THE COMMONWEALTH OF DOMINICA

NARRATIVE REPORT

UNGASS 2010

Table of Contents

ACKNOWLEDGMENTS

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I. STATUS AT A GLANCE

BACKGROUND

The Commonwealth of Dominica (herein referred to as Dominica) is situated between the two French islands of Guadeloupe and Martinique, in the middle of the Caribbean archipelago. Dominica is a lush green mountainous island of 754 square kilometres. Dominica has had a flourishing agricultural-based economy for several years; however, this has changed rapidly into a tourism-based economy over the last five years.

The total population according to Central Statistical Office after the 2001 census stands at 69,625. The official language is English, however, Kweyol (French patois) is widely spoken - a result of earlier French settlers on the island. According to the 2001 census, the majority of the Dominican population is black, representing 86.8%. This is followed by 8.9% of the population being identified as 'mixed', 2.9% of kalinago descent, 0.8%caucasian and 0.7% other.

The Government of Dominica, through the Ministry of Health, is the main provider of health services in the public sector. In 1982 the health services were reorganised to provide a decentralised approach to health care through the primary health care concept.
For the effective delivery of health care services, three levels of care exist – primary, secondary and tertiary care. The primary care level consists of 52 health centres/clinics with a two tier level of service; Type I health centres with access to Type III health centres, where a comprehensive range of services are provided and there are two small district hospitals also providing primary care level services.

The main hospital, in the capital city of Roseau, is operated by the Government of Dominica, and provides secondary level care. However there is one private hospital operating on the west coast of the island also providing secondary level care to citizens. In addition to this, private medical practitioners provide medical services through their various practices. In support of the services provided by the health system, two medical laboratories provide diagnostic services; one is owned by the Government and is situated at the main hospital, whilst the other is privately owned.

The Commonwealth of Dominica reported its first case of HIV and AIDS in 1987. At the end of 2009 the cumulative figure stands at 350 reported cases. Over the past twenty years the country has maintained the trend of a concentrated epidemic with an estimated prevalence rate of 0.75%. The

male to female ratio of new infections annually which was predominantly male is reducing. This is an indication that the epidemic could be becoming generalised. With 70% of those infected being male, this ratio is consistent with an epidemic being predominantly driven by high risk groups of men who have sex with men. The 25-44 age groups which are considered to be the most productive population are most affected.

The Health Information Unit (HIU) has recorded a cumulative number of 77 certified HIV-related deaths from 1997-2009. Information from the Health Information unit indicates that there has been a decrease in the HIV-related mortality rate since 2005 as compared to previous years. This decline is almost certainly attributable to the scale up of HIV treatment and care in Dominica including the availability of free health care services, the increase in campaigns and access to antiretroviral treatment for persons living with HIV and AIDS, and the increase in campaigns encouraging persons to get tested for HIV.

The information narrated in this report is as a result of the inclusion of stakeholders (civil society and Government officials input and feedback. A multisectoral approach has been the hallmark of the national response to HIV and AIDS. Stakeholders within the private sector and the civil society were brought together through a consultative process to complete the NCPI. The consultations were very interactive, allowing the expression of concerns through open discussions. The consultation facilitated clarification of issues surrounding the national response to HIV in Dominica. During this process, participants felt that the questionnaire was too long and repetitive and some of them they did not feel qualified to complete the questionnaire. In cases where government officials could not attend this consultation a one on one process was used during the National Public Health Surveillance Team meeting.

II. SCALE UP OF NATIONAL RESPONSE– Policies and Programmes

NATIONAL RESPONSE TO THE HIV AND AIDS EPIDEMIC

Dominica's initial steps to combat the HIV and AIDS problem dates back to 1987 after the first HIV and AIDS case was diagnosed. This was done through the establishment of the HIV/AIDS Central Office, as part of the Health Education Unit within the Ministry of Health, which engaged in implementing mainly education, prevention and awareness programmes around the island. Later in 2001 the PMTCT programme was established followed by the development of the National Strategic Plan for HIV and AIDS to run from 2002-2007.

In 2003, the National HIV/AIDS Response Programme was put in place with the mandate to respond to the HIV and AIDS pandemic in a holistic manner. This evolved into a full- fledged program with the advent of the OECS Global Fund Project, which provides the primary resources for implementation of activities.

The response to the epidemic is conducted through a multisectoral approach. The oversight is provided by the National HIV and AIDS Committee which is inclusive of members of both civil society and government. The committee is commissioned by the government of Dominica. The UNGASS report was prepared with input from all stakeholders.

The principal responsibility of the National HIV and AIDS Response Programme (NARP) secretariat is to coordinate HIV and AIDS related activities across the country and to ensure the implementation of the activities identified under the Priority Areas in the National Strategic Plan.

The Priority Areas for the past years were:

- Programme Design, Implementation, Management and Evaluation
- Advocacy, Human Rights, Policy Development and Legislation
- Provision of Treatment and Care for People Living with HIV and AIDS (PLWHA)
- Prevention of HIV Transmission among Especially Vulnerable Groups
- Prevention of Mother to Child Transmission(MTCT)

The Response is continuing with the established platform under the above mentioned priority areas in the new Strategic Plan 2010 -2014. The guiding principles and goals remain the same; however, there has been some modification to the priority areas:

- **Prevention of sexually transmitted infections including HIV amongst the most vulnerable groups**

  Goal: Maintain HIV prevalence among vulnerable groups at less than

- **Prevention of new infections of HIV and other STI's amongst the general population.**

  Goal: Maintain HIV prevalence among the general population at less than 1 percent

- **Improve treatment, care and support for people living with HIV and AIDS**

  Goal: The provision of comprehensive and integrated care, treatment and support for people living HIV and AIDS.

- **HIV, AIDS, and STI prevention systems**

  Goal: Develop and maintain effective prevention systems to support the national response for the control of HIV and AIDS, and STI

- **HIV, AIDS, and STI implementation support**

  Goal: Strengthen the HIV, AIDS, STI support environment so that it is able to effectively address all major issues and challenges required to implement the national response.

PROGRAMME INFRASTRUCTURAL DEVELOPMENT AND UPGRADE OF TESTING SITES

Three testing sites have been upgraded to facilitate rapid testing in 2010. The Plan to roll out rapid testing in the three sites involved infrastructural upgrade of testing sites, the appointment of a Quality Assurance Officer and the development of protocols and policies for rapid testing.

Figure 1: Renovated TC site

Testing and Counselling

The National HIV and AIDS Response Programme continues to scale up treatment and care for Persons Living with HIV and AIDS by providing continuous training for health care providers At the end of 2009, 149 persons (private and public sector() have been trained to provide testing and counselling services. Testing and counselling services are available in all seven health districts in Dominica.

Figure 2: Midwifery students at Testing and Counselling Training Session

HIV/AIDS Workplace Programme

An HIV and AIDS workplace programme targeted twenty-seven (27) organisations in 2009. The PANCAP HIV and AIDS Workplace Model was used. The HIV and AIDS educational sessions were mounted on eight topic areas which included the following modules:

1. Introduction to HIV and AIDS in the workplace
2. Introduction to HIV and AIDS
3. HIV as a workplace problem
4. Introduction to sexually transmitted infections.
5. Emotional Intelligence
6. HIV prevention
7. Stigma and Discrimination
8. Human Rights

The educational sessions were complimented by adoption of an HIV and AIDS workplace policy suitable to the organisations.

In addition, The Ministry of Establishment in collaboration with the NHARP provided sensitisation for the Public Service Workforce prior to the development of an HIV and AIDS Workplace policy for the government sector.

Violence against Women workshop

In 2009 the Inter-American Commission of Women (CIM/OAS) started the implementation of the project *Capacity Building for Integrating Services on HIV and Violence Against women in the Caribbean*. Dominica as well as Barbados, participated in a pilot project involving the implementation of a model of integrated services which will be scaled up and replicated in other countries in the sub region.

The workshop sought to disseminate the findings of the literature review on Violence against Women in Dominica and Barbados.

INTRODUCTION TO HIV CASE BASE SURVEILLANCE

A workshop was held to introduce HIV Case Base Surveillance, to the three principal health teams, where rapid testing will be rolled out. The main focus was the introduction of the case base surveillance form, confidentiality and data security, and the introduction to the operational manual.

MAINSTREAMING GENDER INTO HIV AND AIDS

The United Nations Development fund for women (UNIFEM) in collaboration with the Inter-Agency Working Group on Gender and HIV undertook a project aimed at deepening the understanding of the gendered causes and consequences of the HIV epidemic in the Caribbean. One of the recommendations of the project is the need to work more extensively with the health and education sectors in addressing the gender component associated with prevention and care and treatment.

UNIFEM also partnered with the National AIDS Commissions (NACs) and National Women's Machineries (NWMs) to extend capacity building training to professionals located within the health and education sectors.

Figure 3: Participants at Mainstreaming Gender into the Education Sector

PEPFAR COUNTRY CONSULTATION

The United States President's Emergency Plan for AIDS Relief (PEPFAR) in collaboration with the Ministry of Health of Dominica held a country consultation to develop strategies in order to include partner contribution in the U.S Caribbean HIV and AIDS Partnership Framework.

Strategic Plan Consultation

Consultations and focus group discussions were conducted in 2008-2009 for review and development of the Strategic plan for 2010-2014.

COMMUNITY OUTREACH

Activities among youth the National HIV and AIDS Response Programme collaborated with other organizations like the Diocesan Youth Secretariat, the National Youth Council, The Dominica Planned Parenthood and other Faith Based Organizations in the implementation of HIV awareness and prevention activities.

Activities in observance of World AIDS Day

As the National Response continues in its efforts to scale up care and treatment, it was recognised that testing campaigns would encourage persons to know their status and hopefully access care and treatment. The Health District teams collaborated with NHARP to conduct engaged interactive health education sessions in their various health districts..As a result of the sessions, over 250 persons accepted testing and counselling services.

Figure 3: HIV Testing Campaign in Roseau Health District

The following indicator table is the summary of the UNGASS Indicators which the Commonwealth of Dominica was able to report on satisfactorily despite the many limitations and challenges.

Indicator Table

INDICATOR	2008 data	2009 data	COMMENTS
1. Domestic and International AIDS spending by categories and financing sources.			See spending table
2. National Composite Policy Index			See NCPI
3. Percentage of donated blood units screened for HIV in a quality assured manner.	100%	100%	In 2008 775 units of donated blood was screened for HIV and in 2009 997 units of donated blood was screened. All blood donated are screened for HIV and other infectious diseases at the Government Laboratory.
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral		84.6% (11 out of 13)	A total of 38 persons are currently on Highly active antiretroviral therapy (HAART). 13 of the 38 are in advanced

therapy			HIV infection. 11 of the 13 are on antiretroviral treatment. The remaining two are currently being prepared to start medication.
5. Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to child transmission	100%	100%	In 2008 there were two (2) pregnant women who received antiretroviral therapy to reduce the risk of mother-to-child transmission. In 2009 there were also two (2) mothers. One (1) of which was a repeat mother.
6. Percentage of HIV-Positive incident TB cases that received treatment for TB and HIV	50%	100%	Routine Mantoux testing is done for all active clients attending the Infectious Diseases Clinic to screen for TB/HIV co-infection. In 2008 TB/HIV co-infection was detected in two clients however only one client was qualified to be on antiretroviral treatment. Both clients received treatment for TB. In 2009 there was also 1 client.

7. Percentage of women and men aged 15-49 who received an HIV test within the last twelve months and who know their results.	Not available	Not available	Population-based survey is required.
8. Percentage of most at risk populations that have received an HIV test in the last twelve months and who know their results.	Not available	Not available	Behavioural Surveillance or special survey are required for this indicator. Survey will be conducted in 2010 for MSM.
9. Percentage of most – at-risk populations reached with HIV prevention programmes	Not available	Not available	Behavioural surveillance or special studies are required.
10. Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for child.	Not available	Not available	Population-based survey required
11. Percentage of schools that provided life skills-based HIV education in the last academic year	100%	100%	The total school population (primary and Secondary) stands at 79. In 2008 and 2009 all the school provided skills-based HIV education. HIV skills-based is included in the HFLE

			curriculum for both 63 primary schools and 16 secondary schools. In addition, the Pastoral Care Coordinator continues to advocate for education programmes to be mounted on HIV/STI prevention.
12. Current school attendance among orphans and among non orphans aged 0-14.	Not available	Not available	Special survey required.
13. Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Not available	Not available	Population-based survey required.
14. Percentage of most at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Not available	Not available	Special behavioural surveys required.

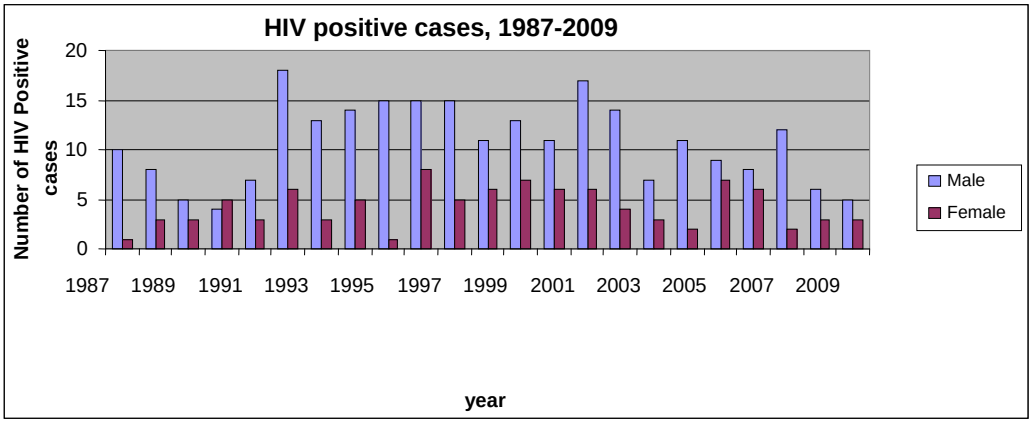
15. Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15.	Not available	Not available	A Global Health School survey was conducted in 2009 among young teenagers aged 13-15. Please refer to indicator for comments.
16. Percentage of women and men aged 15-24 who have had sexual intercourse with more than one partner in the last 12 months.	Not available	Not available	Population-based survey required.
17. Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their sexual intercourse.	Not available	Not available	
18. Percentage of female and male sex workers reporting the use of a condom with their most recent partner	Not available	Not available	
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner.	Not available	Not available	

20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse.	Not available	Not available	
21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected.	Not available	Not available	
22. Percentage of young women and men who are HIV infected.			
23. Percentage of most-at-risk populations who are HIV infected.			
24. Percentage of adults and children with HIV known to be on treatment twelve months after initiation of antiretroviral therapy			
25. Percentage of infants born to HIV mothers who are infected	0%	0%	Between January 1st 2008 – December 31st 2009, there were four exposed infants all of who were tested and are all HIV negative.

III. OVERVIEW OF THE AIDS EPIDEMIC

In 2008 over 3000 persons were tested for HIV and there were nine (9) newly identified persons while in 2009 of the 3631 persons who were tested there were 12 reactive cases, eight of the twelve cases were confirmed and four are currently pending laboratory confirmation from the Caribbean Epidemiology Centre. In 2009 of the 3631 persons testing for HIV, 554 were males while over 2025 were females. Since a peak in 2001, the new infections have declined slightly; this could possibly be attributed to behaviour change resulting from the Information, Education Communication Programmes.

Figure 4: New HIV Positive Cases, 1987-2009



Source: Government Laboratory

Figure 5: Male-Female Ratio for HIV Positive Tests, 1987-2009

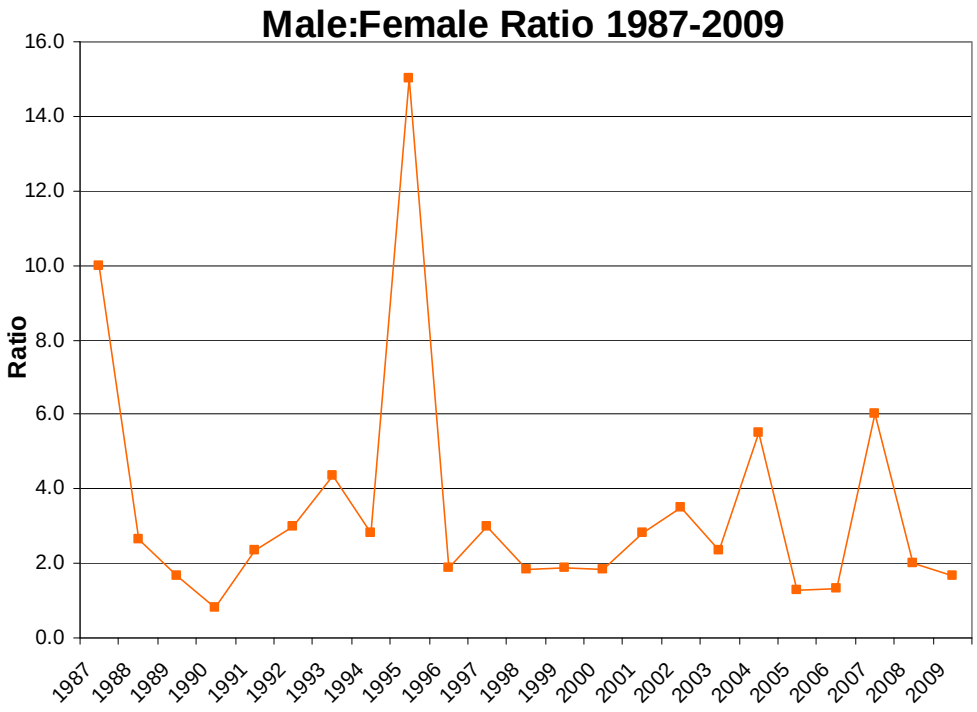
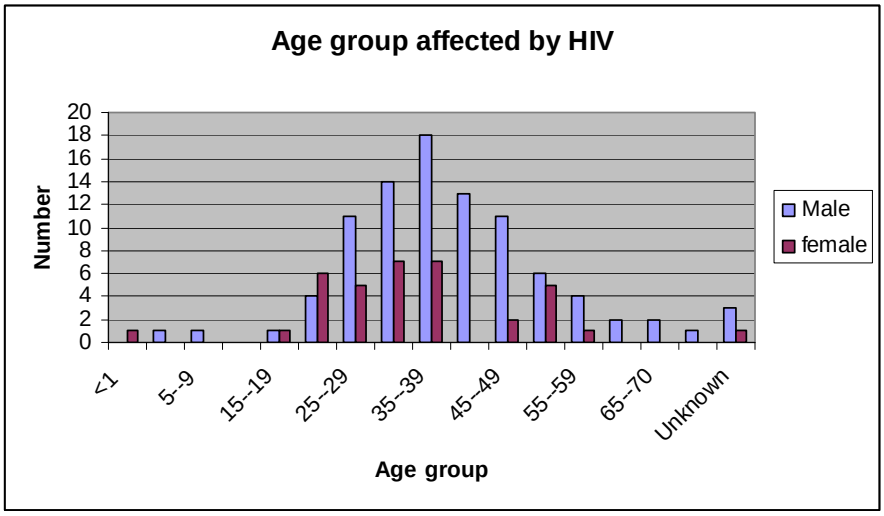


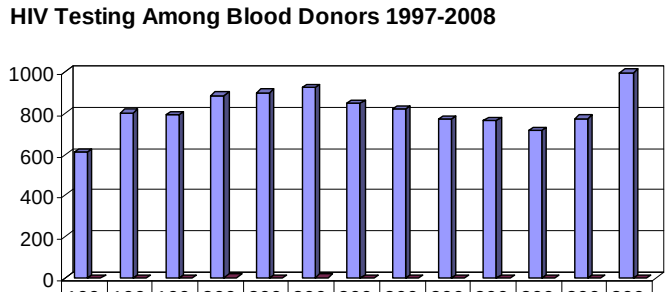
Figure 6: HIV Positives by Age Group, 1987-2009



Source: Health Information Unit/ Princess Margaret Medical Lab

HIV continues to affect the most productive population of Dominica. Males continue to make up approximately 70% of the infected population while females 27%. The age group most affected continues to be the 25-44 age group in 2008 and 2009 age groups. Figure 11 indicates that males in the 35-39 age groups are particularly affected.

Figure 7: HIV Testing Among Blood Donors, 1997-2008

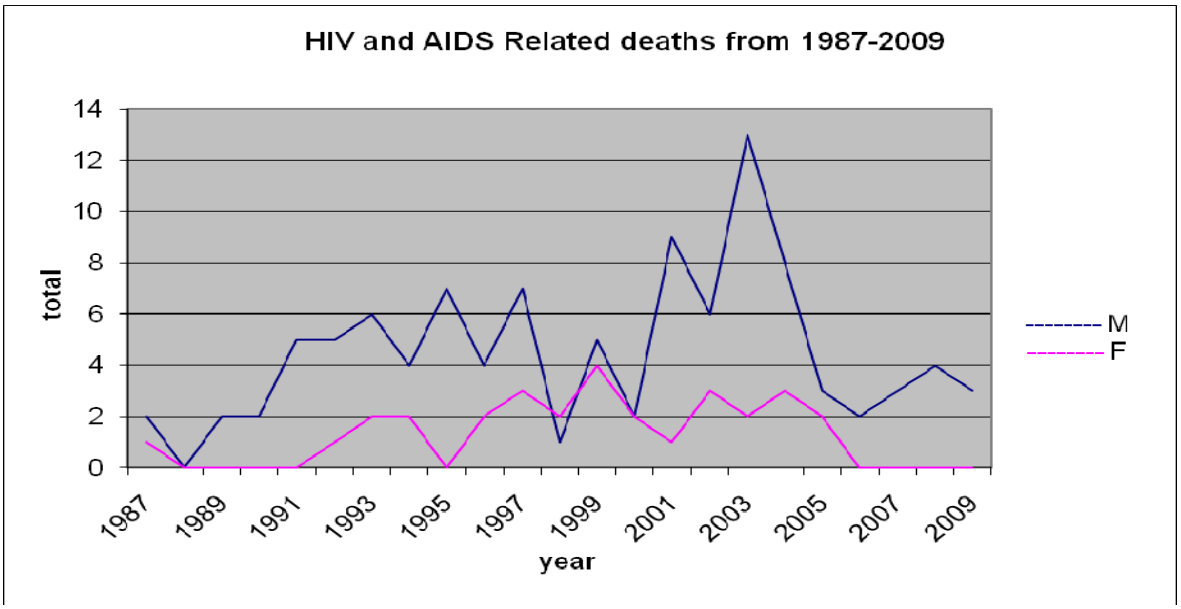


	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
No. of Donors	613	802	791	885	900	923	847	817	769	765	716	775	997
HIV Positive Donors	1	2	1	4	0	3	0	0	1	0	0	0	0

Source – Blood Bank

Blood donors continue to be screened for HIV according to Caribbean Guidelines. This year 997 persons were screened at the Blood Bank and there were no HIV positive cases. Over the past four years, there were no positive cases of HIV among all the Blood donors who were screened.

Figure 8: HIV and AIDS related Deaths, 1987-2009



Source: Health Information Unit

Figure 13 demonstrates a spike in HIV and AIDS related deaths in 2003. A decrease in the number of deaths was noted at the end of 2005. The decrease is also sustained in 2008 and 2009. This could be attributed to the advent of antiretroviral therapy and the availability of free care and treatment for persons living with HIV and AIDS since 2004.

IV. BEST PRACTICES

The term 'Best Practice' is a completely new area of analysis for the National AIDS Response Programme. The Caribbean Health Research Council in collaboration with the OECS HIV and AIDS Project Unit will be conducting consultations in Dominica to document the best practices under the Global Fund Grant. Although the assessment is pending, the programme is in the process of identifying areas for consideration as best practices.

V. MAJOR CHALLENGES AND REMEDIAL ACTIONS

The NHARP is unable to report once more on indicators generated from the populations based surveys especially in respect to the most at risk populations. This is due to limited availability of research skills, human and financial resources to conduct these studies. During consultation with civil society and government officials, there were complaints in regards to Indicator No. 2. Stakeholders complained that the questionnaire to long, repetitive and unclear in some areas.

It was also noted that some of the indicators may not necessarily require a population based survey especially in smaller territories like Dominica. This limits smaller countries capacity to report effectively therefore it may be necessary to create a mechanism which enables smaller territories to share information.

In respect to programmatic challenges, it has become necessary to employ a full time monitoring and evaluation officer to assist with the routine data collection, storage and analysis of HIV related information. The Ministry of Health of Dominica is recommending the establishment of a Health Planning Unit to address the issue of monitoring and evaluation across programmes.

The lack of evidence based data (as a result of incapacity to conduct surveys) has also affected the description of the HIV Epidemic in Dominica. Baseline data on KAPB have only been established for youth and the general population through a BSS conducted in 2005. Baseline data for the other most at risk population are still pending.

In the movement to provide improved quality of care for persons living with HIV and AIDS, salvage therapy is becoming a costly need.

Stigma and Discrimination, whether perceived or otherwise continue to affect PLWHIV's and other most at risk. This hinders access to care and treatment and other HIV prevention efforts. Therefore advocacy for policy development and legislative reform remains vital.

VI. SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

Prior to the expanded response, funding for prevention activities was through government resources and occasional assistance from other donor partners. With the advent of the Global Fund OECS Project, Dominica became a beneficiary, however, the delay with the mechanism for the disbursement of funds, created a gap which required a quick start grant. The Department for International Development (DFIF) came to the fore and provided twenty thousand US dollars to facilitate countries in the implementation of treatment and care activities. . In 2005 the OECS Global Fund Grant to fight Tuberculosis, Malaria HIV and AIDS committed eleven million US dollars to the OECS; 1.7 million of that amount was allotted to the Dominica's response.

The National HIV and AIDS Response Programme also receive financial and technical support from other international and local agencies over the past five years. The following table outlines Funding (international and country contribution) of the National response to HIV. The National Response Programme falls under the Ministry of Health & Environment, therefore the accounting responsibilities falls within the accounts department of the Ministry of Health with assistance from staff within the National HIV and AIDS Response Secretariat.

National HIV and AIDS Response Programme Funding Sources - 2008/2009

Funding Agency	**Amount (EC$)**	**Amount (US$)**	**Total (US$)**
Global Fund to fight TB, Malaria and HIV/AIDS	116,262.00+ 190,179.80	112,790.98	$112,790.98
PAN American Health Organisation	81,664.13	30,057.83	$30,057.83
Dominica Social Security	20,000.00	7,361.33	$7,361.33
Government Contribution	147,000.00	54,105.78	$54,105.78
First Caribbean International Bank (annually)	2,700.00	993.78	$993.78
Centers for Disease Control (CDC) Corporative Agreement	407,535.00	150,000.00	150,000.00
Total	**$504,264.20**	**$355,309.70**	**$355,309.70**

Source: Global Fund Coordinator records/ PSIP Report

2008-2009 Expenditure by Programme Areas

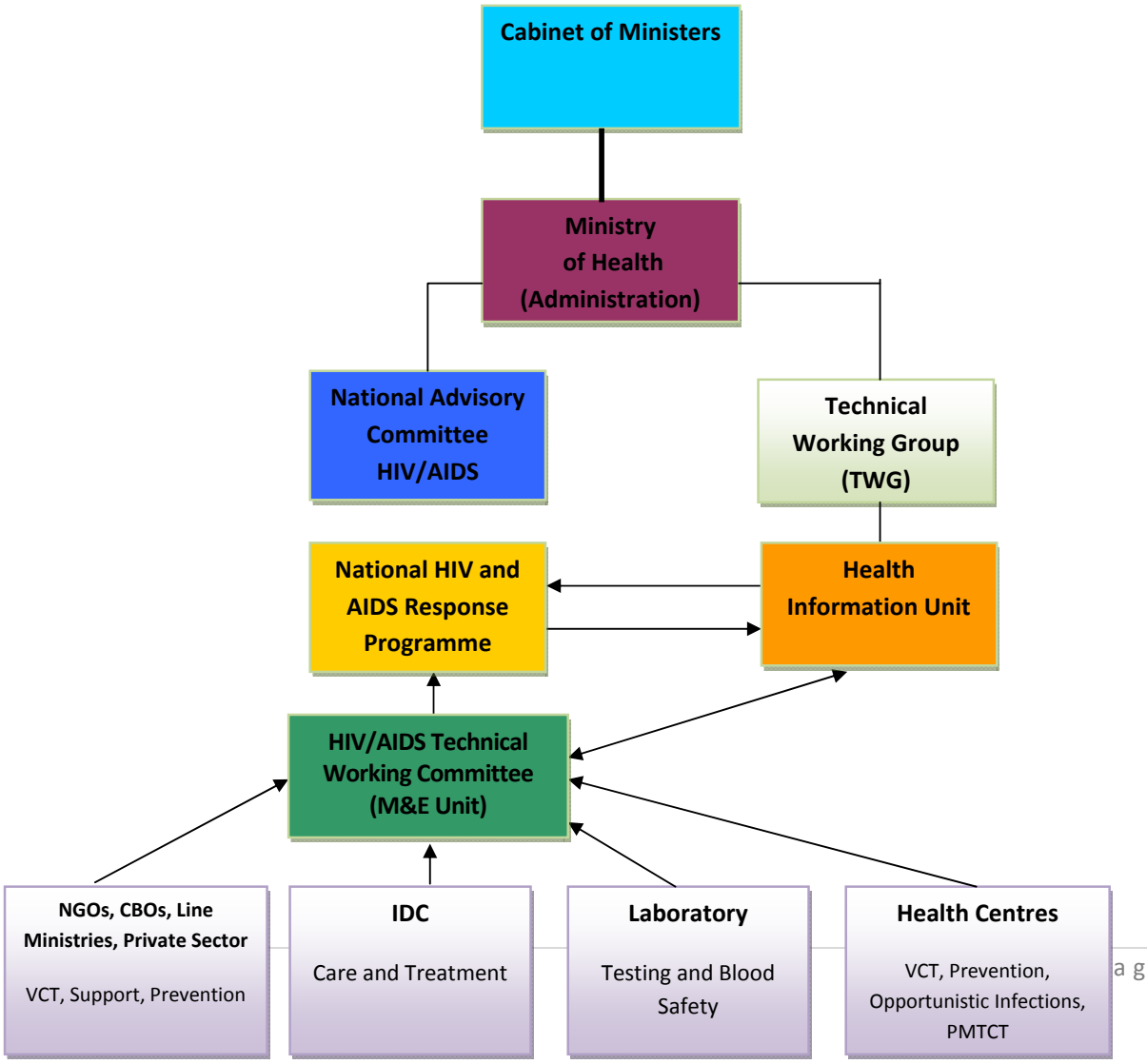
Programme Area	2008 XCD$	2009 XCD$	Total (US$)
Outpatient	102,951.13	170,944.34	100,811.76
Surveillance	29,854.21	28,898.69	21,624.98
Prevention	213,407.63	166,637.04	139,881.73
Laboratory	3,613.87	37,440.50	15,110.74
Total	**$349,826.84**	**$403,920.57**	**$277,429.21**

Source: National AIDS Project Coordinator/ Administrative Assistant

VII. MONITORING AND EVALUATION ENVIRONMENT

Monitoring and evaluation remains a priority for the national response to HIV and AIDS. An M&E culture was nurtured through training, advocacy, policy development and technical assistance over the past two years. Data collection, analysis and interpretation are key components in the improvement of HIV programming and policy development. The NHARP does not have a dedicated monitoring and evaluation officer however the Social Worker has been given the added responsibility for data collection, storage and analysis. HIV and AIDS related data is collected from various sources on a quarterly basis for preparation of reports, namely the Global Fund Quarterly Report, UNGASS Report, Universal Access and Early Warning Indicator Reports. In addition, an annual programmatic report is prepared to provide feedback to the various national stakeholders involved in the response to HIV. The following Organisational chart demonstrates the flow of information in data storage and data use.

Management Structure and Information Flow for the M&E System in Dominica



Evaluation remains a challenge since it requires the availability of research skills, financial resources and human capacity. However considering this limitation the NHARP recognised the need to enhance data collection through the implementation of an Electronic database for the Infectious Disease Clinic, the implementation of the HIV Case Base Surveillance form and the inclusion of additional variables in existing forms. Data generated from this mechanism includes; early warning indicators, individual client progress reports and drug resistance information. The following Flow chart depicts the management structure as it relates to HIV data collection and dissemination in Dominica.