

Dominica is the northernmost and largest of the Windward Islands of the Lesser Antilles. It covers an area of 790 km² and lies between the French territories of Guadeloupe and Martinique. The island is volcanic in origin, and has a rugged terrain made up of mountains, valleys, and hills; its climate is tropical. The country achieved its independence from the United Kingdom in 1978 and is a member of the Commonwealth of Nations. It is a multi-party democracy, with a president as head of state and executive authority vested in a cabinet headed by a prime minister. The capital is Rousseau, and the country is politically and administratively divided into 10 parishes.

Despite the effects of the global economic crisis, Dominica has adopted measures to mitigate poverty and improve the quality and accessibility of both primary and secondary education.

The health status of the population has continued to improve: the fertility rate has declined, life expectancy has increased, and access to the drinking water supply and sanitation continues to expand.

Efforts to improve the health infrastructure and the health information system are being made and several initiatives on patient care have been introduced to promote the health action program.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

The government carried out poverty reduction measures through targeted public spending, especially among the Kalinago, or Carib, indigenous population, who reside in the eastern part of the island and make up 5% of the population. Between 2003 and 2009, the poverty level of this specific group was reduced from 70% to 49.8% (although their poverty level remains higher than the rest of the population). Overall, their health status is similar to that of the general population.

Poverty for the country as a whole declined from 39% in 2003 to 28.8% (22.8% of households) in 2008–2009. Extreme poverty was 3.1%.

In 2009, 86% of the 32,093 people in the job market were employed and 14% unemployed. In 2008, the general literacy rate in Dominica was 86%; the highest level of illiteracy was among people age 60 and older.

THE ENVIRONMENT AND HUMAN SECURITY

In 2009, 95.8% of the population had access to drinking water. In 2008, 14.6% of homes had toilets connected to sewage systems and 50.6% used septic tanks. The entire population uses the services of the Fond Cole sanitary landfill, which opened in 2007.

HEALTH CONDITIONS AND TRENDS

Universal coverage of delivery care by trained health workers has been in place since 2000. In 2009, almost all

Selected basic indicators, Dominica, 2008–2010.

Indicator	Value
Population 2010 (thousands)	72.9
Poverty rate (%) (2009)	28.8
Literacy rate (%) (2008)	86.0
Life expectancy at birth (years) (2010)	76.0
General mortality rate (per 1,000 population) (2010)	8.1
Infant mortality rate (per 1,000 live births) (2010)	13.9
Maternal mortality rate (per 100,000 live births)	...
Physicians per 1,000 population (2009)	1.7
Hospital beds per 1,000 population (2009)	3.8
DPT3 immunization coverage (%) (2009)	100.0
Births attended by trained personnel (%) (2009)	100.0

births (99%) took place in a hospital. In 2010, two maternal deaths occurred due to pregnancy-related complications.

Universal coverage has been achieved in the immunization program. There were no cases of vaccine-preventable diseases in children between 2006 and 2010.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

In November 2010, the Ministry of Health launched the 2010–2019 National Strategic Health Plan, which defined the priority health areas. The objectives of the plan are to: train and develop staff in clinical and administrative areas; reorient service delivery models to achieve greater efficiency and effectiveness; improve planning, surveillance, and evaluation capacity; and prepare an effective, automated health information system.

In 2008, the annual total health expenditure was US\$ 22.5 million, representing 8.2% of the total budget and 6.3% of the gross domestic product (GDP). Total health expenditures per year per capita were US\$ 333.91. Private health expenditures represented 37.5% of all health expenditures in 2008.

In the period 2005–2009, nurses represented the highest proportion of public-sector health personnel (45%) and nursing assistants, 8.3%. Physicians represented 15%.

Dominica's health services are operated and financed primarily by the Ministry of Health.

The percentage of older adults grew in 2010 to 13.4% of the total population. In 2009, the government launched a program called "Yes, we care," aimed at

“Yes, We Care” Program—A Contribution to the Health of Older Adults

This program, launched in June 2009, is an initiative designed to help families provide home care to Dominica’s neediest elderly. Each year, nearly 300 elderly people who are confined to their homes receive food and direct home care within the framework of this program. It is carried out through the Ministry of Community Development, Culture, Gender Issues and Information and the Ministry of Health and Environment, and is supervised by the National Advisory Committee, which was appointed by the island’s Council of Ministers.

The initiative was designed through a participatory process. In August 2008, the government convened a one-day forum attended by staff members of the Ministry of Health, the Division of Social Welfare, the Dominica Council on Aging, the Ministry of Finance, nongovernmental organizations (NGOs), and civic organizations, along with caregivers and local authorities.

The program is in keeping with the national policy on the elderly, which “seeks to provide greater protection and care to people, both physically and mentally, through adequate support services that strive to preserve human dignity.”

providing relief to the most vulnerable of the older adult population.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

Several technological initiatives were implemented in the 2006–2010 period, mainly in the health services area. In 2009, the Princess Margaret Hospital radiology service

began to operate a semi-digital system. A new hyperbaric chamber was installed for the treatment of victims of diving accidents and other medical disorders, and a plant to produce oxygen was established. In addition, the number of machines available for kidney dialysis increased.

MAIN CHALLENGES AND PROSPECTS

To continue to reduce poverty and health problems, the efforts focused on reducing the high poverty rate of the Kalinago ethnic group must be maintained and strengthened. Among the problems affecting this group, in addition to poverty, are unemployment, adolescent pregnancy, consumption of psychoactive substances, and the prevalence of chronic, noncommunicable diseases.

Employment conditions are unequal, with an unemployment rate of 11.1% for men and 17.6% for women. Unemployment among the poor was 25.9%; female unemployment among the poor (33.9%) was higher than for men (20%).

The country is prone to hurricanes and landslides. Hurricane Dean, a category 2 storm, caused damages of more than US\$ 59.6 million in 2007, which amounted to 24% of the GDP.

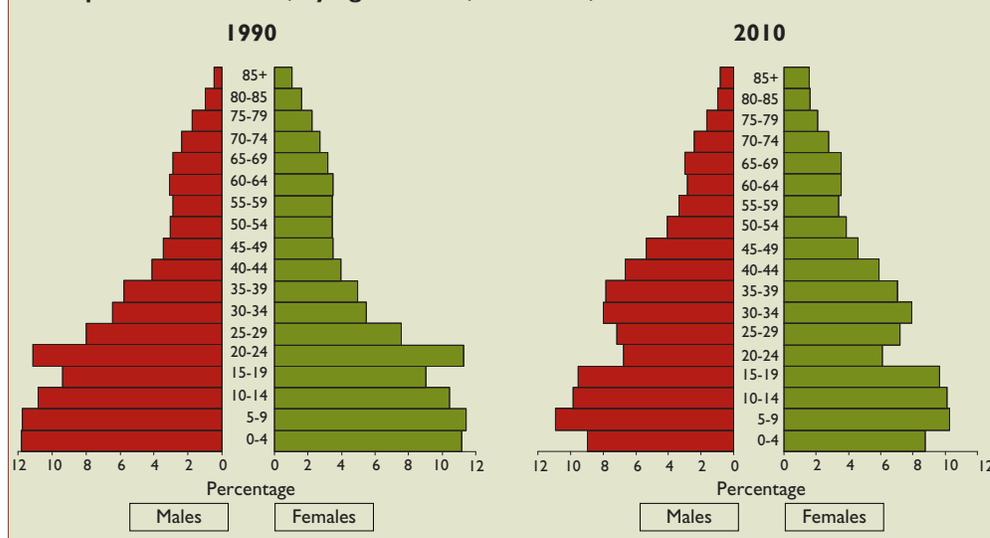
The main institutional responsibilities with respect to climate change in Dominica rest with the Ministry of Agriculture and the Environmental Coordination Unit. However, during the period 2006–2010, there was no data collection or monitoring of basic variables such as sea level, beach erosion, and greenhouse gas emissions.

Erosion along the 148 km of coasts is a continuous hazard, especially considering the expected rise in sea levels. Since most of Dominica’s communities are located along the coast, this poses a risk for human settlements and land transportation.

There were 99 deaths of infants and children under age 5 between 2006 and 2010. The three leading causes of death were respiratory disorders specific to the neonatal period, congenital malformations, and bacterial septicemia of newborns.

In 2007 and 2008, dengue outbreaks occurred, with 122

Population structure, by age and sex, Dominica, 1990 and 2010.



reported cases; another outbreak occurred in 2010 with 75 confirmed cases. In 2010, the number of people living with HIV/AIDS reached 34. The tuberculosis incidence rate in 2010 was 11 per 100,000 population.

There were 382 admissions to the psychiatric unit in 2010: 268 men (70%) and 114 women (30%). Upon being discharged, approximately 61% of these patients had a diagnosis of schizophrenia or related disorders and 26% had disorders related to the use of psychoactive substances.

Diseases of the circulatory system and malignant neoplasms were the leading causes of death in the period 2001 to 2010. The 10 leading causes of death between 2006 and 2010 were from noncommunicable diseases and represented 56% of total deaths recorded for those years. Cerebrovascular disease was the leading cause of death in that period, accounting for 317 deaths (11.3%). In 2009, 55% of deaths were due to noncommunicable diseases; malignant neoplasms caused 21% of deaths and cerebrovascular disease, 19.7%. The three leading causes of death in 2010 were cerebrovascular disease (49 deaths), diabetes (39 deaths), and ischemic heart disease (37 deaths). These diseases are related to behavior and unhealthy lifestyles such as diets harmful to health, physical inactivity, a high rate of tobacco consumption, and alcohol abuse.

The Ministry of Health has undertaken some research projects; however, the volume of work and financial constraints have prevented it from publishing the results of these studies.

The Health Information System, although it continuously compiles epidemiological data, faces some problems with data collection on morbidity. Since most data collection is done manually, accuracy and timeliness are causes for concern.

Among the many health challenges the country still faces, the following stand out: communicable diseases, adolescent pregnancies, and the growing consumption of psychoactive substances, particularly among the young. Another priority issue is the high level of chronic, noncommunicable diseases, which affect the population from an early age and represent a considerable financial burden for families and the State.

Health promotion and education about healthy practices and lifestyles and the risk of developing chronic, noncommunicable diseases is vital, especially in the younger population. School-based health promotion should be more effectively incorporated into all health programs to improve attitudes and promote positive behavior. Prevention activities that concentrate on populations at risk are fundamental to reverse the growing burden of noncommunicable diseases, and multisectoral participation in this effort is critical.