

**UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON
HIV/AIDS (UNGASS)**

THE COMMONWEALTH OF DOMINICA COUNTRY REPORT 2006



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STATUS AT A GLANCE

The Commonwealth of Dominica in the Eastern Caribbean lies between the two French islands of Martinique and Guadeloupe. It has a population of 69,625 (2001 census) of which 45.4 % are under 25 years. The population is widely distributed in villages along the coast - Dominica's terrain is very mountainous - and the country faces many economic and developmental challenges. HIV/AIDS therefore presents itself within a context of an economy that is struggling to sustain growth and maintain standards of living.

Although the absolute number of HIV infections in Dominica is relatively low a total of about 300 since the first case in 1987, there is the potential for escalation of the disease, with severe consequences in this small island state. Compared to the average seroprevalence rate for the Caribbean region (2.3% as reported in the AIDS Epidemic Update 2004) the HIV prevalence rate in Dominica is low (0.2% in 2001, according to CAREC/CDC *Estimates of People living with HIV/AIDS in CAREC member countries - 2002*). However, the true rates are difficult to determine in the absence of sound epidemiological data, and because stigma and discrimination prevent people who may be at risk from seeking counseling and testing.

In Dominica HIV is spread mainly through heterosexual transmission, 15 – 49 years is the most vulnerable age group for infection and males and females between the ages of 25 and 44 years are particularly at risk. The disease still remains a seventy male to thirty female ratio.

The initial country response to HIV/AIDS was fragmented and difficult to sustain because of a lack of financial resources and insufficient knowledge about the disease. The government, with technical and financial assistance from donors is scaling up its response, and a five-year national strategic plan, developed in 2002 is being implemented, although human and financial resources remain inadequate. The first quota of money from GFTAM was received only in December 2005. But resources from DFID,

PANCAP/CIDA, the Clinton Foundation, the government and the private sector have enabled some activities to be undertaken.

A National AIDS Prevention Unit has been established in the Ministry of Health and Social Security and a national Coordinator was appointed in December 2003. PMTCT services are available at all government clinics and all HIV positive pregnant women as well as PLWHA have access to free ARV. VCT is offered at several locations. However HIV testing, though free to pregnant women in the public health care system is not free to the general public (currently costs EC \$ 40 at the government lab and \$70 at private facilities) and this is a deterrent to testing. Free testing will be made available to the general population soon with the advent of Global Funds.

Overview of the AIDS Epidemic

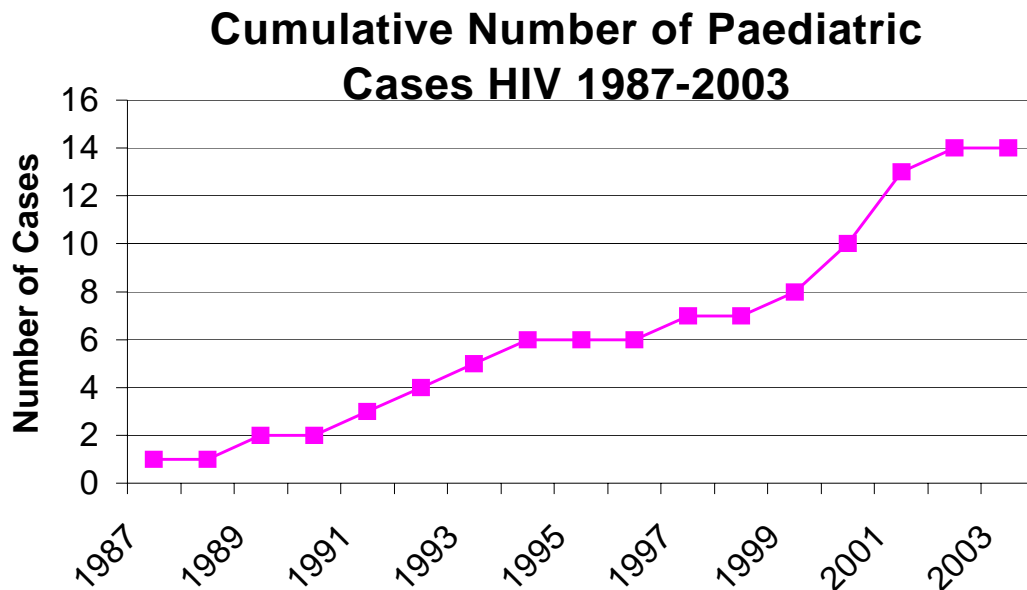
The first case of AIDS was seen in Dominica in 1987. The cumulative number of reported HIV cases at the end of 2004 was 279 (Health Information Unit). No positive cases were found among 803 antenatal women tested in 2003. The available data indicate that roughly 70% of the reported cases occur among males and 30% among females. This ratio has remained fairly constant over the period 2003-2005. Of the reported cases, 143 developed AIDS and about 100 persons are known to have died.

Like in other Caribbean territories, HIV in Dominica is spread mainly through heterosexual transmission although there are a number of cases for which the mode of infection is unknown. This reflects, in part, the problems of collecting data in a small island setting where confidentiality is difficult to maintain and where there is a high level of intolerance towards men who have sex with men (MSM). The most vulnerable age group for HIV infection is 15-49 years, but women and men 25-44 are particularly at risk.

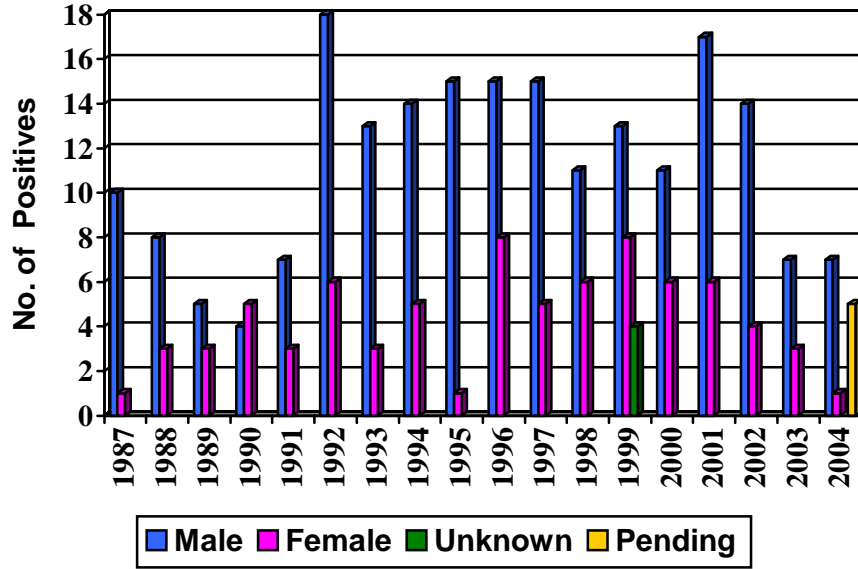
Paediatric Cases

The cumulative number of paediatric cases from 1987 to end of 2003 was 14. There were no reported cases in 2004, however there have been two exposed infants for 2005. Presently there are three paediatric cases receiving treatment, care and support within the HIV/AIDS programme.

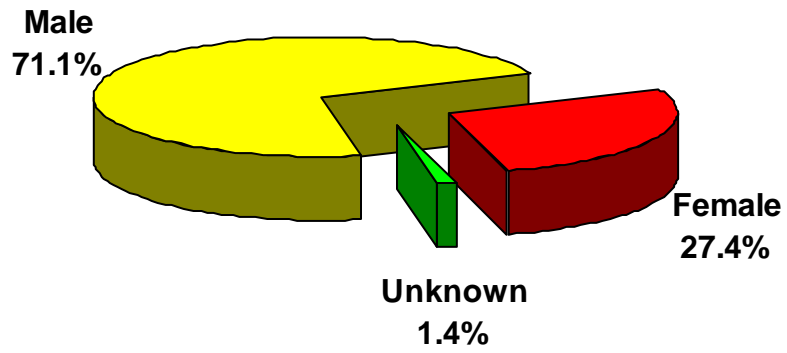
A major gap in the programme is the unavailability of data on orphans and vulnerable children.



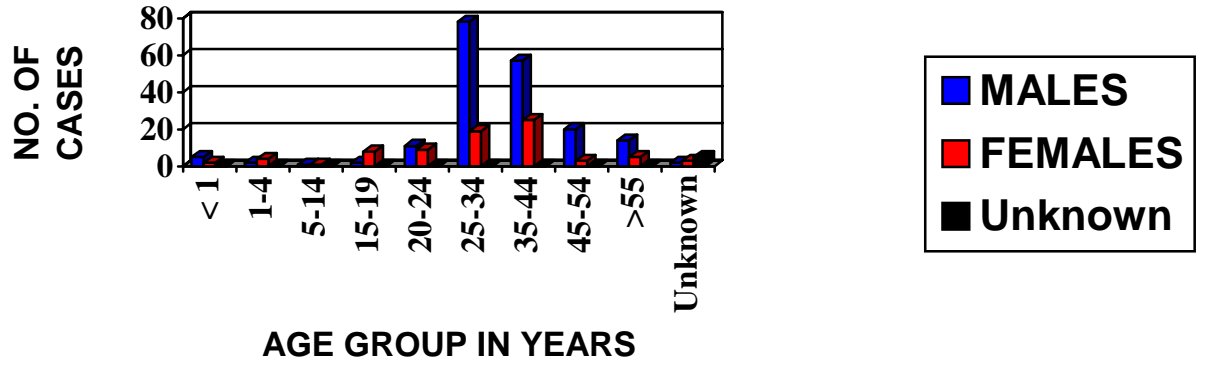
HIV POSITIVES BY SEX & YEAR DOMINICA
1987 - 2004



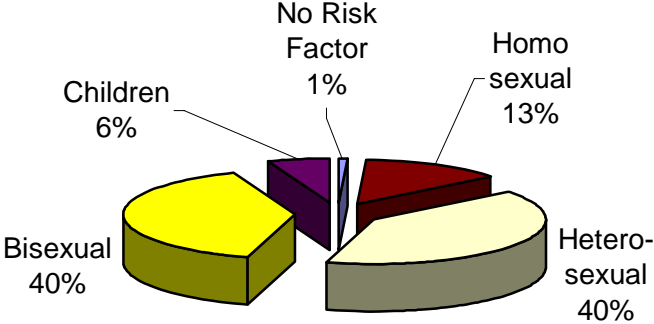
TOTAL HIV POSITIVES BY SEX DOMINICA 1987- 2003



HIV POSITIVES BY AGE AT TESTING DOMINICA 1987 - 2003



**AIDS Cases by Exposure Category
1987-99**



National Response to the AIDS Epidemic

In assessing the national response to HIV/AIDS in Dominica it is important to be aware of the factors that are likely to influence that response. During a national consultation preceding the development of the NSP in 2002 the following were identified as strengths and weaknesses that could impede or facilitate the success of an expanded response.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • A well developed primary health care system • Close collaboration with international agencies • Community participation through system of local government authorities • Recognition of HIV/AIDS as a priority area in the National Health Plan • Accessibility to some form of information channel/media and • Provision of health education through drug education in schools through the STATS programme 	<ul style="list-style-type: none"> • Economic decline • Inadequate numbers of trained professionals working with HIV/AIDS • Increased migration of skilled professionals • Lack of leadership to drive the process forward • Little involvement from faith-based organizations • Insufficient involvement of the private sector • The small size of the country makes confidentiality of client information difficult • Inadequate level of commitment by the media • Cultural acceptance of risky lifestyle such as multiple partners and extra-marital relationships • Stigmatization of PLWHA by the general public and some health care workers

Source: Adapted from *The Commonwealth of Dominica National HIV/AIDS Strategic Plan 2003 - 2007*

In the early days of HIV/AIDS in Dominica, several initiatives by the government were undertaken, with regional and international support. Most energy was focused on prevention, and HIV/AIDS education was incorporated into reproductive health and other education programmes of the Health Promotion Unit of the Ministry of Health. A National AIDS Committee, which included a wide cross-section of the community,

government agencies, civil society and religious organizations and the private sector, was formed as early as 1988. The Committee's aim was to provide guidance to the MOH for preventing the spread of HIV. A comprehensive information and education campaign through the media, schools and community groups was in existence since 1986. Some NGOs, notably the Dominica Planned Parenthood Association and the National Youth Council implemented education programmes specifically for young people and by 1995 a national survey showed very high knowledge of HIV/AIDS in both rural and urban communities, although people continued to engage in risky behaviour.

These efforts, though commendable, lost momentum, exhibited certain gaps and were inadequate to deal with the increasing prevalence of the disease. As the Caribbean governments became increasingly aware of the potentially devastating impact of HIV/AIDS in the region, with prevalence rates second only to sub-Saharan Africa, they sought and obtained international assistance for an accelerated response to the disease.

Recognizing that HIV/AIDS is a national problem, which requires a well-coordinated national response, the Government of Dominica held a national consultation in 2002 and developed a five-year National Strategic Plan for HIV/AIDS. The NSP is based on the Caribbean Regional Strategic Framework for HIV/AIDS 2002 – 2006, prepared by the Pan-Caribbean Partnership (PANCAP) on HIV/AIDS. The Priority Areas, Strategic Objectives and Strategies for Dominica for the period 2003 – 2007 are therefore in keeping with the regional priorities. However, they are carefully tailored to meet the specificities of the Dominican situation.

Priority areas and Strategic Objectives of the Dominica NSP

Priority Area 1	Programme Design, Implementation, Management and Evaluation	<p>1.1 To build managerial and institutional capacity to support an expanded response to HIV/AIDS</p> <p>1.2 To mobilize adequate resources to sustain the implementation of the SP programme and initiative</p> <p>1.3 To expand and improve the quality of information available for programme development, programme management, and monitoring</p> <p>1.4 To ensure multisectoral participation in the expanded response</p> <p>1.5 To maintain the process of the expanded response</p>
Priority Area 2	Advocacy, Human Rights, Policy development and Evaluation	<p>2.1 To promote multisectoral awareness of HIV/AIDS</p> <p>2.2 To reduce stigma, discrimination and human rights abuses against PLWHA</p> <p>2.3 To promote openness and acceptance of PLWHA</p>
Priority Area 3	Provision of Care and Support for PLWHA	<p>3.1 To improve access to medication and treatment for PLWHA</p> <p>3.2 To ensure standards for the clinical management and care of HIV/AIDS/STI are upheld</p> <p>3.3 To strengthen diagnostic capability</p>
Priority area 4	Prevention of HIV transmission among the General Population	<p>4.1 To empower the population to adopt healthy sexual behaviour</p>

		4.2 Provide wide access to voluntary counseling and testing services
Priority Area 5	Prevention of HIV transmission among Especially Vulnerable Groups	5.1 To reduce the transmission of HIV among young people 5.2 To reduce the rate of transmission among the indigenous population 5.3 To reduce the rate of transmission among MSM 5.4 To reduce the rate of transmission among persons engaged in commercial sex work
Priority Area 6	Prevention of MCTC	6.1 To promote healthy sexual lifestyles for women and their partners 6.2 Implement a national MTCT Programme

Priority Area 2 (Advocacy, Human Rights, Policy Development and Evaluation) was addressed in 2005 through a national assessment on HIV/AIDS, law, ethics and human rights and the findings clearly documented. Follow-up action will be required to ensure that the rights of persons infected with and affected by HIV/AIDS are protected.

Priority Area 6 (PMTCT) was established in 2001 and protocols and guidelines were developed.

Major challenges faced and actions needed to achieve the goals and targets

- Although the NSP is a comprehensive document of appropriate strategies and priorities, its implementation has been impeded by lack of both human and financial resources and lack of adequate infrastructure. The National AIDS Programme Coordinator, appointed in December 2003 and her small staff are overstretched to meet the current demands of the programme and their office space in the Ministry of Health and Social Security is fragmented and inadequate.

The location of the programme in the Ministry of Health does not help to promote its image of a national, multi-sectoral Programme rather than a health Programme. Suitable, adequate, and accessible office space should be found for the National HIV /AIDS unit.

- The HIV/AIDS Unit does not have a sustained level of funding with which to implement the NSP. The funding from GFTAM is performance-based and dependent on the performance of all OECS Countries.
- The National AIDS Committee, chaired by the Minister of Health, does not meet as regularly as it should and therefore does not provide the strategic guidance, which the Programme requires. On the other hand, the Technical Committee comprised of NGO's, service clubs, representative of Ministry of Legal Affairs, FBO, and the Ministry of Education, meets when necessary, however the meetings need to be scheduled at regular intervals.
- Data required for management, including monitoring and evaluation is not available in a format that will generate suitable information. The surveillance system needs to be strengthened through capacity building initiatives such as acquisition of equipment and supplies and training of human resources and establishment of databases.
- Confidentiality of patient information is not guaranteed therefore people who need the service are afraid to access them. There are ongoing myths about promiscuity, homosexuality, and how HIV/AIDS is spread. These should be addressed through education at all levels. Efforts are being made to maintain confidentiality in health care services and the PLWHA clinic is integrated into other outpatient clinics at the Princess Margaret Hospital.
- Strategic partners such as the media and religious organizations are still on the fringes of the programme and need to assume a more central role. Specific programmes targeting the media and religious leaders should be implemented.

- Stigma and discrimination still remain a factor in impeding the progress of the programme for example, although ART has been freely available since 2004, the benefits have not been reflected in number of clients registered in the care and treatment programme.

NGO Perspective

The NGOs are very enthusiastic about the HIV/AIDS programme and implement activities for prevention as well as care and support of PLWHA. There is a high level of collaboration between NGOs and the HIV/AIDS Unit. However, not everyone has access to the programmes that are available. Media programmes are expensive and the majority of corporate citizens do not appear to be sufficiently interested.

Lack of funds is one of the major problems of NGOs as they depend on their small subvention from government or on the generosity of local businesses and fund raising activities. They are unable to do as much as they could because often the few local businesses, which contribute, complain of donor fatigue and the government subvention has to be used for a number of priorities other than HIV/AIDS.

The National Strategic Plan is an excellent document, which needs to be reviewed and updated.

The National HIV/AIDS Prevention Unit should incorporate NGOs as equal partners into its planning process and seek opportunities with international agencies for funding of NGO activities, which address the priorities of the NSP. The National HIV/AIDS Prevention Unit could also facilitate capacity building of NGOs to strengthen the coordinated response to HIV/AIDS.

PLWHA perspective

PLWHA in Dominica believe that the government is doing a lot to prevent the spread of HIV/AIDS and to provide care and support for PLWHA, but in their view much more needs to be done. They are very appreciative of the efforts by the government to make ARVs available free of cost to all who need them. The following have been identified as problems to be addressed:

- Confidentiality, not only among health care providers but all cases where people interface with PLWHA.
- The public does not talk about HIV/AIDS; there should be greater efforts to engage the public in discussion of the issues such as radio talk shows.
- IEC is not sufficiently powerful to bring about behaviour change. Most people have the information but have continued with risky behaviours. Something more is needed to bring about the change.

Support required from development partners

The involvement of international donors and partners is critical to the successful implementation of Dominica's NSP for HIV/AIDS. However this involvement has to be carefully structured and streamlined to be beneficial. Presently there a number of reporting requirements, which, though necessary could be better, coordinated to reduce the excessive demands on limited staff time. Indicators for reporting to the various agencies should be harmonized.

Development partners could provide more technical assistance through training and exchange programmes for capacity building in strategic areas such as surveillance, BCC, programme management, and monitoring and evaluation.

Donors should be more efficient in disbursing funds, which have been committed to the programme. For example GFTAM funding did not reach Dominica until late December 2005. Reports however have to reflect a period of ten months prior to monies being disbursed.

Development partners should require a certain percentage of funds to be allocated to NGOs for HIV/AIDS activities in the NSP although this issue is addressed by GFTAM which has specified allocations of funds for NGO and PLWHA.

Monitoring and Evaluation environment

Monitoring and Evaluation for HIV/AIDS in Dominica, like in other OECS countries, is being addressed through strengthening of the national M&E systems. Monitoring and Evaluation training workshops have been held and the appointment of an M&E Coordinator is pending. An M&E framework for Dominica has been developed and the Plan is in draft form. On-going technical assistance is provided by the M&E Adviser, UNAIDS Caribbean RST in collaboration with other partners.

A regional M&E Technical Working Group was formed in September 2003 comprising CAREC, CCNAPC, CHRC, UWI, UNAIDS, USAID/Measure Evaluation, CDC, PAHO and the World Bank. The group meets bi-monthly and has responsibility for coordination of technical assistance provision, advisory, harmonization, and advocacy. The TWG's strategic activities in the region include:

- Technical revision of Caribbean indicators and measurement tools – in line with GFTAM/WB and other donor harmonization
- Development of regional M&E Framework to guide collaborative process of M&E systems strengthening.

At the sub-regional/national level, the following activities were implemented:

- A workshop in Dominica in May 2005 to pilot harmonized tools – national M&E framework and operational plan; data flow mapping
- Informatics workshop for OECS countries was held in Dominica in October 2005 to develop/refine data collection tools
- A workshop for OECS countries was held in St Lucia in 2005 to harmonize interpretation of GFTAM indicators and plan data collection.

The current focus of the TWG is on multi-partner data collection missions to support GFTAM and UNGASS reporting and strengthening national M&E systems. A fully functional M&E system in OECS countries, including Dominica, will ensure:

- National M&E frameworks and operational plans
- Harmonized GFTAM/WB/regional indicators
- Data flow mapping
- Data collection and abstraction forms
- Informatics
- Timely reporting to donors
- Data use and dissemination for improved programming

ANNEX 1

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
ART	Anti Retroviral Therapy
BCC	Bahaviour Change Communication
CAREC	Caribbean Epidemiological Center
CHRC	Caribbean Health Research Center
CBO	Community Based Organisation
CCNAPC	Caribbean Coalition of National AIDS Programme Coordinators
CSW	Commercial Sex Worker
FBO	Faith based organisation
HIV	Human Immuno-Deficiency Virus
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MOHSS	Ministry of Health and Social Security
NACC	National Aids Co-ordinating Committee
NSP	National Strategic Plan
NGO	Non Governmental Organization
OI	Opportunist Infection
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PLWHA	People Living with HIV and AIDS
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UWI	University of the West Indies
RST	Regional Support Team
TWG	Technical Working Group
VCT	Voluntary Counselling and Testing