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# HFG DOMINICAN REPUBLIC FINAL REPORT



*USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions.*



# ABOUT THE HEALTH FINANCE AND GOVERNANCE PROJECT 2012-2018

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Enhancing governance for better health system management and greater accountability and transparency;

- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and
- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

The HFG project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

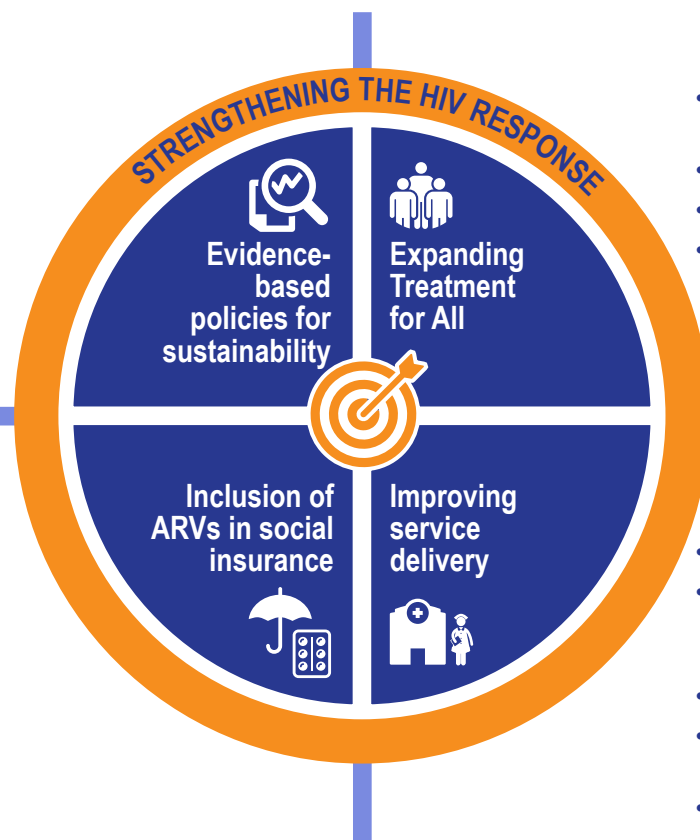
The project is funded under USAID cooperative agreement AID-OAA-A-12-00080.

To learn more, visit [www.hfgproject.org](http://www.hfgproject.org)

## HFG'S TECHNICAL SUPPORT TO SUSTAIN AND STRENGTHEN THE DOMINICAN REPUBLIC'S HIV RESPONSE

- Financing gap analysis
- HIV Investment Case
- Efficiency study
- Mechanisms for raising revenue
- Alternatives for sustaining the response

- Operational plan
- Review of legal barriers and information systems
- Increased enrollment in social insurance



- Treatment for All expansion plan
- HIV clinic evaluation
- Results-based budgeting
- Costing HIV services

- Data for decision-making
- Human resources information system implementation
- Supply chain optimization
- Distribution and quality of condoms
- Supervision of HIV clinics

# HFG OVERVIEW IN DOMINICAN REPUBLIC



## CHALLENGES

The Dominican Republic (DR) has mounted a vigorous response to its pressing HIV/AIDS epidemic, achieving notable progress in recent years. The country has lowered prevalence to 0.9 percent, from 1.5 percent in 2008 (UNAIDS 2017), a commendable public health achievement. Today, this upper middle-income Caribbean country's sights are set on ending the HIV epidemic through achievement of the UNAIDS 90-90-90 targets: 90 percent of all people living with HIV (PLHIV) diagnosed, 90 percent of those diagnosed on antiretroviral therapy, and 90 percent of those on treatment virally suppressed. Although reaching 90-90-90 will require addressing significant challenges, the country's present statistics provide reason for optimism: Currently, 77 percent of PLHIV in the DR know their HIV status, 68 percent of these are receiving ART, and 83 percent of people on treatment are virally suppressed. The country's HIV epidemic is largely concentrated in vulnerable populations, including men who have sex with men, sex workers, and migrants.

Government officials and civil society in the DR are cognizant of the remaining challenges facing the country's HIV response. First, inefficiencies in spending on HIV programs, due in part to poor coordination among national stakeholders and a

vertical orientation of HIV programs, need to be addressed. Second, there is recognition that the DR depends on international support to sustain its HIV/AIDS response. However, strategies for sustainability, such as including antiretroviral (ARV) drugs in the national Family Health Insurance Scheme, have faced difficult barriers, slowing the DR's journey to self-reliance.

Third, it wasn't until July 2018 that the DR adopted the World Health Organization (WHO) recommended Treatment for All strategy, which calls for all PLHIV to be placed on treatment as soon as possible upon testing positive for HIV, regardless of their clinical progression. Late adoption of this important policy has contributed to the DR's relatively low treatment coverage to date. Although the government's commitment to financially and legally support Treatment for All represents a significant advance, national expansion of the strategy by 2020 will still require concerted effort and coordination on the part of many stakeholders.

Finally, the DR has faced continued challenges in streamlining the HIV supply chain and distributing quality condoms to slow transmission in key populations.



## CHANGE

The USAID-funded Health Finance and Governance (HFG) project began working in the DR in late 2016, providing technical assistance and analysis to strengthen the country's HIV response. We brought together government and civil society stakeholders to agree on a path for improving the efficiency of HIV spending and ensuring the sustainability of HIV programs. As a result of our efforts, the financial sustainability of the HIV response has become a national priority. Our analysis of the current financing situation and options for sustainability have enabled key HIV stakeholders to develop the sustainability strategy that underpins the country's new National Strategic Plan for HIV and AIDS.

HFG's technical assistance and efforts to coordinate the work of the National HIV and AIDS Council (Consejo Nacional para el VIH y el SIDA) and the Health and Labor Risks Superintendence (Superintendencia de Salud y Riesgos Laborales) have resulted in an agreed-

upon plan for institutional reforms that will allow ARVs to be included in the benefit package of the Family Health Insurance Scheme, thereby securing a sustainable domestic source of financing for ARVs.

Our technical assistance to the Ministry of Health (Ministerio de Salud Pública) resulted in a plan for expanding the Treatment for All strategy from three pilot regions, which received support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and civil society, to all 10 regions of the country. Once implemented, the expansion will increase the number of people receiving HIV treatment, reduce transmission of the virus, and put the DR on the path to ending the HIV epidemic.

At the operational level, our targeted technical assistance to several government agencies and civil society organizations has improved the operations of specialized HIV clinics, the HIV commodities supply chain, the regulation of condom quality, and condom distribution.



# MAKING A DIFFERENCE



## RESULT AREA I

### Consensus for evidence-based policies to sustain the HIV response

Ending the HIV epidemic in the DR will require a sustained, coordinated effort from a multitude of government agencies, civil society organizations, and international partners. The financing and effort needed to extend ART to 20,000 additional PLHIV requires that the government reexamine the structure of its HIV response, take action to improve efficiency, and identify new sources of financing to sustain the response as international assistance stagnates or declines. HFG built a strong knowledge base to secure unified and informed action on these fronts and define an evidence-informed path for the future.

HFG, working jointly with UNAIDS, supported the National HIV and AIDS Council to bring together the Ministry of Health, the Health and Labor Risks Superintendence, civil society organizations, and other international partners to discuss the financial sustainability of the HIV response and reach consensus on actions for guaranteeing sustainability. HFG conducted several studies to inform this process and developed influential reports based on the work. We reviewed opportunities to improve the efficiency of the DR's HIV response by examining previous studies

and drawing on our experience working on similar issues around the world (Nakhimovsky et al. 2017). We conducted a financial gap analysis to identify the country's HIV funding shortfall (estimated at US\$17.8 million for 2018) and demonstrate how it would grow to US\$29.6 million without international donor support (Valdez et al. 2017). We also identified potential sources of revenue for the health sector to address the shortfall (HFG 2017) and estimated the financial and epidemiological returns on expanding treatment to all PLHIV in the country (Adesina and Avila 2017) (see Result 3: Impacts Modeling).

We supported the National HIV and AIDS Council to facilitate several stakeholder workshops, where participants, using HFG's evidence, agreed on concrete actions for sustaining the response. We documented these decisions in the report, *Alternative Approaches for Sustaining the HIV and AIDS Response in Dominican Republic* (Cali et al. 2018). Many of these decisions will be formalized through their inclusion in the country's National Strategic Plan for HIV and AIDS and the national sustainability strategy, expected to be released in late 2018.

*"I have valued very much the support provided by the HFG project to the Dominican Republic National HIV and AIDS Council in providing the necessary studies to help us lead the discussions on the financial gaps in our national response and the possible opportunities to bridge them, including the different models to finance the costs of ARVs and test through social security. Also, we have to really respect and admire the professionalism and the rapid response that has provided the Dominican Republic with the support to strengthen the Unified and Logistic System and the regional warehouses, as well as other studies to integrate the vulnerable populations into health and support services. My sincere appreciation for all the evidence-based studies that HFG has provided to make the HIV national response stronger."*

~ Maria Castillo, Coordinator - HIV Health Service Unit, National HIV and AIDS Council, Santo Domingo, Dominican Republic





## RESULT AREA 2

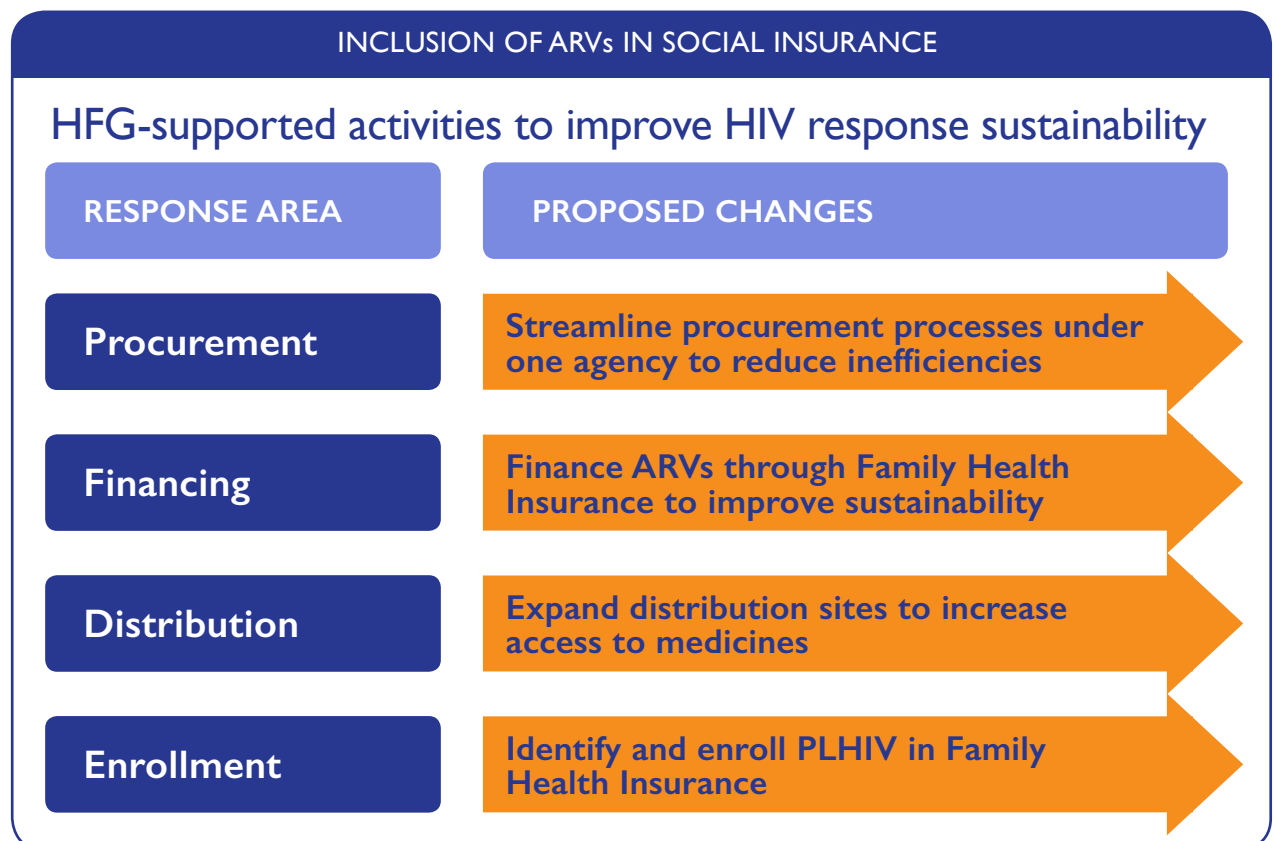
### Inclusion of HIV medications in the social insurance scheme

A global reduction in ARV drug prices and other advances over the past decade have transformed HIV from a devastating pandemic to a manageable chronic condition. By adhering to ART, PLHIV can live near-normal lives with almost no risk of transmitting the infection, but they must have continual access to affordable treatment. Since 2015, the Dominican government has approved a supplemental budget to purchase enough ARV drugs for its HIV-positive population, but there is no guarantee that future leaders will continue to prioritize the allocation of sufficient funding.

Aiming to guarantee sustainable financing for ART, the Dominican government committed in the 2015–2018 National Strategic Plan to cover ART within the Family Health Insurance Scheme. This would ensure that regular social insurance contributions by employees, employers, and the government could be used to finance affordable treatment for the enrolled population as long as needed. The National HIV and AIDS Council

and the Health and Labor Risks Superintendence were tasked with implementing this directive, but confronted a challenge: ARVs are purchased in one annual order to reduce costs, and the design of the Family Health Insurance Scheme does not cover drugs or supplies purchased centrally.

To tackle this issue, HFG helped the Council and Superintendence to develop an operational plan that identifies the institutional reforms required for ARVs to be financed through the Family Health Insurance Scheme while still being purchased centrally by the government; the plan also delineates implementation steps. Review of the plan by the Minister of Health and the National Social Security Council will likely take place in late 2018. In support of eventual implementation, HFG also assisted the National HIV and AIDS Council in identifying more than 2,000 PLHIV for enrollment in the scheme and created educational materials about the enrollment process to promote further coverage of PLHIV.





## RESULT AREA 3

### Plan for expanding ART to all HIV-positive Dominicans

Evidence shows that PLHIV who adhere to treatment are significantly less likely to transmit HIV to others. In 2015, the WHO recommended that all PLHIV be given ART irrespective of their CD4 count, a strategy designed to reduce the risk of HIV transmission and eventually end the HIV epidemic. In the DR, PEPFAR has been supporting the Ministry of Health, the National Health Service, and the National HIV and AIDS Council to pilot the Treatment for All strategy in nine integrated care HIV clinics and two mobile clinics in three regions of the country.

HFG has backed the nationwide expansion of the Treatment for All strategy by providing data on its potential impact. An HIV investment case study supported by HFG estimated that country-wide expansion of the strategy, along with the scale-up of other interventions targeting key populations, would result in 8,366 fewer AIDS deaths between

2015 and 2030 compared to the alternative treatment criteria outlined in the 2015–2018 National Strategic Plan (Adesina and Avila 2017). The study also estimated that expansion of treatment to all PLHIV would prevent 7,900 more new infections than the alternative, and would be more cost-effective.

Further, we supported the Ministry of Health to develop a detailed plan for expanding the Treatment for All strategy. To inform this plan, we conducted background research, interviewed key stakeholders, and analyzed costs (Hernández and Ortiz 2018) and performance of the comprehensive HIV clinics currently implementing Treatment for All. The plan defines actions and actors for a phased expansion of the strategy under different scenarios, proposes indicators for monitoring the expansion, and identifies potential risks and mitigation strategies.

HFG worked closely with the Ministry of Health technical staff to develop and disseminate the Treatment for All expansion plan to key stakeholders within the ministry, and in July 2018, the ministry released new National HIV Care Guidelines with Treatment for All as the principal strategy. Our support to expand Treatment for All has paved the way to reduced HIV burden among vulnerable Dominicans and set the country on the path toward epidemic control.

## Projecting HIV/AIDS outcomes from Treatment for All expansion: Lives saved, infections averted

HFG supported an impact modeling analysis that projected the costs and impact of implementing a Fast Track strategy, which includes nationwide expansion of Treatment for All. The analysis found that the Fast Track strategy, calling for implementation of the 90-90-90 goals that focus on services for key populations, would reduce HIV mortality by 57 percent compared to the current approach, and could reduce new HIV infections by 90 percent over the next 15 years.

Figures 1 and 2 show the projected number of AIDS deaths and HIV infections averted with implementation of the Fast Track/Treatment for All strategy compared to the current plan. The Fast Track strategy would reduce the yearly number of new infections from 2,918 in 2015 to

310 in 2030, and the number of deaths from 3,128 to 1,550 during the same period. The Fast Track strategy was also found to be the most cost-effective intervention, requiring US\$530 million less in cumulative resources between 2015–2030 than the National Strategic Plan and reducing the cost per infection averted by US\$60,000.

The impact modeling study used the Spectrum model and other epidemiological and behavioral data to establish a baseline and project financing needs. HFG teamed with the National Health Service, the National HIV and AIDS Council, PROMESE/CAL, the Health and Labor Risks Superintendence, the Ministry of Health, the Global Fund, and agencies of the United Nations to conduct the analysis.

FIGURE 1. PROJECTED AIDS DEATHS

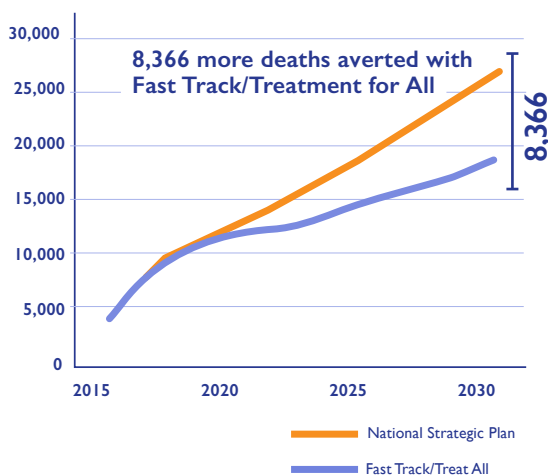
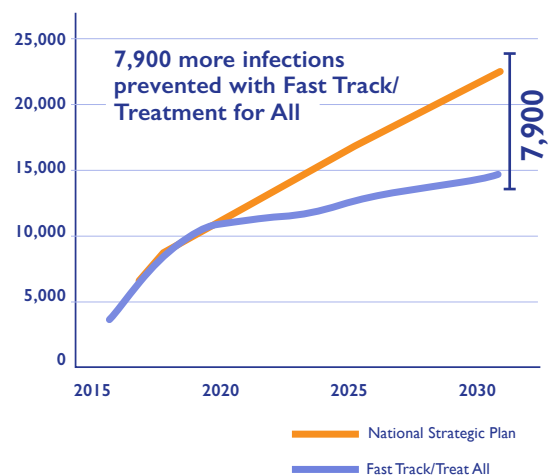


FIGURE 2. PROJECTED HIV INFECTIONS







*“Access to essential medicines is an important indicator of the efficiency of a health system, so to achieve user satisfaction in the health services, these should be permanently available throughout the entire care structure.”*

*~ Karina Mena, Director, Directorate-General of Medicines, Food and Health Products (DIGEMAPS), Ministry of Health*



## RESULT AREA 4

### Strengthened supply chain for HIV commodities

HFG’s health system strengthening activities in the DR also focused on strengthening the supply chain to ensure that essential medicines and commodities are continuously available and accessible, specifically for the HIV program. We worked on this front with national counterparts including the Ministry of Health’s Directorate-General of Medicines, Food and Health Products (Dirección General de Medicamentos, Alimentos y Productos Sanitarios, DIGEMAPS), the National Health Service’s Department of Medicines and Supplies (Servicio Nacional de Salud/ Departamento de Medicamentos e Insumos), the National HIV and AIDS Council, the public medication and supplies procurement agency (Programa de Medicamentos Esenciales/Central de Apoyo Logístico, PROMESE/CAL), and civil society organizations.

Our support extended to several components of the supply chain. For improved selection of medicines, we provided technical support to local regulatory authorities in reviewing and updating the National List of Essential Medicines (Cuadro Básico de Medicamentos Esenciales), released in June 2018 (Ministerio de Salud Pública and HFG 2018). The list specifies the medicines and commodities that must be in stock and accessible to all Dominicans through the public health system. Notably, two new HIV drugs were included on the updated list. Our support made

new therapies with greater efficacy, fewer adverse effects, and lower cost available to prescribers. Further, we developed a methodological guide for revising the National List of Essential Medicines, including training guidance for staff to conduct future updates.

HFG also helped strengthen the methodology for estimating medicine and supply needs for the HIV program for 2019. We used a new tool to determine the commodity quantities and financial resources needed nationally, allowing the Dominican system for medicine supply management (Sistema Único de Gestión de Medicamentos e Insumos) to compare needs based on projected morbidity to historical consumption patterns. By improving the accuracy of commodity needs estimates, the new methodology can reduce drug shortages and wastage, and save money for the country.

To streamline the DR’s procurement mechanisms, we supported the establishment of an international acquisition unit within PROMESE/CAL for procurement of medicines and supplies for HIV, family planning, and other major programs. HFG developed the unit’s operating procedures and organization and functions manual, and validated them with PROMESE/CAL leadership. Despite Dominican law mandating that PROMESE/CAL manage all medical procurement, HIV



and other disease control commodities and medications are purchased internationally through other agencies. With the establishment of the international acquisition unit, the transfer of this responsibility to PROMESE/CAL will allow for continued evidence-based procurement of ART and related commodities while reducing duplication among government agencies.

Finally, HFG contributed to the reorganization of commodity storage and distribution systems. We supported integrating the management of condom supplies and HIV medicine and commodity supplies into three Regional Health Services (Servicios Regionales de Salud, SRS: SRS Metropolitano, SRS Este, y SRS Norcentral). This effort to decentralize supply management to the regional level will help make HIV commodities

more readily available and improve operational efficiency by reducing the need to rent additional space in a central warehouse. Additionally, to prepare for the inclusion of ARVs in the social insurance scheme, we assessed the current systems for distributing ARVs, identified laws and regulations in need of modification, and analyzed information system needs. Through this support, we identified more than US\$160,000 in annual cost savings that would be captured by transferring warehousing and distribution responsibilities fully to the public sector. This would in turn increase the domestic fiscal space for HIV procurement and, ultimately, contribute to reaching the 90-90-90 targets.

*“The Basic List of Essential Medicines 2018 prioritizes funding in the National Health System and guarantees that all people can have immediate access to technologies and interventions that improve health and/or prolong life, and protects the right to access to quality medicines.”*

~ Dr. Rafael Sánchez Cárdenas, Minister of Health, Dominican Republic



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# LOOKING FORWARD



## SUSTAINABILITY

The HFG project has contributed to the sustainability of the DR's HIV response by assisting national authorities in developing plans for including ARVs in the social insurance scheme, expanding the Treatment for All policy nationally, contributing to evidence-based sustainability planning, strengthening the supply chain for HIV commodities, improving data systems and supervision of HIV clinics, and improving access to quality condoms. In doing so, we also ensured that the thrust of our activities is sustained going forward. We developed local capacity to build on this momentum through three deliberate strategies.

First, we implemented our activities overwhelmingly through HFG's local Dominican staff and consultants. HFG project implementation was led by our four full-time staff operating out of our Santo Domingo office. We also employed 28 Dominican consultants who built expertise in health system strengthening and gained exposure to international best practices through the HFG project. The project's international experts focused on transferring knowledge to local counterparts through targeted training in areas such as condom quality assurance protocols and international commodity procurement.

Second, HFG worked in close partnership with numerous Dominican government ministries, and only implemented activities that had

significant government buy-in and clearly defined "owners" with a mandate and the capacity to continue the work. For example, the Ministry of Health's Directorate for the Control of Sexually Transmitted Infections and AIDS is leading the expansion of the Treatment for All policy; the National HIV and AIDS Council and the Health and Labor Risks Superintendence are jointly leading the inclusion of ARVs in the Family Health Insurance Scheme; DIGEMAPS is carrying on efforts to improve condom quality and National List of Essential Medicines updates; and the National Health Service will be overseeing the implementation of new supervision tools for HIV clinic staff. Other PEPFAR and USAID-funded projects will continue HFG's efforts to build the capacity of these government institutions.

Finally, we made a concerted effort to both document the outcomes of our work as well as create guides for continuing or replicating it. For example, HFG not only conducted an assessment of HIV clinics, but also shared the data collection tool and developed a guidance document showing the National Health Service how to conduct the assessment in future. Similarly, we assisted and trained DIGEMAPS in estimating the 2019 needs for HIV commodity purchases, and handed over the estimation tool and guidance documents for replicating the process in future years.



## LESSONS LEARNED

We identified two major lessons from our two years of implementing initiatives and activities to strengthen the DR's HIV response:

- **Coordinating dispersed health system actors can drive progress.** Numerous health system actors are responsible for implementing the DR's HIV response. These include public institutions directly involved in oversight or provision of services and supplies, such as the National HIV and AIDS Council, the Ministry of health, PROMESE/CAL, and the National Health Service; public institutions indirectly involved but crucial to

the success of the response, such as Ministry of Finance, the Health and Labor Risks Superintendence and the National Health Insurance; and non-state or international actors, such as community organizations, NGO providers, UNAIDS, and others. Many challenges to the HIV response are rooted in lack of coordination among these actors. Our work to convene stakeholders, focus efforts on key challenges, and assist stakeholders in holding one another accountable to their commitments was in many cases just as important as the technical assistance or

research we provided. Through these efforts we were able, in several instances, to kick-start stalled policy processes and incentivize stakeholders to prioritize them once again.

- **Developing a feasible plan for integrating HIV care into social insurance schemes requires systems thinking to identify potential barriers, and simultaneous interventions to address these barriers and build momentum.** HFG conducted studies on legal barriers hindering the inclusion of ARVs in the Family Health Insurance Scheme, the need for information system investments, the functioning of the ARV supply chain, and the feasibility of financing ARVs through

the insurance scheme. Simultaneously, we supported the National HIV and AIDS Council and the Health and Labor Risks Superintendence to develop a comprehensive operational plan for including ARVs in the insurance scheme; PROMESE/CAL to develop capabilities to procure ARVs internationally; and the National HIV and AIDS Council and the National Health Insurance to identify and enroll PLHIV in the insurance scheme. This comprehensive approach overcame the challenge of each actor feeling that someone else needs to make the first move to build capacity or reform a system as a prerequisite to initiating their own actions.



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