laboratories: rapid HIV testing is available at all six lab facilities and at least one lab utilizes a CD4 count machine. Beyond private labs, rapid testing is generally conducted by Dr. Sir Prince Ramsey, former clinical care coordinator for the Ministry of Health, at his private office.

Roughly 87 percent of facilities either possess or have easy access to a functioning computer and internet connectivity. Computers are primarily used for research on patient conditions, billing clients, and maintaining a general patient registry. Other major uses include accounting and sending correspondences to patients and other physicians. Only 12 facilities (17 percent) have electronic medical records, though multiple proprietors indicated that they are in the process of making this transition.

2.4 SERVICE AVAILABILITY AND UTILIZATION

Most services available in the public health sector can also be obtained privately. Twenty-two of 30 physician facilities offer regular diagnosis and treatment of chronic non-communicable diseases (CNCDs) such as diabetes and hypertension. Seventeen physician facilities, roughly 57 percent of those interviewed, also offer cancer detection services. Cancer detection is most commonly available in the form of pap smears and prostate exams. Two dental facilities provide cancer detection services through basic oral exams, while four of six laboratories (67 percent) can detect tumor markers on site. Cancer treatment, however, is limited to seven facilities. An estimated 20 of 30 physician facilities, or roughly 67 percent of those identified, diagnose and treat sexually transmitted infections with at least some regularity. Eighteen facilities offer surgeries with local anesthesia, including 43 percent of physician practices and 21 percent of dental practices. Four of the larger physician practices, Adelin Medical Center, Belmont Clinic,

Winter Medical Center and Medical Surgical Associates regularly offer surgical services with general anesthesia. A detailed list of the services and equipment available at each of these group facilities is outlined in Table 2 below.

TABLE 2. AVAILABLE SERVICES AND EQUIPMENT AT FOUR LARGEST PRIVATE HEALTH FACILITIES

Facility	Services	Equipment
Adelin Medical Center	• Pediatric care • Labor and delivery services • Care for hypertension • Care for diabetes • Cancer treatment • Surgery – local and general anesthetic	• X-ray (film) • ECG machine • Ultrasound • Defibrillator
Belmont Clinic	• Reproductive health and family planning services • Antenatal care • Labor and delivery services • Care for hypertension • Care for diabetes • Cancer detection • Sexually transmitted infection treatment • Surgery – general and local anesthetic • MRI imaging services • Urology services (visiting specialist)	• X-ray (digital) • Magnetic Resonance Imaging (MRI) • Computed Topography (CT) scanning • Digital X-ray services • Electrocardiography (ECG) services • Ultrasound services
Medical Surgical Associates	• Pediatric care • Care for hypertension • Care for diabetes • Cancer detection and treatment • Sexually transmitted infection diagnosis, treatment • Surgery – local and general anesthetic • Bariatric surgery • Colonoscopy	• X-ray (film) • ECG machine • Ultrasound • Defibrillator
Winter Medical Center	• Reproductive health and family planning services • Antenatal care • Care for hypertension • Care for diabetes • Cancer detection and treatment • Sexually transmitted infection diagnosis and treatment • Surgery – local and general anesthetic • Urology services (visiting specialist) • HIV counseling and testing (blood draw)	• ECG machine • Ultrasound • Defibrillator

Inpatient services are available at each of the facilities listed in Table 2. Each facility averages roughly three inpatients per week, though Adeline sometimes sees up to 10. Combined with

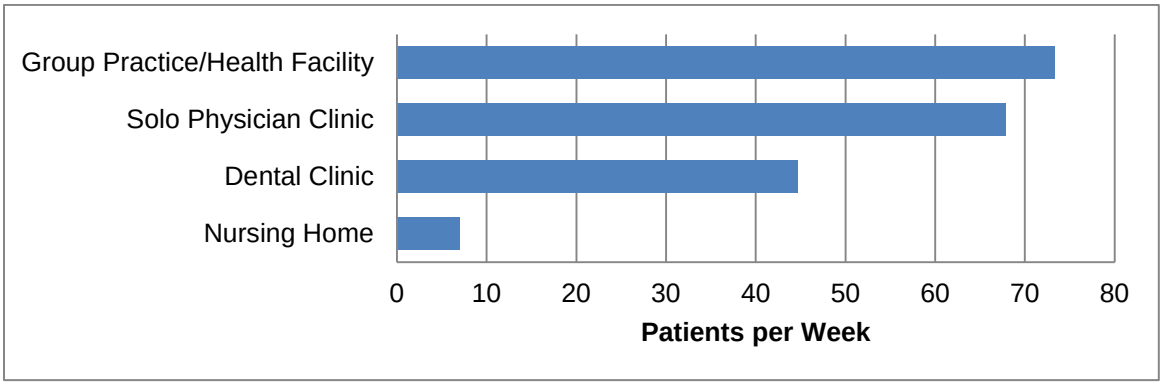
inpatients at residential nursing facilities, the average number of inpatients per week is roughly 42.

According to proprietors, clients request specialty services that are not available at their facility with at least some regularity. The most commonly identified requests are for ultrasound, x-ray services, orthodontics, and surgical (medical and cosmetic) procedures. In most cases, these services are available elsewhere in the private sector and patients are referred to the appropriate provider. Nearly all respondents (93 percent) regularly refer patients for services that they are unable to provide, most often to Belmont Clinic or Mount St. John Medical Center. Those requiring HIV counseling and testing are commonly referred to the clinical care coordinator, Dr. Fernandez, or private practitioner Sir Dr. Prince Ramsey. In all situations, the most common method of referral is a letter with a follow-up phone call to the provider.

In total, 14 facilities have organized or hosted visiting specialists to Antigua and Barbuda. Adelin Clinic, for example, regularly hosts a visiting urologist from the United States. Medical Surgical Associates hosts an internist, infectious disease specialist, neurosurgeon, plastic surgeon, pediatric orthopedist, and pediatric urologist monthly as well as an oncologist every six weeks. Stapleton Lane Medical Center provides access to an ophthalmologist and endocrinologist. A plastic surgeon is hosted at the office of Dr. Charles in Woods Center every six weeks. Orthodontists and maxilla facial surgeons are hosted by multiple dental practices, including Williams and Associates on Long Street.

Outpatient services are available at all clinical facilities, including nursing homes that provide daycare services for the elderly. Figure 4 shows an estimate of the average number of outpatient visits per week by facility type.

FIGURE 4. ESTIMATED NUMBER OF OUTPATIENT VISITS PER WEEK BY FACILITY TYPE

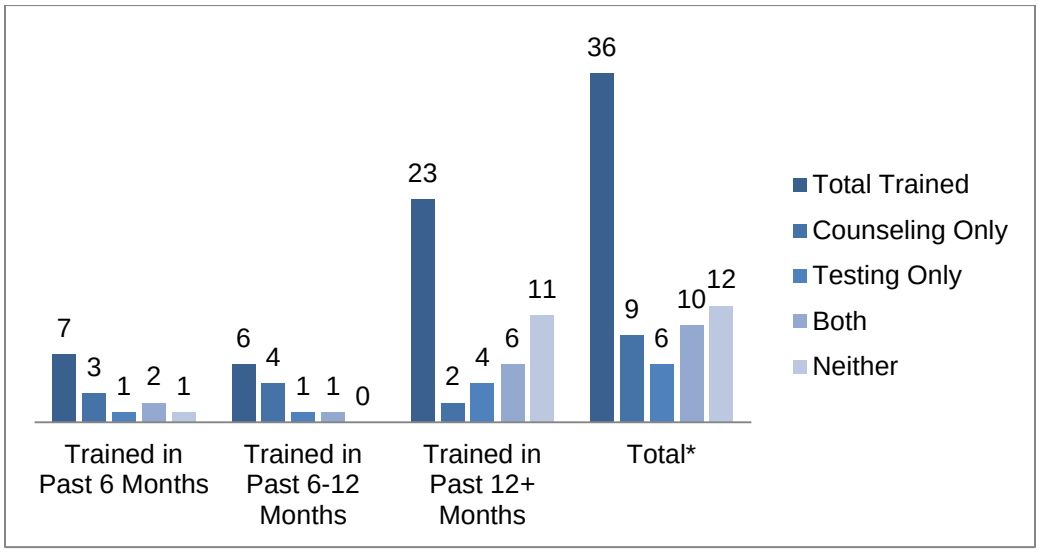


The average number of outpatient visits per week ranges from zero at a smaller nursing home to just under 300 patient visits at the larger facilities. In aggregate, group practices see the most patients, with an average of 73 per week. Solo practices average roughly 68 patient visits per week, though the average decreases to 51 if an outlier provider estimating 290 patient visits per week is removed from the calculation. Dental practices, on average, see an estimated 45 patients, while nursing homes have roughly 7 outpatient visits per week. The number of outpatient visits to a facility varies widely throughout the year, oftentimes increasing during the peak tourism season and decreasing when clients are focused on expenses associated with students returning to school.

2.5 HIV AND AIDS SERVICES

Figure 5 shows the number of facilities with providers trained in HIV counseling and/or testing in the past 6 months, 6 to 12 months, and more than 12 months ago. The number of facilities that only counsel, only test, counsel and test, and neither counsel nor test is also identified.

FIGURE 5. FACILITIES TRAINED AND/OR PROVIDING SERVICES IN HIV COUNSELING AND TESTING



As the figure indicates, HIV and AIDS counseling services are regularly available at 19 private facilities. At least one staff member in 36 of 70 identified facilities has had training in HIV and AIDS counseling and testing. Of those, roughly one-third has been trained within the last 12 months**.** However, 37 facilities provide counseling and/or testing services, indicating a need for training support among providers of these services. Conversely, 12 facilities that have personnel trained in counseling and/or testing are currently providing neither service, suggesting that opportunities exist for greater availability of these services within the private health sector.

Currently, HIV and AIDS tests, via rapid testing or drawing blood for subsequent laboratory testing, are available at 16 facilities: 6 private laboratories; eight physician facilities; and the Antigua Planned Parenthood Association. Of these, 15 providers have received training in HIV and AIDS counseling and/or testing in the past, but only 4 have had any formal training in the last year. An estimated 100 HIV tests are performed each week in the private health sector. When testing services are not available, patients are most commonly referred to the clinical care coordinator at the National AIDS Program or Dr. Sir Prince Ramsey. Private laboratories and personal physicians are also commonly called upon as additional resources for testing

A total of five facilities offer HIV and AIDS treatment services in the private sector, including four that provide Prevention of Mother to Child Transmission (PMTCT) services. Currently, only two or three physicians are treating patients for HIV and the average number of patient visits per week is one.[1] However, roughly 25 percent of facilities treat patients for opportunistic infections. Testing for most opportunistic infections is limited to private laboratories, though some larger practices will draw blood or collect swabs on-site and send samples out to a private lab.

[1] Per section 3.6, antiretroviral medications are not available in the private sector and can only be procured through Mount St. John's Medical Center.

Twelve identified proprietors, generally in the NGO community, regularly provide HIV outreach services to most-at-risk populations (MARPs), including 10 that regularly distribute condoms at their facility and/or throughout the community. While NGOs tend to prioritize specific MARPs based on their organization's mandate, the collective NGO community currently provides services to most major MARP populations, including: commercial sex workers (CSW), men who have sex with men (MSM), youth, prison populations and migrants.

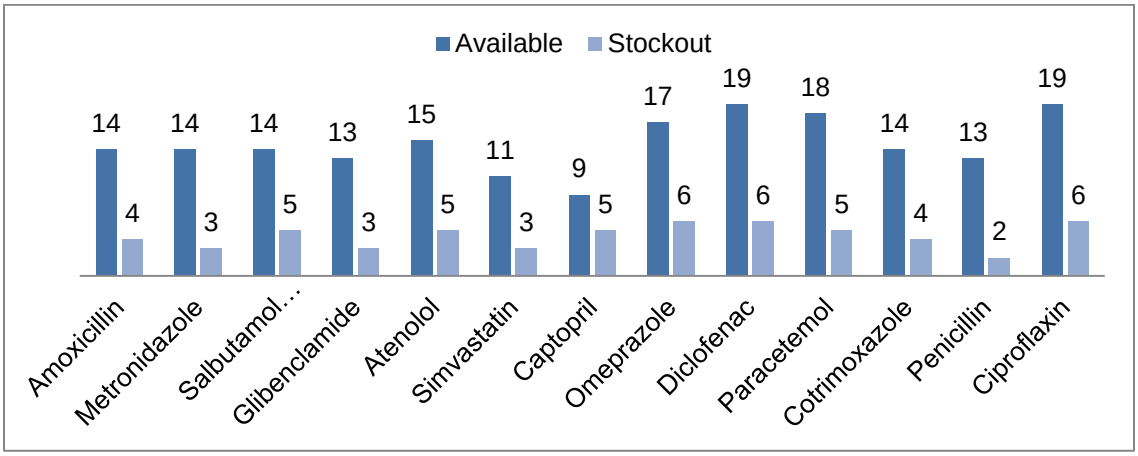
2.6 LABORATORY AND PHARMACY SERVICES

While a few physicians will collect swabs or blood samples from patients at their facilities, anything beyond simple urine and glucose testing is generally sent to a laboratory for analysis. Most samples tested in the private sector are done at three larger labs: Biohealth Med Lab; Medpath; and Bel Lab Services. They collectively analyze roughly 460 samples per week, or approximately 73 percent of all samples sent for testing in the private sector. An additional 80 samples per week are sent to labs outside of Antigua and Barbuda for testing not currently available in-country. Winter Medical Center has the capacity to analyze complete blood counts (CBC) in-house and joins a small set of other providers in their capacity to test for certain sexually transmitted infections like gonorrhea.

Twenty-four identified facilities offer prescription pharmaceuticals on site, including all pharmacies, two dental practices, and eight physician practices. Pharmaceuticals dispensed outside of a pharmacy setting are typically prescribed to post-operative patients to relieve pain or prevent infection. In total, approximately 2,450 prescriptions are filled in the private sector each week, with the number at each pharmacy ranging from 15 to 700. The average number of prescriptions filled per pharmacy is approximately 129.

To gauge the availability of essential pharmaceuticals within private pharmacies, 10 "tracer drugs" were identified based on current health trends in the region. Proprietors who acknowledged dispensing prescription pharmaceuticals were asked to indicate whether they typically carry each of the identified tracers and, if so, whether they had experienced any issues with stockouts in the past six months. The results are outlined in Figure 6 below.

FIGURE 6. AVAILABILITY AND REPORTED STOCKOUTS FOR 10 TRACER PHARMACEUTICALS[2]



[2] As noted in section 3.6 full prescriptions are available at pharmacies. However, some dental and physician practices make pharmaceuticals available for post-operative patients to relieve pain and/or fight infection until they are able to go to the pharmacy.

As Figure 6 suggests, most pharmacies carry each of the pharmaceuticals on the tracer list. Pharmacies are least likely to carry Simvastatin (cholesterol) and Captopril (blood pressure), while most try to keep a stock of antibiotics and anti-inflammatory/pain relieving medications like Metronidazole, Dicolfenac, Parecetemol, and Ciproflaxin readily available. Stockouts are most prevalent among those pharmaceuticals in highest demand. In the past six months, shortages were most prevalent for Captopril, with 56 percent of facilities being affected. Roughly one-third of facilities also experienced shortages in each of Omeprazole (35 percent), Atenolol (33 percent), Diclofenac (32 percent) and Ciproflaxin (32 percent).

Antiretroviral medications, used for the treatment of HIV and AIDS, are not currently available through any private facility and must be obtained through the government-owned Mount St. John Medical Center.

2.7 PAYMENT FOR SERVICES

Most private health providers offer several payment options for services rendered. With the exception of NGOs that provide services free of charge, other facilities operate under a fee-for-service payment mechanism. Though a formal mechanism is rarely in place, roughly 15 percent of for-profit facilities use a sliding scale whereby lower income patients are charged less for services. Most respondents indicated that terms of payment are made on a case-by-case basis and that primary emphasis is placed upon providing necessary care and treatment to patients. Seventy-two percent of facilities accept some form of payment in installments, allowing patients to pay in small increments when they can. Similar to the sliding scale, this type of arrangement is usually case-by-case and made in advance of receiving services. More than 80 percent of facilities have patients who use private health insurance to cover the costs of medical care. Some facilities work directly with insurance companies for cost recovery while others provide receipts so that patients can file claims for reimbursement. On average, proprietors estimated that private health insurance supports between 35 and 55 percent of their clientele and that the number has been steadily increasing in recent years.

2.8 RECORDS AND REPORTING

Roughly one-third of facilities report some form of health statistics to the Ministry of Health. The most commonly reported data are notifiable diseases (17 facilities) and positive case of HIV (10 facilities). Generally speaking, notifiable diseases are reported to the chief medical officer within the Ministry of Health as soon as they are detected. Positive cases of HIV are reported to the National AIDS Program. However, positive cases are equally likely to be reported when requested by the MOH as when detected, suggesting a need to review the methods of requesting and reporting data. Sexually transmitted infections and general health statistics are least likely to be reported by private providers, with most data being provided only when specifically requested by the MOH. In all cases, a telephone call to an MOH official is the most common method of reporting. However, when asked about the most preferred method of reporting health data to the MOH, respondents were split equally between telephone calls and paper forms, citing a desire for written documentation to verify receipt of results.

3 DISCUSSION AND NEXT STEPS

The rapid mapping of private sector resources for health has brought to light several key points critical to the sustainability of Antigua and Barbuda's health and HIV and AIDS responses. First, the private health sector is much larger than was originally perceived by the findings of the joint health systems and private sector assessment conducted in 2011. The joint assessment identified four larger group practices, five laboratories and two NGOs providing outreach services. The number of physician practices and pharmacies was largely unknown with estimates ranging from 20 to 64 for the former and approximately 20 for the latter. Discussions with stakeholders during the time of data collection for the mapping exercise indicated that they were also unclear as to the size and scope of the private health sector, believing it to be much smaller than the data currently suggests.

The exercise also reveals that the private health sector continues to grow. In the time between the completion of the joint assessment and data collection for the mapping exercise, a sixth private laboratory and an urgent care facility have opened their doors. The proprietor of the new urgent care in Woods Center uses the space for his private practice during the day and then hosts specialists to provide patients with care and treatment during the evenings and on weekends when most facilities are closed. Of great significance is the fact that it provides patients with another point of access for afterhours care and treatment outside of the overburdened Accident and Emergency Unit at Mount St. John's Medical Center.

The magnitude of human resources for health in the private sector was also largely unknown prior to the mapping exercise. General estimates suggested less than 100 health professionals were employed across four major cadres (specialists, general practitioners, pharmacists, nurses.) To date, 205 health professional working part- or full-time have been identified in the private sector and an additional 108 working or volunteering in the NGO community. And, while the extent of dual practice is not fully known, evidence suggests that the vast majority of these professionals are solely in private practice. While the magnitude of the overall health system is now better defined, the findings suggest a need for increased dialogue and coordination between the public and private health sectors to fully maximize all available resources.

Feedback from private sector respondents suggests that coordination efforts are necessary but have proven largely difficult in the past. Several private proprietors acknowledge the potential impact of the findings and have stressed that measures should be taken to ensure that the data provides direct benefit for them, their businesses, and, most importantly, the general health and well-being of citizens. Respondents also highlighted the need to redouble efforts in facilitating dialogue between the public and private health sector in order to facilitate sustainable changes with significant impact. The results of the mapping activity present an opportunity for renewed efforts from both sectors to build on the increasing body of knowledge around the health system, foster coordination, and identify promising areas of collaboration and partnership. In response to this need, SHOPS will continue working with both sectors to facilitate dialogue, via a public and private health sector forum, that fosters communication to address priority health needs identified by stakeholders.

To this end, data gathered during the mapping exercise have already revealed that such partnerships are not only possible, but currently exist in Antigua and Barbuda. CHAA is a significant partner to the National AIDS Program (NAP), particularly in efforts to reach out to high-risk populations and encourage HIV testing and follow-up. CHAA/Antigua employs "animators"—trained peer educators/counselors—who provide community outreach in the form of education and HIV counseling and testing to the most-at-risk populations, especially immigrants and sex workers. CHAA provides tents for community HIV outreach events organized by the NAP, including testing days and targeted outreach in response to recent concentrated outbreaks. The nonprofit also contributes condoms to protect most-at-risk populations against contracting HIV.

Given declining donor funding to the region, formalizing partnerships in the health system is increasingly becoming a vital component to sustainable health systems strengthening efforts. Ultimately, establishing these partnerships, both public-private and private-private, can strengthen Antigua and Barbuda's ability to assume full strategic and financial responsibility for their health system and HIV and AIDS response. The process requires understanding the full range of available resources in the health system and then identifying champions from both the public and private health sector to identify areas of mutual concern and nurture coordination efforts for the sake of national health outcomes. This mapping exercise was intended to serve as a first step in that crucial process.