PRIVATE SECTOR RESOURCES FOR HEALTH IN DOMINICA: A RAPID MAPPING

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Submitted to: Marguerite Farrell, AOR
Bureau of Global Health
Global Health/Population and Reproductive Health/Service Delivery Improvement
United States Agency for International Development

Kendra Phillips, Health and HIV Program Officer
United States Agency for International Development/Barbados and Eastern Caribbean

Abt Associates Inc.
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814
Tel: 301.347.5000 Fax: 301.913.9061
www.abtassociates.com

In collaboration with:
Banyan Global • Jhpiego • Marie Stopes International
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1. BACKGROUND

In 2009, the United States government supported a process to develop the United States-Caribbean Regional HIV and AIDS Partnership Framework 2010–2014 (Partnership Framework) together with 12 Caribbean countries, including Dominica. Development of the Partnership Framework involved participation from Ministries of Health, national AIDS programs, regional organizations such as the Pan Caribbean Partnership against HIV and AIDS (PANCAP) and the Organization of Eastern Caribbean States, and nongovernmental and private sector stakeholders. The resulting Partnership Framework sought to align with national strategic plans and the PANCAP Caribbean Strategic Framework.

A major goal of the Partnership Framework is to move the region toward greater sustainability of HIV/AIDS programs. Obtaining results in this area will be challenging, given that most country governments currently provide limited national budget resources to their own HIV/AIDS programs, relying to a large degree on external aid. While there are six U.S. government agencies supporting implementation of the Partnership Framework, the United States Agency for International Development/Barbados and the Eastern Caribbean (USAID/EC) provides support for health systems strengthening, with particular emphasis on health financing and private sector engagement. Both these efforts are closely linked to sustaining the HIV response in the region.

As a part of the Partnership Framework, USAID/EC asked the Strengthening Health Outcomes through the Private Sector (SHOPS) and Health Systems 20/20 (HS 20/20) projects to conduct integrated health system and private sector assessments (HS/PSAs) in Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines. The aim of the assessments was to document existing strengths and weaknesses affecting health systems performance and to identify opportunities for technical assistance to address these gaps and more effectively engage the private sector. Improving country capacity to effectively lead, finance, manage, and sustain the delivery of quality health services, including HIV prevention, care, and treatment, underpins the efforts of USAID/EC and its implementing partners.

2. INTRODUCTION AND OBJECTIVES

Dominica is one of 12 Caribbean countries joining efforts with the United States government in the U.S.-Caribbean Regional HIV and AIDS Partnership Framework 2010–2014. USAID/EC is supporting private sector engagement through SHOPS as part of this Partnership Framework. As a region, the Caribbean has the second highest HIV prevalence in the world. Despite a steadily increasing wealth classification, Dominica's national HIV program still relies heavily on external funding. Given the likelihood of declining donor funding in the future, efforts to expand local resource mobilization, including from the private sector, are needed to sustain the national health response. Understanding the current and potential role of the private sector in addressing

health needs, including HIV and AIDS, is vital to strengthening Dominica's health system. The health systems and private sector assessment carried out by SHOPS and HS 20/20 in 2011 was a first step in supporting Dominica in effectively leading, financing, managing, and sustaining the delivery of quality health services, including HIV and AIDS.

Findings from the assessment indicated that the private sector is relatively large and growing. While the assessment produced a snapshot of the private health sector in Dominica, the lack of a central registry of private health providers limited understanding of the current and potential contributions of this sector to addressing national health needs.

A "mapping" exercise was carried out by SHOPS in September and October of 2012, with the goal of providing the Ministry of Health (MOH), USAID/EC, and other local stakeholders with a better understanding of both the range of services offered and number of providers operating in the private health sector. The results of the mapping exercise will enable the MOH to engage private health stakeholders in a dialogue on opportunities for improved cooperation between the sectors, facilitating public-private partnerships (PPP) as appropriate to sustain Dominica's HIV response and strengthen the overall health system.

The primary objective of the mapping exercise was to compile a comprehensive registry of private health resources, both for-profit and not-for-profit, in Dominica. Facility types included in the mapping were: hospitals; clinics; pharmacies; laboratories; diagnostic facilities; and dentist offices. Detailed information was collected on the facilities and providers within, the services they offered, equipment owned, and availability of specific pharmaceuticals. The mapping also sought to identify non-governmental organizations (NGOs), faith-based organizations and civil society organizations providing HIV/AIDS and/or reproductive health services. Information collected from the exercise is intended to shed light on the types of services offered by private health facilities, including specialty services and equipment available in this sector, and contribute to addressing public health needs on the island, including those related to HIV/AIDS.

Private companies with a staff size exceeding 40 employees were also visited by the assessment team. The purpose of these visits was to understand the extent to which health services are provided by larger employers in Dominica to their staff and/or the community, the existence of any health and/or HIV workplace policies, and to capture information on provision of health insurance benefits for employees, including the extent to which insurance benefits cover HIV/AIDS services.

3. METHODOLOGY

3.1 INTERVIEWS WITH PRIVATE HEALTH PROVIDERS AND NGOS THAT PROVIDE HIV SERVICES

The mapping exercise was designed to cover all private health sector facilities and providers in the country, encompassing hospitals, group and individual provider practices, pharmacies, laboratories and diagnostic facilities, dentist offices, and NGOs that provide HIV and related services. Multiple sources were initially consulted to develop the universe of facilities, including the Yellow Pages, professional associations, word-of-mouth recommendations, and the

aforementioned HS/PSA. Additional facilities were added during the three weeks of data collection.

A SHOPS-trained consultant conducted interviews with representatives from private health facilities to gather data on the facility's infrastructure, staffing, equipment, services offered and utilization rates, and availability of pharmaceuticals. Information obtained during these interviews was used to create a registry of private health providers in Microsoft Access.

3.2 INTERVIEWS WITH PRIVATE COMPANIES

In addition to private health service providers, the assessment team met with representatives from private companies in Dominica with a minimum of 40 staff. Interviews were arranged with individuals in the companies who oversee employee benefits. The SHOPS consultant carried out interviews with company representatives and collected information on employer-provided insurance and employer health policies and programs.

3.3 INTERVIEWS WITH KEY INFORMANTS

A number of additional interviews were conducted with key informants over the course of the assessment, including representatives from professional health associations, foundations, and professional councils. This information will help inform efforts to engage the private sector, but will not be part of the Access database.

3.4 ETHICAL CONSIDERATIONS

Prior to the initiation of all interviews, potential participants were provided with a description of the mapping exercise, their role in the exercise, the type of information being collected, and how the information would eventually be compiled and shared. Participants were encouraged to ask questions before, during, and after the interview and were free to refuse any and all questions put forth by the interviewer. Verbal consent was sought prior to initiating interviews.

There are varying degrees of confidentiality and data sharing regarding information collected during the mapping exercise. The quantitative data collected from private providers and NGO representatives was entered into a Microsoft Access database of private health service providers that will ultimately be shared with the MOH, USAID/EC, relevant professional associations, and respondents (as requested). Personal identifiers for the owner/director of facilities and organizations are included in the database and remain attached to any information provided. Information obtained through interviews with private companies and key informants will also be made available to the MOH, but will appear only in summary form and without identifiers that could associate responses with specific companies or individuals.

3.5 ASSESSMENT LIMITATIONS

The goal of the assessment was to include all private health facilities on the island to provide the MOH with a registry of all available providers, services, equipment, and facilities. Unfortunately, the SHOPS consultant was not able to interview all identified providers. Some did not respond to the invitation to participate, others were off-island or otherwise unreachable, and some refused to participate. Reasons for refusal included providers being "too busy", unwilling to share information on their health practice with the MOH, and lacking confidence that anything would come of the exercise and thus judging it to be a poor use of their time. It is also worth

mentioning that respondents were trusted to provide, to the best of their ability, accurate responses to the questions asked. While this poses less of an issue with information on facility location, infrastructure, and services provided, utilization rates should be considered to be rough estimates and were not independently verified.

4. FINDINGS

4.1 COMPLETED FACILITY/PRACTICE INTERVIEWS

A total of 57 private health service delivery facilities/practices were identified by the assessment team over the course of the mapping exercise. Respondents from 75 percent of those practices (n=43) agreed to participate in the exercise. The types of practices identified along with the response rate are presented in Table 1. The two medical schools in Dominica – All Saints University School of Medicine and Ross University School of Medicine – are excluded from further analysis within this document as they do not offer health services to non-students.

TABLE 1. PROFILES OF FACILITIES/PRACTICES IDENTIFIED AND MAPPED

Facility type	Identified	Mapped	
		n	%
Hospital	1	1	100
Physician Practice	29	17	59
Nurse Practice	3	2	67
Dentistry Practice	7	7	100
Laboratory & Diagnostic Facility	3	3	100
Pharmacy*	7	6	86
Medical School	2	2	100
NGO	5	5	100
TOTAL	57	43	75

*One physician-pharmacy combined facility is included under physician practice

4.2 FACILITY/PRACTICE INFORMATION

Of the 41 interviewed private practices that provide health services to the general public, 84 percent are located in the parish of St. George, and primarily in Roseau. This includes all laboratory and diagnostic facilities, all NGOs that provide HIV-related services, and 16 of 17 private physician practices. St. John parish, home to Portsmouth and Ross University, has an additional three facilities. The only private hospital is located in St. Joseph parish.

TABLE 2. LOCATION OF MAPPED FACILITIES, BY PARISH

Facility type	Mapped	Parish			
		St. Andrew	St. George	St. John	St. Joseph
Hospital	1				1
Physician Practice*	17	1	16		
Nurse Practice	2		1		1

Dentistry Practice	7		5	2	
Laboratory & Diagnostic Facility	3		3		
Pharmacy*	6		5	1	
NGO	5		5		
TOTAL	41	1	35	3	2

*Two private service providers located in St. George parish (i.e. one physician and one pharmacist) have additional offices in St. John parish.

Operating hours for mapped facilities varies, with 29 of the 41 mapped locations (71 percent) offering services Monday through Friday for a minimum of seven hours per day. Of the 12 facilities that do not offer regular Monday through Friday hours, 11 of those are physician practices based in St. George parish, mostly in Roseau. Twenty-three facilities operate on Saturdays, all for a minimum of five hours, and five also maintain some office hours on Sundays. The majority of respondents reached through the assessment said they would make themself available should their services be required outside of their normal working hours.

4.3 PRIVATE SECTOR HUMAN RESOURCES FOR HEALTH

Thirty-two of the 41 respondents (78 percent) have worked in the public health sector at some point. This includes all 17 respondents from physician practices, the private hospital doctor, both nurses, the directors of the two laboratories and the diagnostic facility, and all but one of the seven dentists. Only two of the six pharmacists and one of the five NGO representatives had similar experience at a public sector facility. Twelve private proprietors currently work in the public sector, most at health facilities and a few at a managerial level within the MOH. Of these practitioners, all work a minimum of 50 percent of time in the public sector and average around 75 percent time in public service. It should be noted that information on dual practice was only requested from the proprietors of facilities, so this is not fully indicative of the breadth of dual practice in Dominica.

Several provider types were identified across the 41 mapped practices. Twenty-six clinical providers were mapped, including six dentists, two nurses, and the 33 physicians. Table 3 provides a breakdown of physicians by specialty.

TABLE 3. PHYSICIANS IDENTIFIED, BY SPECIALTY

Specialty	No. Identified
General Practitioner*	6
Anesthesiology	1
Dental surgery	1
Dermatology	1
Internal medicine	1
Obstetrics & Gynecology	3
Ophthalmology	1
Orthopedic surgery	1
Pathology	1
Pediatrics	1
Radiology	1
Surgery (general)	2
TOTAL	20

*Three specialists offer general practitioner services along with their specialties but are categorized in the table above under their specialty.

On the non-clinical side, the exercise also identified one lab technologist and six pharmacists.

Of the five NGOs visited, only one has full-time clinical and outreach staff. The other NGOs are sustained through the participation of volunteers, ranging in number from four to 50 individuals at a given time.

Fourteen clinical service providers opted not to participate in the mapping exercise or were unavailable during the data collection period. This group is comprised of twelve doctors, including five general practitioners, two obstetric and gynecological specialists, two surgeons, an internist, a pediatrician, an otolaryngologist (ear, nose, and throat specialist), a nurse, and a pharmacist.

4.4 EQUIPMENT

The large majority of specialized medical equipment in Dominica can be found in the public sector. With that said, there are a number of private sector facilities that offer specialized equipment, such as ultrasounds, X-ray machines, and anesthesia equipment. Neither the public nor private sector offers services for magnetic resonance imaging (MRI). The private sector currently plays a limited role in HIV testing, although six facilities have hematology analysis capabilities and four offer HIV rapid testing. Table 4 provides outlines large equipment and HIV-related equipment and supplies available in Dominica's private health sector.

TABLE 4. LARGE EQUIPMENT & HIV-RELATED SUPPLIES AVAILABLE IN THE PRIVATE SECTOR

Equipment	No. Identified
Anesthesia equipment	4
Dialysis machine	2
Ultrasound	5
X-ray machine (film or digtal)*	3
Hematology analyzer	6
HIV rapid tests	4

*This does not include x-ray machines typically used in dental practices. All dental practices mapped in Dominica do have dental x-ray facilities available.

All but one of the mapped facilities possesses a computer with access to regular and reliable internet (35/41) or can access the internet nearby or at home (5/41). Of the 35 that have a computer on site, 26 use it to research patient conditions and treatments, 20 use it for general patient registry data, 20 use it for billing, and 18 use it for electronic medical records. Some providers use their computers for tasks specifically related to their specialty (i.e. medical imaging and lab work), and some use it for general correspondence with other clinicians both on- and off-island.

4.5 SERVICE AVAILABILITY AND UTILIZATION

All mapped practices offer some form of outpatient services, either through an outpatient facility or via outreach service extended to clients in another location. Table 5 shows utilization rates for outpatient services in the private health sector. Ranges, medians, and averages are provided for each facility type as well as for the full breadth of mapped facilities in Dominica. Dentistry practices average around 78 outpatient visits per week, followed by nurse practices and NGOs at 67, then physician practices at 59 per week. The private hospital sees roughly 30 patients for outpatient services weekly.

TABLE 5. OUTPATIENT SERVICE UTILIZATION BY FACILITY TYPE*

Facility type	No. facilities†	Ave. weekly utilization rates		
		Range	**Median**	**Overall ave. weekly visits**
Hospital	1	30	30.0	30.0
Physician Practice	16	10-150	47.5	58.9
Nurse Practice	2	15-120	67.5	67.5
Dentistry Practice	7	30-125	75.0	77.6
NGO	3	10-180	10.0	66.7
TOTAL	29	10-180	48.0	63.8

*For purposes of the assessment, the numbers in the table reflect any outpatient visit to a health facility or NGO office, client seen by a nurse or doctor during traveling clinic, and/or a patient visit to a dentist office.

†This includes only facilities that reported utilization numbers.

Three of the 41 private facilities included in the mapping exercise offer inpatient services to their clients. One of those facilities is the only private hospital in the country; the other two are private physician practices that offer obstetric services. The hospital and one of the obstetric practices provided utilization rates and average five and eight admissions per week, respectively.

Of the six types of facilities in Dominica that extend clinical services directly to their clients – hospitals, physician practices, nurse practices, pharmacies, NGOs, and dentists – all but dentists offer services in the priority areas of HIV/AIDS, cancer, diabetes, and hypertension. Table 6 below displays the number of facilities, disaggregated by type, that offer each of the priority area services. Thirty private facilities in the country address at least one of the priority service areas, 20 of which offer detection or treatment related to diabetes and hypertension, 19 for cancer testing (and five for cancer treatment), as well as five for HIV/AIDS counseling and testing.

TABLE 6. FACILITIES OFFERING PRIORITY CLINICAL SERVICES, BY FACILITY TYPE

Facility type	Facilities*	Service			
		HIV/ AIDS†	**Cancer**	**Diabetes**	**Hyper-tension**
Hospital	1	0	1	1	1
Physician Practice	16	1	15	15	15
Nurse Practice	2	1	2	2	2
Pharmacy	6	0	0	2	2
NGO	5	4	1	0	0
TOTAL	30	6	19	20	20

*This includes only facilities that provided information on services offered, and facility types that offer clinical services within the four priority areas.

†This does not include informal HIV/AIDS counseling, which is provided by nine physician practices.

Facility administrators noted during the interviews that, at times, clients request services not offered at their facility. Although this can be partially mitigated via referrals to higher level or

specialty facilities, some services and equipment are not available in Dominica. The most common requests for physician practices were diagnostic services, including CT scans, MRIs, X-rays, ultrasounds, and electrocardiography, as well as labor and delivery services. Of the seven dentists consulted, they were most frequently asked to offer implants or orthodontic services. HIV testing was specifically requested of three of the five NGOs

Occasionally, clinicians and others that work in health in Dominica organize visits by specialists from other countries to address unmet clinical needs in the country. Twelve of the 41 mapped facilities arrange such visits, typically once or twice per year, from a range of specialists. The fields of specialization represented by visiting physicians in recent years include: cardiology; dermatology; neurology and/or neurosurgery; ophthalmology; radiology; and urology. Additionally, the island's dentists organize visits from orthodontists and oral maxillofacial surgeons.

4.6 HIV/AIDS SERVICES

In 24 of the 41 facilities mapped (59 percent), someone on the facility's staff has received training in HIV counseling and/or testing. Of those, only three have received training in the last six months, and two more within the last year. These findings would suggest that only 12 percent (5/41) of mapped facilities have at least one staff member with up-to-date information about best practices in HIV counseling. Fifteen of the 41 facilities (37 percent) offer some form of HIV counseling to their clients, via formal counseling linked to HIV testing or more informally as a part of provider-client discussions around HIV prevention. All fifteen of those facilities have a staff member that has, at some point, received training in HIV/AIDS counseling and/or testing. Two of the 15 facilities have testing services available on-site and 13 refer patients for HIV testing to any one of three places: a private lab, the lab at Prince Margaret Hospital, or the National HIV/AIDS Response Program (NHARP). Of the five NGOs consulted, none offer HIV testing services and instead refer patients, most commonly to the NHARP.

Although only two private facilities offer HIV testing services, testing for HIV-related opportunistic infections (OIs) is available at a number of private clinical locations on the island. Table 7 shows the number of facilities that offer OI tests, either by taking samples from clients and/or performing the required analysis.

TABLE 7. NUMBER OF FACILITY LOCATIONS WITH CAPACITY TO TEST FOR OPPORTUNISTIC INFECTIONS, BY TEST

Infection	No. Facilities
Candidiasis	14
Cytomegalovirus	6
Herpes simplex viruses	9
Mycobacterium avium complex	5
Pneumocystis pneumonia	5
Toxoplasmosis	8
Tuberculosis	11

No facilities that participated in the mapping exercise provide treatment for AIDS. There are, however, three facilities with the capacity to address AIDS-related opportunistic infections.

4.7 LABORATORY AND PHARMACY SERVICES

Only three mapped facilities in Dominica have the capacity to conduct lab tests: two private labs and one private hospital. The laboratory services available in the private sector include urinalysis, complete blood count, HBAlc (for diabetes), tests for sexually transmitted infections (i.e. syphilis, gonorrhea), tests for infectious diseases (i.e. dengue, toxoplasmosis, tuberculosis), and tests for some forms of cancer. There are also tests related to HIV that can be conducted, such as PCR viral load, CD4, and the liver function test. One of the laboratories averages approximately 125 samples collected and analyzed per week. The other collects around 10 and sends most of the samples off-island for analysis.

Six pharmacies were visited by the assessment team, all of which maintained sufficient stocks of standard analgesics, anti-inflammatories, and antibiotics over the past six months. There were no stock outs of standard medicines at the mapped facilities in the six months prior to the assessment team visit. It should also be noted that no pharmacies stock anti-retroviral drugs (ARVs) for HIV/AIDS and people living with HIV must access ARVs in the public sector.

4.8 PAYMENT FOR SERVICES

While private sector providers in Dominica most commonly use a fee-for-service payment mechanism, several other options are available to clients in the country, including: reimbursement from private insurance; sliding scales based on ability to pay; and use of installments and in-kind payment. Table 8 shows the number and percentage of facilities that permit various payment arrangements in Dominica.

TABLE 8. FACILITIES OFFERING VARIOUS PAYMENT MECHANISMS FOR HEALTH SERVICES*

Payment Mechanism	No. Facilities (n=36)	% offering payment mechanism
Fee for service	36	100
Payment in installments	29	80.6
Payment in-kind	4	11.1
Reimbursement from private health insurance	28	77.8
Sliding scale based on ability to pay	21	58.3

*NGOs were left out of this chart as they typically provide services free of charge.

Twenty-eight 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 around 50 percent of their clientele utilize private health insurance.

4.9 RECORDS AND REPORTING

Almost half of the facilities visited (19 of 41) have submitted health statistics to various governmental departments, such as the MOH's Health Information Unit (HIU) and the NHARP. Information is reported on an as-requested or as-diagnosed basis, depending on the condition encountered. As-diagnosed reporting is most commonly employed when encountering notifiable

diseases such as dengue, followed by HIV and STIs. Most reporting to date has been done via paper forms. Of the 37 respondents that lodged a preference for future reporting, 13 hoped paper would remain as an option, while 19 would like to see email emerge as a viable reporting tool. Respondents also overwhelmingly expressed interest in reporting via mobile devices and the internet, should that prove to be a possibility in the future.

5. ADDITIONAL PRIVATE SECTOR STAKEHOLDERS

Though not included in the mapping database, information was also gathered from other health sector stakeholders during the data collection process, including representatives from large private companies (>40 employees), professional health associations and foundations, and insurance companies. The purpose of these additional interviews was to better understand the methods by and extent to which non-clinical service providers contribute to improving the health of Dominicans. These initiatives include sponsoring health insurance or wellness benefits for their employees, providing financial or human resources to the MOH or NGOs, and coordinating off-island treatment for Dominicans to fulfill an unmet need in the country.

5.1 PRIVATE COMPANIES

The assessment team met with private companies in Dominica with a minimum of 40 staff. Nine interviews were arranged with individuals who oversaw employee benefits in those companies, and covered topics such as employer-provided insurance and employer health policies and programs. The primary function of companies visited included banking, insurance, provision of utilities (i.e. water and electricity), and telecommunications. Three commercial retail companies were also interviewed.

The number of full-time staff size among the nine companies interviewed ranged from 42 to 232, with an average of 108 employees per company. One company employed 35 part-time staff and another employed 70 extra staff on a contractual basis; the other companies had minimal amounts of non-full-time employees. In general, employees across all nine companies are in good health and seek a relatively insignificant number of days off due to illness. Incidents of diabetes and hypertensive conditions are on the rise, which aligns with the trend among the general population in Dominica.

All nine employers provide health insurance to their full-time staff. Employee contributions toward health insurance premiums range from 0 to 60 percent, with an average of around 35 percent. In some cases, the premium amount covered by the employee decreases with their length of tenure at the company. All nine employers also offer at least one insurance option that provides some degree of coverage for the employee's dependents. Coverage of dependents' premiums by the employer is often the same percentage as for the dependent; the policy is also more expensive. In other cases, the premiums for dependents' are only minimally offset by employer contributions. At least 50 percent of full-time employees at the nine companies have insurance through the company's plan, with six having coverage rates above 90 percent.

Three of the employers' health insurance policies do not include coverage for HIV services. In two cases, this also excludes HIV testing. The prevailing reason behind not offering HIV coverage is the presumption of a high premium cost. Of the five that do offer HIV-related coverage, three have yearly maximums for total HIV-related services around EC$50,000 (US $18,600)/year. (Note: one of the respondents was unfamiliar with the particulars of the company's policy, resulting in only eight companies being represented).

Seven of the nine private companies have health-related workplace policies in place. Areas covered by the policies include occupational safety, pandemic preparedness, and, in some cases, exposure to hazardous materials. Five companies have workplace policies specific to HIV, most developed in conjunction with the NHARP. Rollout of HIV policies varies from company to company with one representative stating that they posted the policy "everywhere because we don't know who may be sick." Another respondent opted for a markedly different approach which was not to unveil the policy in her organization because "we have no HIV-positive staff."

Of the nine companies visited, eight organize regular and/or periodic health and wellness activities for their employees. The most commonly organized activities relate to counteracting the growing prevalence of non-communicable diseases (NCDs) among their staff, including diabetes and hypertensive diseases. Yearly screenings for blood pressure and blood sugar levels are arranged for employees of five of the companies, with some screening and checking cholesterol and triglycerides twice yearly or quarterly. In addition, wellness walks, exercise programs, and/or access to health clubs are also available at most of the companies. Budgets that cover health and wellness programs vary between companies, but the typical yearly allotment ranges from EC$5,000 to EC$20,000.

The private companies that participated in the mapping exercise reported limited interaction with NGOs, associations, and foundations in Dominica. Four contribute on a yearly basis to the Private Sector Foundation for Health (PSFH), which facilitates health care opportunities for Dominicans by providing financial assistance for off-island procedures or by bringing specialists to Dominica. Aside from contributions to PSFH and a handful of other organizations, there is limited engagement from the private sector. One respondent, in noting the piecemeal relationships between NGOs and the private sector in Dominica, explained that "there is nothing sustainable, nothing strategic." Several others expressed a willingness to initiate contact or increase collaboration, but noted a lack of knowledge about the missions of NGOs in Dominica and the issues they worked on.

Similar to their relationships with NGOs, private company contact with the MOH was described as minimal, irregular, or nonexistent. Where coordination does exist, it is often in the development of health-related workplace policies, visits by MOH staff to provide disease-specific trainings when threats emerge in the country, or sponsorship requests from the MOH to cover the costs of health-related events. Two companies mentioned collaborating specifically with the NHARP in drafting their HIV/AIDS workplace policies. Two additional companies requested and received educational sessions from the NHARP and MOH staff on HIV, tuberculosis, and drug and alcohol abuse. While some collaboration exists with the MOH, respondents lamented its ad hoc, reactive, and last minute nature. A number of Dominican companies were recently asked to collaborate with the MOH for Caribbean Wellness Day 2012; the requests, however, arrived the week before. While most companies would encourage the strengthening of existing ties with the MOH and the forging of new ones, they agreed that it was the MOH's responsibility to take the lead and to do it in a timely fashion so appropriate resources could be mobilized.

5.2 ASSOCIATIONS AND FOUNDATIONS

A number of additional interviews were conducted with key informants over the course of the assessment to better understand their contribution toward improving health in Dominica and the degree to which they collaborate with the public sector and NGOs. Representatives from eleven health-focused associations and foundations provided input for the assessment.

In general, associations and foundations spoke of higher levels of collaboration with the government of Dominica than did representatives from private companies and NGOs. While the collaboration most frequently occurs on an as-needed basis, there is some evidence of, and opportunities for, more regular partnerships. For example, the Dominica Cancer Society receives a yearly EC$30,000 subvention from the MOH to run a wellness center for patients recovering from treatments. Caribbean Wellness Day, an annual event promoting general health and wellness in Dominica, saw participation from the public sector (e.g. MOH units, district health teams, police), churches, NGOs (e.g. Dominica Planned Parenthood Associations), along with associations and foundations (e.g. Diabetes Association, Rotary Club, Dominica Cancer Society).

By and large, however, systematic and strategic partnerships between the government and associations and foundations are rare. The MOH, via the Health Promotion Unit and district health teams, the NHARP, and the Prime Minister's Office do collaborate in the implementation of various activities which include trainings, sponsoring off-island treatment and bringing in specialists, and providing in-kind or cash contributions for events. It is worth noting that the MOH was mentioned as contributing more funding than the private sector in several cases. Collaboration with the government is generally viewed favorably by associations and foundations. Most respondents felt that, although communication and coordination could be strengthened, there was little to no animosity held toward the government. Rather, they saw both themselves and the government as needing to improve their mechanisms for engagement to better leverage the knowledge and resources available in Dominica. Most respondents expressed interest in strengthening collaboration and fostering better-defined and more sustainable partnerships.

Working closely with NGOs offers another avenue for enhancing the impact of activities and programs carried out by associations and foundations. Some currently engage with NGOs as well as organizations similar to their own, but most see room for taking further advantage of such partnerships. Joining together to pool resources such as administrative staff or to launch health awareness and education events could help offset some of the costs associated with both ongoing and one-off events.

6. DISCUSSION AND NEXT STEPS

The HS/PSA carried out by SHOPS and HS 20/20 in 2011 laid out a number of findings related to the private sector. In general, the mapping exercise corroborated much of what was in the 2011 assessment report. Thirty-three clinical practices were identified during the mapping, which includes 29 physician practices, 3 nurse practices, and the private hospital, while the 2011 assessment uncovered a few practices less. Whether this is due to growth within the sector or employment of distinct methodologies for identifying clinicians is not clear. It is, however, undeniable that the private sector is growing. The findings presented in this report, and the provider registry resulting from this mapping work, are important steps toward clarifying such discrepancies and documenting the sector in greater detail.

The HS/PSA also highlighted various examples of public-private collaborations, ranging from corporate contributions to health to informal arrangements between private entities and the MOH. However, these collaborations generally occur on an ad hoc and as needed basis, and lack a systematic and strategic approach that could serve to leverage the unique contributions that each sector can offer to improve health in Dominica. Over the course of the mapping exercise, private providers expressed varying degrees of disillusionment with the level of communication and engagement from the MOH. One provider noted a willingness to collaborate with the MOH “for love of country”, but noted that previous engagement was unnecessarily complex and that little benefit was available to the private sector via such collaborations. A forum that brings private providers together with public sector representatives should be prioritized and would serve as an excellent starting point to foster improved relations and explore collaborations that would benefit providers as well.

Corporate and philanthropic entities also invest in health education and services. Government engagement with these entities could leverage additional resources needed to increase access to health services and strengthen health outcomes in Dominica. At one point during the mapping, a representative from a private company in Dominica noted that “it is for the Ministry to engage us.” Meetings with other private companies and associations presented a similar tone concerning the MOH. Several noted that the Ministry only contacted them when sponsorship was needed, and frequently with little to no time to appropriately respond. Existing public-private collaborations present interesting and valuable examples that can serve as a foundation for enhanced cooperation between the public and private sectors, but the Ministry needs to make a more concerted effort to engage the private sector in a manner that is beneficial to both sides.

One example of a collaboration that may be mutually beneficial to public and private sector stakeholders involves the use of mobile technology for routine reporting of communicable disease occurrence. The MOH’s HIU is responsible for collecting, analyzing, and disseminating information regarding public health threats to address contagion risks and prevent incipient epidemics. Mobile technologies could offer a proven channel for sending and receiving information in real time, with improved speed, cost, and data quality over paper-based methods. Using a simple checklist, participants would send one electronic message per week via mobile phone or computer to the HIU. Upon sending information to the HIU, providers would then

receive an immediate electronic response with information collected from the preceding week. This arrangement was presented as a possibility to all providers that participated in the mapping and the vast majority was interested in obtaining further information.

The private provider registry resulting from the mapping exercise is another tool that will assist the MOH to further engage with private health stakeholders. At present, private health services are widely utilized by Dominicans, but full knowledge of what the sector has to offer has been limited. The registry will provide the MOH and other local stakeholders with a firmer grasp of the private health sector and help to identify the degree of specialization, equipment available, services offered, staffing, and location of each provider. This effort will enable the MOH and the private sector to engage in effective discussion regarding health provision through both sectors and to explore avenues to leverage the strengths and resources of each.

Building on the findings from the mapping of private sector resources for health, efforts could also be made to gather a core group of health stakeholders – representing both the public and private sectors – to identify promising areas for increased collaboration in health, with a focus on HIV/AIDS. A technical working group of this nature would prove vital in identifying opportunities which can be best addressed through increased cooperation between the sectors. The preliminary action plan, developed during a meeting to validate findings and prioritize recommendations outlined in the HS/PSA, as well as the results of this mapping exercise, could serve as resources in guiding the work of this group.