State of Commitment to UHC in Dominica

A Civil Society Perspective

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Consultation on The State of Commitment to UHC in Dominica

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Background/Context

In 2019 world leaders gave a commitment to ensure that all people have access to quality health services, when and where they need them, without financial hardship, as part of their right to health. This commitment was made at the at the High-Level UN meeting on Universal Health Coverage. World leaders also agreed that by 2023, an additional 1 billion people would be provided *with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics, and health technologies*, with the ultimate goal of ensuring that all people are covered by 2030. A follow up UN HLM on UHC will be held in September 2023 to review progress made in the implementation of these commitments.

The Civil Society Engagement Mechanism for UHC 2030 as part of the monitoring process engages civil society organizations in targeted countries to help in reviewing the progress made on the UHC commitments, thus giving a voice to people who would otherwise not be part of the monitoring and evaluation process of the state of commitment of UHC in their respective countries.

Introduction

On May 27, 2022, invited representatives of Civil Society Organizations (CSO) including end users of healthcare services from across Dominica met to discuss and evaluate the state of the country's commitment to and progress made to attaining Universal Health Coverage (UHC) by 2030.

The prescribed guiding questions provided by the Civil Society Engagement Mechanism for UHC2030 (CSEM), formed the basis for the conversations although a few additional questions arose from the ensuing lively discussions. Participants were reminded that there were no right, or wrong answers and everyone's views would be taken into consideration.

Civil Society Perspectives were collated from fifteen participating organizations and individuals

Achievement Learning Centre – Children with learning challenges
Community Hostels Inc (Grotto Home for the Homeless)
Dominica Association of People with Disabilities
Dominica Cancer Society
Dominica Cancer Society Roseau Support Group
Dominica Cancer Society Support Group for the North
Dominica Council on Aging
Dominica Dementia Foundation
Dominica Diabetes Association
Dominica Dialysis Association
Lifeline Ministries

PACIS Respite Centre
Sickle Cell Cares
Psychiatric Unit Staff
Relative of a Psychiatric Patient

A total of twenty-six (26) representatives eventually took part as several had to cancel at the last minute because of COVID.

Participants who brought a wealth of knowledge to the discussion included health personnel, educators working with challenged children, consumers of the health care services including those living with NCD's, CSO administrators/leaders, caregivers, child protection activist, advocates for the elderly, people living with disabilities and careers of the mentally ill. Additionally, because of the small population some attendees belong to other civil society organizations, hence the perspectives may be representative of many more CSO's including Rotary, church groups.

Methodology

Focus Group discussion is well-suited to capture the input from civil society groups who in turn represent some of the most vulnerable in the communities. To facilitate the discussions participants were divided into three groups composed of roughly the same number of people and with an equal spread of professionals present. Each group was led by a facilitator posing the questions and guiding the conversations, and a recorder as scribe. Group A deliberated on questions 1 and 2; Group B looked at questions 3, 4, and 5 and Group C tackled questions 6, 7 and 8.
Question 9 was dealt with during the plenary session to allow all participants to voice their perspective on the subject.

Key Findings

Nine subjects explored during this Focus Group Meeting produced very lively debates and the key findings are summarized.

CATEGORY 1: ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

While some participants seemed unaware of government agencies engaging across sectors specifically for advancing UHC, others felt that this was the responsibility of the Ministry of health through its Health Promotion Unit. Many agreed that the country had a relatively good health care system, but loopholes or cracks exist which affect both access and the quality of care provided.

Additional responses related to political leadership going beyond health to facilitate access included:

- Healthcare on a national level has improved; primary health care service is universal; new China Friendship hospital and Marigot Hospital and services are in evidence; new smart health care facilities being built e.g., Newtown and Wesley and general improvements in road network to access facilities.
- Discretionary grants are available at the Dominica Social Security to assist people who need cash to assist them with healthcare emergencies including treatment overseas.

Health Advocacy
CSO's have had some success engaging government and organizations outside health. They noted that there has been advocacy across sectors, responses from other agencies or government ministries to assist with healthcare for citizens.
For example:

> Invitations were extended for training by the NGO (Sickle Cell Cares) and over 30 health care professionals were engaged.
> The Dominica Diabetes Association became engaged in advancing the Ministries of Health and Education regarding the school nutrition policy (replacing sweet drinks with water and fruits at schools).

During the COVID-19 pandemic, has your government made UHC a high priority?

During the COVID-19 Pandemic testing and treatment were free to the general public and those diagnosed respectively. However, there were challenges in accessing health care for other health conditions as services particularly for chronic conditions were inadvertently deprioritized.

The question of how new policies related to the pandemic influence change on the path towards UHC, elicited a not "aware" response from some participants.
However, it was felt that the pandemic brought about some positive developments for example:

- the greater use of telemedicine
- social debates taking place on social media
- the use of the media (social and traditional) by the authorities to keep the public informed with such regularity
- consultations with the public on vaccines.

It was felt that, moving forward, these positive experiences could be translated into policies and practices for achieving UHC within the given timeframe.

CATEGORY 2: LEAVE NO ONE BEHIND

The groups of people who struggle to gain access were identified as: the elderly; disabled or challenged; the mentally ill; the homeless; people who are financially challenged; migrants who face language barriers and the uninsured. These groups encounter such barriers as lack of mobility, insufficient care, lack of finance and the lack of trained care givers.

It was further suggested that a subset of the above groups would be the *"under prioritized group":* people with serious mental health illness, homeless individuals, and children.

Specific health services not given priority were identified as palliative care, care for elderly especially centenarians, cancer and psychiatric patients; podiatry, dietary services, adult counselling, children's counselling, habilitation centres.

Some vulnerable groups are protected/supported by laws/policies. For example:

There is a National Mental Health Act in place; there is a policy for elderly and persons living with a disability, but these have not been operationalized. There is also a policy on HIV/AIDS. These laws and policies are on paper and despite the campaign launched by the Dominica Association of Disabled People (DAPD) and the representations made regarding the limitations of the policy for the elderly and disabled populations, it is still unclear how well they are applied in support and protection of these population groups.

Recommendation: There is great need for national health insurance

Dominica has over the years put in place policies that eliminate out-of-pocket expenses for certain population groups and types of services. Primary Health Care Services (PHCS) are generally free to anyone accessing the services; hospital fees were removed for people sixty (60) years and over and eighteen (18) years and under. However, there remains a mismatch between demand for medication and access to said medication which negatively impacts individuals who can't afford to purchase medication at the private pharmacies.

CATEGORY 3: REGULATE AND LEGISLATE

The responses surrounding the existence of UHC laws/policies/strategies can be placed into two camps (1) No laws/policies/strategies (2) not aware.

A strong argument was made for the 'no laws' camp. For example, it was said that "there are no laws for the protection of consumer information leading to hesitation to ask for medical information. Doctors may choose to charge for a medical report at an exorbitant cost."

However, PHC policy makes medical information more easily accessible as patients have their "medical book", an exercise book which records their medical/health encounters at the health centres, and their "medical book" remains with them.

Questions around accountability and monitoring mechanisms for UHC was again met with an "I don't know" response by some respondents. One respondent said "yes, such mechanisms exist, but felt it was not adequately used. One organization knew about a proposed electronic medical record system for the OECS states including Dominica (EGRIP) from some years ago. Apparently, the pilot system was not implemented, and it was not being used.

Regarding laws and policies to engage people in planning, budgeting and monitoring health plans; Again, the responses loudly declared there were "no laws, and do not know if policies exist", although in practice some ad hoc engagement is observed.

CATEGORY 4: UPHOLD QUALITY CARE

It was acknowledged that Dominica had developed a solid primary health care system.

Group B participants responded yes that the quality of the health services was good. Waiting times were long but generally due to patient compliance issues and it was felt that the general cleanliness of the facilities was improving.

But group members and more so participants in plenary also added the following as impacting the quality of the health services.

Additional Question
What is the personal responsibility of the patient?
People are heavily reliant on the authorities. They want everything for free

- Data was not adequately captured to verify health information provided
- There was insufficient staff
- Some professionals do not have adequate information
- Equipment was not well maintained
- Access to supplies and drugs are limited and inadequate
- Poor customer service
- Lack of psychosocial training

The population groups most impacted by the gaps in quality were:
- Dialysis patients who experience inadequate supplies and drugs
- People with disabilities experience gaps related to access including physical access to facilities
- People with mental illness.

Despite district nurses initiating a “round -up” programme for people with mental health disabilities, these people encounter health personnel who do not want to deal with them or who just do not know how best to interact with them.

Nurse: I am stretched to provide services for three health centres and an institution. Then people come to my home after I leave the health centre. Too much responsibilities for one nurse. I am stressed

Health worker attrition is not limited to Dominica or developing states and despite continuous training with two nursing schools on island, staffing is woefully inadequate with a lack of retention at all levels in the health sector.

Health workers may leave for other countries within the Caribbean, the United Kingdom (UK) and North America.

Community health workers are part of the health staff roster but pay is considered inadequate.

CATEGORY 5: INVEST MORE, INVEST BETTER

Generally, it was expressed that Government should redirect budgetary spending to primary health care and human resource training/development.

It was felt by one group member that the health services would benefit if government invested in a public health department.

Increasing incentives to retain trained personnel was another area for greater expenditure as it was reiterated the workload was heavy and the responsibilities placed on nurses in primary health care enormous.

Recommendation: Government needs to prioritize investments.

Generally, it was felt that Government was not spending enough on the health services, although health service spending was increasing, equipment and personnel were lacking. One group member researched and found that in 2020-21, 9.9% of the national budget was allocated to health.

Increased spending on health services is probably hampered by lack of political will to allocate more to health services or Government's other spending priorities for example erecting new buildings.

CATEGORY 6: MOVE TOGETHER

There have been opportunities for consultations including Civil Society Organizations organized by PAHO/WHO; two CSOs had been involved in consultations regarding adolescents; another CSO had participated in Nutritional consultation to curb childhood obesity.

Generally, it was felt consultations were too few and regarded by some as tokenism.

An observation from the Dominica Dialysis Association that older persons are more set in their way of living and find it harder to make the necessary changes to their diet. Younger people are more willing to do that. Whether or not a person qualifies for dialysis should not depend on their age but more on their willingness and effort to make healthy changes.

To suggest change is challenging. Older people are less compliant with health regimes than others. Therefore, greater consultation between elderly and the Ministry of Health is required so that they can put forward proposals for legislation that which affects them most e.g., noise.

Upon further interrogation it was revealed that there is room for better engagement with elderly society. Consultation has improved slightly but it's not great.

At the community level/village councils, church organizations and individuals are engaged in matters of health planning, although the extent of involvement was not the same everywhere.

There were opportunities for discussion following a disaster situation (post Hurricane Maria). With discussions centered around how to deal with certain diseases and the possibility of abuse by professionals. However, with no mechanisms for justice, or for lodging complaints the maltreatment of people goes away with no consequences.

Post Maria there were more opportunities for communities to be engaged in health-related issues, through the varies International Relief Aid organizations. That has since died down as life went slowly back to normal.

For example, in hospital, elderly patients were said to be neglected, ignored for long periods to the point of having bed sores and infections. This situation could have been a direct consequence of staff shortage and staff susceptibility to COVID-19 infection.

There are no formal civil society forums or representative bodies that engage with decision makers.

There may be some engagement with PAHO/WHO at times. And post disaster NGOs collaborated with IOM in areas of psychological support, health and safety and water sanitation.

An informal virtual civil society forum initiated by Lifeline Ministries is currently functioning only on WhatsApp. This forum can be improved from simple connections to representation.

CATEGORY 7: GENDER EQUALITY

The major challenges faced by women and girls were identified as:
Finance: women and girls must find extra money to pay for sanitary pads and tampons.

Contraceptives, which are not readily available for underage sexually active teens.
Abortion/termination rights; access to healthcare for adolescents away from home, access to health insurance and the taboo mentality were all deemed major challenges faced by women and girls.

Other challenges were grouped as access to specialists:
Sleep specialists, allergists, vascular surgeons, hematologist, pulmonologist, neurologist, plastic surgeons. Due to the size of the population in Dominica, not every specialized health service is available on the island.

Culturally there is a lot of discrimination and judgement towards the LGBTQ community

No “one stop shop” services for victims of abuse especially women, children and elderly.

Individuals identifying as non-binary are not acknowledged in our culture such people would be subject to discrimination and stigma and confidentiality issues.

CATEGORY 8: EMERGENCY PREPAREDNESS

The COVID-19 pandemic affected the primary health care system in many ways. Resources, both in terms of supplies and manpower, became overwhelmed. As a result, normal health/clinic services were affected. Staff shortage was further exacerbated when healthcare personnel became ill from the COVID-19 virus (SARS CoV2) resulting in service disruption due to unavailability of replacement staff. The PHC system near collapsed under this strain.

Due to the shortage of nurses and healthcare workers, they worked long hours and transportation after work proved to be a challenge with people feeling unsafe. This was especially the case during the lockdown and the curfew

The workload became crushing as staff had the added but pressing new duties of administering vaccines, testing and taking care of those who were ill with COVID-19 symptoms but presented themselves for care.

Staff stress levels and exposure to infection were further compounded by the absence of psychological aid, transportation issues and family support including daycare for their children.

Despite all these challenges health care personnel performed creditably to help save lives.

From the patients end, they had to endure excessively long waiting periods to get an appointment for essential healthcare. It was difficult to get a clinic appointment as most clinics were almost completely shut down.

At some point police assistance was necessary at local health centers. When that assistance stopped after about one month, that added to healthcare workers feeling unsafe and sometimes threatened.

Other challenges voiced were:

- Difference in opinion vaccinated/anti-vaccine believers
- Population ill with other ailments and could not be treated at the time hence increased morbidity and mortality. People died with COVID-19 not necessarily of COVID-19
- Delayed testing for access to proper treatment
- Many amputations due to not accessing care at the time
- Many decompensated chronic diseases due to lack of health care access.
- Blood bank without blood
- Maternity - fathers not being present during birth of their babies
- Hospital wards – close family unable to be present even with death or serious illness
- Sadly, despite this experience we are still unprepared
- Lack of ambulance services
- Not much contact with other ministries not related to health
- Abuse of patients by staff.

Poor communication on what was required to get access to healthcare, like a negative PCR or antigen test, caused people to be sent home and not get the much-needed care they needed. it is assumed that people, for example, may have lost limbs due to this lack of clear communication

CATEGORY 9: LOOKING TO 2023

UHC and the distribution of health services in Dominica could benefit from attention given to:

- Better communication for prevention measures
- Why men are not using health services – or (Men's health seeking behaviour)
- Discrimination

Working men (and parents) lack of access due to working hours – Access for men e.g. farmers, would be greatly facilitated if the clinics/health centres provided services for them in the evenings or on the weekend when they are not on the farms.

Request to Head of State

- Make National Health Insurance a priority
- What can you do about the quality of health care at the hospitals, particularly:
    - staff retention
    - attitude improvements (continuous training/improved recruitment practices)

    - health systems review
    - operationalization of protocols including that for COVID-positive patients
- Enforce or strengthen the noise abatement act especially for elderly population.

Message to World Leaders

- Eliminate poverty
- We need help with human and practical resources. Provide incentives for nurses to remain in the Caribbean with their families instead of migrating to first world countries
- Fund civil society to work on providing private services and development of attitudes as better alternative to public services, better accountability with money in relation to services
- Fund regional centres of excellence for the Caribbean
- Address climate change.

End of Report