

UNIVERSAL HEALTH COVERAGE REPORT



July, 2014

Introduction

The national consultation on Universal Health Coverage in Dominica was held on the 4th of July 2014 at the Ministry of Health Conference Facility. There was broad stakeholder participation with approximately 53 participants representing a wide cross section of the population. The event received wide media coverage, and all major media houses were present at the opening ceremony.

The objectives of the consultation were as follows:

- To present the draft of the document "Strategy for Universal Health Coverage" to relevant stakeholders;
- Identify Dominica's position with respect to the four strategic lines that are being proposed to achieve progress towards universal health coverage;
- Prepare a national report with suggestions and comments for inclusion in the revised strategy document that will be presented to the 53nd PAHO/WHO Directing Council.

The consultation was carried out in two sections; the formal section consisted of presentations and addresses, followed by group work and plenary (see agenda). The short video presentation by the Director Dr Carissa Etienne was well received and set the pace for the meeting. Mrs Shirley Augustine, PAHO Country Specialist presented a detailed overview of the Regional Strategy for Universal Health Coverage (UHC). She highlighted the core values of UHC, the four strategic lines and reminded all present that UHC is a development issue and that health is development.

The Minister for Health Honourable Julius Timothy informed the participants that his government had embraced UHC, and outlined the government's position on the four strategic lines (copy of address attached).

Following the end of the formal session, participants were divided into four work groups along the four strategic lines, based on their area of expertise or interest. The groups were given clear guidelines. Each group was required to answer a set of common questions followed by questions specific to that strategic line. Prior to the consultation participants were provided with reading material on the subject.

There was active participation in all groups with guidance provided by Mrs Augustine CPS. The discussions that followed the presentations in the plenary session indicated the high level of interest generated by the subject.

National Consultation: Strategy for Universal Health Coverage

Ministry of Health Conference Facility (Old APU Building)

8:30 a.m. – 4:00 p.m. July 4, 2014

AGENDA		
8:30 – 8:45	➤ Registration	
8:45 – 8:50	➤ Prayer	Priscilla Prevost
8:50 – 9:05	➤ Welcome Remarks	Augustina Popo, Chairperson
9:05 – 9:10	➤ Video Presentation	Dr. Carissa Etienne, Director of PAHO
9:10 – 9:45	➤ Presentation	Shirley Augustine, PAHO/CPS
9:45 – 10:00	➤ Remarks	Hon. Julius Timothy Minister for Health
10:00 – 10:15	Break	
10:15 – 1:00	➤ Group work	
1:00 – 2:00	Lunch	
2:00 – 4:00	➤ Plenary	Shirley Augustine
4.00 - 415	➤ Way Forward	
	➤ Vote of Thanks	Delores St Jean

MOTIVATING QUESTIONS

1. **Overall is the proposed strategy comprehensive? Does it include the critical strategic lines to be considered to advance toward universal health coverage in the Region?**

The Strategy is comprehensive. It includes the critical strategic lines to be considered, however, there are some specific issues to be considered at country level. Some of these issues are listed under question 2.

2. **What aspects are not addressed or should be included?**

1. Concern that the right to health care is not enshrined in our constitution. The State has a responsibility to provide the service.
2. Increasing % of GDP does not speak to its manner of distribution
3. Is the state responsible for financing or for providing service.
4. Provision of incentives by government to allow for private provision of services
5. Universal Health Coverage is defined in a contextual manner based on the in-country situation
6. The strategy should include the need for **political will** to make UHC feasible which goes beyond financing (*appears to be captured e.g. in no. 33*)
7. There should be clear guidelines to state how resources should be pooled and distributed
8. How does UHC tie in with other agreements e.g. obligations under CSME
 - a. What is the cost of providing UHC to migrant communities
 - b. In defining financial mechanisms how do you account for CARICOM nationals on island. Need to have clearly stated policies of how UHC is applied.
9. Is UHC a panacea for everything. How does it link with other things such as poverty reduction and MDGs. These needs be considered. Is it realistic?
10. Has evaluation of *Health for all by 2000* been done. How is UHC different. What sort of assessments were done – what were the lessons learnt from the experience. Is our situation unique with primary health care system.

- How would UHC affect private medical insurances and social security? Would this require cancellation of private insurances? How would entire population be supported?
- How to finance the expansion of services? Although there is financing component under strategic objective 3, there should be mention of financing as part this strategic area.
- Greater emphasis on political will to develop national framework and championing the cause for UHC.
- How far is UHC is able to reach everyone? In terms of access and quality of care, and types of services offered?
- How about joint financing/pooling resources? With OECS or CARICOM? How sustainable is a system?
- Monitoring and evaluation of social protection systems must be considered going forward; to ensure accountability and transparency.

3. What are the main elements for a roadmap for moving towards UHC in Dominica?

Main elements for road map

- Develop plan of action for achieving UHC
- Develop agenda for health services reform
- Establish policy and legislative framework for health in all policies approach
- Develop cost sharing mechanisms at OECS/CARICOM level
- Develop human resource plan
- Strengthen information systems for health
- Link to plans for construction of new hospital

- Sensitization of major stakeholders
- Strategies for greater community involvement
- Education and information sharing to the population
- Explore other health financing mechanisms

Group 1

Expanding equitable access to comprehensive, quality, people-and-community-centered health services

- Chief Pharmacist
- Representative of Dominica Association of Persons with Disabilities
- Director Primary Health Care a.i.
- Senior Community Health Nurse – MCH Coordinator
- Senior Community Health Nurse – EPI Manager
- Dominica Council on Aging
- Acting Matron
- Representative of Dominica Cancer Society

a) In order to advance towards UHC, what importance do you give to the following aspects?

➤ The definition of a comprehensive universal package of legally guaranteed services.

It is important to clearly define the package of services because it is an essential element in guaranteeing the right to health. It should cover the need of the entire population regardless of their ability to pay, without differences in quality and without financial risk. For Dominica this will definitely require an adaptation of the legal and regulatory frameworks to make them consistent with international instruments, since right to health care does not form part of our constitution.

Guidelines for health care practice will be needed to ensure the quality of care does not vary greatly from one provider or health facility to the next, maintenance of clinical standards, efficiency and continuity of care. It should be known and understood by all.

➤ **Development of Health Care models that focus on needs of people and communities, increasing resolution capacity of the level of primary health care, through integrated health services networks.**

Our current model of care is still very patient focused. It is based on episodic care of acute conditions at secondary care level. Health services are limited in their ability to provide health care responses adapted to the needs and demands of certain population groups such as older persons and adolescents. Efforts at addressing the NCD epidemic are fragmented and therefore not very effective. Focus should be placed on health promotion/ prevention. Emphasis needs to be placed on wellness. Need for change of mindset (paradigm shift) as far as health and wellness is concerned. Change of attitude hard to achieve however policies that are legally guaranteed should be in place.

Specific areas of focus at national level include:

- Increasing compliance among population to take responsibility for their own health
- Improving capacity of staff at schools to teach health promotion e.g. the employment of school nurses per school zone / district
- Strengthening (Health and Family Life Education) HFLE in schools
- MOH to be given a greater chunk of the budget.
- Greater investment in PHC
- Greater collaboration between secondary and primary care services including a smoother transition of clients between facilities
- Strengthening of referral system between the two
- Strengthen family involvement in care of patient

➤ **Increase investment in Primary Health Care**

This aspect is of particular importance to Dominica as our focus will be on improving prevention so fewer people would require medical attention. This could allow increasing the response capacity and meeting some of the unmet health needs. Historically, it has been proven that investment in PHC results in greater satisfaction among the general population. One area of unmet needs identified is that of men's health and their delay in seeking health care. Specific areas for attention include:

- Increasing budgetary allocation to PHC
- Increasing human resources both in numbers and skill mix. Developing a training plan

PHC needs to strongly justify need for increase budgetary allocation since there will always be competing priorities.

➤ **Increase employment options**

Employment options at the first level of care are limited compared to secondary level. There are serious inequities and gaps in the availability, distribution, composition, competency of human resources for health at primary health care level. The introduction of new professional and technical profiles in keeping with the universal package of services with attractive labour conditions would serve as incentive for those willing to work at primary health care level. This would strengthen the existing multidisciplinary teams. The staff also needs adequate equipment with which to function. The launching of the electronic information system for health is an opportunity for such an investment.

➤ **Improve availability and rational use of essential medicines and other health technologies**

Access to medicines is one of the main criteria that clients use in judging the quality of health services provided. In Dominica medicines are provided to clients at no cost, and at the hospital, an administrative fee of \$5.00 per prescription is paid. **This does not include patients suffering from cancer who have to purchase**

their drugs. The challenges affecting the system particularly the rational use of medicines are addressed in the draft pharmaceutical policy. A large percentage of the budget of the Ministry of Health is allocated for the purchasing of medicines. Access and quality of services particularly at first level, are expected to improve with the utilization of the services of Telehealth currently under development. Main challenges include:

- Sustainable financing
- Training in rational use
- Enforcement of policies on rational use of medicines
- Policies on purchase of equipment and use of technology

➤ **Empowerment through health promotion**

Dominica has done significant work in health promotion and community empowerment. The successful implementation of primary health care could be attributed to community empowerment. Sadly, this has not been sustained, resulting in the loss of some of the gains made. Areas to be addressed include:

- Provision of human resources with requisite training to staff the Health Promotion Resource Centre
- Increased budgetary allocation for health promotion activities
- Increased collaboration with other ministries
- Utilization of culturally appropriate strategies for dissemination of information.
- Evaluation of cost effectiveness of current activities

b) What needs to be done in Dominica to improve equitable access to quality services, particularly for groups in situations of vulnerability such as the very young and very old people, the poor, migrants, patients with chronic incapacitating diseases, LGBT, among others.

For the very young

- To shift focus from only Maternal and Child Health (MCH) to Family Health including changing the nomenclature.
- Improve integration of services for children by closer collaboration with other sectors such as education and social services.
- Work closely with NGOs such as Child Fund Caribbean to provide early stimulation for vulnerable children e.g. indigenous children, children born to very young mothers.
- Develop services for adolescent and youth
- Strengthen Health and Family Life Education (HFLE) programs at schools to meet changing needs and new demands.
- Revisit opening hours for health centres as the timing of services e.g. 8-4pm does not adequately meet the needs of the public.
- Care needs to be family centered

Very Old

- Review the determinants of ageing with a view to designing policies and programs for older persons
- Advocate for greater involvement of family members in the care of the elderly
- Make primary health care services elder friendly
- Pay attention to development of long term care for older persons
- Place greater emphasis on the mental health of older persons
- Involve older persons in planning of their care
- Provide opportunities for speciality training in professions that care for the elderly, e.g. gerontology, podiatry
- Promote active ageing
- Afford greater priority to determinants related to the physical, economic and social environments of older persons e.g. safe housing, violence and abuse and social protection
- To develop policy on active aging

- Palliative /Home base care to be developed
- Need for collaboration with NGOs that provide care for the elderly

The Poor

- Ensure that services are accessible and with sustainable financing
- Strengthen quality of services
- Improve the system for smoother transition from diagnosis to treatment
- Improve accessibility by reducing waiting time

Migrants_ Non Nationals

- Develop policy on migrants and use of health care system
- Address barriers to access such as language.
- Provide services that are culturally appropriate

Chronic or incapacitating diseases

- Address need for rehabilitative and palliative care.
- Improve physical access to health facilities and public buildings.
- Ban smoking in public buildings
- Adopt policy and implement plan of action for NCDs
- Subsidize drugs for cancer care

LBGT

There is no discrimination based on gender or sexual orientation, hence they have free access, however, any specific needs these groups may have, should be identified in order to ensure they are met.

c) What have been the national experiences and lessons learned on improving access to care?

- Easily accessible, however access is not the same for all. Tertiary care is not available on island and therefore not accessible to many.
- Availability does not imply accessibility
- Improving access is costly and government cannot realistically continue to finance everything for everyone
- Change is a must but difficult to implement
- Data collected must be turned into information to guide decision making
- Communities and collaboration among stakeholders are important in addressing the social determinants of health
- Integrated systems of care work best for patients and clients
- Decentralization of services through PHC e.g. diagnostic services specialized clinics increases access

d) How can PAHO support your country in this process?

Provide technical assistance in:

- Defining county specific strategies for improving access to services.
- Developing and implementing quality assurance system at both levels of care
- Capacity building in identified areas
- Assist in the definition of models of care that are people oriented

GROUP 2: Strengthening Stewardship and Governance

GROUP MEMBERS

- Chief Medical Officer
- Principal Nursing Officer
- Administrative Officer, MOH
- Chief Personnel Officer
- Consultant Psychiatrist
- Tourism & Legal Affairs
- Senior Pharmacist
- Director of Medical Services
- Dominica State College

a) In the transformation of the health system towards UHC, what importance do you give to the following topics?

- **Establish formal mechanisms for participation, dialogue and accountability:**
High importance is given to mechanisms for participation – right of vulnerable people need to be represented, their *participation* should be there from the onset. All groups of people need to be represented and the interest of one group should not predominate on the other. Understanding of groups and their interest will point out what is needed. *Question is asked as to who is really accountable* – it should be the state. What formal mechanisms can be put in place for accountability on part of the populace (users of the service)? Legislation is part of this however legislation does not always produce behaviour change.
- **Policies and Plans with defined national targets and goals that can be monitored and evaluated:**
This is an area of high priority, as the weaknesses identified have been addressed over the last biennium with the development of policies and implementation

plans in several areas such as NCDs, pharmaceuticals and environmental health. The targets/indicators in the National Strategic Plan for health will need to be further reviewed to clearly indicate the intention to move towards UHC. Policies and plans should allow the private sector to sponsor services.

Need to focus on proper assessment to provide baseline data against which to monitor whether the targets are being met. Need for a robust information system and clear standards and accreditation to allow for monitoring. New centres and services may not be necessary however targets should be monitored and evaluated to see if what is being done is meeting strategy. Issue of conflict of policies needs to be addressed e.g. user fees versus social policies of government (assistance).

➤ **Define and implement a set of interventions to strengthen governance and stewardship capacity of the health sector, guaranteeing the Essential public health functions, with emphasis on management and leadership of the health authority:**

It is very important that leadership and stewardship within the health sector be strengthened as revealed in the last assessment of the Essential Public Health Functions; particularly Indicator 2- (Enforcement of laws and regulations) and Indicator 3 –(Knowledge, skills, and mechanisms for reviewing, improving, and enforcing regulations). Stewardship and governance is essential in the exercise of the steering role of the Ministry of Health as the national health authority and the essential public health functions.

What can be implemented to improve leadership of the MoH? How do we implement a system to determine who gets priority health care? No person or interest group should have greater access to resources to others. How do we strengthen governance given our limited capacity?

➤ **Legal and regulatory capacity:**

Regulatory framework is required for all systems to work. It is an effective instrument for ensuring quality of care and provides the structure for the system. It will help define the roles and responsibilities for all the players including the private sector. While human behaviour cannot be legislated, the parameters within which people are to operate can be outlined. It helps with accountability. The human rights of individuals and other international treaties are to be addressed in all frameworks.

➤ **Strengthen national information systems to monitor and evaluate progress towards UHC. Develop a research agenda and improve knowledge management.**

The importance of Information Systems for health cannot be over-emphasized. A national information system will allow for evidence based decisions to be taken. It should be disaggregated to facilitate monitoring of advance sin equity and provide the baseline data on the needs of the people. It will help with seeing what outcomes are achieved. It allows for the identification of deficiencies within the system even while it is being implemented. The management of all the data and information available is important. Information is often available but often not analysed and utilised. Research will help in identifying the needs of the population and developing policies for UHC

b) In your opinion, what are the key aspects in your country that should be strengthened in order to improve governance and leadership in the health sector? How would you address them?

- Steering role of Ministry of Health:- revisit proposals from KPMG “Value for money” study

- Regulatory function:- Government to take greater lead in governance, stewardship and policy implementation rather than the actual provision of service
- Look at best practices in terms of leadership and governance in the region. Compare these with the indicators of health outcomes.
- Health system:- need for reform in terms of organization of services, financing, human resources, use of technology, health information systems.
- Structure, System and Functions need to be improved
- Need to separate functions – MOH has too many roles which can be conflicting in nature. Legislative framework is required to achieve this
- Develop Research agenda

c) What have been the experiences and lessons learnt regarding strengthening governance and leadership in the health sector?

- Cost implication for making changes is a deterrent
- Political will to carry through is not always there
- Some decisions are not always politically expedient
- Structure of system does not facilitate change

d) How can PAHO technical cooperation provide support in this area?

- Advocacy with political directorate
- Assisting with cost benefit and situation analyses
- Support for research
- Increase human resource
- Sharing of best practises in similar jurisdictions
- Facilitating intra-country collaboration

Group Three (3) : Increasing and improving financing, promoting equity and efficiency, and eliminating out of pocket expenditure

- Representative National HIV/AIDS Response Program
- Representative -Ministry of Finance
- Chief Dental Officer - Ministry of Health
- Representative Drug Abuse Prevention Unit
- Nurse Manager - PMH
- President, General Nursing Council
- Environmental Health Department
- Representative Private Sector Foundation for Health
- Senior Executive Officer (Accounts) - Ministry of Health
- Representative Pan American Life Insurance
- Representative Dominica Social Security
- Records Officer PMH

a) Based on the information in the draft Strategy Document (page 5), indicate what elements should be taken into consideration to address the following issues:?

➤ **Increase public financing for health**

- Size of population

- Current spending on health and how it is spent (National Health Accounts)
- On what will the extra funds be spent
- Economic conditions
- Unemployment and underemployment (Country Poverty Assessment 2008/09 revealed 74.1% of poor population was employed)
- Cost of providing services and type of services
- Importance of other competing priorities and what will have to be sacrificed
- Private practitioners and how they fit in to the UHC

➤ **Eliminate direct payment at the point of service and replace it with a pre-paid integrated pool based on the principle of solidarity that allows cross-subsidaries from healthy to sick, from rich to poor, and from young to the elderly**

- Amount of revenue currently collected from user fees
- Amount necessary to successfully maintain such a system
- Current level and system of taxation
- Proportion of population who would be able to contribute to such a scheme as opposed to those who will benefit. High unemployment rate, ageing population with chronic diseases requiring long term care.
- Country's ability to absorb cost as a result of such a system
- Feasibility of re-visiting proposal for OECS countries to have a joint pool
- Manner of collection of revenue and administration of payment
- Collection of revenue based on consumption

- How do visitors and non-nationals pay for services?
- Role of private insurance- for those who already have policies

➤ **Improve the efficiency in financing and the organization of the health system**

- Monitoring and evaluation of health system
- Make equity and universality explicit priorities from the outset.
- Regulation of present system
- Look at more efficient and equitable ways of raising revenue from tax reform
- Move towards pooling together all government revenues for health to maximize re-distribution
- Control leakages and waste of resources.
- Actively engage civil society in all stages of policy making, implementation and monitoring
- Align incentives and payment mechanisms along with the results in terms of progress towards UHC.
- Rationalize the introduction and use of medicines based on an integrated and multidisciplinary approach
- Shift care from hospitals to the community
- Improve efficiency of hospital care
- Motivate and reallocate health care workers

- Appropriate mix between prevention, promotion, treatment and rehabilitation, or between levels of care
- Evaluate utilizing the WHO building blocks for health systems

b) What are the challenges in your country for the application of the proposed interventions in this strategic line (increase public financing and eliminate direct payment at the point of service)? How would you address it?

- Low growth rates
- Declining population
- Unfavorable economic conditions
- Fragmentation of financial resources
- Heavy dependence on central government

How would you address it?

- Have one social protection mechanism to include health services with strong and effective monitoring and evaluation system
- Explore options for health financing through a detailed participatory process and sensitization of health issues
- Increase exports of goods and services as a means to offsetting positive economic activity
- Examine ways to reduce operating expenses within the ministry of health by more effective use of technology
- Increased coordination among stakeholders (public, private and civil society)

- Directing of all financial resources for health services under one umbrella
- Informing, educating and communicating with the general public so they can make informed decisions
- Government to present case at meetings of Heads of Government

c) What are the experiences and lessons learnt in the implementation of interventions to improve efficiency in the health system in your country?

- Political will is key to championing interventions; need to get political buy-in and support of related interventions
- Identification of the problem does not necessarily mean any action will be taken
- Change in population needs is not reflected by supportive changes in the health system
- There is need for more collaboration between public and private health sectors
- Perception that any service provided by government should be free of cost
- Need for capacity building in line ministries
- Education and sensitization of population on financial medical issues
- Very little monitoring takes place and evaluation of services is subjective
- There needs to be appreciation by health care workers of the cost of supplies etc. used in the provision of services

d) How can PAHO technical cooperation provide support in this area?

- Provide training in human resource development in the context of UHC
- Development of best practices system
- Build capacity to develop a system (UHC) for Dominica
- Assist in implementing a system of National Health Accounts
- Strengthen the ability of the MoH to carry out its steering role.

GROUP 4: Strengthening Intersectoral Action to Address the Social Determinants of Health

Group Members

- Health Coordinator ECC/ Healthy Lifestyle Co. Wellness
- National Epidemiologist
- Coordinator Health Promotion
- Representative Dominica Diabetes Association
- General Secretary Public Service Union
- General Secretary Waterfront and Allied Workers Union
- Representative Ministry of Social Services
- Nutritionist
- Representative Dominica Cancer Society

a) What importance do you give to the following topics?

- **Leadership role of the health system to involve other sectors in addressing the social determinants of health. Establish intersectoral coordination mechanisms.**
 - We recognize the importance of leadership and intersectoral coordination, since health does not depend solely on the Ministry of Health, even if the Ministry gives leadership. There is currently no coordination mechanism in place.
 - The Health in All policies Approach to address issues such as education, housing, food security, migrants, etc. needs to be strengthened. It will improve the accountability of public policy makers for health impacts at all levels of policy making; emphasize the consequences of public policies on health systems, determinants of health, and well-being and contribute to sustainable development.

- **Generate evidence to support inter-institutional actions, in particular assessing the health related implications of policies, programs, and development projects.**

It is important to produce evidence that this type of collaboration works. Monitoring and evaluation of interventions such as policies, and programs provide information on their impact on the health status of the population and communities. This evidence is needed for support in favour of continuing programs and projects.

- **Promote universal health coverage in social protection programs. Strengthen the participation of the health sector in defining the health-related components of social programs, including programs for conditional cash transfers, as appropriate.**

It is very important for us in Dominica because social partners:

- address the needs of vulnerable groups
- help combat inequity levels in health outcomes among these groups
- Promote comprehensive quality and integrated care
- Reduce fragmentation of care
- Maximise the use of existing resources
- Provide safety nets ensuring no one is left behind

➤ **Strengthen the links between health and community, empower people and communities by training leaders, young people and other community member on the social determinants of health so that they can play an active role in health promotion and protection.**

- Empowering of communities is a health promotion strategy that works. People have to be empowered to take responsibility for their own health.
- The Ministry of Health has a strong record in working with community groups and organizations to empower individuals and families.
- Working with organized groups has many benefits including reaching the unreached
- It is important to provide people with the skills needed for making healthy choices and advocating for their rights.

b) What are the barriers to strengthen the capacity of the national health authority to influence legislation, regulations and interventions beyond the health sector that address the social determinants of health? How would you address it?

- Lack of policy on intersectoral coordination for health
- Ministry of Health approach as opposed to a whole of government approach
- Lack of champions for the identified cause
- Lack of political will and conflict of interest
- Weak enforcement mechanisms
- Many partners do not understand their role in “Health in all policies”
- Whole of society approach has not been understood or applied.

c) What have been the experiences and lessons learnt in working with other sectors to address the social determinants of health?

- Overall it has been a positive experience. However, since there is no policy on intersectoral coordination, success depends heavily on factors such as the personality the responsible partner, their understanding of the approach, past experience or exposure to such programs and projects.
- Ministry of Health is expected to provide the bulk of the resources needed

Lessons learnt:

- The probability of success is greater when other partners are involved e. g. Health and Agriculture working on an anaemia project.
- There was a higher rate of success when the community was involved in identifying the problem, planning and implementation
- Sustainability of programs is sometimes difficult

d) How can PAHO technical cooperation provide support in this area?

- Share best practices from other countries
- Improve capacity of the health sector to address the social determinants of health

Feedback from participants was very positive. The Dominica Association of Persons with Disabilities headed by a blind person, had difficulty in reading the material which was circulated in preparation for the workshop because it was sent in pdf format and therefore could not be transferred to a format that they could read.

There was a lot of discussion on what would be the best financing mechanism for Dominica. Several participants favoured increasing the Value Added Tax (VAT), however the participant from the Ministry of Finance highlighted several reasons why that was not a feasible option. Another area which generated much discussion was the feasibility of a national health insurance scheme versus a regional scheme, given the small number of employed persons in each island.

Discussion also included recommendations on the way forward.

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Julius Timothy

Minister for Health

Government of the Commonwealth of Dominica

Date:.....

Participating Organizations

Dominica State College

Ross University School of Medicine

Dominica Diabetes Association

Healthy Lifestyle & Wellness

Dominica Nursing Council

Dominica Council on Ageing Inc.

Pan American Life

Justin Fadipe Medical Centre

Dominica Cancer Society

Dominica Social Security

Dominica Public Service Union

Private Sector Foundation for Health

Waterfront & Allied Workers Union

Government Departments

Ministry of Health & Head of Departments

Ministry of Finance

Social Welfare Division

Ministry of Tourism & Legal Affairs

Cabinet Secretariat

Establishment, Personnel & Training Department