PRIVATE SECTOR RESOURCES FOR HEALTH IN ST. KITTS AND NEVIS: 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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DISCLAIMER
The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States government.

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1. INTRODUCTION AND OBJECTIVES

The mapping of private sector resources for health in St. Kitts and Nevis 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 HIV and AIDS and the current and potential role of the private health sector in each of the WHO building block areas. A meeting with key stakeholders to present assessment findings and recommendations and to determine priorities for action was subsequently held in January 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 St. Kitts and Nevis. 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 identify the degree of specialization, equipment available, services offered, staffing, and location of each private provider in St. Kitts and Nevis.

The mapping exercise is intended to provide the Ministry of Health (MOH) in both St. Kitts and Nevis as well as 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 ministries to engage more private health stakeholders in a dialogue on opportunities for improved cooperation between the sectors, facilitating public-private partnerships (PPP) as appropriate to sustain the HIV response and strengthen the overall health system. The results of the mapping will be presented to the Ministry of Health, in the form of a Microsoft Access database and this preliminary report of findings, during a hand-over event in January 2013. To ensure that providers have access to the gathered information, the president of each active health-related professional association has agreed to maintain a copy of the database and make it available to providers in their association upon request.

2. METHODOLOGY

2.1 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 developed 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 regional stakeholders before being finalized and converted to a Microsoft Access database to allow for direct entry of interview responses.

2.2 DATA COLLECTION

For the purposes of this exercise, data collection for clinical providers was limited to facilities with at least one staff member with a clinical degree. 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 St. Kitts and Nevis. 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 conducted. The full quantitative questionnaire was administered to gather information on the facility's infrastructure, staffing, equipment, services offered and utilization rates, and availability of pharmaceuticals. 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.

2.3 DATA ENTRY

A customized Microsoft Access database with an easy-to-use data entry interface was created for the mapping exercise. To ensure the quality of data collected, the construction of the database included an intelligent data entry system which prevents invalid entries from being entered into the system. This ensured that the value for each field or data item was within a predetermined and permissible range of values for that item, which 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 data collection and entry process.

2.4 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 some 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. 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 data collection underway. While this information was not gathered, it may be added to the next iteration and data obtained at a later date.

3. FINDINGS

Fifty-two separate proprietors of privately owned facilities were identified as currently offering health services in St. Kitts and Nevis. Detailed information was ultimately captured from 45 proprietors (34 in St. Kitts and 11 in Nevis), or roughly 87 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
	Total	St. Kitts	Nevis	Total
Solo Physician Practice	28	16	7	82%
Group Physician Practice/Health Center	3	3	0	100%
Dental Practice	7	5	2	100%
Laboratory	1	1	0*	100%
Pharmacy	7	4	2	86%
Nursing Homes/Elderly Care	2	2	0	100%
Non-Governmental Organizations	4	3	0	75%
Total	***52***	***34***	***11***	***87%***

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 dental practices. The least success was in gathering information from solo physician practices and NGOs providing HIV and AIDS and/or reproductive health services. Solo practitioners most often cited being off island or too busy as the reason for not participating in the exercise. While considerable efforts were made to complete the quantitative questionnaire for all facilities, five proprietors have remained unavailable for interview and an additional two proprietors were unwilling to participate.

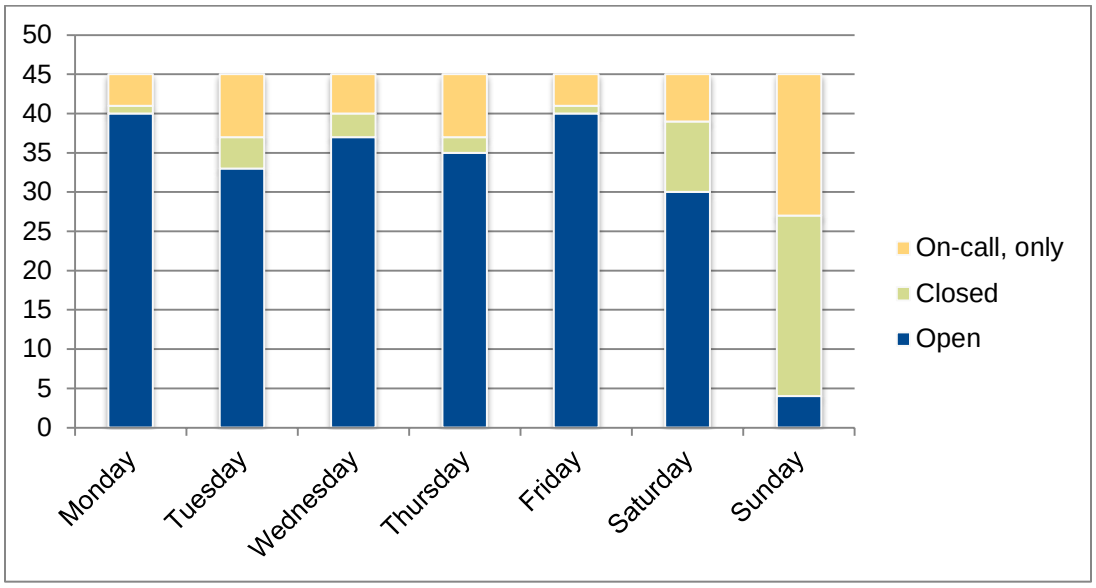
3.1 FACILITY INFORMATION

As indicated in Table 1, solo practitioner offices represent the largest proportion of identified private facilities offering health services in St. Kitts and Nevis (54 percent) followed by pharmacies and dental facilities (14 percent, each). The remaining 18 percent of identified facilities are comprised of group practices, NGOs, nursing homes and laboratories. The sole laboratory, Avalon Labs, is located in St. Kitts. However, there is a satellite location in Nevis that can collect samples for analysis at the primary location in Basseterre.

Figure 1 on the following page shows the availability of health services in the private sector by day among interviewed facilities. As the figure suggests, health services are available in the

private sector seven days a week. Roughly 78 percent of interviewed facilities are open to the public at least five days a week.

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. Outside of in-patient facilities, such as 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 10.5 hours per day Monday through Saturday.

As can be expected, service availability is more limited on the weekends. Roughly two-thirds of providers across both St. Kitts and Nevis see clients for at least some portion of Saturday, including eighteen private practitioners and four dental offices. While only five facilities are open on Sundays, including four pharmacies, 42 percent of proprietors indicated that they are on-call in case of emergency. This includes 50 percent of identified providers on Nevis, which suggests equitable levels of availability for at least basic health services across both islands.

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 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 Poinciana Theater Productions lack office space so generally meet as needed. This organization is reflected in the “on-call, only” calculation of Figure 1.

3.2 PRIVATE SECTOR HUMAN RESOURCES FOR HEALTH

Similar to other countries in the Organization of Eastern Caribbean States (OECS), many health professionals in St. Kitts and Nevis are engaged in both public and private sector service

delivery, or dual practice. In total, 34 proprietors (76 percent) have worked in the public health sector at some point in their professional career. Sixteen (36 percent) are currently splitting their time between private practice and public health sector responsibilities, including three physicians in Nevis. Among these dual practitioners, the estimated proportion of working time spent at public health facilities ranges from 25 to 90 percent. On average, respondents indicated that roughly 64 percent of their working hours are spent 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 (HRH) in the private health sector by professional cadre. As the chart suggests, the largest proportion (41 percent) of individuals employed in the private sector, either full- or part-time, fall under an "Other, Clinical" category comprised of physician, nursing, dental and laboratory assistants. Specialist physicians make up another 20 percent of identified HRH in the private sector, followed by dentists (11 percent), nurses (11 percent) and pharmacists (9 percent).

FIGURE 2: DISTRIBUTION OF PRIVATE HEALTH PROVIDERS BY TYPE

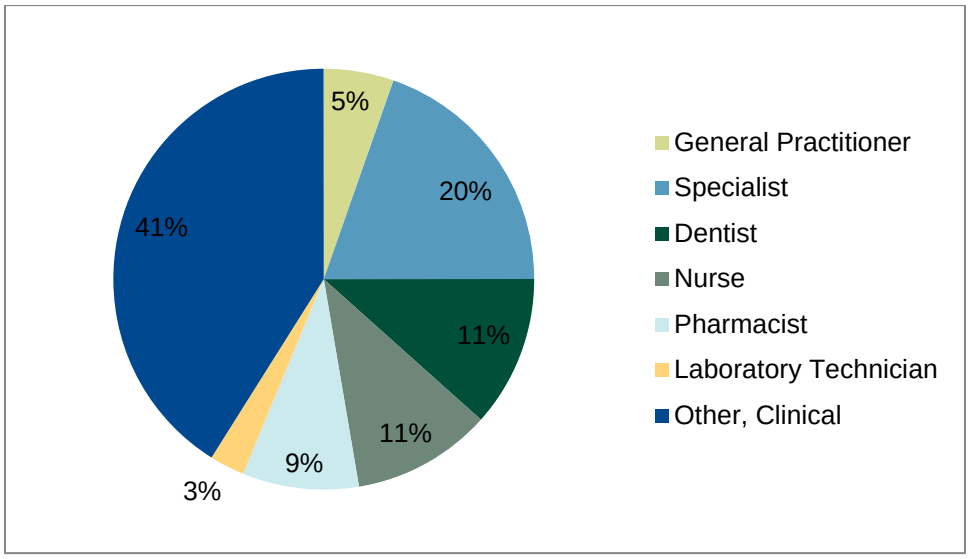
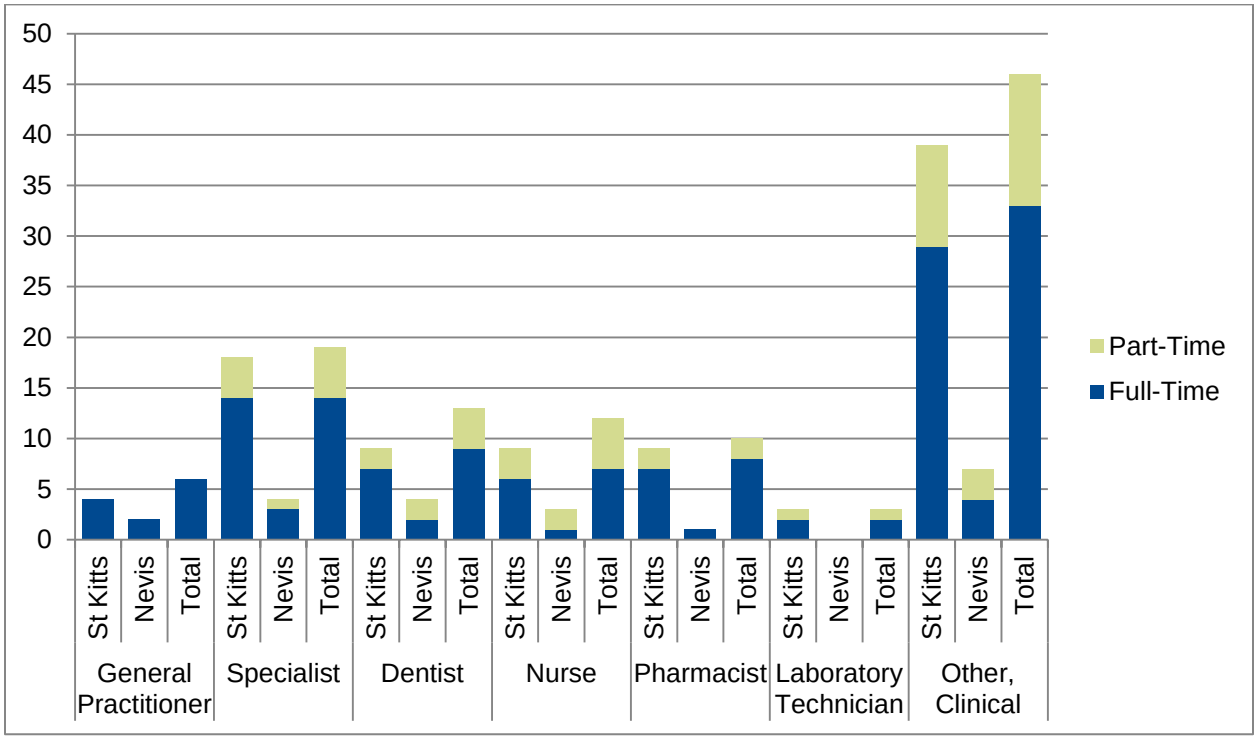


Figure 3 on the following page shows the distribution of 112 identified private clinical staff across seven clinical categories and delineated by full- and part-time employment status. The total distribution is presented alongside disaggregated counts of identified HRH for both St. Kitts and Nevis.

FIGURE 3: PROVIDER TYPES BY FULL- AND PART-TIME EMPLOYMENT STATUS BY ISLAND



The 45 facilities for which data were gathered identified 28 full-or part-time physicians, including 6 general practitioners (four in St. Kitts and two in Nevis) and 22 specialists (18 in St. Kitts and 4 in Nevis). An additional 13 dentists, 12 nurses, 10 pharmacists, and 3 laboratory technicians were also identified as employed, either full- or part-time, by the private health sector. With the exception of laboratory technicians, each of the cadres was represented in both islands. Other clinical professionals, including physician, nurse, lab and pharmacy assistants comprised the largest proportion of private sector health professionals (46). The private health sector employs an additional 66 staff providing a variety of non-clinical support services, primarily administrative in nature. It is important to note that identifying data (i.e. names), were not collected for individuals outside of 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 50 outreach workers and volunteers supporting three NGOs in St. Kitts. All of the identified individuals are part-time volunteers, oftentimes supporting organizations during major events. Similar to the limitation noted above, identifying data were not gathered so it is possible that many individuals volunteer across multiple organizations and are counted against the total more than once.

3.3 EQUIPMENT

The private health sector possesses an array of equipment for the diagnosis and treatment of patients in St. Kitts and Nevis. In total, eight facilities possess a functional film and/or digital x-

ray machine. Most of these are available at dental practices, including both dental offices identified in Nevis. Dr. Hodge, a consulting radiologist also has one at his office in the Sands Complex. Seven facilities, including two group practices, have functioning electrocardiography machines to record the electrical activity of the heart. An additional five facilities offer ultrasound services, including several obstetrics and gynecology practices located throughout St. Kitts and Nevis.

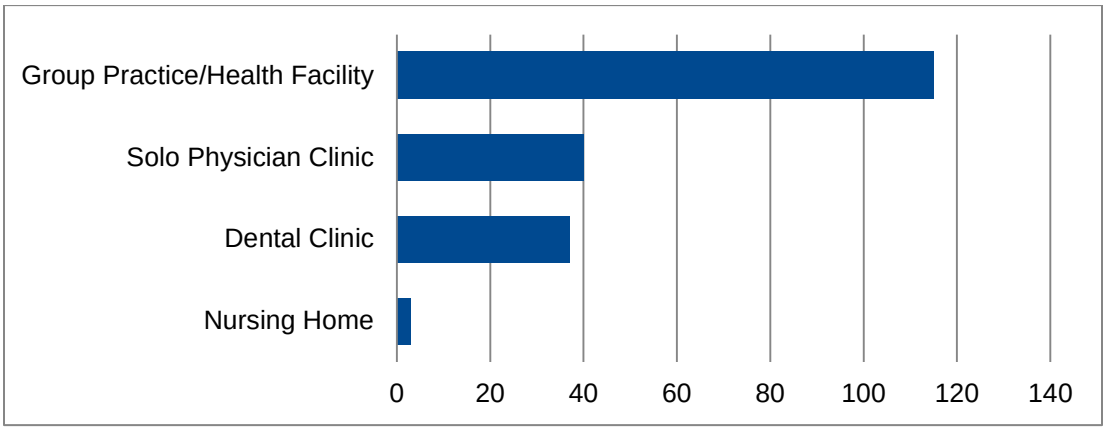
HIV- and AIDS-related equipment and supplies are limited in the private health sector. The sole private laboratory, Avalon Laboratories, has HIV rapid tests available on site but lack the equipment to conduct CD4 counts or viral loads. Beyond the private lab, the availability of HIV rapid testing in the private sector is seemingly limited to Meridian Medical Center.

Roughly 86 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 and maintaining a general patient registry. Approximately one-third of facilities (13), have electronic medical records. Other major uses for facility computers include accounting and sending correspondences to patients and other physicians.

3.4 SERVICE AVAILABILITY AND UTILIZATION

Private inpatient services are only available at private nursing homes providing care for the elderly, primarily at the Grange Health Care Facilities. 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 one at a smaller nursing home to an estimated 200 patient visits at Meridian Medical Center. In aggregate, group practices see the most patients, with an average of 115 per week. Solo practices average roughly 40 patient visits per week. Dental practices, on average, see 37 patients, while nursing homes have roughly 3 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.

Many services available in the public health sector can also be obtained privately. Twenty-four of 27 physician facilities (89 percent) offer regular diagnosis and treatment of chronic non-communicable diseases (CNCDs) such as diabetes and hypertension, including 7 in Nevis. The same number (24) offer cancer detection services, most commonly through pap smears. Three dental facilities provide cancer detection services through basic oral exams and Avalon Labs can detect tumor markers onsite. Cancer treatment, however, is limited to six facilities: four in St. Kitts and two in Nevis. An estimated 19 of 27 physician facilities, or roughly 70 percent of those identified, diagnose and/or treat sexually transmitted infections with at least some regularity. A quarter of these (5) are private providers in Nevis. Seventeen facilities offer surgeries with local anesthesia, including 10 physician practices and all dental practices.

According to proprietors, clients request specialty services that are not available at their facility with at least some regularity. The most commonly identified requests in physician facilities are for obstetric and gynecological services such as pap smears, pregnancy tests, ultrasounds and deliveries. Dentists cited orthodontics as the most commonly requested service that they do not provide. In each case, these services are available elsewhere in the private sector and patients are referred to the appropriate provider. Other services, such as dialysis or MRIs are not available in the private health sector and require referrals elsewhere, including outside of St. Kitts and Nevis. All clinical respondents (physicians, nurses, dentists, pharmacists) regularly refer patients for services that they are unable to provide, most often to the public hospital or a specialist to address a specific healthcare concern. Those requiring HIV counseling and testing are commonly referred to the National AIDS Program or private practitioner Dr. Judy Nisbett. In all situations, the most common method of referral is a letter with a follow-up phone call to the provider.

In total, seven facilities have organized or hosted visiting specialists to St. Kitts and Nevis. For example, Dr. Laws hosts an Ear, Nose, and Throat Specialist every two weeks and a Dermatologist every three months. Medical Associates hosts a nutritionist and a psychiatrist monthly and an orthopedic surgeon, pain management specialists and neurologist roughly every six to eight weeks. Dr. Ian Jacobs has supported a visiting pediatric cardiologist and regularly hosts an urologist six times a year.

3.5 HIV AND AIDS SERVICES

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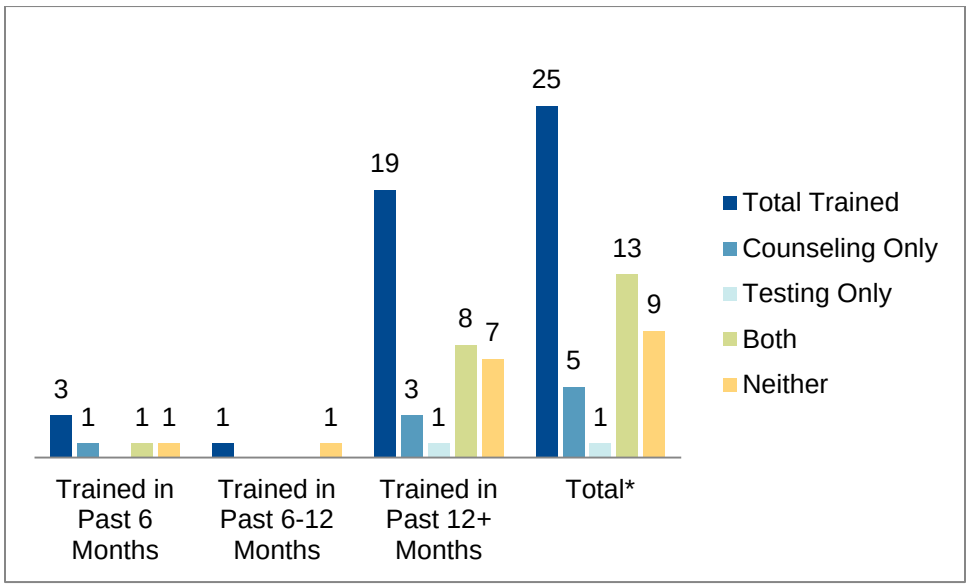
Figure 5 on the following page shows the number of facilities with providers trained in HIV counseling and/or testing in the past 6 months, 6 to 12 months, and more than 12 months ago. The number of facilities that only counsel, only test, counsel and test, and neither counsel nor test is also identified.

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



Figures 6 and 7 disaggregate the number of facilities with providers trained and/or providing HIV counseling and/or testing services by island.

FIGURE 6: FACILITIES TRAINED IN AND/OR PROVIDING HIV COUNSELING AND TESTING SERVICES IN ST. KITTS

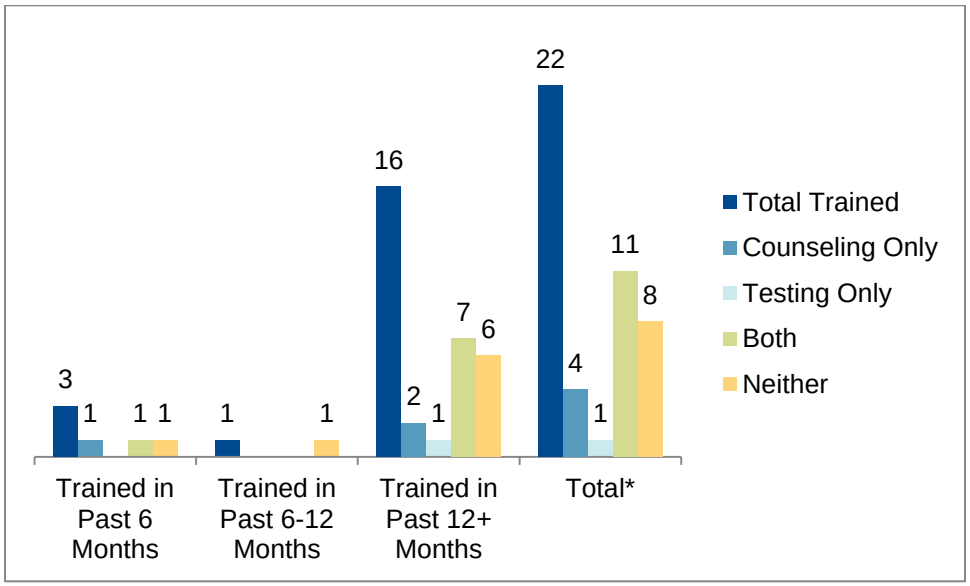
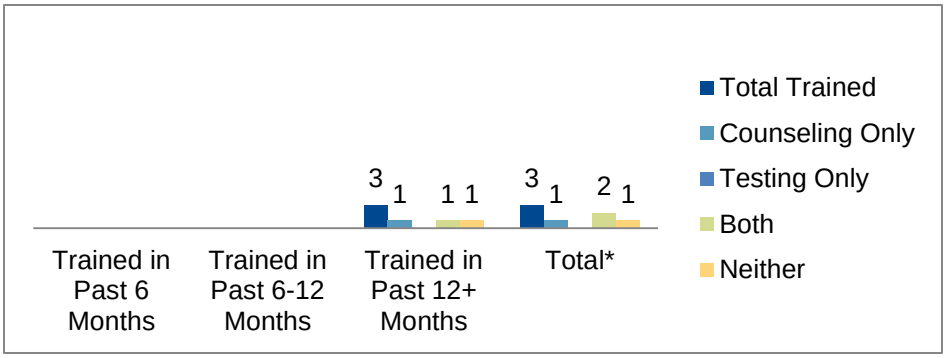


FIGURE 7. FACILITIES TRAINED IN AND/OR PROVIDING HIV COUNSELING AND TESTING SERVICES IN NEVIS



As the figure indicates, at least one staff member in 25 of 45 identified facilities (56 percent) has had training in HIV and AIDS counseling and/or testing. Of those, only 4 (16 percent) have been trained within the last 12 months**.** Two respondents did not indicate the timing of their training and are only reflected in the Total portion of the figure. HIV and AIDS counseling services are regularly available at 18 identified private facilities: 15 facilities in St. Kitts and 3 in Nevis. Roughly 125 individuals receive HIV counseling in the private sector each week, with over half of counseling sessions occurring at Medical Associates. Testing, via HIV rapid tests or blood draws for analysis at a laboratory, are available at 14 facilities: 12 in St. Kitts and 2 in Nevis. Provider estimates suggest that 50 HIV tests are conducted in the private sector each week. Though about half of the tests are performed at Avalon, the lab does not provide counseling services to clients. Physicians most commonly refer to the National AIDS Program, Caribbean HIV and AIDS Alliance, or Avalon Labs for HIV counseling and/or testing when they are unable to provide the services themselves.

At least three physicians, across both islands, indicate that they are providing HIV counseling and/or testing services even though they have never received formal training. Moreover, nine facilities that have personnel trained in counseling and/or testing are currently providing neither service. These findings indicate a greater need for training support among providers and also suggest that opportunities exist for greater availability of counseling and testing services within the private health sector.

A total of seven facilities (five in St. Kitts and two in Nevis) offer HIV and AIDS treatment services in the private sector and average about two patients per week. Two providers also offer Prevention of Mother to Child Transmission (PMTCT) services. However, 14 clinical facilities (52 percent) treat patients for opportunistic infections. Testing for most opportunistic infections is limited to the private laboratory, though some larger practices like Medical Associates and Meridian Medical Center will draw blood or collect swabs on-site and send samples out to a private lab.

Fourteen facilities provide some form of HIV outreach services, including three NGOs: CHAA, Poinciana Theater Production, and Caribbean Health Lifestyles. The NGO community is most likely to target most-at-risk populations (MARPs), including: commercial sex workers (CSW), men who have sex with men (MSM), and youth. CHAA also provides condoms to MARPs and other organizations to distribute at their facility and/or throughout the community.

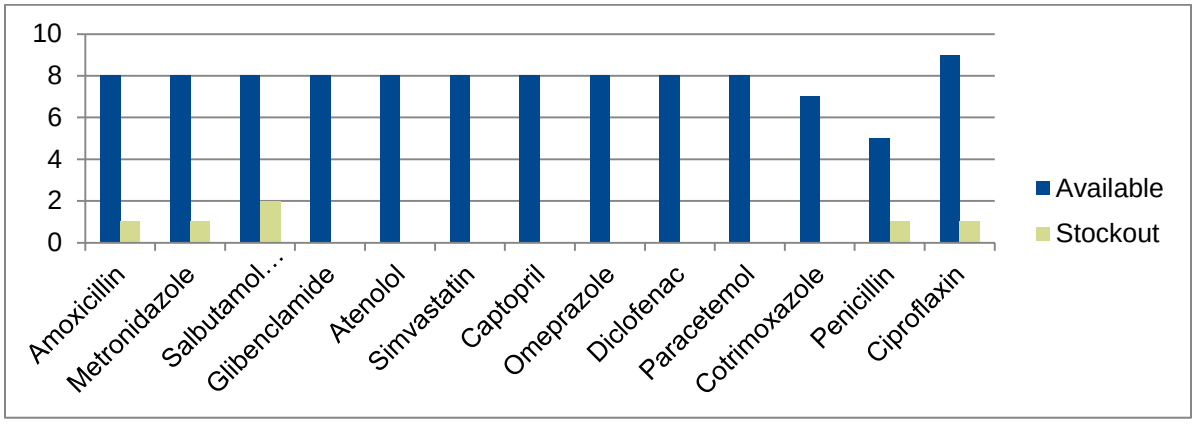
3.6 LABORATORY AND PHARMACY SERVICES

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 Avalon Lab for analysis. Of the estimated 355 samples collected for testing in the private health sector each week, Avalon collects approximately 100 (28 percent). Moreover, Avalon analyzes an estimated 400 samples per week. Stockouts of essential reagents for analyzing these samples are rare and have been limited to parasite collection kits in the past six months.

Nine identified facilities offer prescription pharmaceuticals on site, including all pharmacies, one dental practice, and one physician practice. Pharmaceuticals dispensed outside of a pharmacy setting are typically prescribed to post-operative patients to relieve pain or prevent infection. In total, approximately 2,130 prescriptions are filled in the private sector each week, with the number at each pharmacy ranging from 20 to 1200. The average number of prescriptions filled per pharmacy is approximately 300, though the average is reduced to 155 if an outlier filling 1200 prescription each week is removed from the calculation. The majority of prescriptions (86 percent) in Nevis are filled at Evelyn's Drug Store, which average roughly 300 prescriptions per week.

To gauge the availability of essential pharmaceuticals within private pharmacies, ten "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 stock outs in the past six months. The results are outlined in Figure 8 on the following page.

FIGURE 8. AVAILABILITY AND REPORTED STOCKOUTS FOR 10 TRACER PHARMACEUTICALS[1]



As Figure 8 suggests, all pharmacies carry each of the pharmaceuticals on the tracer list. Stock outs are most prevalent among antibiotics, such as Amoxicillin, Metronidazole and Ciproflaxin. However, shortages were minimal and experienced in only one facility in the past six months. In the past six months, 26 percent of facilities have also experienced a shortage of salbutamol inhalers for asthma patients. None of the stock outs identified occurred at pharmacies in Nevis.

[1] 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.

Antiretroviral medications, used for the treatment of HIV and AIDS, are not currently available through any private facility and must be obtained through government-owned health facilities.

3.7 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, twelve facilities (roughly 27 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. Sixty-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. Nearly 58 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. The percentage of clientele supported by private health insurance ranges from 10 to 100, with the average currently around 39 percent of patients per facility. However, proprietors indicate that the number of individuals with private health insurance has been steadily increasing in recent years.

3.8 RECORDS AND REPORTING

Roughly 42 percent (19) of facilities report some form of health statistics to the MOH. The most commonly reported data are notifiable diseases (15 facilities), positive case of HIV (14 facilities) and STIs (12 facilities). Generally speaking, each is reported to the chief medical officer within the MOH as soon as a positive case is detected. General health statistics are least likely to be reported by private providers (3 facilities), with most data being provided only when specifically requested by the MOH. In all cases, a paper form is the most common method of reporting. However, when asked about the preferred method of reporting health data to the MOH, respondents opted for an email format, citing a desire for ease and written documentation to verify receipt of results as rationale.

4. DISCUSSION AND NEXT STEPS

The rapid mapping of private sector resources for health has highlighted several key points critical to the sustainability of St. Kitts and Nevis' health and HIV and AIDS responses. First, the private health sector is robust and growing and available HRH in the private sector were seemingly underestimated prior to the mapping exercise. General estimates from the joint health systems and private sector assessment in 2011 suggested that less than 35 health professionals were employed in the private health sector across five major cadres (physicians, dentists, pharmacists, laboratory technicians, and nurses.) Currently, approximately 65 health professional working part- or full-time have been identified across the five major cadres. An additional 45 clinical support staff (i.e., dental assistants) have been identified as well as 50 individuals working or volunteering in the NGO community. And, while the extent of dual practice is not fully know, evidence suggests that two-thirds of facility proprietors are solely in private practice. Now that the magnitude of the overall health system is 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 across St. Kitts and Nevis.

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 provide 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 that addresses priority health needs identified by stakeholders.

To this end, data gathered during the mapping exercise has already revealed that such partnerships are not only possible, but currently exist in St. Kitts and Nevis. For example, the Caribbean HIV and AIDS Alliance (CHAA) collaborates with other NGOs and the National AIDS Program to reach out to high-risk populations and encourage HIV testing and follow-up. CHAA 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, sex workers, and men who have sex with men. CHAA also works with organizations such as Poinciana Theater Productions to develop street theater performances that raise awareness about health and HIV and AIDS and provides condoms to dispense at these awareness-raising events. Through the mapping exercise, SHOPS has identified several additional opportunities for immediate partnership building to address the impacts of HIV and AIDS. For example, the MOH and/or training institutions can provider training to private providers to ensure that they have the most up-to-date information on proper counseling and testing methods for HIV. Efforts could also be made to determine why some providers with training in HIV counseling and/or

testing are choosing not to offer those services to clients. If, for example, the reason is lack of access to affordable testing kits, then efforts could be made to forge partnerships that improve access to rapid tests.

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 St. Kitts and Nevis'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 the first step in that crucial process by providing the MOH and other stakeholders with a firmer grasp of the private health sector and facilitating dialogue that seeks to leverage the strengths and resources of both sectors to maximize health outcomes.