



STRATEGIC PLAN FOR HEALTH

Investing in Health-Building a Safer Future

Volume 2 Action Plan

2010 – 2019



PREPARED BY THE MINISTRY OF HEALTH
GOVERNMENT OF THE COMMONWEALTH OF DOMINICA

Investing in Health –Building a Safer Future



VOLUME 2

Action Plan

**PREPARED BY THE MINISTRY OF HEALTH
GOVERNMENT OF THE COMMONWEALTH OF DOMINICA**

Approved by Cabinet on September 7, 2010

Wellness * Partnership * Human Resources * Access * Integrated Delivery Systems * Information Technology

Integrated Delivery Systems

Partnership

Human Resource

Information Technology

Wellness

Wellness * Partnership * Human Resources * Access * Integrated Delivery Systems * Information Technology



FOREWORD



**HON. ROOSEVELT SKERRIT
PRIME MINISTER**

The past ten years have been a period in which we as Dominicans have witnessed significant improvements in the health status of our people. This improved quality of life has also contributed to lifestyle changes, which ironically now present us with some of our greatest challenges. Our people are living longer and concomitantly, there is an increasing prevalence of Chronic Non-Communicable Diseases.

Our health system like other public health systems worldwide continues to experience unprecedented pressures. Those pressures include a quantum leap in available technology matched by rising expectations within the population and human resource shortages. It is essential, therefore, to inform the long-term development of this massive, complex system, that we have an over-arching strategy.

This National Strategic Plan for Health is a blueprint to guide policy-makers and service providers towards delivery of the articulated vision. The plan is consistent with the broader social policy directions of the Government expressed in the Growth and Social Protection Strategy (GSPS) and identifies overarching goals to guide planning and activity in the health system over the next ten (10) years.

The Government of the Commonwealth of Dominica is committed to providing health care for all persons who live in this country. Our health care system must reflect our national values: our concerns for equity, our determination to end poverty and disadvantage.

A critical challenge will be to restructure our financing mechanisms in order to ensure that we can sustain the improvements that we will make. The Government remains committed to investing resources to improve the health and well-being of all Dominicans; however, the successful implementation of this plan is dependent on the collaborative efforts of each and every Dominican.

**HONOURABLE ROOSEVELT SKERRIT
PRIME MINISTER**



FOREWORD



HONOURABLE JULIUS TIMOTHY
MINISTER FOR HEALTH

Quality health care has been an important factor in the socio economic development of our people. Our epidemiological profile is now similar to that of developed countries.

This Strategic Plan for Health charts the course for the health system to address the challenges we currently face. It is the result of a collaborative effort of stakeholders both within and beyond the public sector who contributed significantly to the thinking manifested in the Strategic Plan and will continue to contribute to the management of the changes they sought. It seeks to build on the milestones achieved and also presents strategies for tackling outstanding challenges.

We pledge to develop a healthier and more productive society by embarking on a program of prevention and healthy lifestyle choices. Health promotion will be at the core of the approach that will seek to strengthen the role of the people, both individually and collectively in the delivery of health services.

We will surmount the challenges identified through hard work, enthusiasm and the support of NGOs, the private sector and other Ministries.

This National Strategic Plan for Health is a living document. It will be modified regularly to adapt to changes in the population's health status, demography, technology and the economy, and action plans will be fine-tuned in response to regular evaluation of outcomes.

I am grateful to all persons who contributed to the development of this Plan and will do everything possible in support of its implementation.

HONOURABLE JULIUS TIMOTHY
MINISTER FOR HEALTH

ACKNOWLEDGEMENTS

The Ministry of Health gratefully acknowledges the contribution of all persons who made the development and publication of this National Strategic Health Plan possible.

- The Core Planning Committee for overseeing the process
- The chairpersons of the various sub- committees for giving leadership and guidance on the development of their assigned areas.
- The members of the four sub committees who collected the data and ensured that the views of their organizations were considered.
- The Permanent Secretary in the Ministry of Health for his unwavering support and commitment to the process.
- Our collaboration of partners including the private sector, NGO's and other line Ministries.
- The Pan-American Health Organization, particularly the Country Program Officer for Dominica, who coordinated the entire process and all others who contributed to making this National Strategic Health Plan a reality.

TABLE OF CONTENTS

FOREWORD

MESSAGE

ACKNOWLEDGEMENTS

CHAPTER 1: OVERVIEW 1

FOUNDATIONAL STATEMENTS 1

PROCESS OF PLAN FORMULATION 2

CHAPTER 2: STRATEGIC CHALLENGES 7

Summary Situation Analysis 7

- Health status of the population 7
- Management of health services and response capacity 8
- Influence of social determinants on the health of the population 9
- Sustainability of health services..... 9
- Organization and management of the health system..... 10

Summary of Challenges11

CHAPTER 3: ACHIEVING HEALTH & WELLNESS14

Plan addressing:

- Health status of the Population 16
- Social Determinants of Health 24
- Management of Health Services..... 26
- Organization & Management of the Health System 28
- Resources for Health 31

Implementation strategies 33

ANNEX 1: Scope of Work of Sub Committees 34

2: Composition and Terms of Reference of Strategic Planning Committee 37

3: Work Plan Proposal 39

4: List of Participating Organizations/Individuals 41

LIST OF ABBREVIATIONS 43

REFERENCES 44

*If we do not swim together
We will all drown one by one*

*Hon Roosevelt Skerrit
Prime Minister
2008*

CHAPTER 1

FOUNDATIONAL STATEMENTS

VISION

Partnering for optimum health

MISSION

To enhance the ability of persons living in Dominica, to better manage their own health, improve their productivity and quality of life and reduce their risk for disease and injury in the most cost-effective way.

Global & Regional Mandates

Caribbean Cooperation in Health III
Millennium Development Goals
Caribbean Commission on Health & Development
Port of Spain Declaration
Renewing Primary Health Care Initiative
International Health Regulations
Global Framework on Tobacco Convention
St Georges Declaration
MARPOL Convention

PRINCIPLES

The following principles will be used to guide Dominica's health services and system into the future:

- **People-centred** - the health system regards the interests of people as the central priority when making decisions. The needs of individuals, families, and communities are identified and addressed and they participate in decision-making to improve their health and well-being;
- **Accessibility** - health services are reasonably located and user-friendly so that all people in the community including the youth can obtain the services they need in a timely fashion.
- **Accountability** - the outcomes of health services are measured, assessed, and publicly reported to achieve maximum effectiveness.
- **Affordability** - services provided must be at a cost which does not act as a barrier to access.
- **Equity** - every person has a fair opportunity to attain his/her full health potential regardless of factors such as socio-economic status, gender, age, ability, and culture;
- **Quality** - health services are delivered within acceptable clinical standards, by qualified service providers, and in an environment of teamwork, creativity, and commitment;
- **Sustainability** - the public health system is structured and supported in a way that ensures stability of human resources, efficient use of financial resources, and long-term affordability.

Process of Plan Formulation

Following the end of the planning cycle for the Dominica NSPH in December 2006, the Ministry of Health decided to embark on a strategic planning process that would allow the country to design the improvements and charter the direction in health. The process involved wide national participation, consultation, and support to ensure that the resulting NSPH reflected the interest of the people.

To guide and facilitate the process, the MoH selected a Strategic Planning Committee (SPC) with wide participation of stakeholders and other sectors with direct responsibility for safeguarding the health and well being of the population.

To aid the completion of the work assignments, the SPC was divided into the following sub-Committees;

- *Health Profile & Systems*: - responsible for gathering information and conducting the analysis of the demographic and epidemiological profile including the physical environment; analysis of the policy, legal and regulatory framework, EPHF and Public Health, steering role and institutional capacity of the MOH.
- *Social Determinants of Health*: - analysis of the social, economic and political environments utilizing the determinants of health approach, with particular emphasis on education, housing, labour, social participation and support networks, gender and social justice.
- *Health Financing* which was later amended to *Resources for Health*:- provides analysis of the current and projected financial framework to ensure universal access and equity in health; physical infrastructure, health information; human resources for health; health technology and equipment
- *Health Services*: - analysis of the organization of health Services, both public and private, and its management and response capacity.

In February 2007, Cabinet approved the composition and terms of reference of the Strategic Planning Committee, the four Sub-Committees and a Core Committee consisting of chairpersons of the subcommittees and the Health Plan Coordinator. (See annex 1)

The Core Committee ensured the definition of the NSPH 2008 – 2017 within a framework of broad participation with reference to the national priorities of Dominica. Members were also responsible for chairing the sub-committees and ensuring the development of a communication strategy for the consultative process with stakeholders which would allow them to participate and ensure national “buy-in” for the approval of the NSPH. They achieved consensus on the priority health problems, directions and operational volumes of the NSPH.

The SPC led, coordinated the drafting, discussion and consultation processes, ensuring intersectoral participation, wide stakeholder consultation and feed back. Deliverables for the SPC were:

1. A Concept paper for the strategic planning process
2. An updated Health Situation Analysis
3. A draft NSPH 2008- 2017

4. A draft Cabinet Paper
5. A Social Communication Plan for the dissemination of the NSPH

The reports presented by the subcommittees informed the health situation analysis and guided the decision making process for the establishment of strategic directions, priorities, goals, indicators and strategies for achieving these. Each sub-committee constituted not less than five persons.

Technical support was provided by the Pan American Health Organization's Office of Eastern Caribbean Coordination (PAHO/ECC), under the coordination of the Health Systems Development Advisor. They provided capacity - building, technical guidance and support throughout the process. (Workplan proposal is detailed in Annex 2).

Methods of data collection varied by sub committee and depended on type of information needed. This included focus group meetings, questionnaires, research among others. Two consultations were held at the end of 2007. The first was to present the draft situation analysis and the other to present main challenges, objectives and strategies for improvement. Feedback received was incorporated into the document. The draft situation analysis was presented to heads of department for comments. Each Chairperson made presentation on behalf of their sub committee. The document was sent to the PAHO ECC office for comments before final printing and dissemination.

The methodology for compilation for volume two (2) was similar to that for volume one. A stakeholders meeting was held to present the draft Plan, and provide instructions for development of Volume 3.

Progress was impeded by human resource constraints and inadequate commitment to the process by key stakeholders. It was agreed that the NSPH would contain four operational volumes as outlined below.

Operational Volumes of the National Strategic Plan for Health

Volume 1: Health Situation Analysis. This volume contains an overview of the health sector in Dominica. It also describes the health problems and the response of the Ministry of health to date. It contains detailed situation and response analyses for the priority health areas.

Volume 2: Action Plan - Describes strategic directions, goals, objectives, proposed strategies and mechanisms to bring about improvements to health status in Dominica.

Volume 3: Operational Plans. This Volume is a compilation of operational plans for implementation of the NSPH by health institutions, health districts and service departments

Volume 4: Resources for Health- Contains estimates of resources needed for execution of the plan.

- Financing which includes (1) strategies for financing the health sector, (2) a compilation of the costs of plans in volume three, (3) the estimated cost of
- Primary Health Care Services, (4) the cost of action plans for hospital services, (5) a consolidated cost of the NSPH with indication of sources of funding.
- Estimates of human resource needs of the sector including a training plan which outlines areas for training in preparation for the required skill mix at all levels of the health system.
- An outline of the proposed HIS structure and road map for the implementation and a compilation of monitoring and research needs.
- Proposals for physical projects, including estimated costs
- Inventory of equipment needing replacement over the next 10 years, new items to be added to list, and proposed timetable for introduction of health technology.

The operational plans which make up Volume 3 were developed by the heads of departments and program areas, using the objectives, strategies and indicators developed in Volume two. The benefits which are expected to be derived are as follows:

1. To better monitor activities and evaluate outcomes
2. To enable each department and program area to identify their role in implementation of the NSPH.
3. To facilitate the yearly process of corporate planning.
4. To assist in the implementation of National Health Accounts

Volume 4 is a compilation of all estimated costs and budgets for resources needed over the next ten years. Currently, Dominica does not have a clear picture of the cost of providing health care to its citizens. Technical assistance will be provided by PAHO to cost the different sections of the NSPH as outlined above.

The long awaited human resource plan for the health sector which is expected to be developed with technical assistance from PAHO will also be costed. Costs include training in priority areas identified in the training plan.

Cost of implementation of the proposed Health Information System structure and strategies for financing are presented in this section.

It is expected that several physical projects will be undertaken during the lifespan of the NSPH. These projects and estimates of costs are outlined in this volume.

The estimated cost of new equipment and technology as provided by the Procurement Committee is included in this volume. Given the financing constraints faced by the country, it is important that all aspects of the plan be costed in order obtain a clearer understanding of the challenges faced and develop strategies for meeting them.

The public health approaches outlined in the **Essential Public Health Functions** (EPHF) is a strategy for improving overall health systems performance. They describe the spectrum of competencies and actions that are required to reach the central objective of public health, improving the health of populations.

Essential Public Health Functions	
EPHF 1	Monitoring, Evaluation and Analysis of Health Status
EPHF 2	Public Health Surveillance, Research, and Control of Risks and Threats to Public Health
EPHF 3	Health Promotion
EPHF 4	Social Participation in Health
EPHF 5	Development of Policies and Institutional Capacity for Planning and Management in Public Health
EPHF 6	Strengthening of Institutional Capacity for Regulation and Enforcement in Public Health
EPHF 7	Evaluations and Promotion of Equitable Access to Necessary Health Services
EPHF 8	Human Resource Development and Training in Public Health
EPHF 9	Quality Assurance in Personal and Population-based Health Services
EPHF 10	Research in Public Health
EPHF 11	Reduction of the Impact of Emergencies and Disasters in Health

It is recognised that health promotion and disease prevention are cornerstones of **wellness**. Population health (simply the ability to look at the collective health of a group rather than that of individuals, health promotion (focusing on health rather than illness disease and injury), prevention (preventing ill health from occurring), and health protection (taking measures to safeguard health), are principles and approaches which will be integrated into the programs identified in this plan for the next ten years, in support of the shift **from illness to wellness** and **from health systems to health**.

Health Promotion Strategy
1. Healthy public policy,
2. Reorienting health services,
3. Empowering communities to achieve well-being,
4. Creating supportive environments,
5. Developing personal health skills,
6. Building and maintaining alliances and partnerships

CHAPTER 2: STRATEGIC CHALLENGES

Summary Situation Analysis

Dominica has made commendable progress in recent decades in terms of all the classic indicators of population health. This is largely as a result of government policies addressing the social determinants of health, and emphasizing the importance of primary health care. We stand justifiably proud of the gains made in spite of limitations and challenges such as setbacks by natural disasters and limited resources. Although there remains a great deal to be done, we are confident that having understood the value of good health to the social and economic development of a nation, our leaders will continue to give health the priority it deserves so that our people will continue to live longer healthier lives.

Good health is a balance of physical mental, emotional and spiritual elements. All four interact for a strong healthy person. If we neglect one, we get out of balance and our health suffers in all areas.¹

Health the extent to which an individual or group is able, on the one hand, to develop aspirations and satisfy needs; and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is seen as a positive concept emphasizing social and personal resources, as well as physical capacities.

The priority challenges facing Dominica can be combined into the following categories:

- *health status of the population including demographic change;*
- *Influence of social determinants on the health of the population*
- *Management of health services and response capacity including quality*
- *Organization and management of the health system.*
- *Sustainability of health services.*

Health Status of the Population;

Dominica has high rates of circulatory disease, cancer, and diabetes. Additionally, Dominicans tend to rank high on the risk factors of obesity, alcohol consumption, and lack of physical exercise which are strongly linked to many chronic diseases.

Chronic diseases are now the main cause of morbidity and mortality with aggressive health promotion and education strategies being employed to combat their effects.

Lessening the incidence of chronic disease by promoting healthy behaviours, preventing the onset of disease, and managing disease in an effective manner will bring significant benefits to Dominicans. This population health approach will improve quality of life, length of life, and reduce the burden on the health system of treating chronic disease

Prevention and control of Communicable diseases has been very successful, although lately there has a re- emergence of certain diseases such as tuberculosis. Dengue remains endemic in Dominica. The recent emergence of Influenza A H1N1 has proven our vulnerability to global threats.

¹ National Aboriginal Health Organization 2002

Over the past two years PAHO has assisted Dominica to develop National Influenza Preparedness Plans as required by WHO in accordance to the International Health Regulations 2005. Technical cooperation provided by CAREC consisted of capacity building for influenza surveillance which included provision of laboratory supplies, training for specimen collection, submission and testing, and training in shipping in compliance with IATA regulations.

As a result of the capacity building activities, Dominica was better able to implement the enhanced surveillance required for the new variant of swine influenza virus.

Like the rest of the Caribbean region, HIV& AIDS poses a serious threat to the most productive sector of our society. Trends point to decreasing morbidity rates which may be attributed to the availability of treatment. Another area of serious concern is the amount of preventable injury which occurs throughout the country particularly among youth.

The population size and structure in Dominica continues to undergo significant change which has a direct impact on the health system. It is necessary to anticipate and react to these changes to ensure the right health services are available and accessible to best serve the needs of the population

The key elements of demographic change which present planning challenges are:

- population decline,
- urbanization,
- out migration, mainly of young people, including young families, resulting in a decrease in the availability of traditional family supports for seniors

-Aging population: this means services and supports for seniors are becoming more important and services for children need to be based on a declining population.

•Management of Health Services and Response Capacity;

The current health situation in Dominica is favourable and must be maintained. The primary health care system was firmly established and has worked well, however it needs to be evaluated and reviewed. There is a functional referral system in place. Health is viewed as a basic human right, and every citizen has equal access to health care services. Health services are provided through health teams across the island.

Priority attention is given to the health of priority groups such as children, women, and the elderly. Adolescent health services and men's health require some more attention.

Services at primary health care level are free at the point of delivery. A system of user charges is in place at the hospital, but collection rates are very low.

The main challenge affecting the delivery of services is limited human resources. Dominica continues to depend on technical assistance from Cuba, Nigeria and recently China to provide specialist services to its citizens. Drugs are available at all public health facilities and are free of cost at community level. Patients at the hospital only pay an administrative fee of EC\$5.00 per prescription.

Secondary Care receives the larger portion of the annual budget in spite of the focus being on prevention. Services have been expanded to include an

Intensive Care unit at PMH and a Diagnostic Centre at Portsmouth. Tertiary care is accessed in neighbouring islands.

Integration of services and promotion of wellness programmes are some of the strategies for implementation in this Plan for health

•Influence of Social Determinants on Health of the Population

Dominica has realized that while health and social services make a contribution to health, most of the key determinants of health lie outside the direct influence of health. Whether people are healthy or not, go beyond the provision of health services and are largely determined by their circumstances and environment. Virtually all major diseases are primarily determined by specific exposures to the economic and social conditions under which people live. The context of people's lives determines their health. This is particularly the case for cardiovascular disease and type II diabetes.

During stakeholder consultations for development of this plan unemployment and job security ranked the highest among the priority issues, affecting Dominican youth and women in particular. Unemployment leads to health problems such as mental stress, poor nutrition and diet, violence and crime, teenage pregnancy and other sexual and reproductive health problems, illegal drug abuse and trafficking.

Other social determinants of health affecting the Dominican population include the erosion of social support networks, the social environment, personal life practices and coping skills. This is particularly evident among the

youth and evidenced by deviant behavior.

The government has made significant strides in improving the housing conditions of many through its housing revolution. Most households have access to safe drinking water and good sanitation.

Dominicans have universal access to primary and secondary school education; however, with the emphasis on the academics, there is need for alternatives such as technical vocational training for those who are unable to meet the standards.

• Sustainability of Health Services.

The health services face increased costs during a time of fiscal restraint. The funding of health is a strategic concern. Without adequate and sustainable funding the system cannot provide quality care and will suffer from instability. The main drivers of increased health costs are new technology, new pharmaceuticals and treating chronic diseases in an aging population.

Dominica has no system of social insurance. The small number of persons in formal employment creates a challenge for the viability of such a scheme. Health insurance is provided by private insurance companies.

Although the cost of delivering health care is unknown, there are certain inefficiencies which must be tackled, such as reducing lengths of stay in hospital, and delivering more services on an out-patient basis.

Many of the **facilities** built following the introduction of primary health care in the early 1980's are now grossly underutilized and costly to maintain. These pressures challenge government's ability to sustain the

system unless continued efficiencies and new models of service delivery can be achieved. The Ministry of Health with technical assistance from PAHO completed a vulnerability assessment of all its health facilities at the end of 2008.

Human resource management, particularly the retention of health workers continues to be a priority issue for the government. The area of largest attrition has been among trained nurses. The Dominica State College with technical assistance from the government of Cuba continues to train different categories of nurses to fill the gaps. The government of Cuba also assists in training of medical doctors.

Currently, **health technology** is limited, but is expected to play an expanded role during the life of this plan. Procurement and maintenance of equipment requires strengthening.

Health Information for decision making is of growing importance. There is need for physical space to house the current Health Information Unit. A National Surveillance Committee meets weekly to review any reports of communicable diseases on the island. Human resource for that department is also critical.

•Organization and Management of the Health System

There is need to improve the institutional capacity to manage and develop the health system to meet demands of changing epidemiology, emerging technologies and resource constraints. Health care delivery in Dominica is channeled into primary and secondary care. The clinics are the first point of contact with the health services and serve to minimize demand pressure on the health centres and the hospital.

This system has worked well for the past two plus decades; however, government cannot continue to be the main provider of health care.

Private health services are limited and out patient care usually provided by individual practitioners, who work on a part time basis. There is need to provide incentives encouraging investment in health provision.

Health services need to be reorganized to meet changing trends in health care delivery. Dominica has no health sector reform agenda in place to effect that change.

Quality management continues to be an area of weakness; however, with the identification of a focal point, strategies are being implemented to strengthen that area at national level.

Health Planning is an area of identified weakness which needs urgent strengthening. The Ministry has no position of Health Planner.

The Health Promotion Resource Centre provides education to the public on matters of health, with a focus on empowering communities. Some of their initiatives have been viewed by PAHO as best practices in the Caribbean.

The medical model is still very dominant and there is need for re-organization of the system to reflect the changing needs of the population and keep abreast with current trends in health management. The Dominican public is very well informed about health issues this increased knowledge is being translated into a greater interest in and greater demand for improvements in our health services.

The Strategic Plan for Health in Dominica describes the challenges currently faced by the health system and sets out new directions for the system over the next ten years. A clear understanding of the scale and dimensions of these challenges will demonstrate how the plan is effectively targeted on the best solutions. A summary of the challenges is outlined in Table 1.1 below:

Table 1.1 CHALLENGES

Priority Areas	Challenges
Priority Area 1 - Health Status of the Population	
1.1 Chronic Non- Communicable Diseases	Rising morbidity and mortality related to CNCD's High levels of risk factors for cardiovascular diseases among population. Lack of standardized approach to management of CNCD's
1.2 Selected Cancers	Increasing rates of cancer
1.3 Nutrition and Physical Exercise	Nutritional deficiency diseases Insufficient attention to the causes of persistent anaemia among the 0-5 age group and pregnant women Obesity and lack of physical exercise Limited information for decision making. Food Security Lack of a comprehensive program for monitoring food security High cost of nutritionally appropriate foods
1.4 Mental Health & Drug Abuse Prevention	Persistent stigmatization and discrimination of persons with mental health disorders Lack of mental health policies and plans (including substance abuse) Lack of Quality assurance in provision of care to the mentally ill Antiquated mental health legislation Inadequate programs for early detection, prevention and intervention of mental health issues Inadequate referral among sectors Inadequate clinical services for children, adolescents, forensic cases and substance abusers Limited information on mental health issues
1.5 Family & Community Health	Child Health Inadequate breast feeding programmes High perinatal mortality rates The number of children with developmental and other disabilities Limited progress in the management of common childhood disease Child abuse Adolescent health Lack of comprehensive approach to adolescent health(ADH) services for in and out of school youth Initiation of unhealthy behaviours including early sexual activity, drug abuse and poor dietary habits (GSHS) Reproductive health Inadequate quality and coverage of reproductive health care services especially for adolescents and men Late bookings at ante natal clinics

	<p>Improve the health of the Indigenous people</p> <p>Elderly Limited information on the health issues and needs of the elderly Inadequate preparation by individuals for growing old Inadequate preparation of health care workers, community and family to meet the needs of the elderly</p> <p>Persons with disabilities Limited physical access to health facilities Services for persons with special needs</p>
1.6 Oral health	<p>Inadequate information systems for national surveillance of oral health situation</p> <p>Inadequate oral health coverage</p> <p>Lack of guidelines regarding oral health</p>
1.7 Accidents & Injuries	<p>Accidents in the home, particularly among children.</p> <p>Accidents at the workplace</p> <p>Incidence of road traffic accidents (RTAs) particularly among youth</p> <p>New and re-emerging diseases</p> <p>Food water and vector borne diseases</p> <p>Weak STI and TB programmes</p> <p>HIV and AIDS</p>
Priority Area 2 - Social Determinants of Health	
2.1 Personal health Practices	<p>Lifestyle behaviors</p> <ul style="list-style-type: none"> • Smoking • Substance abuse including alcohol • Poor eating habits • Lack of exercise • Poor stress management
2.2 Social Support	<p>Limited social support</p> <p>Increased number of school drop - outs</p> <p>Lack interest and low performance by males in school</p>
	<p>Unemployment/ underemployment particularly among single women</p> <p>High incidence of alcohol and other substance abuse including alcohol</p> <p>Gender-based inequities related to income, age, and social status</p> <p>Sexual and physical abuse of women and children</p>
Priority Area 3 - Management of Health Services	
3.1 Primary Health Care	<p>Outdated structure</p> <p>Quality of service</p> <p>High levels of risk factors for CNCD's</p> <p>Weak information system</p>
3.2 Secondary Health Care	<p>Lack of trust by the public</p> <p>Ineffective management system</p> <p>Increased demand for patient care services</p> <p>Limited human and material resources</p> <p>Weakness in plant</p> <p>Weak information system</p>
3.3 Private Health Services	<p>Limited collaboration with private services</p>

3.4 Environmental Health	Food security
	Control of communicable diseases
	Limited Port Health Surveillance
Priority Area 4 – Organization and Management of the Health System	
4.1 Health management, planning and policy	Limited monitoring, evaluation, and analysis of health status of services
	Weak planning capability
	Outdated management structure
	Lack of regulatory and enforcement policies for public health practice.
	Absence of reform agenda
4.2 Health care delivery system	Limited interface of the health delivery systems with other sectors
	Insufficient interface of departments within the health sector
4.3 National Health Accounts	Insufficient data collection on health expenditure
	Unknown cost of providing health services
4.4 Quality	Lack of quality assurance in personal and population-based health services
4.5 Legislative Framework	Outdated public health laws
4.6 Disaster Management	Absence of comprehensive disaster/emergency management plan
Priority Area 5 – Resources for Health	
5.1 Health Care Financing	Under-financing of health sector resulting from government being the main financier of health services
	Disparity in allocation of resources within the Ministry of Health
	Ability to provide advanced technology
	Inappropriate use of existing resources
5.2 Human Resources for Health	Inadequate supply of health professionals with the appropriate skills
5.3 Health Infrastructure	Inadequate attention given to design of health facilities
	Weak facilities maintenance systems
5.4 Health Information	Limited information for decision making
	Inadequate utilization of available information
5.5 Health Technology and Equipment	Timely replacement of equipment
	Acquisition of new technology
	Prolonging the life span of medical equipment

CHAPTER 3: ACHIEVING HEALTH & WELLNESS

A wellness strategy has been developed to improve the health of the nation. ***Wellness is a state of emotional, mental, physical, social and spiritual wellbeing which enables people to reach and maintain their personal potential within their communities.***

There is need to promote and coordinate those activities which focus on health and wellness to obtain maximum impact on the population. The health system is still focused on the illness model and with the full support of our partners we plan to move to one which achieves wellness. The wellness strategy is built on the parameters of promotion, prevention, protection and early intervention.

Health Promotion

Health promotion is the process of helping people take control of and improve their health. The concerns with the extent of CNCD's among the Dominican population needs to be addressed. The key contributory factors such as diet, physical inactivity, smoking and alcohol misuse need to be tackled. The Health Promotion Resource Centre (HRPC) will-

- Assist individuals, families and communities to make healthy choices with particular focus on healthy eating, active living, smoking prevention and moderate alcohol consumption.
- Continue to promote the Health Community Initiative in collaboration with other sectors.
- Make health promotion an integral part of the Primary Health Care System

Disease Prevention

Many diseases and injuries are preventable through immunization, early detection and change in behaviour. Prevention is one of the key functions of the Primary Health Care system.

Health Protection

The Ministry of Health has the responsibility for protecting the health of the public in areas such as communicable diseases and food safety. The Environmental Health Department in conjunction with other departments such as the Dominica Solid Waste Corporation and the Dominica Water and Sewerage Company, are mandated to protect the health of the people.

Child & Youth Development

Early childhood development is the foundation for lifelong competence and coping skills that have a positive impact on health, behaviour and learning. Along with investing in early childhood initiatives, the wellness strategy will also focus on supporting the health and well-being of youth. This will be done in partnership with the Ministry of Education Youth Affairs & Sports, NGO's, Youth Division, Welfare Division among others.

The following five strategic directions provide the overarching framework for action on health. They also provide a framework for all partners in the health system to

link their policy decisions and investments to health outcomes.

1. **Population Health**
2. **Determinants of Health**
3. **Health Systems**
4. **Health Services**
5. **Resources for Health**

The terms used throughout the plan are operationally defined as follows:

Priority issues: Areas of main concern

Goal: summarises the ultimate direction or desired achievement.

Strategic objectives: A statement of change that will contribute to the overall goal

Objectives: speak to specific desired achievements.

Indicator: The statistics or measures that are used to measure progress in implementing the Strategic Plan for Health. Unless otherwise indicated, **2009 forms the base year for all indicators.**

The following goals are long term in nature with a five to ten year horizon.

1. Improve the health status of the people of the Commonwealth of Dominica
2. Strengthen the capacity of communities to support health and well being
3. Provide quality health services that respond to the needs of the population
4. Develop a reformed health system which provides equitable, sustainable and high quality services
5. Advocate for adequate resources for health.

Within each goal, medium term objectives have been identified.

Priority Area 1 - Health Status of the Population

GOAL: Improve the health status of the people of the Commonwealth of Dominica

1.1 Chronic Non- Communicable Diseases			
Strategic Objective: To increase healthy behaviours and supports among the population			
Challenges	Objectives	Strategy	Indicators
Rising morbidity and mortality related to CNCD's	<p>To reduce morbidity and mortality related to CNCD's</p> <p>To determine the economic impact of specific CNCD's.</p>	<p>Health Promotion – focus on prevention</p> <p>Healthy Public policy</p> <p>Research and surveillance</p>	<p>Mortality rates from Diabetes, hypertension and selected cancers reduced by at least 10% by 2019</p> <p>Reduced rates of complications of CNCD by end 2018:</p> <ul style="list-style-type: none"> amputations by 20% CVA's by 10%. <p>Economic costs of management of diabetes and hypertension established by 2017</p>
High levels of risk factors for cardiovascular diseases among the population.	To reduce risk factors of cardiovascular disease.	<p>Empowering communities</p> <p>Research</p> <p>Re-orientation of health services</p> <p>Promote wellness culture</p> <p>Public awareness (IEC)</p> <p>Building Alliances</p>	<p>Wellness Centre piloted in one Type 3 health centre by 2012</p> <p>Wellness Centre established in all seven health district by end 2018</p> <p>At least two (2) NGO's offer wellness programs by 2015</p> <p>At least 10% decrease in the number of newly diagnosed individuals with cardiovascular diseases by the end of 2018</p>
Lack of standardized approach to management of CNCD's	<p>To standardize care and treatment for specific CNCD's</p> <ul style="list-style-type: none"> Diabetes Hypertension Asthma 	Healthy Public policy	<p>Diabetic and hypertensive manual completed, disseminated and in use by end 2012</p> <p>Guidelines for asthma management available and utilized in all health care facilities by end 2014.</p>

1.2 Selected Cancers			
Strategic Objective: To reduce the incidence of breast, prostate and cervical cancer among the general population.			
Challenges	Objectives	Strategy	Indicators
Increasing rates of cancer	<p>To decrease morbidity and mortality related to Prostate, cervical and breast cancers.</p> <p>To Improve health seeking behaviours</p> <p>To promote smoke free environments</p>	<p>Healthy public policy</p> <p>Public awareness(IEC)</p>	<p>Guidelines for screening and management of specific cancers developed and in use by 2014</p> <p>Cancer registry developed by 2013</p> <p>20% increase in number of men 45 years and over screened for prostate cancer by 2018</p> <p>20% increase number of women aged 15-49 screened for cervical cancer by 2018</p> <p>20% increase number of women aged 15-49 screened for breast cancer by 2018</p> <p>Policy enacted to prohibit smoking in public places by end of 2012.</p>
1.3 Nutrition and Physical Exercise			
Strategic Objective: To promote health living through proper nutrition and physical exercise.			
Challenges	Objectives	Strategy	Indicators
<p>Nutritional deficiency diseases</p> <p>Insufficient attention to the causes of persistent anaemia among the 0-5 age group and pregnant women</p>	<p>To decrease the prevalence of anaemia among the identified groups</p> <p>To improve nutritional quality and safety of foods particularly among the poor.</p>	<p>Healthy public policy:</p> <p>Creating supportive environments</p> <p>Re-orientation of services</p> <p>Developing personal health skills</p> <p>Building alliances</p> <p>Empowering communities</p> <p>Research</p>	<p>National infant and young child feeding policies established by 2015</p> <p>Revised growth chart incorporating WHO growth reference utilized in all public health facilities by 2011</p> <p>Nutrition surveillance system for young children 0-5 yrs established and integrated into national HIS by 2015</p> <p>20% decrease in anaemia in pregnancy among primigravida by 2017</p>

Obesity and lack of physical exercise	To promote healthy diet and physical activity among the general population	Healthy Public Policy: National Dietary guidelines Empowering communities	Baseline data on prevalence of obesity in the general population established by end 2012 Healthy food options available at schools offering School Feeding Programmes for students by 2012. Physical activity mandatory at all levels of education by end 2011 ≥10 % decrease in prevalence of obesity among selected population groups by 2018
Limited information for decision making.	To obtain data for programme planning	Surveillance systems	Information on nutritional status of population available at HIU by 2016
Food Security Lack of a comprehensive program for monitoring food security	To strengthen national capacity for monitoring food security	Healthy Public Policy: Public Awareness Building alliances Empowering communities	Role and responsibilities of National Food & Nutrition Council expanded by 2011 Ratified Food & Nutrition Policy and Plan implemented by 2011 Food Safety Act implemented by 2016 Laboratory capacity to detect food borne diseases increased by 2015
High cost of nutritionally appropriate foods	To improve access to acceptable food quality	Health Public Policy Public Awareness	Taxes on selected basic food items decreased by 2014
1.4 Mental Health & Drug Abuse Prevention			
Strategic Objective: Improve health outcomes and reduce negative impact of mental illness.			
Challenges	Objectives	Strategy	Indicators
Persistent stigmatization and discrimination of persons with mental health disorders.	To reduce stigma and discrimination among general population	Information, Education and Communication (IEC) Create supportive environments Research	Data on level of stigma and discrimination among the general population available by 2012

Lack of mental health policies and plans (including substance abuse)	To provide guidelines for mental health programmes	Healthy Public policy Consultations	Mental health policy approved by 2011. Mental health Plan developed and implemented by end 2012
Lack of Quality assurance in provision of care to the mentally ill	To improve the quality of mental health care	Reorienting Health services	Standards of quality to enable periodic evaluation of mental health care delivery established by 2013
Antiquated mental health legislation	To modernize mental health legislation to address needs.	Legislative Reform	Revised mental health legislation approved by 2015
Inadequate programs for early detection, prevention and intervention of mental health issues	To strengthen efforts aimed at prevention of mental health disorders	Building and maintaining alliances and partnerships Public awareness Healthy public policy	Incidence of mental illness decreased by 15% by end 2019 Mental health services fully integrated into Primary Health Care Services by 2014
Inadequate referral among sectors	To develop guidelines and protocols for standards of care for the treatment of mental disorders	Re-orienting health services	Number of admissions/re-admissions to the Acute Psychiatric Unit decreased by 20% by 2018. 100% health care workers receive competence based training in mental Health by 2015
Inadequate clinical services for children, adolescents, forensic cases and substance abusers	Mental health services that address the needs of the entire population	Integrated services Build Alliances	Appropriate mental health facilities and services available by 2019
Limited information mental health issues	To make information available for decision making.	Re-orienting health services Surveillance	Mental health information system established and integrated into the national health information system by 2014
1.5 Family & Community Health			
Strategic Objective: Health and the quality of life of selected vulnerable groups in the population improved			
Challenges	Objectives	Strategy	Indicators
Child Health Inadequate breast feeding programmes High perinatal mortality rates	To consolidate gains made in child health	Healthy public policy Creating supportive environments	30% increase in number of infants exclusively breastfed up to four (4) months by 2018 Perinatal mortality rate reduced to 10% per 1000 live births by end of 2019.

<p>The number of children with developmental and other disabilities</p> <p>Limited progress in the management of common childhood diseases</p> <p>Child abuse</p>	<p>To strengthen capacity to address new issues</p>	<p>Reorientation of services</p> <p>Developing personal health skills</p> <p>Building alliances</p> <p>Empowering communities</p>	<p>Incidence of low birth weight babies decreased by 2017</p> <p>At least 80% of children entering primary school screened for developmental disabilities by 2017 in accordance with national guidelines</p> <p>Immunization policy developed and implemented by end 2011</p> <p>Protocols for management of common childhood diseases established by end 2014</p> <p>Comprehensive systems for prevention and management of child abuse established by 2017</p>
<p>Adolescent health</p> <p>Lack of comprehensive approach to adolescent health(ADH) services for in and out of school youth</p> <p>Initiation of unhealthy behaviours including early sexual activity, substance abuse and poor dietary habits (GSHS)</p>	<p>To develop comprehensive, client oriented services for adolescents</p> <p>Strengthen ability to implement Adolescent health services.</p>	<p>Healthy public policy:</p> <p>Creating supportive environments</p> <p>Reorientation of services</p> <p>Developing personal health skills:</p> <p>Building alliances</p> <p>Empowering communities</p>	<p>Guidelines for provision of adolescent health services established by 2013</p> <p>Repeat GSHS (2018) reveals increase in the proportion of adolescents with healthy behaviours:</p> <ul style="list-style-type: none"> - Delayed initiation of the use of tobacco, alcohol and illegal drugs: - Postponement of the onset of sexual activity <p>20% decrease in teen parenting by 2018</p>
<p>Reproductive health</p> <p>Inadequate quality and coverage of reproductive health care services especially for adolescents and men</p>	<p>To improve the quality, availability, accessibility and appropriate use of reproductive health services</p>	<p>Healthy public policy:</p> <p>Creating supportive environments</p> <p>Reorientation of services</p>	<p>Comprehensive reproductive health program established by 2016.</p> <p>Number of men accessing reproductive health services at public health facilities increased by 30% by 2018</p>

Maternal Health Late bookings at ante natal clinics	To strengthen maternal health services	Developing personal health skills: Building alliances Empowering communities	Early bookings (12 weeks)at public health facilities increased by 40% by 2018 0% maternal mortality maintained. At least 30% reduction in rate of hospitalization during antenatal period by 2017
Improve the health of the Indigenous people	To provide culturally sensitive health services of the Kalinago people	Empowering communities Developing personal health skills Public health approach	Systems for greater community involvement in planning and implementation of health care programmes implemented by 2015 Specific budgetary allocations for health care of the indigenous people established by 2017
Elderly Limited information on the health issues and needs of the elderly Inadequate preparation by individuals for growing old Inadequate preparation of health care workers, community and family to meet the needs of the elderly	To promote and protect the health and well being of older persons	Healthy public policy: Creating supportive environments Reorientation of services Developing personal health skills Building alliances Empowering communities	Guidelines for delivery of services to the elderly established by 2015 Data on health issues and needs of the elderly available by 2017 Specialist geriatric services available by end 2014 Training programmes for health care workers, individuals and community care givers instituted at the Dominica State College by end 2016.
Persons with disabilities Limited physical access to health facilities Services for persons with special needs	Improved access to health care for persons with disabilities	Healthy public policy: -Creating supportive environments Reorientation of services Developing personal health skills: Building alliances Empowering communities	All public health facilities made wheel chair accessible by end 2015 Public health services expanded to include: Speech therapy, Physical therapy and Occupational therapy by 2019 Guidelines for provision of services for persons with special needs established by 2019

1.6 Oral health			
Strategic Objective: To provide quality oral health services for the general population			
Challenges	Objectives	Strategy	Indicators
Inadequate information systems for national surveillance of oral health situation	To increase availability of information on oral health	Information Systems Surveillance	Oral health information integrated into national health information system by end 2012
Inadequate oral health coverage	To strengthen national oral health programme particularly among children	Re-orienting of services Human resource development Public Awareness	Physical access to services for children improved by 2011. Improved access to dental services : <ul style="list-style-type: none"> • Hours of operation • Services offered Linkages between dental and oro-pharyngeal services increased
Lack of guidelines regarding oral health	To provide guidelines for oral health practice.	Public policy	Guidelines for provision of oral health services established by 2011
1.7 Accidents & Injuries			
Strategic Objective: To reduce preventable accidents and injuries among the general population.			
Challenges	Objectives	Strategy	Indicators
Accidents in the home, particularly among children.	To promote safer home environment	Information education communication(IEC)	Number of cases reporting to public health facilities decreased by 30% by 2019.
Accidents at the workplace	To promote safer working environments	Public Policy Healthy Public Policy Advocacy Legislation	Legislation on safe workplaces updated by 2016 Occupational health and safety programmes established by 2012
Incidence of road traffic accidents (RTAs) particularly among youth	To decrease the incidence of road traffic accidents.	Policy Public Awareness	Screening guidelines for personal and vehicle licensing established by 2011 Safety measures enforced by 2011: <ul style="list-style-type: none"> • Wearing of seatbelts & helmets Appropriate signage displayed by 2014

<p>1.8 Communicable Diseases</p> <p>Strategic Objective: Reduce morbidity and mortality through early detection and prevention.</p>

Strategic Objective: Reduce morbidity and mortality through early detection and prevention.

Challenges	Objectives	Strategy	Indicators
New and re-emerging diseases	Provide early detection and treatment of communicable diseases.	Surveillance Healthy public policy	Protocols established for early detection and management of new and emerging diseases by 2011 Capacity to manage new and emerging diseases increased by 2017: <ul style="list-style-type: none"> • Identification of resources both human and financial and material
Food, water and vector borne diseases	To strengthen surveillance systems for food vector and water borne diseases.	Surveillance Health Public Policy	Incidence of the following diseases decreased by 2017 <ul style="list-style-type: none"> ▪ food-borne - 25% ▪ Water borne – 20% ▪ vector borne - 15%
Weak STI and TB programmes	To strengthen STI and TB programmes	IEC/BCC Policy IEC/BCC Networking Multi sectoral approach	Integrated programme for STI's including HIV and TB by 2012
HIV and AIDS	To reduce the incidence of HIV in the Commonwealth of Dominica; and To alleviate the negative impacts of HIV and AIDS on persons infected and affected.	Policy and legislation reform Multi sectoral approach Scale up of services	Incidence of HIV reduced by 50% by 2018

Priority Area 2 - Social Determinants of Health

GOAL: Improve the capacity of non health stakeholders to actively contribute to health and well being.

2.1 Personal health Practices			
Strategic Objective: To empower individuals to take responsibility for their health			
Challenges	Objectives	Strategy	Indicators of Success
Lifestyle behaviors Smoking Substance abuse including alcohol Poor eating habits Lack of exercise Poor stress management	To promote healthy lifestyle practices among the general population	Increasing personal health skills Healthy public policy	Framework Convention for Tobacco control implemented by 2011 Strategies for the prevention and management of substance abuse developed by 2018 Appropriate support systems established by 2018
2.2 Social Support			
Strategic Objective: To increase social support networks leading to greater social cohesiveness and better standards of health			
Challenges	Objectives	Strategy	Indicators of Success
Limited social support	To reduce social and economic inequalities	Healthy public policy Information, education communication (IEC)	Social networks established in the schools, workplace and community by 2019 Employment insurance available to workers in precarious jobs by 2018: <ul style="list-style-type: none"> construction, linesmen, health care providers, garbage collectors
Increased number of school drop - outs Lack interest and low performance by in school males	To improve health and well-being of the total school community. To improve overall performance of males in school	Protect universal access to a high quality education system Supportive environments Building alliances	25% decrease in number of drop outs by 2018 Systems established by 2016, to equip parents to provide support for children 25% increase in number of males completing higher education at DSC by 2019 Secondary schools' curriculum reviewed by 2013, to include more vocational training

Unemployment/ underemployment particularly among single women	To improve health of individuals through increased employment opportunities.	Healthy public policy Equip people for the work available, e.g. retraining Continuing education	Government allocation of budgetary resources for skills training programmes increased by 10% by 2013. 10% increase in funding for small businesses by 2015
High prevalence of substance abuse including alcohol.	To reduce demand for illegal substances and alcohol	Empowerment of individuals Building alliances Supportive environments	Alternative to drugs programme expanded by 2012 to include out of school youth Support for recovering addicts available by 2018
Gender-based inequities related to income, age, and social status	To reduce gender based inequities	Social inclusion framework Gender mainstreaming Creating supportive environments	Gender issues mainstreamed into services by 2014 Mechanisms for seeking redress for gender based discrimination established by 2015
Sexual and physical abuse of women and children	To significantly reduce the incidence of abuse among women and children	Partnerships Developing personal health skills Creating supportive environments	Legal system amended by 2015, to facilitate the prosecution of perpetrators and protect identity of minors. Facility for housing and support of abused women and children available by 2019 Strategies for management and support of abused women and children implemented by 2019

Priority Area 3 – Management of Health Services

GOAL: Health services that respond to the needs of the population

3.1 Primary Health Care			
Strategic Objective: To renew focus on Primary Health Care Services			
Challenges	Objectives	Strategy	Indicators
Outdated structure	Upgrade PHC system to address current health needs	Establish PHC as an approach cutting across all sectors Re-orienting health services Empowering communities	Primary Health care services re-oriented by 2012.
Quality of service	Strengthen capacity to deliver public health services	Healthy Public Policy Re-orienting health services	Continuous Quality Improvement (CQI) implemented in all health districts by 2012 Diagnostic services available in at least 4 health districts by 2019
High levels of risk factors for CNCD's	Reduce the incidence of CNCD's	Improve Resource allocation for prevention promotion Empowering communities Building Alliances Developing Personal Health Skills	Programme for primary prevention of CNCD's established in all health districts by 2012 5% decrease in incidence of diabetes and hypertension by 2019
Weak information system	Strengthen Information System	ICT development	Quality of information available improved by 2013
3.2 Secondary Health Care			
Strategic Objective: To strengthen capacity to deliver client-centered services			
Challenges	Objectives	Strategy	Indicators
Lack of trust by the public	To restore public confidence in public healthcare system	Strengthen Quality Assurance Building Alliances with Media	CQI programme implemented by 2011
Ineffective management system	Establish effective management system	Management autonomy	Management structure recommended by Value for Money Study implemented by 2012
Increased demand for patient care services	Promote more appropriate use of services at the secondary care facilities	Information Education Communication (IEC) Integrated Health Service	15% reduction in the number of non emergencies presenting at A&E by 2015 Repeat admissions to medical wards reduced by ≥10 percent by 2015
Limited human and material resources	To provide adequate resources for improved patient care.	Financial management HR plan	Stock out of essential drugs and supplies reduced by 10 percent by 2016 Adequate staff with appropriate skill mix to

			meet available by 2019
Weakness in plant	To improve physical facility at the PMH	Hospital redevelopment Strengthen inventory system	Refurbishment of Princess Margaret Hospital completed by 2015
Weak information system	Strengthen Information System	ICT development	Quality of information available improved by 2013
3.3 Private Health Services			
Strategic Objective: Greater private sector involvement in provision of health care services			
Challenges	Objectives	Strategy	Indicators
Limited collaboration with private services	Strengthen public/private partnership	Net working and regulatory reform	Data from private sector incorporated into national health information system by 2014 Protocols for standardization of provision of healthcare implemented in private sector by 2012 Increase in number of private care services by 2019
3.4 Environmental Health			
Strategic Objective: Reduce conditions in the environment that pose public health risks			
Challenges	Objectives	Strategy	Indicators
Food security	Strengthen food safety surveillance system	Healthy public policy: Information Education Communication (IEC) Health Promotion	Food surveillance integrated into National Health Information System by 2012 ≥40% percent increase in food establishments adhering to national standards for food safety by 2016
Control of communicable diseases	Strengthen monitoring capacity for communicable diseases	Behaviour modification through public education Developing personal health skills Empowering communities	≥25% percent reduction in outbreaks of communicable diseases by 2019 Increase in surveillance activities by 2017 Health promotion strategies integrated into environmental health programmes by 2012
Limited Port Health surveillance	Strengthen port surveillance system	Healthy public policy International Health Regulations (IHR)	Port Health Unit established by 2012 National Laws amended to reflect IHR by 2011 At least 3 officers trained in port health by 2014

Priority Area 4 – Organization and Management of the Health System

GOAL: A health system which provides equitable, sustainable and high quality services

4.1 Health management, planning and policy			
Strategic Objective: To strengthen the institutional structure of the health system			
Challenges	Objectives	Strategy	Indicators
Limited monitoring, evaluation, and analysis of status of health services	Strengthen the capacity to assess the health services.	EPHF 5- Development of Policies and Institutional Capacity for Planning and Management in Public Health EPHF 6 - Strengthening of Institutional Capacity for Regulation and Enforcement in Public Health	Health improvement processes aimed at developing national health objectives established by 2017 System for monitoring and evaluation of policies implemented by 2019 Institutional capacity for the management of public Health Systems strengthened by 2017 Capacity to manage international cooperation in public health strengthened by 2017
Weak planning capability	Strengthen linkages between strategic and operational planning	Human Resource development and training	Health Planning Unit established by 2011 ≥80% of heads of department of Ministry of Health trained in Health Planning by 2016 All corporate plans linked to national strategic plan for health by 2012.
Outdated management structure	Strengthen management structure	Leadership Development	Recommendations from revised “Value for Money Study” implemented by 2013
Lack of regulatory and enforcement policies for public health practice.	To protect the population from unsafe public health practices	Healthy public policy	Periodic monitoring evaluation and revision of the regulatory framework implemented by 2016 Systematic processes to enforce existing laws and regulation established by 2019
Absence of reform agenda	To implement change in an organized way	Reorientation of health services	Health reform Agenda developed and implemented by 2012

4.2 Health care delivery system			
Strategic Objective: A functional and effective system which meets the needs of the population			
Challenges	Objectives	Strategy	Indicators
Limited interface of the health delivery systems with other sectors	Strengthen collaboration with other sectors	Building and maintaining alliances and partnerships Social Participation in Health	Functional system for obtaining public health data from private sector established by 2014 Social Service Unit established by 2012
Insufficient interface of departments within the health sector	Strengthen communication processes within the health sector	Team Building Net working Service level agreements Intersectoral Communication	Implementation rate of decisions taken at meetings increased by 40% by 2017 Quarterly schedule of planned activities within MoH available to all departments by 2011
4.3 National Health Accounts			
Strategic Objective: Align health financing to national priorities			
Challenges	Objectives	Strategy	Indicators
Insufficient data collection on health expenditure	To track flow of money through the system	Functional Financial Systems	System implemented by 2014, to track flow of funds through the health system
Unknown cost of providing health services	To determine cost of providing services	Functional Financial Systems	Cost analysis available to determine true cost of providing health services by 2019 Mechanisms for updating health financing information implemented by 2017
4.4 Quality			
Strategic Objective: To provide Quality Health Services to the Population			
Challenges	Objectives	Strategy	Indicators
Lack of quality assurance in personal and population-based health services	To improve the quality of services provided to the population	Quality Assurance in personal and population based Health Services (EPHF #9) Healthy Public Policy	Standards and evaluation for the quality improvement of individual and collective health services defined by 2017 User satisfaction with health services improved by 2019 System for management and assessment of health technologies implemented by 2017 Advisory services and technical support for the sub-national health entities implemented by 2015

4.5 Legislative Framework			
Strategic Objective: To strengthen the legislative framework of the health system			
Challenges	Objectives	Strategy	Indicators
Outdated public health laws	To ascertain laws are kept current	EPHF 6 - Strengthening of Institutional Capacity for Regulation and Enforcement in Public Health	Public health regulations reviewed and published by 2017
4.6 Disaster Management			
Strategic Objective: To strengthen the preparedness and response mechanism of the health sector			
Challenges	Objectives	Strategy	Indicators
Absence of comprehensive disaster/emergency management plan	To reduce the impact of emergencies and disasters in health	EPHF #11	<p>Improved management of emergency/disaster preparedness and response capacity by 2013</p> <p>Guidelines and standards that support emergency preparedness and disaster management in health established by 2012</p> <p>Partnerships with other agencies and/or institutions strengthened by 2015</p> <p>Technical assistance and support provided to health districts by 2018, to reduce the impact of emergencies and disasters on health.</p>

Priority Area 5 – Resources for Health

GOAL: To mobilize adequate resources to deliver effective and efficient health services to the population

5.1 Health Care Financing			
Strategic Objective: Universal access to equitable, quality, health care through sustainable financing			
Challenges	Objectives	Strategy	Indicators
Under-financing of health sector resulting from government being the main financier of health services	To distribute the burden of financing health care	Health care Financing Reforms	Mechanism for financing of health sector implemented by 2012 Private health system expanded in areas of inpatient care and diagnostics by 2019
Disparity in allocation of resources within the Ministry of Health	To redistribute resources according to priority needs	Programme-based budgeting	By Financial Year 2012/2013, budget allocated to identify areas based on priority needs.
Ability to provide advanced technology	To provide appropriate and sustainable technological services	Medical technology policy	Guidelines for the provision of new technology established by 2016
Inappropriate use of existing resources	To optimize the use of resources	Inventory management Strategic controls	System of inventory control for monitoring use of resources implemented by 2011
5.2 Human Resources for Health			
Strategic Objective: A motivated workforce, equipped to provide quality health services			
Challenges	Objectives	Strategy	Indicators
Inadequate supply of health professionals with the appropriate skills	To develop the appropriate HR skill mix to sustain the health system	Strategic HR Planning and management	Guidelines for HR management and development established by 2013 Competencies for HR within the MOH strengthened by 2012 HR Information system developed and integrated into HIS by 2012
5.3 Health Infrastructure			
Strategic Objective: To provide safe and functional health facilities			
Challenges	Objectives	Strategy	Indicators
Inadequate attention given to design of health facilities	To provide structurally safe and secure health facilities To ensure health facilities are functional during and immediately following an unusual occurrence	Safe Hospitals Initiative	≥ Eighty percent (80%) of buildings housing health facilities refurbished by 2016 All new buildings meet the requisite building specifications by 2018

Weak facilities maintenance systems	To strengthen maintenance systems	Preventive Maintenance	Improved maintenance systems established by 2012
5.4 Health Information Strategic Objective: To improve the Health Services through the application of ICT			
Challenges	Objectives	Strategy	Indicators
Limited information for decision making	To transform internal processes and procedures to significantly improve service quality	Integrated delivery system	Supportive protocols and structures regarding health information implemented by 2012
Inadequate utilization of available information		Enabling regulations, policy, standards and guidelines	90% pertinent staff re-skilled in information technology by 2014. Information for decision making more readily accessible by 2015
5.5 Health Technology and Equipment Strategic Objective: To improve healthcare delivery through the safe and judicious use of medical technology			
Challenges	Objectives	Strategy	Indicators
Timely replacement of equipment	To procure equipment based on health needs	Procurement policy	Guidelines regarding the use of medical technology established by 2017
Acquisition of new technology	To ensure the safety, efficacy and quality of medical equipment/ technology	Quality Assurance programme for medical equipment/technology	Biomedical engineering unit established at Princess Margaret Hospital by 2015
Prolonging the life span of medical equipment			All nonfunctional equipment at public health facilities replaced by 2019 System for maintenance of equipment strengthened by 2013, placing greater focus on preventive maintenance

Implementation Strategy

The NSPH is meant to be a working document. The next phase as outlined above is the development of the operational plans by program and departmental heads with input from other stakeholders. These plans will form the basis for the annual corporate plans which are submitted to the Ministry of Finance for allocation of funds in the annual estimates. The plan outlines:

- major activities for meeting strategic objectives
- responsible persons/agencies
- targets and
- cost budget estimates.

The NSPH will be costed and sources of finance identified since it is not possible for government to fund all activities. It is anticipated that PAHO will provide most of the technical assistance and some financial assistance. In addition the health system will continue expanding joint public /private partnerships.

The success of the implementation of the NSPH is based on a number of factors including robust monitoring and evaluation (M&E). One of the recommendations adopted during the national consultations was that an M and E team which includes non – health partners actively monitor the implementation of the Plan.

- Putting health on the agenda by recognizing the mutual dependence of health and development and the need to translate their recognition into action
- Promoting and understanding of “determinants of health” and how they must work together to contribute towards national development.
- Recognising the integral role of stakeholders by involving them through consultation, working groups, alliances, and other relevant methods that facilitate participation.

The plan sets out the major long-term goals for the health system and identifies the objectives, actions, and targets which will be pursued over the next ten years. It is a plan for the whole system, and each of the organizations within the system will be asked to develop or modify their strategic and operational plans to ensure they are supporting the same basic goals and directions.

This plan is consistent with the broader social policy directions of the government expressed in the medium term Growth and Social Protection Strategy (GSPS)

This Strategic Plan for Health is a living document. It will be modified regularly to adapt to changes in population health status, demography, technology, and the economy, and to fine tune the action plans in response to regular evaluations of outcomes.

SCOPE OF WORK OF SUB-COMMITTEES:

To facilitate completion of work assignments in the thematic areas, the SPC will subdivide into four sub- committees namely:

- Health profile & Systems
- Social Determinants of Health
- Health Services
- Resources for Health

The committee will :

- Identify other stakeholders in selected priority area
- Conduct meetings with stakeholders inviting their input
- Identify other problems affecting selected priority area
- Propose strategic directions, goals, and indicators for selected area over a period of ten years
- Plan strategies for meeting objectives

Health Profile and health systems

- Responsible for gathering information and conducting the analysis of the demographic and epidemiological profile including the physical environment; analysis of the policy, legal and regulatory framework, EPHF and Public Health, steering role and institutional capacity of the MOH. This sub-committee was to:

- Analyze the demographic variables act as conditioning factors of the health situation;
- Provide a descriptive summary of the state of the population's health;
- Assess the current status of the health sector in relation to the Millennium Development Goals;
- Identify strategies and interventions that will contribute to the achievement of each goal;
- Summarize and analyze information on the determinants external to the sector that influence its actions and results; political, economic, social and environmental;
- Describe the capacity of the Ministry of Health to develop and execute National Health Policy;
- Comment on the strengths, weaknesses, achievements attained and deficiencies identified by the MOH with respect to sectoral regulation;
- Describe the performance of the MOH through a summary of the results of the EPHF measurement, emphasizing the highest and lowest scores, and the actions taken to improve the performances with low scores;
- Assess the achievements attained and weaknesses identified with respect to assurance;

- Describe the strengths, weaknesses, achievements and deficiencies identified by the Ministry with respect to health financing to include sources and preparation of National Health Accounts;
- Outline the capacity of the MOH with respect to the harmonization of service provision;
- Describe and analyze the strengths and weaknesses of the health system's organization and structure;
- Analyze the principal characteristics of the health sector's human resources and how they impact the systems structure and its transformations: Personnel training; Management of employment and working conditions; Labour markets and their regulations; Governance and sectoral conflict.
- Present information on the availability of essential drugs including vaccines, equipment and technology;
- Quality assurance including accreditation
- Analyze the degree to which health reform processes have impacted the following: Transformation in health system functions; Guiding principles of health system reforms; Scope and effects of changes in the health system, Sustainability of the changes;
- Provide information for use by other sub-committees.

Social Determinants

Analysis of the social, economic and political environments utilizing the determinants of health approach, with particular emphasis on Education, Housing, Labour, Social Participation and support networks, gender and social justice. This sub-committee will:

- Recommend interventions and policies to improve health and narrow health inequalities through action on social determinants;
- Compile evidence on successful interventions and formulate policies that address key social determinants;
- Define a medium and long-term action agenda for incorporating social determinants of health interventions/approaches into planning, policy and technical work within the health sector of Dominica.

The committee's work should be structured around specific themes (e.g., early child development, urbanization and health systems), the health challenges faced by particular communities (e.g., informal workers, indigenous peoples, and marginalized groups) and opportunities for policy and action.

Health Services

Analysis of the organization of Health Services, Management and Response Capacity. This sub-committee is to:

- Present information on factors affecting the ability of the health system in Dominica to deliver the continuum of services required to meet changing health needs in Dominica;
- Analyze these factors vis-à-vis the capacity of health systems in Dominica to provide the needed health services;
- Present the major challenges – current and projected – in meeting the health service provision needs in an equitable and sustainable manner;
- Propose recommendations in respect of, but not limited to:
 - mechanisms for strengthening the capacity of the health system in Dominica to deliver the continuum of services required to meet the changing health needs in Dominica;
 - targeted interventions aimed at strengthening the capacity.

Health Financing

Analysis of the current and projected financial framework to ensure universal access and equity in health. This sub-committee is to:

- Review and highlight key macroeconomic, fiscal and sectoral developments which influence the pattern of resource flows and choice of policies in health;
- Delineate the major health financing challenges - current and projected - and feasible financing options in meeting the needs of the sector in an equitable and sustainable manner;
- Specify the current mix and magnitudes of health expenditure and to assess the extent expenditure levels are providing 'value for money';
- Outline the main features of major health financing, management and purchasing innovations being implemented or considered;
- Indicate what further actions may be taken for securing appropriate levels, mix and allocation of investment in health.

i. Composition and Terms of Reference of the Strategic Planning Committee

Composition:

- ❖ Ministry of Health, two (2) Programme Officers from each sub committee
- ❖ Ministry of Finance and Planning
- ❖ Ministry of Agriculture, Fisheries and the Environment
- ❖ Ministry of Education, Human Resource Development, Sports and Youth Affairs
- ❖ Ministry of Foreign Affairs, Trade and Labour
- ❖ Ministry of Tourism, Industry and Private Sector Relations
- ❖ Ministry of Housing, Lands, Telecommunications, Energy and Ports
- ❖ Ministry of Legal Affairs and Immigration
- ❖ Medical Association
- ❖ Nursing Association
- ❖ Faculty of Health Sciences/Dominica State College
- ❖ Non Government Organization and Civil Society Groups
- ❖ Private Sector (Health)
- ❖ Chamber of Commerce
- ❖ Insurance Community (Health)
- ❖ Consumer Organization
- ❖ Labour Unions
- ❖ Medical Schools

ii. Composition and Terms of Reference of four (4) Sub-Committees, namely:

1) Health Profile and Systems

- ❖ National Epidemiologist (Chairman)
- ❖ Central Statistic Office
- ❖ Principal Nursing Officer
- ❖ Chief Medical Officer
- ❖ Representative/Legal Affairs

2) Social Determinants

- ❖ Coordinator Health Promotion (Chairman)
- ❖ Social Planner
- ❖ Representative/Ministry of Education
- ❖ Representative/Ministry of Agriculture
- ❖ Representative/Ministry of Finance

- ❖ Representative/Ministry of Foreign Affairs, Trade and Labour
- ❖ Representative/Ministry of Housing
- ❖ Representative/Ministry of Community Development
- ❖ Representative/Non Government Organizations (NGOs)
- ❖ Representative/Gender Affairs
- ❖ Representative/Social Planner

3) Health Financing

- ❖ Hospital Services Coordinator/Chairperson
- ❖ Senior Executive Officer/Accounts
- ❖ Representative/Ministry of Finance
- ❖ Representative/National Health Coverage
- ❖ Representative/Consumer Group
- ❖ Representative/Dominica Social Security
- ❖ Representative/Private Sector
- ❖ Representative/Insurance Companies

4) Health Services

- ❖ Chief Medical Officer/Chairman
- ❖ Hospital Medical Director
- ❖ Director of Primary Health Care
- ❖ Chief Dental Surgeon
- ❖ Matron/Princess Margaret Hospital
- ❖ Senior Community Health Nurse
- ❖ Representative/Medical Association
- ❖ Representative/Nurses Association
- ❖ Representative/Pharmaceutical Society
- ❖ Representative/La Falaise Medical Laboratory
- ❖ Representative/Alternate Medicine (Herbalist)
- ❖ Representative of Medical Schools
- ❖ Faculty of Health/Dominica State College

iii. Composition and Terms of Reference of the Core Committee.

Composition:

- ❖ Health Plan Coordinator – Chairman
- ❖ National Epidemiologist
- ❖ Coordinator Health Promotion
- ❖ Hospital Services Coordinator
- ❖ Chief Medical Officer

STRATEGIC PLANNING COMMITTEE AND PAHO'S TECHNICAL COOPERATION TEAM WORK PLAN PROPOSAL

PHASE	DATES	ACTIVITIES (Objectives and Capacity-Building)	MILESTONES & OUTPUTS	COUNTRY TEAM	PAHO TEAM
ONE	Feb	<p>Coordination meeting with Strategic Planning Committee:</p> <ul style="list-style-type: none"> Review of Terms of Reference, Agreement on proposed Work Plan, Assignment of responsibilities to sub-committees Development of sub-committees work plans and deadlines <p>Capacity-Building:</p> <ul style="list-style-type: none"> Basic concepts for development of a National Strategic Plan for Health (NSPH). Information for Action 	<ul style="list-style-type: none"> Specific assignments for the collection of information for the first draft of the Situation Analysis. Work plan for each sub-committee with specific deadlines It is recommended that this phase end with a brief ceremony with the participation of the Minister, all stakeholders and most importantly, the Media. During this ceremony, the Minister will announce to the Nation that the process has begun and invite all citizens to participate. 	<p>PS CMO Strategic Planning Committee (spc)</p> <p>Minister of Health for the launching ceremony</p>	
TWO	March	<p>WORKSHOP # 1: Review of Information for the Situation Analysis (part 1)</p> <p>Capacity-Building:</p> <ul style="list-style-type: none"> Integrating Social Determinants of Health Health Promotion Approach to Planning 	<p>Draft Situation Analysis, Part 1</p> <ul style="list-style-type: none"> Presentation of findings will be made on the following areas: Demographics, Education, Agriculture, Social Development, and Tourism. The Health Profile and Social Determinants subcommittees will present the first draft of the analysis 	SPC	
THREE	April	<p>WORKSHOP #2: Review of Information for Situation Analysis (part 2). Discussion on the Renewal of Primary Health Care (PHC)</p> <p>Capacity-Building:</p> <ul style="list-style-type: none"> Health Systems: Roles and Functions PHC based health systems 	<p>Draft Situation Analysis, Part 2</p> <ul style="list-style-type: none"> Presentation of findings will be made on the following areas: Financing of Health Sector, Universal Access, Legal and Regulatory framework, and Provision of Health Services. The Health Financing, Health Services and Health Systems subcommittees will present the first draft of their analysis <p>OUTPUT: The first version of the Situation Analysis must be put together and disseminated to all members of the Strategic Planning Committee in</p>	SPC	

PHASE	DATES	ACTIVITIES (Objectives and Capacity-Building)	MILESTONES & OUTPUTS	COUNTRY TEAM	PAHO TEAM
			advance of the following phase.		
FOUR	May	<p>WORKSHOP # 3: STEERING ROLE AND EPHF</p> <p>Analysis of the Steering Role of the Ministry of Health and performance of the Essential Public Health Functions</p> <p>Capacity-Building: Review of the EPHF and identification of priorities</p>	<p>Review of the Steering role function and the EPHF of the MOH</p> <p>OUTPUT: Analysis of the ministry's capacity for performance of the EPHF and priorities for institutional development of the Ministry of Health Document prepared for inclusion in the Situation Analysis</p>	PS CMO SPC	
FIVE	July	<p>WORKSHOP # 4: HEALTH PRIORITIES</p> <p>Consolidating the Situation Analysis and Design of the Strategic Directions, Health Priorities, Expected Outcomes and Strategies for the NSPH</p> <p>Capacity-Building:</p> <ul style="list-style-type: none"> • Priority Setting • Logical Framework re-visited • Stakeholder Analysis 	<ul style="list-style-type: none"> • Review of version 1 of Draft Situation Analysis. • Each sub-committee will design proposed Priorities, Expected Outcomes and Strategies for their respective sections make presentations to the plenary for consensus. • OUTPUT: This phase will end with a First version of the NSPH, and a list of stakeholders to be invited in the following phase. 	PS CMO SPC	
SIX	August	<p>NATIONAL STAKEHOLDERS CONSULTATION</p> <p>Futures Planning exercise</p> <p>Review of vision and Mission of the Health Sector and Consensus on, Strategic Directions, Priorities, and Expected Outcomes for the five-year strategic plan</p>	Stakeholders will be sent the draft NSPH with sufficient time for analysis before the meeting. At the end of this session the Planning Committee will have a wealth of recommendations made by the stakeholders and social partners. In addition, this session will provide the MOH with a clear vision, and mission for the overall health sector (not to be confused with Vision and Mission statement of the Ministry of Health)	National Stakeholders Minister PS CMO SCP	
SEVEN	October	<p>CONSOLIDATING THE NSPH</p> <p>Capacity-Building: Development of a Social Marketing Plan</p>	<p>During this phase, the committee will draft the Final version of the NSPH, a draft Cabinet Paper, and a Social Marketing Plan</p> <p>A Deadline for submission to the Minister must be agreed at the end of this meeting</p>	SPC	
EIGHT	TBD	National Launch of the NSPH Dissemination and Social Marketing of the Approved NSPH		Minister , PS, CMO, SPC, Stakeholders	

ANNEX 4	Health Status of the Population	Social Determinants of Health	Management of Health Services	Organization and Management of the Health System	Resources for Health
List of Participating Organizations/Individuals					
Departments of MOH					
Central MOH	X	X	X	X	X
Dominica Solid Waste Corporation		X	X		
Drug Abuse Prevention Unit		X	X		
Environmental Health Unit	X	X	X		
Health Information	X				
HIV/AIDS Unit	X		X		
HRPC		X			
Laboratory/CMS			X		
MCH	X		X		
Nutrition	X	X	X		
PMH			X	X	X
Primary Health Care Department	X	X	X	X	
Other Government Departments					
Adult Education Division		X			
Carib Affairs	X	X			
Dominica Fire & Ambulance Services		X			
Dominica Police Force	X	X			
Labour Division		X			
Local Government Department		X			
Ministry of Community Development		X			X
Ministry of Education		X			
Ministry of Finance					X
Office of Disaster Preparedness		X			X
Social Welfare	X	X			X
Statistical Division	X				
Women's Bureau		X			
Youth Division		X	X		

Cont'd APPENDIX IV	Health Status of the Population	Social Determinants of Health	Management of Health Services	Organization and Management of the Health System	Resources for Health
List of Participating Organizations/Individuals					
Private Sectors					
Banks					x
Dominica Hotel & Tourism Association			x		
Insurance Companies					x
Pharmacies			x	x	
Trade Unions		x			
Utility Companies		x			
NGOs					
Centre Where Adolescents Learn to Love (CALLS)			x		
Christian Children's Fund		x			
Dominica Association for Disabled Persons		x			
Dominica Cancer Society		x	x		
Dominica Council on Aging	x	x	x		
Dominica Diabetes Association	x	x	x		
Dominica Planned Parenthood Association	x		x		
Dominica Red Cross			x		
Dominica Save the Children Fund (DOMSAV)		x			
Food & Nutrition Council	x				
National Children's Home		x			
Regional Organizations					
Caribbean Environmental Health Institute (CEHI)					x
Caribbean Epidemiology Centre (CAREC)					x
Pan American Health Organization (PAHO)					x
Learning Institutions/Schools					
Ross University School of Medicine					x
School for the Hearing Impaired		x			
Dominica State College – Faculty of Health Sciences					x

LIST OF ABBREVIATIONS

A & E

Accident and Emergency

AIDS

Acquired Immune Deficiency Syndrome

ADH

Adolescent Health

BMI

Body Mass Index

CAREC

Caribbean Epidemiology Centre

CNCD

Chronic Non-Communicable Diseases

DMFT

Decayed Missed Filled Teeth

ECC

Eastern Caribbean Countries

EPHF

Essential Public Health Functions

GSHS

Global School Health Survey

GSPS

Growth & Social Protection Strategy

HIS

Health Information Systems

HIU

Health Information Unit

HRPC

Health Resource Promotion Centre

HIV

Human Immunodeficiency Virus

IATA

International Air Transport Association

ICT

Information Communication Technology

IEC

Information, Education, Communication

IHR

International Health Regulations

KAP

Knowledge, Attitudes, Practices

NGO

Non-Government Organization

NIPP

National Influenza Pandemic Plan

NSPH

National Strategic Plan for Health

PAHO

Pan American Health Organization

PHC

Primary Health Care

PMH

Princess Margaret Hospital

PPE

Personal Protective Equipment

RTA

Road Traffic Accidents

SOP

Standard Operating Procedures

SPC

Strategic Planning Committee

STI

Sexually Transmitted Infections

WHO

World Health Organization

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