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SHARED VISION ON CHANGES IN THE SOCIAL, POLITICAL, AND FINANCIAL ENVIRONMENT, AND THE CHALLENGES AND OPPORTUNITIES IMPLIED FOR CIVIL SOCIETY WORKING IN THE FIELDS OF HIV, TUBERCULOSIS, AND MALARIA

Risks and Assistance Needs to Achieve a Favorable Scenario Action Plan

Santo Domingo, Dominican Republic

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Jr. Paraguay 490, Cercado de Lima, Lima 1, Peru
vialibre@vialibre.org.pe | www.vialibre.org.pe
Telephone: (+511) 203-9900

Executive Director of Via Libre
Robinson Cabello

CRAT (Regional Technical Support Centre for
Latin America & the Caribbean) – VIA LIBRE Coordinator
Editorial Oversight
Rosa Inés Béjar

Executive Director of Coalición ONG SIDA
Robert Adames

Dominican Republic Global Fund Country Coordination Mechanism
Technical Secretariat
Santos Rosario

CRAT Technical Supervision
Joan Tallada

CRAT Consultant
Leonardo Martínez

Translation
Cristina Oroza
Carmen Hip

Layout and Design
Héctor Ormaeche

This document has been prepared in the framework of the implementation of technical assistance from the Strategic Initiative on Communities, Gender and Rights of the Global Fund to Fight AIDS, Tuberculosis and Malaria to conduct methodological processes allowing to meet the potential challenges and areas of strengthening in the preparation of civil society and communities within the framework of sustainable transition processes of the Global Fund in Dominican Republic. The study and the proposal were conducted in coordination with and with the participation of the Country Coordinating Mechanism (CCM) for projects under the funding of the Global Fund of the Dominican Republic and with the support from Coalicion ONG SIDA.

Introduction

In the framework of the sustainability policies defined by the Global Fund to Fight AIDS, Tuberculosis and Malaria, at the 35th meeting of its Board, a process of consultation and support to develop action plans for civil society sustainability in countries under transition started with the assistance of the Regional Technical Support Centre for Latin America & the Caribbean (CRAT). In the case of the Dominican Republic, the coalition Coalición ONG SIDA and other organizations related to tuberculosis (TB) and malaria were identified to generate a series of activities aiming at achieving two main objectives:

1. To build a shared vision on the changes in the social, political and financial environment, and the challenges and opportunities they imply for civil society working in the fields of HIV, TB, and malaria.
2. To develop an action plan laying the foundations to face challenges and seize the opportunities transition processes imply.

In order to achieve these objectives, a working methodology was considered, which started with the document conceptual structure, a process which included meetings with civil society and teleconferences with consultants providing technical monitoring of the process, the identification of key actors in the National Response in the Dominican Republic, the review of technical reports, the review of documents and bibliography, the opinion of experts, meetings with key actors and two meetings with an institutional group of government organizations, NPOs and international cooperation (see Annex 1 for a detailed list).

This process was conducted in Santo Domingo between april and june 2017, in wich data from surveys, estimates and technical programmatic reports were reviewed. This included the review of bibliographic sources quoted in this document, which were selected following the guidelines defined in its planning process. At a second stage of the document design, interviews to key actors of the responses to HIV, TB and malaria were conducted.

For these actions to have the expected result, instruments were designed according to a base document of the CRAT[1] which allowed to identify the key components to guide the reflection workshop and also enabled a participatory discussion space for groups of civil society working in the fields of HIV, TB, and malaria.

These documents guided individual and group reflections and the construction of a shared vision, which allowed to obtain the best available and relevant evidence to analyze the environment and its evolution. The group could discuss topics of interest for the process and provided sufficient elements to define the action plan, including a risk analysis and details of training needs and the necessary support to implement it.

[1] Available here.

This document is structured taking into account the parameters and requirements of the terms of reference and of the review processes to which it has been subject. The first chapter includes a context analysis explaining topics allowing to have a general idea about the geographic and socio-economic situation of the country, as well as about its health expenditure levels. It also includes a summary of the epidemiological and programmatic behavior of the diseases at issue.

The second chapter presents–from documentary review, interviews and workshop reports–a brief description of each environment where civil society has analyzed its role in the Global Fund financing transition process, and summarizes conclusions and reflections on the response that the country has given regarding the institutional, financial and social participation framework of the three diseases, as well as on advocacy actions required.

The third chapter includes a shared vision built from the analysis and reflection of civil society's achievements and weaknesses, and delimits its alternatives to strengthen its participation.

The fourth chapter shows a report on the risk analysis of civil society's vision. Then, the fifth chapter describes the technical assistance needs required by civil society to support the transition process.

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GLOSARIO

ASAMSP	Amigos Siempre Amigos (Friends Always Friends)
ASOLSIDA	Alianza Solidaria de la Lucha contra el Sida (Solidarity Alliance to Fight AIDS)
CCS	Comprehensive care services
CDC	Center for Disease Control and Prevention of Atlanta
CENCET	Centro de Control de Enfermedades Tropicales (Center for Tropical Disease Control)
COIN	Centro de Orientación Integral (Center for Comprehensive Orientation)
CONAVIHSIDA	Consejo Nacional para el VIH y el SIDA (National Council for HIV and AIDS)
CS	Civil society
DIGECITSS	Dirección General de Control de las ITS y Sida (Directorate-General for STI and AIDS Control)
DOTS	Directly Observed Treatment, Short Course for TB
DPS	Dirección Provincial de Salud (Provincial Health Directorate)
EMMIE	Regional League for Malaria Elimination
ENDESA	Encuesta de Demografía y Salud (Demographic and Health Survey)
GCPS	Gabinete de Coordinación de Políticas Sociales (Council of Social Policies Coordination)
GDP	Gross Domestic Product
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
IDCP	Instituto Dermatológico y de Cirugía de Piel (Institute of Dermatology and Skin Surgery)
IEC	Information, Education and Communication
INSALUD	Instituto Nacional de la Salud (National Health Institute)
LAC	Latin America and the Caribbean
MCP	Country Coordinating Mechanism
MCR	Regional Coordinating Mechanism
MEPyD	Ministerio de Economía, Planificación y Desarrollo (Ministry of Economy, Planning and Development)
MOSCHTA	Movimiento Socio Cultural para los Trabajadores Haitianos (Socio Cultural Movement of Haitian Workers)
MSP	Ministerio de Salud Pública (Ministry of Public Health)

NDS	National Development Strategy
NPO	Non-Profit Organization
NSP	National Strategic Plan
PAHO	Pan American Health Organization
PBS	Plan Básico de Salud (Basic Health Plan)
PEPFAR	The United States President´s Emergency Plan for Aids Relief
PNCTB	Programa Nacional de Control de la Tuberculosis (National Program for Tuberculosis Control)
QLI	Quality of Life Index
REDOVIH+	Red Dominicana de Personas que Viven con el VIH/SIDA (Dominican Network of People Living with HIV/AIDS)
SDG	Sustainable Development Goal
SDSS	Sistema Dominicano de Seguridad Social (Dominican Social Security System)
SENASA	Seguro Nacional de Salud (National Health Insurance)
SFS	Seguro Familiar de Salud (Family Health Insurance)
SINAVE	Sistema Nacional de Vigilancia Epidemiológica (National System of Epidemiological Surveillance)
SISALRIL	Superintendencia de Salud y Riesgos Laborales (Superintendence of Health and Labor Risks)
SNS	Servicio Nacional de Salud (National Health Service)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SW	Sex workers
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	US Agency for International Development
VIH	Human Immunodeficiency Virus
WHO	World Health Organization

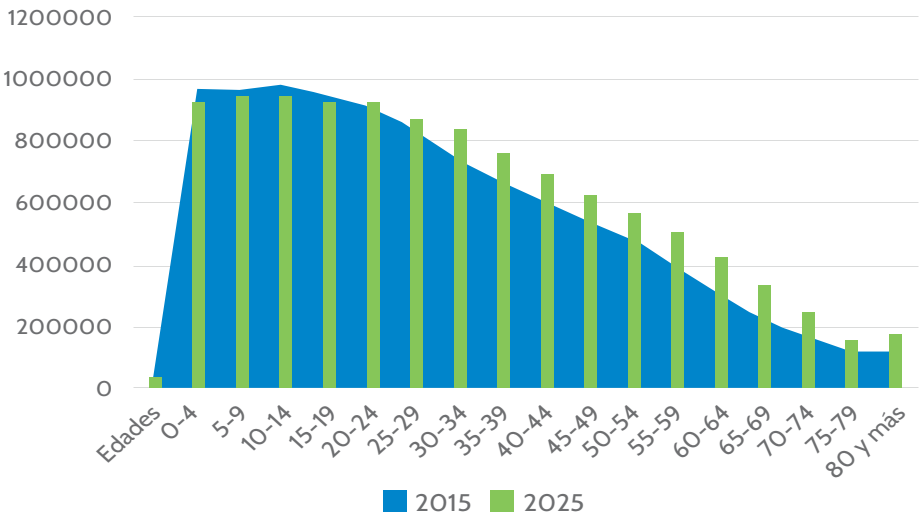
I. ANALYSIS OF THE NATIONAL CONTEXT FOR THE TRANSITION OF THE GLOBAL FUND TO FIGHT HIV, TUBERCULOSIS AND MALARIA

I.1 National Context

The Dominican Republic is located in the Greater Antilles, covering two thirds of the Santo Domingo Island which it shares with Haiti, and it has a territorial extension of 48,660.82 km[2]. The official language is Spanish and the capital city is Santo Domingo de Guzman.

In 2016, the estimated population was of 10,075,045 inhabitants, out of which 5,037,329 are men and 5,037,716 women[2]. The overall fertility rate is 2.5 according to the survey ENHOGAR[3]. The population group aged 15-49 years, according to 2015 estimates, reached 5,328,919 people, out of which 49.6% were men and 50.4% were women. Women of childbearing age from 15 to 49 years old represent 26.2% of the total population. 29.9% of that age segment are men[4]. The Dominican population is under a transition process, and it is expected that in the next 10 years, people of reproductive age will surpass those aged under 15 years old.

Graph 1
Population estimate by age groups 2015-2025



Fuente: Oficina Nacional de Estadísticas (ONE, National Statistics Office). Total population estimates and projections, 2016

[2] OFICINA NACIONAL DE ESTADÍSTICAS (ONE) (2016). Estimaciones y proyecciones de la población total (Total Population Estimates and Projections). Dominican Republic.
[3] CONSEJO NACIONAL PARA EL VIH Y EL SIDA (CONAVIHSIDA) (2014). Plan Estratégico Nacional para la Respuesta a las ITS y al VIH-SIDA 2015-2018 (2015-2015 National Strategic Plan for the Response to STIs and HIV-AIDS). Santo Domingo.
[4] OFICINA NACIONAL DE ESTADÍSTICAS (ONE) & UNITED NATIONS CHILDREN'S FUND (UNICEF) (2015). Encuesta nacional de hogares de propósitos múltiples (ENHOGAR) - MICS 2014, Resultados principales (Multipurpose Household Survey – MICS 2014, Main Results). Santo Domingo, Dominican Republic: Oficina Nacional de Estadísticas.

I.1.1 General Economic Overview

The Dominican Republic had an annual average growth of 6.7% in the last decade, which made it one of the best performing countries in Latin America and the Caribbean. In 2016, its GDP reached 6.4%, and a growth of 6.2% is estimated for 2017. This is the fastest growing economy in the region according to ECLAC[5], and this places the country in the group of medium and high income countries, according to parameters of the World Bank.

The emphasis on social issues developed by means of public policies has allowed a significant reduction of poverty in the country. According to ECLAC[6], in 2005, it represented 47.5% of the population, a percentage which fell to 40.7% in 2013. Likewise, extreme poverty represented 24.6%, but this percentage fell to 20.2% in 2013 (ECLAC, 2014). The multidimensional poverty index–which does not only measure the lack of monetary income, but also the access to employment, social protection and basic services–reached 48% in 2005, but then it fell to 38% in 2012 (ECLAC, 2014).

The unemployment rate went from 6.2% in 2014 to 5.9% in 2016. The expansion of the economic activity translated into the creation of 115,660 new formal employment positions in 2016, according to data from the Social Security Treasury (TSS), representing an inter-annual growth of 6.6% in the number of social security contributors[7].

The economic analysis indicates that, after a lag at the beginning of the 90´s, the evolution of the Quality of Life Index (QLI) has had a sustained growth, reaching an average annual growth rate of 1.3% from 1993 to 2010 (MEPyD, 2014). According to updated official estimates on monetary poverty in the Dominican Republic published in February 2015 by the MEPyD, in 2014, the monetary poverty regarding extreme poverty and general poverty decreased. Nevertheless, there are still significant differences in the general socioeconomic conditions in the different areas of the country, as shown by several consulted sources (ENDESA, 2013 and MEPyD, 2014).

The updated poverty estimates published by the MEPyD shows differences above 11% between the rural and urban areas for the period 2010-2014 (Table 1). Despite significant investment in social assistance, which indeed has contributed to the reduction of poverty in the Dominican Republic since the banking crisis of 2003-2004–when poverty reached 52%–, the levels of absolute and extreme poverty are still higher than those before the crisis.

[5] NU. CEPAL, SUBSEDE DE MÉXICO (2017). Centroamérica y República Dominicana: Evolución económica en 2016 y perspectivas para el 2017 (Central America and the Dominican Republic: Economic Evolution in 2016 and Perspectives for 2017). ECLAC.
[6] Ibíd.
[7] Ibíd.

Table 1. Poverty evolution by area of residence. Period: 2010-2014

Year	Urban	Rural	Differences
2010	37,30%	50,40%	13,10%
2011	36,50%	48,40%	11,90%
2012	36,80%	49,40%	12,60%
2013	36,40%	51,20%	14,80%
2014	31,80%	44,10%	12,30%

Source: Built from data from the MEPyD's Poverty Map of 2014

In 2011, the absolute poverty rate reached 39% and the extreme poverty rate was 10% compared to 32% and 8%, respectively, in 2008[8]. Civil society has stated that this sustained economic growth has not matched with a sustainable strengthening of human and social development, and that there is no correspondence between wealth production and the promotion of an environment making the full exercise of human capacities viable. The most recent data of the last human development report of the United Nations Development Programme show the divorce between growth and human development[9].

I.1.2 Public Expenditure on Health

According to figures of the Central Bank, in 2014, current expenditure on health represented 4.1% of the GDP[10]. The contributions to the Ministry of Public Health plus the Family Health Insurance in its subsidized and contributive forms represent most it, and together they represent 2.7% of the GDP. Private systems combined represent 1.4%.

The Demographic and Health Survey (ENDESA, 2013)[11] shows an increase in the insurance coverage and a significant reduction in the growth of out-of-pocket expenditure. Previous estimates on household expenditure showed its high participation in the total, which has decreased in a significant way according to the analysis of the last ENDESA, conducted in 2013[12].

[8] ONE & WORLD BANK (2012). Perfil de la pobreza en República Dominicana, 2000-2011 (Poverty Profile in the Dominican Republic, 2000-2011).
[9] UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP) (2013). Informe sobre desarrollo humano 2013 (2013 Human Development Report).
[10] RATHE, Magdalena & HERNÁNDEZ, Patricia (2015). Gasto nacional en salud en la República Dominicana, 2014 (National Expenditure on Health in the Dominican Republic, 2014). Santo Domingo: Instituto Tecnológico de Santo Domingo.
[11] CENTRO DE ESTUDIOS SOCIALES Y DEMOGRÁFICOS (CESDEM) (2014). Encuesta Demográfica y de Salud, República Dominicana, 2013 (Demographic and Health Survey, Dominican Republic, 2013). Santo Domingo, Dominican Republic.
[12] RATHE & HERNÁNDEZ, óp. cit.

I.2 Current Epidemiology of the Diseases and Trends

I.2.1 HIV Situation

Since the first cases reported in the Dominican Republic at the beginning of the 80's, the HIV epidemics increased until reaching its peak in 2001. Since that year, there has been a slight decrease until 2005. From then onwards, a trend towards stability has been perceived[13].

Data collected in the last ENDESA measurements in 2002, 2007 and 2013 show national prevalence equal or lower than 1%. Although the ENDESA shows a prevalence of 0.8% in the general population in the 2013measurement, estimates of some population groups maintain a higher prevalence, which is why they have been categorized as priority groups in the new 2015-2018 National Strategic Plan. (Table 2)

Table 2. HIV prevalence by key group. Period: 2012-2013

Key groups	HIV Prevalence	Source
Trans populations	18%	PLACE (Priorities for the Local Efforts to Control AIDS), 2014.
Gays and other men who have sex with men	5,2%	Second behavior and serological surveillance survey in key populations, 2012.
Haitian migrants (construction workers)	4,6%	CDC. Behavior and serological surveillance survey in key populations, 2013.
Sex workers (SW)	4,5%	Second behavior and serological surveillance survey in key populations, 2012.

Source: Spectrum, 2016 & IBBS, 2012. Taken from the presentation "PEPFAR 2017 Country/Regional Operational Plan Approval Meeting"

Key Populations in HIV

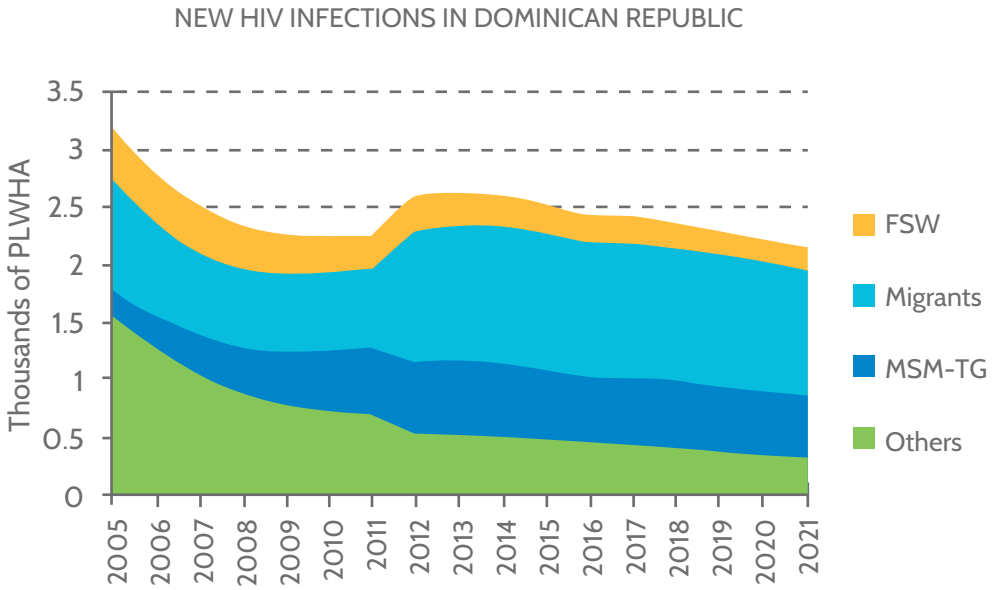
According to the 2010 report on transmission modes, 33% of new infections occur to men having sex with other men and 5,6% in sex workers. The analysis of the available data shows that the Dominican Republic has a concentrated epidemic, with prevalence in the general population below 1% and above 5% in gays, transgender people, and men having sex with other men (6.1% in 2008 and 5.2% in 2012)[14]. A reduction of new infections in the most exposed populations is expected for the year 2021 (see Graph 2).

[13] DOMINICAN REPUBLIC (2014). Informe nacional sobre los avances en la respuesta al sida - Seguimiento a la Declaración Política de las Naciones Unidas sobre el VIH y el Sida, 2011 (National Report on Progress in the Response to HIV - Follow-up to the UN Political Declaration on HIV and AIDS, 2011). Santo Domingo, Dominican Republic.

[14] DIRECCIÓN GENERAL DE CONTROL DE INFECCIONES DE TRANSMISIÓN SEXUAL Y SIDA (DIGECITSS) (2014). El estado epidémico del VIH en la República Dominicana - Informe final sobre tipo de epidemia (HIV Epidemic Status in the Dominican Republic – Final Report on the Epidemic Type). Dominican Republic.

Graph 2.

Estimate of new HIV infections in key populations. Period: 2005-2021



Source: Spectrum, 2016 & IBBS, 2012. Taken from the presentation "PEPFAR 2017 Country/Regional Operational Plan Approval Meeting"

I.2.2 Tuberculosis Situation

According to the 2016 Global report on TB[15], TB incidence in the Dominican Republic reached 60 per each 100,000 inhabitants, which is higher than that of the Americas, which reached 27 per each 100,000 inhabitants. In the case of incidence of multidrug-resistant TB, it reached 0.28 per each 100,000 inhabitants, which is lower than the regional incidence, which reached 1.1 per each 100,000 inhabitants.

The mortality rate was 4.6 per each 100,000 inhabitants, which is higher than the average rate of the Americas region, which reached 1.9 per each 100,000 inhabitants. Despite these figures, significant programmatic progress can be observed, among which the detection of 71% of the estimated cases of smear-positive TB stands out.

Likewise, preventive therapy was applied with isoniazid (first line bactericide for TB treatment) to 1,361 children in contact with HIV-positive people. Some achievements were the retrofitting of the reference laboratory for respiratory diseases, the adaptation of the national diagnostic infrastructure and the training of human resources. In addition, equipment was improved in 4 culture laboratories and 188 laboratories for smear-tests.

[15] WORLD HEALTH ORGANIZATION (WHO). Informe mundial sobre la tuberculosis 2016 (2016 Global Tuberculosis Control Report).

TB Key Populations and Key Populations at Higher Risk of TB Exposure

The strategies proposed are designed based on their characteristics (described in the epidemiological analysis) and the opportunities to implement initiatives of previous experiences and successful approaches. The 2015-2020 strategic approach entails the prioritization of 4 key populations and key populations at higher risk of exposure:

Key populations: persons deprived of their liberty, Haitian migrants, children under the age of 15, and people living in extreme poverty (large cities)

Key populations at higher risk of exposure: people in contact with TB, diabetes and other immuno-compromised cases, health staff, people living with HIV, and patients with low adherence.

I.2.3 Malaria Situation

Malaria is endemic in the Dominican Republic. The highest peak in malaria history was reached in 1980, with 4,780 cases. Later on (1986-1989), malaria levels reached 1,000 and 1,400 cases per year, showing a growing trend between 1990 and 1996. In 1999, they reached a peak, with 3,589 cases. Between 2000 and 2006, the rate increased, reaching 3,837 cases in 2005. Then it decreased in a sustained way, reporting 1,640 cases in 2009. Between 2010 and 2015, favorable changes were seen in the reduction of the estimated incidence in the country[16].

After those incidence peaks, the country achieved the reduction, prevention and control of malaria by taking the incidence rate from 9.4 in 2012 to 6.5 per each 100,000 inhabitants in 2015. This was recognized by the PAHO/WHO by means of the award as champion country in the control of this disease for the second year in succession[17].

Along with the fall in malaria incidence, the mortality rate related to this disease has also declined. The National System of Epidemiological Surveillance (SINAVE) estimated that the mortality rate due to malaria was 0.07 per each 100,000 inhabitants in the year 2000. Then, it reached a peak of 0.2 per each 100,000 inhabitants in 2001. However, from 2010 onwards, a significant fall has been observed until reaching a rate of 0.04 per each 100,000 inhabitants in 2014, with a tendency to fall to 0.03 in 2015[18].

[16] CENTRO NACIONAL DE CONTROL DE ENFERMEDADES TROPICALES (CENCET). Plan Estratégico Nacional de Control y Eliminación de la Malaria en la República Dominicana 2013-2017 (2013-2017 National Strategic Plan for Malaria Control and Elimination in the Dominican Republic).
[17] MINISTERIO DE SALUD PÚBLICA (MSP) (2016). Plan Operativo Anual 2016 (2016 Annual Operational Plan). Santo Domingo.
[18] MSP. Sistema Nacional de Vigilancia Epidemiológica (SINAVE, National System of Epidemiological Surveillance), 2016.

II. INSTITUTIONAL FRAMEWORK FOR HIV, TUBERCULOSIS, AND MALARIA

II.1 Legal Framework

Actions for HIV, TB and malaria are based on the national legal framework, which includes two organic laws in health:

1. The General Law on Health (Law 42-01), which includes universality as one of its ruling principles, stating that the State recognizes the right of all residents in the national territory to be provided with health services, and that actions for health promotion and disease prevention and protection, as well as for health recovery and rehabilitation must be developed.

2. The Law on the Dominican Social Security System (Law 87-01), which includes universality as one of its ruling principles, establishing that the Dominican Social Security System (SDSS) must protect all Dominicans and residents in the country, without discrimination on the basis of health, sex or social, political, or economic status.

Regarding the financing of health initiatives, Law 176-07, or Law on Municipalities, is also quoted, which proposes the participation of municipalities or local governments in health agendas, and targets 4% of their budget for education, gender, and health programs.

Legal Framework for HIV

Law 135-11 on HIV and AIDS, which creates the National Council for HIV and AIDS (CONAVIHSIDA), defining it as an autonomous, collegiate, multisector and strategic body, attached to the Ministry of Health. Its mandate is to coordinate and lead the National Response to HIV and AIDS.

Law 135-11 is a regulation including significant progress in terms of rights, as it addresses several aspects related to prevention, care, and mitigation of HIV and AIDS. Items 8 and 9 of Article 29 orders the preparation of an implementation regulation, which has not been developed yet, and of an internal regulation that has not been enacted yet. State resources for funding CONAVIHSIDA and enforcing Law 135-11 must be considered within the Law on State General Budget, as it is established by Article 34 of the afore-mentioned law.

II.2 Strategic Framework

Objective 2 of the 2010-2030 National Development Strategy (NDS) proposes processes linked to the provision of services for chronic diseases (including pulmonary TB, HIV, and malaria) as part of the factors to be ensured for all citizens to exercise their right to a decent life. The vision from civil society is essentially about the inconsistency between this strategy and the implementation of initiatives proposed therein. One of the main axes of the strategy regarding health is related to the development of primary healthcare; however, budget allocation for that is minimal.

In the National Responses to HIV, TB and malaria, the national political commitment can be observed in the incorporation of these topics as a national health priority for the State, which includes them as priority issues in the 2006-2015 Ten-Year Health Plan[19], in the 2014-2016 Multiannual Public Sector Plan[20] and in Law 1-12 establishing the National Development Strategy[21] of the Dominican Republic.

As part of a reflection process, civil society states that, although there are multiannual plans for the public sector (which should include the initiatives of the NDS), when allocating the budgets, many activities are excluded and do not get to be implemented. Another element pointed out by civil society is that the NDS has a rigidity level that limits the inclusion of new elements which set the trends to achieve sustainability.

Strategic Plan for HIV

The country reviewed its National Strategic Plan (NSP) for HIV in 2015. Several lines and initiatives were updated, adjusting them to emerging trends and including the adherence to the monitoring of care continuity, the prioritization of initiatives in key populations, the development of initiatives to ensure sustainability and the description of an effective monitoring system.

The 2015-2018 NSP for the Response to STIs and HIV/AIDS proposes the vision, strategies and expected results of the National Response to STIs, HIV, and AIDS. It is defined as a tool which organizes in a logical way the initiatives required to achieve the objectives established by the country for the afore-mentioned period.

The 2015-2018 NSP includes responses to changes in the way of addressing new epidemic trends, to changes in the initiative strategies, to the development of new medicines, to the increase of treatment coverage and to the new modalities of clinic and administrative management of the National Response. This NSP focuses on the groups which contribute the most to the epidemic prevalence and proposes a definition of priority groups. It also defines four strategic objectives aligned with the trends estimated until 2015 to address the epidemic.

[19] MINISTERIO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL (MSPAS) - SECRETARÍA DE ESTADO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL (SESPAS) (2004, 2008). Plan Decenal de Salud 2006-2015 (2006-2015 Ten-Year Health Plan).
[20] MINISTERIO DE ECONOMÍA, PLANIFICACIÓN Y DESARROLLO (MEPyD) (2015). Plan Nacional Plurianual del Sector Público 2013-2016 (2013-2016 Multiannual Plan of the Public Sector).
[21] MEPyD (2012). Estrategia Nacional de Desarrollo de la República Dominicana 2010-2030 (2010-2030 National Development Strategy of the Dominican Republic).

- To reduce new infections in key groups and priority populations by 50% by implementing strategies on education and prevention of STIs/HIV.
- To reduce the morbimortality of people living with HIV/STIs by providing quality and warm services, in compliance with national standards and protocols, and having 90% of people living with HIV/STIs with undetectable viral load.
- To ensure the respect of human rights of people living with HIV and key populations by developing human rights promotion, protection, and tutelage systems.
- To ensure sustainability of the National Response to STIs, HIV, and AIDS, as well as the supply of reliable information for decision-making processes, by increasing investment, improving information systems, and strengthening the actors' coordination and response capacity.

Civil society points out the need to assess the implementation level of initiatives included in the NSP, as many of the commitments undertaken by government authorities have not been fulfilled.

Regarding the NSP funding, civil society claims that activities which were implemented were those with international financing. Government authorities contest this statement by claiming that the component with the highest costs is that of care and treatment services, and that it was included in the national budget and paid by the Dominican government.

Civil society claims that, except for resources provided by the Concept Note and PEPFAR, there is no local financing for initiatives in key populations.

According to civil society actors, a NSP review requires a previous analysis of the achievement level of the current NSP commitments, so that the real gaps to be closed can be shown to the State afterwards.

2015-2020 Strategic Plan for the National Response to Tuberculosis

The Strategic Plan for TB (NSP 2015-2020) defines as its general objective to contribute to the reduction of incidence and mortality due to TB in the Dominican Republic with an approach based on the global strategy End of Tuberculosis and on the intensification of initiatives focused on key populations and key populations at higher risk of exposure (Table 3). Said plan is the result of an extensive national dialogue in which actors from the government, the private sector and civil society have participated. The design of this NSP for TB had the main purpose to lead towards the focalization and prioritization of the necessary initiatives to reach the country's goals, and it establishes three strategic objectives:

1: To provide care and prevention services for sensitive and drug-resistant TB, as well as for the TB and HIV co-infection, in a comprehensive manner, focused on the needs of the patient.
2: To design and implement bold policies and a support system for people affected by TB.
3: To maintain research and intensive innovation in the tools and strategies for initiatives to achieve impact.

Table 3. Impact goals of the 2015-2020 NSP for TB

IMPACT INDICATORS	Baseline 2013	GOALS					
		2015	2016	2017	2018	2019	2020
1. TB incidence	60 per 100,000 inhabitants	56	54	52	50	49	48
2. TB prevalence	73 per each 100,000 inhabitants	70	68	66	64	62	60
3. Mortality rate due to TB	5.7 per each 100,000 inhabitants	5,1	4,8	4,5	4,2	3,9	3,6
4. TB-HIV incidence in the general population	16 per each 100,000 inhabitants	16,0	15,0	14,0	13,0	12,0	11,0

This instrument covers the ideal guidelines to address the issue of TB from several perspectives, such as timely information, free treatment, detection of new cases, monitoring and evaluation system, staff supervision and training, and investment to guarantee regulatory compliance.

The NSP for TB proposes that NPOs shall promote the mapping and functioning of the *Comités Alto a la TB* (Committees to Stop TB) and of the forums to promote social participation. During civil society reflection workshops, it appears that the NSP does not define mechanisms to make social participation effective in the framework of those committees, which have to be created in every province and municipality of the country. It is also mentioned that the Ministry has not established yet the management way or mechanism to make progress in processes of decentralization, as well as of initiatives and local management of a civil society response.

This has an influence on the possibility of NPOs to establish plans and collect resources from local financing sources, as it is the case of municipalities or town-halls, which, according to the Law on Municipalities, should contribute with 4% of their operational budget to health activities[22]. This could be a palliative to the limitation of resources for self-management of the NPOs of people affected by TB, as their activities depend on the Ministry of Public Health.

It is also mentioned that there is a low participation level of the private sector in the NSP preparation process, arguing that this sector represents an important financing source for the Response to TB and a component of great interest for the processes of clinical management of cases.

[22] Law 176-07. Dominican Republic (2007).

Strategic Framework for Malaria

The NDS[23] prioritizes the topic of malaria among the efforts to strengthen collective health services related to the events of each life cycle, in cooperation with local governments and communities, and with emphasis on sexual and reproductive health (SRR), taking into consideration the specific characteristics of each sex, providing services for the prevention of teenage pregnancies, communicable diseases (tuberculosis, malaria, dengue, HIV/AIDS), and catastrophic diseases (breast, cervix and prostate cancer, among others), as well as by promoting healthy lifestyles.

With the participation of the Ministry of Health, civil society and other government and non-governmental institutions, the country prepared its "2014-2020 National Strategic Plan for Malaria Control and Elimination." In order to make control actions more efficient and effective, this plan grants higher priority to provinces and municipalities with high levels of malaria transmission according to the risk classification system, and it establishes four types of initiatives:

- Active epidemiological surveillance and effective control of outbreaks
- Timely and reliable diagnosis and proper management of cases
- System for the comprehensive management of vectors
- Social mobilization and community participation
- Binational coordination

Like the rest of the countries in America, the Dominican Republic has made progress in the preparation of a national strategy including the objectives to eliminate malaria. Based on those strategies, the goal of going from 603 autochthonous cases in the 2013 baseline to 0 cases by 2020 has been set.

Initiatives for the prevention and control of diseases caused by vectors, including malaria, have been included in the so-called *protected programs of collective health and primary care services*. These are priority health programs focused on collective health and on preventing diseases in the population, and which, by means of Decree 134-14, are guaranteed budget allocations.

Civil society understands that the NSP for malaria lacks clear strategies linking socio-cultural factors in the prevention and detection of malaria cases, and indicates that not taking these factors into account increases the difficulty levels and barriers in the initiatives.

According to civil society, the quantities of supplies (as it is the case of mosquito nets) the Ministry includes in its operational plan (75,000 units) are insufficient to meet national needs.

As in the case of TB, this strategic framework does not define clear tools to involve NPOs in actions of prevention, detection, diagnosis and treatment of malaria, which limits the access to local resources.

[23] REGIONAL COORDINATING MECHANISM (RCM) - ELIMINATION OF MALARIA IN MESOAMERICA AND HISPANIOLA ISLAND (EMMIE).

II.3 Actors in the National Responses

II.3.1 Ministry of Public Health (MSP)

The MSP of the Dominican Republic is the ruling body in terms of health policies in the country. The Directorate-General for STI and AIDS Control (DIGECITSS) and the Center for Tropical Disease Control (CENCET), which work in the fields of TB and malaria, respectively, are part of this Ministry.

II.3.2 National Council for HIV and AIDS (CONAVIHSIDA)

The CONAVIHSIDA, formerly COPRESIDA, was created by Law 135-11 of September 7th 2011, Law on HIV/AIDS of the Dominican Republic, as an autonomous body, attached to the MSP, and as a collegial, multisector and strategic body in charge of coordinating and leading the National Response to HIV and AIDS.

II.3.3 National Health Service (SNS)

With the process of separation of duties, the SNS was created by law. This way, the country entrusts this instance with the management of the public network of health service provision. In the National Response, it is the entity that coordinates the care, treatment and monitoring processes of HIV, TB, and malaria cases.

II.3.4 Ministry of Economy, Planning and Development (MEPYD)

The MEPYD is the governing body of the National System for Planning and Public Investment (Law 498-06), and it is part of CONAVIHSIDA.

II.3.5 Ministry of Labor (MT)

The MT integrated more actively into the National Response in 2007, after the creation of the Technical Labor Unit of Comprehensive Care (UTELAIN), which was one of the commitments set in an agreement signed between the MT and CONAVIHSIDA.

II.3.6 Not-Profit Organizations (NPOs)

NPOs in the fields of HIV, TB and malaria have an important role in the oversight and advocacy processes, as well as in the development of efficient initiatives. They are grouped in entities such as Coalición ONG SIDA, in networks of people living with HIV, and in entities of people with TB.

They participate actively in the definition of policies and they have had a key role in the approval of Law 135-11, as well as in the advocacy for the review of two articles of said law which became subject of high

levels of criticism, as they are considered to violate individual rights[24]. They are essentially: REDOVIH+, ASOLSIDA) Grupo Paloma, Grupo Clara, REDNACER, FUNDOREDA, and REVASA. These NPOs have been able to maintain an active membership with mobilization capacity at a national level.

II.3.7 Institute of Dermatology and Skin Surgery (IDCP)

With the support of 35 well-known NPOs, the IDCP, through its Project Coordination Unit, makes efforts nationwide to prevent HIV transmission, to build knowledge on HIV among youth, and to promote life skills based on education about HIV, among other actions. Additionally, it contributes to the reduction of morbidity and mortality rates due to malaria in 14 municipalities of high malaria incidence in the Dominican Republic.
The IDCP was primary recipient of funds to implement the program "Strengthening the Response to Malaria in Key Populations of Municipalities with High Incidence in the Dominican Republic, Malaria, Round 8". Phase I took place from October 1st 2009 to September 30th 2012.

II.3.8 Reflections of Civil Society about National Structures for Managing Transition

Regarding the national structures for managing transition, both government and civil society actors state that CONAVIHSIDA is the competent body to coordinate the transition process and that it is also the body established by Law 135-11 to fulfill said purpose. However, upon suggestion of civil society, CONAVIHSIDA should reinforce its technical team and define coordinated plans with civil society actors. In addition to the foregoing, civil society also considers that CONAVIHSIDA must regulate its decision-making mechanisms and monitor the processes a transition plan and a sustainability plan would include.

The DIGECITSS must have a major role in processes implying to standardize and address co-management with civil society for initiatives deemed appropriate.

The Country Coordinating Mechanism (CCM) is currently seen as an institutionally weak body which needs to reinforce its operating mechanisms and have more influence on monitoring processes and initiatives of the projects. Civil society actors understand that it must be reinforced so that it becomes the mechanism allowing to monitor and follow a financing transition plan.

[24] Article 78 establishes that informing HIV-positive status to one's sexual partner is mandatory: "All persons who, aware of their HIV-positive status, fail to communicate their serostatus to the person with whom they will have sexual relations, shall be punished to imprisonment for a term of two (2) to five (5) years". According to civil society actors, this article implies an invasion of privacy, while at the same time establishes criminal penalties for people living with HIV who fail to communicate their serostatus to those with whom they will have sexual relations. This provision assumes all people living with HIV are aware of their status and forces anyone who is accused to get tested to verify it. Article 79 refers to the intentional transmission of HIV, stipulating that: "All persons who, by any means, transmit HIV intentionally to another person, shall be punished to imprisonment for a term of twenty (20) years." The main drawback of this article is the legal complexity of verifying whether or not there was intent to harm in a possible HIV infection within a couple's relationship.

II.4 Financing and Sustainability Framework of the Responses to HIV, Tuberculosis, and Malaria

II.4.1 Expenditure on HIV

According to the costing exercise of the strategic plan, the cost of initiatives on HIV for the period 2015-2018 amounts to US$ 236,413,624 (Table 4), and it was expected that with the approval of the 2015-2017 Concept Note and a future funding, the Global Fund would provide around US$ 32,000,000 of said amount.

Table 4. Budgets of the National Response to HIV. Period: 2015-2018

STRATEGIC AXES	2015	2016	2017	2018	TOTAL
Education and prevention	RD$1,144,205,615,26	RD$1,070,188,148,51	RD$1,062,579,879,34	RD$1,049,207,218,48	RD$1,144,205,615,26
Comprehensive care	RD$1,468,488,266,61	RD$1,173,543,833,79	RD$1,306,854,609,50	RD$1,474,076,019,00	RD$5,422,962,728,90
Human rights	RD$320,317,886,49	RD$243,457,643,77	RD$217,052,157,05	RD$215,962,926,00	RD$996,790,613,32
Strengthening of the response	RD$131,094,538,41	RD$86,768,926,46	RD$74,313,166,97	RD$73,329,499,37	RD$365,506,131,20
TOTALES	RD$3,064,106,306,78	RD$2,573,958,552,52	RD$2,660,799,812,87	RD$2,812,575,662,85	RD$11,111,440,335,02

Source: Taken from the NSP

An analysis of the contributions made by several sources financing the National Response to HIV–prepared for the Concept Note[25]–, shows that for the period 2015-2017 the government planned to cover 48% of the needs, whereas the remaining percentage was to be provided by other sources, essentially funding from the Global Fund (Table 5). The Dominican government has increased its contributions to the National Response since 2015[26]. An interesting point in this analysis is that most of the public funding is intended for medicines. Initiatives such as prevention, favorable environments, research and support to orphans and other children made vulnerable by AIDS receive a minimal contribution and even none in some cases.

Table 5. Public Sector Contributions. Period: 2015-2017

Programmatic Area	2015-2017 average public sector (US$)	Average, all sectors 2015-2017(US$)	Public sector percentage 2015-2017 (US$)
Prevention	34.434.469	386.584.540	9%
Care and treatment	418.427.794	586.683.144	71%
Orphans and other children made vulnerable by AIDS	-	440.802	0%
Management and administration of initiatives	80.989.703	148.588.416	55%
Protection and social services	11.677.247	12.870.394	91%
Favorable environments	-	4.005.333	0%
HIV related research	-	1.390.509	0%
TOTAL	545.529.214	1.140.563.137	48%

Source: Taken from the Concept Note and modified by consultant

Expenditure on AIDS[27] for 2016 was estimated in US$ 32.4 million (DR$ 1,517 million). 46% came from public sources (US$ 14.8 million, equivalent to DR$ 695 million) and 54% from international cooperation (US$ 17.7 million, equivalent to DR$ 826 million).

According to the report on financial gaps in the National Response to HIV and AIDS[28], in 2016 the country's general gap for all categories of the NSP on HIV was US$ 22.5 million (DR$ 1,051 million). For 2017, it is estimated in US$ 14.1 million (DR$ 668 million), and for 2018, in US$ 17.8 million (DR$ 856 million).

This same study[29] infers that the estimation of a smaller gap in 2017 and 2018 is due to the anticipated increase in resources from international cooperation in the axes of strengthening the National Response and of comprehensive care in key populations, as well as to the increase of resources budgeted by the MSP for the procurement of antiretroviral medicines and supplies.

[25] CONAVIHSIDA & INSTITUTO DERMATOLÓGICO Y CIRUGÍA DE PIEL "DR. HUBERTO BOGAERT DÍAZ" (IDCP). Nota Conceptual VIH, 2016 (2016 Concept Note for HIV).
[26] UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) (2017). Brechas Financieras de la Respuesta Nacional al VIH y sida (Financial gaps in the national response to HIV and AIDS).
[27] USAID (2017), óp. cit.
[28] Ibíd.
[29] Ibíd.

According to civil society, it is necessary to advocate for the extension of the national budget because even without achieving the goals set by the national and international counterparts regarding prevention, care, and support to HIV, there are already new evidence-informed guidelines, such as 90-90-90, test and treat, and pre-exposure therapy. The last two ones have not been taken up by the country yet, and they represent a cost-effective investment which should be planned and implemented.

II.4.2 Expenditure on TB

The National Program for Tuberculosis Control (PNCTB) indicates the current limitations for measuring costs on TB, as reported in an interview with the program director, as such costs were included in the public expenditure on health and resources were provided from the national budget for the health sector. Due to significant limitations in the budget structure established by the current organic law, the government expenditure on this disease in the country cannot be presented on a routine basis. So far, no studies have been conducted on the national expenditure on TB.

In an effort to have better knowledge on the costs and financing gaps, based on the 2011-2015 National Strategic Plan for the Response to Tuberculosis, the National Program conducted a study in which national partners participated and whose goal was to estimate the cost of initiatives, which is why it included the assumptions and unit costs usually used by entities and institutions participating in the National Response.

In 2015, the greatest proportion of contributions for TB came from the Dominican government, according to the scenario shown in the PNCTB's costing exercise (Table 6).

Table 6. Contributions by financing source in 2015

Contributions by financing source in 2015	%
Government	71,4%
MSP	*67,9%*
GCPS	*3,5%*
Global Fund	10,7%
PEPFAR (CDC, USAID)	2,1%
Private sector	5,3%
Without financing	10,5%

Source: Costing chart of the Response to TB taken from the PNCTB

According to this costing exercise, the total cost of the 2015-2020 NSP initiatives amounts to US$ 170,022,585.65 (Table 7). Sources have been identified for 79.8 % of said amount, estimating a gap of 20.2%.

Table 7. Breakdown of budget estimate by financing source

By financing source	Total	
	USD$	%
Government	$126.741.228,38	74,5%
MSP	*$116.469.066,54*	*68,5%*
GCPS	*$10.272.161,84*	*6,0%*
Global Fund	$2.059.269,87	1,2%
PEPFAR (CDC, USAID)	$650.000,00	0,4%
Private sector	$6.306.330,70	3,7%
Without financing	$34.265.756,70	20,2%
Total	**$170.022.585,65**	

Source: Costing chart of the Response to TB taken from the PNCTB

Assumptions for this cost estimation anticipate a gradual annual increase of needs and propose an increase in contributions from the private sector and the non-participation of the Global Fund and PEPFAR from the year 2017 onwards.

Table 8. Breakdown of estimated investment percentages on TB for 2017-2020 by financing source

Source	2017	2018	2019	2020
Government	75,7%	75,0%	74,2%	76,8%
MSP	*70,5%*	*68,8%*	*67,2%*	*67,8%*
GCPS	*5,2%*	*6,2%*	*7,0%*	*9,0%*
Global Fund	0,0%	0,0%	0,0%	0,0%
PEPFAR (CDC, USAID)	0,4%	0,0%	0,0%	0,0%
Private sector	3,7%	3,4%	3,2%	3,4%
Without financing	20,2%	21,6%	22,7%	19,8%

Source: Table built based on data from the PNCTB

II.4.3 Projects Funded by the Global Fund and Transition Evolution

The three diseases subject to funding by the Global Fund were considered in the projects implemented in the Dominican Republic. HIV and tuberculosis projects are funded since 2004, and malaria projects, since 2009. The Global Fund has provided the Dominican Republic with more than 165 million dollars ever since it arrived in the country in 2004 (95% of the amount committed).

Table 9. Global Fund Funding to the Dominican Republic. Period: 2004-2017

Components	Signed	Committed	Distributed
HIV	US$140.019.141	US$137.054.398	US$130.947.210
Tuberculosis	US$32.220.210	US$28.526.715	US$27.395.012
Malaria	US$7.143.690	US$7.143.690	US$7.143.690
TOTAL	US$179.383.041	US$172.724.802	US$165.485.911

Source: Global Fund website

At first, the Global Fund funded all the necessary services and activities to support the National Response to HIV and TB, generating an almost exclusive dependence on resources provided by the Global Fund. This included actions to strengthen the organizational capacity of government and civil society bodies, as well as initiatives of comprehensive care to people living with HIV. This led to a vertical response to HIV, but not so to TB, which maintained its service structure directly linked to the Ministry of Health.

By 2009 a gradual decrease in the funding provided by this organization to the Dominican Republic for HIV started. This decrease started with cuts in the funding for processes to strengthen organizations participating in the response, as well as for equipment and medicines for opportunistic infections, and for the so-called laboratory basic tests.

The country responded to this situation by undertaking a strategy which made the management of care services and the dispensing of tests and medicines to people living with HIV–of which the National Program (DIGECITSS) was in charge–the responsibilities of the now called National Health Service. This was done in an effort to start including benefits linked to HIV in the different complexity levels of the health system, beginning with services in the first level of care.

In 2012, the Global Fund proposed the gradual decrease of funding for antiretroviral medicines. In this case, the decrease was of 35%, until reaching 100% in 2014. The country took up this challenge (including the resources for these medicines) in the national budget, after implementing a cost containment strategy which drastically decreased the cost of said medicines until making it viable for the government to purchase them.

Civil society's stance is that antiretroviral medicines included in the catalog of benefits of the Dominican Social Security System should be dispensed using a mechanism facilitating their accessibility. According to the actors participating in the reflection workshop, the current dispensing mechanism limits the acquisition of antiretroviral medicines for people firstly because the financing ceiling for medicines in the Dominican Social Security System is of DR$ 8,000 per year per person, which would be insufficient, and secondly because in the current mechanism of social security the procurement of medicines is conducted in the free market and not under a dispensing format using a special platform allowing low cost procurement. This is a sustainable way for the country to respond to the challenge regarding medicines, and, to do so, the necessary advocacy actions to create a suitable medicine dispensing mechanism must be expanded.

Actors interviewed concluded that in each one of the plans regarding the decrease of external funding there has been a gradual impact on the funding of initiatives to strengthen organizations participating in the National Response.

II.4.4 Financing Sources for Sustainability

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS)[30], all medium and low-income countries will need to adjust local financing to their national wealth. This way, as economies prosper, local contributions to the response should also increase.

In the proposal implemented by the National Health Institute (INSALUD), an entity grouping NPOs of the health sector, with funding from USAID (community initiatives), it is stated that there are sources and local means capable of ensuring NPOs sustainability.

Central Government

Until now, initiatives related to key populations have been funded with resources from donations of the Global Fund and PEPFAR. Civil society indicates that it is time for the central government and local governments to assume a higher percentage of what has been achieved so far thanks to the work of civil society with these international funds.

The government includes budgetary allocations to NPOs in the national budget[31]. Although there are accountability procedures, no technical criteria for said allocation have been established to ensure an efficient use of resources[32]. Budget allocation for NPOs has gone from DRD$ 1,079,859,000.00 in 2005 to RD$ 1,543,911,919.00 in 2014. The number of NPOs receiving budget allocations from the Dominican State went from 3,362 to 3,874 in the same period.

[30] JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) (2014). Acción acelerada: pongamos fin a la epidemia de sida para 2030 (Accelerated Action: Let's put an end to the AIDS epidemics by 2030), p. 21.
[31] OASIS PROSALUD (2015). Análisis del presupuesto a las ASFL en las subvenciones del gobierno 2005-2014 (Analysis of government funds to NPOs in the period 2005-2014).
[32] OBSERVATORIO POLÍTICO DOMINICANO (OPD) (2014). ONG y rendición de cuentas 2014 (2014 NGOs and accountability).

Civil society has demanded the reorganization of funding provided by the government to NPOs and has pointed out that NPOs can be part of a controlled and efficient management agreement. For its part, the government claims to be currently developing technical regulations to allow initiatives of the PNCTB and other collective health initiatives to be considered for the budget allocations the Ministry provides to NPOs. According to the PNCTB, a package of initiatives is being determined, and, after estimating costs, it could become an instrument for a co-management agreement.

It was suggested that if a reorganization of the way funding is currently provided to NPOs occurs, prevention, social mobilization and education services for TB would be guaranteed in the budget of the Ministry of Public Health. This would be possible with advocacy actions from civil society for networks for the provision of services with plural vocation (public and private vocation, under State supervision) to be organized and for them to be procured by means of co-management agreements. However, civil society indicates that in order to participate in the process led by the Vice-Ministry of Collective Health, progress has to be made in the development of an authorization rule allowing NPOs to offer their services. Civil society has prepared a draft of enabling rules, which it is reviewing together with the government for possible implementation.

Regarding initiatives in key populations, it is stated that their sustainability must be ensured by means of resources from the national budget and others to be identified, which must also guarantee the incorporation of NPOs into prevention and promotion services.

Dominican Social Security System

During the debate, it came to the fore that the government cannot be the only contracting party, as after the enactment of the Law on the Dominican Social Security System there are more offer possibilities and there are funds allocated to the sub-group of prevention in the Family Health Insurance. Nevertheless, it is also necessary that the Ministry of Health passes an enabling regulation for NPOs providing prevention and promotion services to key populations, as, although the Social Security System has resources to finance these activities, the fact of not being authorized to provide their services is a limiting factor for NPOs to be hired by any health risk management agencies.

Local Governments

The participation of municipalities in health agendas is also demanded, as provided by Law 176-07[33], which establishes that municipalities and municipal district boards must spend 4% of their budget in education, gender and health programs.

[33] Law 176-07. Dominican Republic (2007).
[34] ALIANZA ONG (2013).

Private Sector

Dominican companies support community development plans and apply corporate social responsibility strategies. The Dominican tax and fiscal legislation establishes exemptions of up to 5% of resources invested in processes of that nature.[34]

II.4.5 Civil Society and Advocacy Actions for Sustainable Responses

The NSP for HIV addresses the concept of sustainability extensively and includes components representing a challenge for the country. Some of them are: improving the information systems, strengthening the actors' coordination and response capacity, and increasing investment.

Although the current NSP does not address in a direct way its adherence to the 90-90-90 strategy, one of its goals is to achieve that 90% of people have undetectable viral load. Regarding state-of-the-art strategies–such as test and treat, and the pre-exposure therapy–, the government actors of the National Response claim that they must be subject to analysis and that the possibility of including them in a NSP review must be assessed.

Regarding the PNCTB, the perspective of sustainability of initiatives for this disease–including those which could be implemented by means of partnerships with civil society and the private sector–is based on an intersectoral strategic planning, on competences developed by the different actors of the National Response to advocate for policies in favor of those affected, and on having permanent influence on the prioritization of resources allocated for the response to TB at different management levels, as well as on the technical competences to implement the strategies and regulations to be developed. This role of civil society will be essential, particularly in advocacy processes to strengthen national efforts.

It is pointed out that, although the package of basic initiatives for TB–except for treatment– is included in the Basic Health Plan, it is evident that a large number of people affected by it have not been included as beneficiaries of the Family Health Insurance. In addition to this, key populations (in extreme poverty, Haitian migrants, and persons deprived of their liberty) have significant legal and social barriers which make it even more difficult for them to join the Dominican Social Security System.

a. Efficiency as a Financing Source for Transition

Considering the Concept Note for HIV being currently implemented in the country, the possibility of including some of the initiatives for 2018 in the transition process is being proposed. The government is interested in beginning the transition process as soon as possible, so that, by 2017, progress has been made regarding the NSP review and the definition of the plan to strengthen local structures to face transition. The main beneficiaries propose that the funding of transition should be the main line of the next funding request the country would submit.

b. Local Efforts to Assume Transition

The sustainability of initiatives would depend on the inclusion in the Basic Health Plan of all benefits aimed at key populations, at promotion and prevention, and at expanding guarantees for access to treatment, including the proposals of test and treat, and of pre-exposure prophylaxis.

According to SISALRIL actors, advocacy actions to get support for this aspect must be focused on making these initiatives visible as part of the Health System and on the need that NPOs can participate formally in the process, with legal instruments the system must establish.

Civil society analyzes the need to review said Basic Health Plan, but it also indicates that, to do so, social pressure leading to a process of inclusion of initiatives deemed necessary by the population is required, and that primary care is a fundamental axis from the perspective of care in specific cases and insured population.

The weakness of not having a system ensuring a high coverage and optimal quality primary care makes health services more expensive, as most of the care is provided in specialized centers following a model which is basically curative and welfare-oriented.

Currently, government actors indicate that they do not have resources to expand actively the proposal of test and treat, although they are considering the possibility of including it gradually. Regarding pre-exposure prophylaxis, DIGECITSS proposes to include it in the next protocol review, but it is a topic which has not been subject to national debate yet. Conclusions of working groups address the need to make cost estimations and measurements before making decisions on this topic.

c. Government-Civil Society Co-Management as a Key Element for Sustainability

Successful co-management efforts currently developed in the country are reported. In them, NPOs co-manage comprehensive care services together with the public sector, reaching excellence levels. One of the group's reflections was about the need to expand this experience, so that this coordination level can be present nationwide. This ensures not only efforts to improve coverage vis-à-vis the 90-90-90 goals, but also the friendliness of services offered as a guarantee of quality service provision. NPOs assume the full package by territory, while DIGECITSS, together with the Provincial Health Directorates (DPS)–in their role of governing bodies of the MSP–would be in charge of monitoring actions to ensure coverage.

Another interesting experience reported is the initiative to organize networks for primary health care provision managed by NPOs. This innovative initiative is setting the trend for the efficient organization of health services, for the inclusion of small NPOs providing services to key populations, and for the sustainability of community initiatives.

According to civil society actors, this experience has become the design of a platform to bring initiatives of various projects together and to expand it efficiently nationwide at low cost, and with broad coverage and quality guarantee. This experience is the commitment of NPOs to ensure their sustainability and their linkage with the public and private network of clinical and community health services.

II.5 Civil Society Participation Framework and Actions for Transition

In the Ten-Year Health Plan[35] and the National Development Strategy[36], the Dominican Government recognizes the important role of civil society in the promotion of health and primary health care.

The Center for Development and Promotion of Non-Profit Organizations[37], a body within the MEPyD, is the government entity which regulates NPOs actions in the country. It is in charge of grating them authorizations to provide services and of regulating the allocation of funds from the national budget.

NPOs have historically had a dominant role in the National Response to HIV, TB, and malaria, providing the most part of care services and almost all prevention services to key populations.

Also, civil society is present in technical coordination spheres in political coordination spaces, and its participation in the Country Coordinating Mechanism (CCM) has been strengthened for projects funded by the Global Fund, holding the General Secretariat of said entity. In addition to this, one NPO, the IDCP, is the Principal Recipient of the Global Fund.

II.5.1 Social Participation and HIV

The legal framework for HIV ensures social participation not only in initiatives, but also in the response coordination. Law 135-11 establishes NPOs shall be represented in CONAVIHSIDA, thereby recognizing the important role they play in the National Response. Currently, 8 out of a total of 17 member organizations are civil society organizations. In addition to this participation in the coordinating mechanism, the National Response to HIV has incorporated NPOs into the various NSP lines of action.

NPOs working in the health sector face challenges threatening their continuity. The country's income level has increased, which is why it is not eligible for some financing sources. This leads to consider increasing national budgets for social expenditure.

[35] MSPAS - SESPAS, óp. cit.
[36] MEPyD. Ley Estrategia Nacional de Desarrollo 2010-2030 (Law on the 2010-2030 National Development Strategy).
[37] MEPyD (2016). Centro Nacional de Fomento y Promoción de Asociaciones sin Fines de Lucro (Center for the Promotion of Non-Profit Organizations).

NPOs try to cover health services demand of key populations. In the interview process, some actors mentioned that the factor limiting their progress in this support is that their structures to provide services to key populations have structural weaknesses which do not allow them to cover the demand efficiently, some of which are:

1. Deficient technical and administrative structure.
2. Services targeted to specific populations.
3. Unsuitable physical and procedural structures.
4. Human resources with high turnover levels and training needs.
5. Lack of supplies, materials, and equipment.
6. Weaknesses in their oversight and monitoring systems.

In response to NPOs weaknesses to assist key populations, the Health Services and NPOs Sustainability Board was created. Its members are the three most important NPO consortia in the country: INSALUD, Coalición ONG SIDA, and Alianza ONG, which have more than 150 partner NPOs.

Conclusions from these reflections are:

1. Sustainability requires focused technical assistance.
2. There are available resources in the private sector and the Dominican government.
3. A country strategy is needed in terms of sustainability.

Ever since the Sustainability Board was established, actions have been promoted to ensure the response effectiveness. As a result of the participation of this Board in the National Health Summit, the Decision of the Social Security System including people living with HIV in the Basic Health Plan was passed. This Board promotes advocacy actions to include antiretroviral medicines in the Basic Health Plan, to raise funds from UNDP and USAID's LCI Project, and to strengthen NPOs technically. Among other goals, this aims at creating NPO networks for primary care provision, at developing a proposal for an enabling rule for NPOs providing promotion and prevention services, and at reviewing processes of fund allocation to NPOs in the framework of the national budget.

II.5.2 Social Participation and TB

Civil society has been participating in the response to TB. Currently, the IDCP and the Human Solidarity and Promotion Centre (CEPROSH) work on initiatives aimed at identifying and addressing risk factors of low adherence with actions to mitigate long treatment effects on those affected by TB with specific characteristics. They do this by providing accompanying services during the development of the community DOTS strategy and providing IEC packages to patients at risk of abandoning treatment and with access barriers in priority locations, as well as by using strategies to improve detection of cases.

The link between civil society and NPOs within the framework of the Response to TB is established by a national strategy which proposes the creation of the so-called Comités Alto a la TB (Committees to Stop TB). As stated in the Concept Note for TB[38], 24 out of the 32 provinces in the national territory have at least one Committee to Stop TB.

Civil society reflections corroborate that the actions of these committees are essentially limited to commemorate the Response to TB, as well as to conduct specific activities to detect cases in communities. Weaknesses in the social participation mechanism on TB are noted, such as:

- Limited national representation of NPOs participating in TB activities, including networks of people affected by it.
- Limited resources for self-management of NPOs working with people affected by TB, as their activities depend mainly on efforts of the Ministry of Public Health.
- Low level of influence to advocate for human rights of people affected and key populations, as well as to develop actions which complement the current service supply and which could achieve an effective coverage for populations most in need, as those services are very limited.
- Lack of procedural tools to include civil society organizations in actions to respond to TB.

II.5.3 Social Participation in Malaria Control

The Dominican Republic recognizes the role of civil society[39] in the efforts to attain the goal of eliminating malaria. It is proposed that its participation is a priority for the definition and implementation of the monitoring, control and distribution strategy for supplies for malaria, under the responsibility of the population.

Representing civil society, the IDCP has appeared as the Principal Recipient of the program named "Strengthening of the Response to Malaria in Key Populations from High Incidence Municipalities in the Dominican Republic," financed by the Global Fund's Round 8 and RCC.

Civil society points out that if it does not participate actively, it is improbable that health and community services will fulfill the goals set. For this reason, a representation of this sector, essentially the IDCP, the Socio-Cultural Movement of Haitian Workers (MOSCTHA), the Dominican Association for Family Planning (ADOPLAFAM), and the Catholic Church Network of Medical Centers, have participated in the development of policies and initiatives linked to malaria control, particularly in actions seeking to involve key populations in technical management processes and in the search for solutions for the sustainability of responses.

Activities included in the 2014-2020 National Strategic Plan for Malaria Control and Elimination which are linked to civil society participation were corroborated during consultations and interviews to civil society actors, and they are the following:

[38] MSP. Nota Conceptual para la Tuberculosis - República Dominicana 2016-2018 (2016-2018 Concept Note for TB – Dominican Republic).
[39] MISPAS, VICEMINISTERIO DE SALUD COLECTIVA & CENCET. Plan Estratégico Nacional para el Control y la Eliminación de la Malaria 2014-2020.

1. Preparation of an inventory of social actors and community groups
2. Promotion of civil society and community group participation
3. Preparation and printing of educational materials with messages about malaria
4. Preparation of a malaria promotion and communication plan.

Despite the foregoing, the lack of initiatives enabling to address socio-cultural aspects based on the experience and representation of populations affected by the disease is perceived as a limitation of the malaria control plan. As pointed out, the role of civil society would be essential to ensure those elements and to encourage promotion, prevention, adherence and public accountability actions.

II.5.4 Spaces for Inter-Sectoral and Inter-Institutional Participation and Coordination

Currently, there are various spaces for inter-sectoral and inter-institutional participation and coordination, and they are composed of key actors of the National Response, among which CONAVIHSIDA and the following groups stand out:

Coalición ONG SIDA (NGO Coalition on AIDS)

This coalition represents 55 NPOs and plays an important role in oversight and advocacy processes. It participated actively in the drafting and approval of Law 135-11, and currently participates in the review process of two articles of said law which generated high levels of criticism, as they are considered to violate individual rights[40].

Networks of People Living with HIV

REDOVIH+, ASOLSIDA, Grupo Paloma, Grupo Clara, REDNACER and REVASA are the main networks which have succeeded to maintain an active membership and have mobilization capacity at a national level.

Country Coordinating Mechanism (CCP)

It was created at the request of the Global Fund. It is a space for proposals, analyses, discussions, monitoring, assessment and decision-making regarding Global Fund's grants. In a context in which grants from the Global Fund have represented the largest proportion of available resources, this mechanism has played a key role in the National Response implementation.

[40] Article 78 establishes that informing HIV-positive status to one's sexual partner is mandatory: "All persons who, aware of their HIV-positive status, fail to communicate their serostatus to the person with whom they will have sexual relations, shall be punished to imprisonment for a term of two (2) to five (5) years". According to civil society actors, this article implies an invasion of privacy, while at the same time establishes criminal penalties for people living with HIV who fail to communicate their serostatus to those with whom they will have sexual relations. This provision assumes all people living with HIV are aware of their status and forces anyone who is accused to get tested to verify it. Article 79 refers to the intentional transmission of HIV, stipulating that: "All persons who, by any means, transmit HIV intentionally to another person, shall be punished to imprisonment for a term of twenty (20) years." The main drawback of this article is the legal complexity of verifying whether or not there was intent to harm in a possible HIV infection within a couple's relationship.

Civil Society's Regional League for Malaria Elimination (EMMIE)

EMMIE was created with the purpose to support initiatives ensuring the sustainability of regional initiatives to eliminate malaria and promote social and structural changes to benefit communities. It was a progress in this matter, as this regional integration would make a specific role of civil society in the strengthening of community systems visible, as it ensures the inclusion of key populations and interacts with the government.

Based on the foregoing, when preparing the EMMIE initiative Concept Note[41], the Regional Coordinating Mechanism (RCM) set an agreement for civil society regional integration, focusing its first effort on collecting and systemizing good practices to encourage learning and support for a horizontal cooperation between countries.

II.5.5 Reflection on Social Participation

The most debated topic in the reflection workshops is that even though participation is included in the National Development Strategy, it is unlikely that financing for civil society is included in the national budget. It is pointed out that, in the country, resources are allocated to subsidize NPOs' initiatives; however, this allocation is currently based on clientelism, without established technical criteria, without any obligation to implement any activity package, and without any kind of accountability.
The debate continued to point out that the National Center for Development and Promotion of Non-Profit Organizations (an agency of the MEPyD) is making efforts to develop control mechanism, but they have not been implemented yet. If this process were established, there would be a financing source for organizations providing services to key populations.

In an effort of strategic communication, NPOs efforts should be highlighted, as they contribute to government functions. It should also be noted that these allocations should not be seen as a favor. It is therefore imperative for institutions to prove to be competent. It was also mentioned that municipal budgets are a highly important financing source for the sustainability of NPOs and of initiatives required for the three diseases at issue.

The need of an enabling regulation allowing NPOs to participate in the process in an equitable manner and responding to their legitimate demand to participate therein was discussed. In this framework, two key actions for civil society to respond to the transition process were identified:

a. Civil Society Strengthening

Regarding discussions about strengthening civil society, there were reflections on the institutional weakness of several organizations, particularly those linked to key populations. It was concluded that this has happened as a result of the competition generated by their need to access funding from the scarce current sources. According to some actors, this has led several organizations to participate in

[41] Hotel Holiday Inn, El Salvador, from September 2 to September 4, 2013.

processes which are not related to their missions, thereby affecting others which cannot compete because they are smaller or have less operational capacity. In turn, this has led some organizations to their fragmentation, to the closure of their operations, and, in extreme cases, to their division.

There were also discussions pointing out the urgency with which actions must be taken to strengthen these organizations (mainly their governance systems), provide them with modern managerial tools, and ensure income-generating spaces and processes for them.

Another action proposed was to strengthen spaces for organizational partnership, particularly the Coalición ONG SIDA, the network of people affected by TB, and NPOs linked to malaria, adjusting them to the trends in the epidemic's evolution and its management mechanisms, as well as providing them with work plans supporting the advocacy efforts needed to achieve the development of public policies allowing the response sustainability. This is the conclusion of the debate regarding the need for NPOs to act as one body, which would allow them to act jointly, with the support of government institutions.

Concerning civil society participation in transition processes both from the government and civil society itself, the need for it to participate actively, from the inception to the implementation of the transition plan, as well as the need for it to acquire the necessary capacities to lead processes at a community level were addressed.

In the discussions groups on the topic of participation and advocacy, participants acknowledged civil society efforts to include people living with HIV in the Social Security Subsidized Regime and that this would allow them to access a service package the Global Fund would no longer finance. Nevertheless, it is pointed out that contributions of this process are still minimal, which is why it is necessary to intensify efforts, mainly so that antiretroviral medicines get to be included in the Health Service Plan and get to be regularly dispensed thanks to a fund not letting this medicines be sold on the free market.

b. Advocacy Actions

There is consensus among civil society and government actors on the need to encourage coordination and to create work spaces to identify the efficient use of resources from the Dominican Government for health in general. They can be resources from the Social Security System, the national budget, and from health allocations to NPOs truly conducting work in those fields.

The need to design and subsequently implement an agenda ensuring required advocacy actions to guarantee government involvement was noted, as well as the need for the government to assume its role and provide funds to ensure sustainability of the National Response.

Civil society pointed out the need to include the topic of transition in the agendas of organizations working in the health sector to begin generating effective social mobilization leading to review the National Strategic Plan in a process of broad social participation, so that, vis-à-vis sustainability, this plan includes a vision built with communities in which all health risks are incorporated and in which access to services has a human approach.

Civil society determined its role in this process with three fundamental topics: advocacy, oversight, and service provision, particularly with respect to the adherence to treatment and to the outreach to communities at higher exposure.

III. CONCLUSIONS AND REFLECTIONS

The main conclusions from the reflection workshop with key actors and from the review of surveys, estimations, programmatic reports and bibliographic sources are shown below:

- The Dominican population is under a transition process, and people in reproductive age are expected to surpass those aged under 15 years old in the next 10 years.
- The economic growth of the country has not matched with a sustainable strengthening of human and social development.
- The country's income level has increased, which is why it is not eligible for some funding sources. This leads to consider increasing national budgets for social expenditure.
- Public expenditure on health, including the Social Security System, reached 1.43% in 2016. The total expenditure on health is characterized by a high proportion of private expenditure, mainly originating from household or out-of-pocket expenditure.
- The creation of 115,660 new formal employment positions in 2016 represents an inter-annual growth of 6.6% in the number of social security contributors.
- There are various spaces for inter-sectoral and inter-institutional participation and coordination, and they are composed of key actors of the National Response.
- There is a trend towards stabilization in HIV prevalence.
- The country has a HIV epidemics concentrated on key populations.
- A transition of the Global Fund's funding for TB has started.
- At first, the Global Fund funded all the necessary services and activities to support the National Response to HIV and TB, generating an almost exclusive dependence on resources provided by this entity. This led to a vertical response to HIV, but not so to TB, which maintained its service structure directly linked to the Ministry of Health.
- NPOs have been able to work thanks to international funding, the primary donors being PEPFAR and the Global Fund.
- NPOs of the health sector, mainly those working in the fields of HIV and AIDS, face challenges which threaten their continuity.
- NPOs structures to provide services to key populations have structural weaknesses which do not allow them to cover required demands efficiently.
- Civil society has started a reflection process on the sustainability of its initiatives and encourages two major actions: the organization of networks for primary care provision and the creation of cooperatives.
- A Sustainability Board was established in response to NPOs weaknesses to assist key populations.

- The reflections from this Board conclude the following:

  a) Sustainability requires focused technical assistance.
  b) There are available resources in the private sector and in the Dominican Government.
  c) A country strategy regarding sustainability is needed.

- The Sustainability Board is committed to identify financial and technical resources to develop the necessary actions allowing to ensure sustainability of civil society organizations of the health sector, mainly those working in the care and prevention of HIV/AIDS.
- The gradual decrease of the Global Fund's funding began in 2009 with cuts for processes to strengthen organizations participating in the response, as well as for equipment and medicines for opportunistic infections, and for the so-called laboratory basic tests.
- In 2012, the Global Fund proposed the gradual decrease of funding for antiretroviral medicines, which is why the country took up this challenge (including the resources for these medicines) in the national budget, after implementing a cost containment strategy which drastically decreased the cost of said medicines until making it viable for the government to purchase them.
- Antiretroviral medicines must be included in the catalog of benefits of the Dominican Social Security System, which currently excludes them claiming their cost is high. This is a sustainable way for the country to respond to the challenge regarding medicines, and, to do so, the necessary advocacy actions must be expanded.

III.1 Summary of Reflections by Area and Topic

In view of the need to harmonize the conceptual framework used for data collection and the need to create a space for reflection, a workshop with actors of the National Responses for HIV, TB and malaria was organized. Decision-makers representing the government, civil society and co-government bodies participated in it.

Reflections pointed out during the workshop were grouped into the following areas:

- Institutional aspects
- Social participation
- Financing framework

Area: Institutional Aspects

TOPICS	REFLECTIONS
National Development Strategy	Inconsistency between this strategy and the implementation of the initiatives it includes. When budgets are established, many activities are excluded and are not implemented.
Strategic Plans	Many government commitments were not fulfilled. Activities which were eventually implemented were those with international funding. There is no local funding for initiatives in key populations.
	A review of strategic plans for the three diseases in needed. It should include an analysis of the achievement level of government commitments and it should ask the State to set feasible commitments.
	The NSP for TB needs to include operational mechanisms for CS participation.
	Criteria to measure expenditure on TB must be established.
	The NSP for malaria must include a socio-cultural analysis of its initiatives.
Management Structures	The CCM is institutionally weak, which is why it needs to strengthen its operational mechanisms and to have greater influence on the monitoring of the projects' processes and initiatives.

Area: Social Participation

TOPICS	REFLECTIONS
Social Participation Framework	Resources are allocated to fund NPOs initiatives; however, this allocation is based on clientelism, without established technical criteria, without any obligation to implement any activity package, and without any kind of accountability.
	The National Center for Development and Promotion of Non-Profit Organizations is making efforts to develop control mechanisms, but they have not been implemented yet.
	A regulation allowing NPOs to provide prevention and promotion services to key populations is needed.
Strengthening of CS	Organizations linked to key populations have institutional weaknesses as a result of the competition generated by their need to access funding from the scarce current sources.
	NPOs need to act as one body, which would allow them to act jointly, with the support of government institutions.
Advocacy processes required to support transition	The need for CS to participate actively in the entire transition plan (until it is implemented), as well as the need for it to acquire the necessary capacities to lead processes at a community level.
	The need to intensify efforts, so that antiretroviral medicines get to be included in the Health Service Plan of the Social Security System.
	The need to design and subsequently implement an agenda ensuring required advocacy actions to guarantee government involvement and the provision of funds for the National Responses to HIV, TB, and malaria.
	The need to include the topic of transition in the agendas of organizations working in the health sector and to generate effective social mobilization leading to review the NSP in a process of broad social participation.
Government-CS co-managemen: a key element to achieve sustainability	The need to encourage coordination and to create work spaces for CS and the government (central and local governments), as well as the need to insist on the efficient use of resources provided by the Dominican Government.

Area: Financing Framework

TOPICS	REFLECTIONS
Efficiency as a transition financing source	The need to reorganize the way the government provides funding to NPOs and the need for them to be part of controlled and efficient management agreements.
	The need of making progress in the drafting of an enabling regulation allowing NPOs to offer their services.
	The need for initiatives in key populations to have resources from the national budget and others to be identified, which must also guarantee the incorporation of NPOs into prevention and promotion services.
Local efforts to respond to transition	The sustainability of initiatives would depend on the inclusion in the Basic Health Plan of all benefits aimed at key populations, at promotion and prevention, and at expanding guarantees for access to treatment, including the proposals of test and treat, and of pre-exposure prophylaxis.
	One of Basic Health Plan's weaknesses is the supply of initiatives for a demand which in many cases has not been determined and which affects others which are indeed highly demanded.
	Social pressure leading to a process of inclusion of initiatives deemed necessary by the population is required to review the Basic Health Plan, as well as it is necessary that primary care becomes a fundamental axis from the perspective of care in specific cases and insured population.
	It is necessary to establish municipal agendas and private sector participation.

IV. CONSTRUCTION OF A SHARED VISION ON TRANSITION PROCESSES

As a result of joint reflections, civil society's strengths, weaknesses, threats and opportunities in the transition process were identified, and they are described below.

IV.1 Identification of Weaknesses and Strengths to Create a Proposal to Accompany Transition

WEAKNESSES	STRENGTHS
Lack of feasible government commitments for initiatives for HIV, TB, and malaria. Proposals in the NSP are not funded by the Global Fund.	Lines of National Response are included in the National Development Strategy and in the Multiannual Plan of the Public Sector.
Institutionally weak CCM with low operational capacity.	The National Strategic Plan includes all initiatives required to make transition possible.
NPOs are not authorized to provide health prevention and promotion services.	CS is organized as consortia.
There is no operational framework for law enforcement regarding funding of HIV projects.	Law 135-11 (Law on HIV/AIDS) establishes a legal framework to participate in the transition process.
The National Strategic Plan is not assessed. It is mainly financed by external resources.	National regulations provide flexibility to assimilate changes in the context.
Initiatives coordinated with CS are vertical. They are not included in an initiative platform enabling their continuity.	Progress has been made in medicine financing transition.
Civil society advocacy processes are essentially aimed at financing antiretroviral medicines.	A plan to separate functions is under implementation.
Institutional weakness and a fragmentation of NPOs involved in the National Response.	Sustainability strategy proposed by CS.
Government undertakes commitments at an international level without assessing their feasibility.	There is co-management experience with the National Health Service.
Highly strict requirements for NPOs to participate in co-management mechanisms and to access grants.	There are political mechanisms for co-management processes.

THREATS	OPPORTUNITIES
There is no regulatory framework enabling NPOs to provide promotion and prevention services.	The Law on Social Security is under a reform process.
Test and treat initiatives are being implemented.	Technical regulations for promotion and prevention are being prepared.
National service protocols and catalogs do not include initiatives required by some key populations.	Review of the general framework to provide funding to NPOs under the scope of the national budget.
	Local financing sources for NPOs in the framework of the Social Security System and the Law on Municipalities.
	Proposal from CONAVIHSIDA, coordinator of the National Response, to include articulation processes with NPOs in the NSP.
	Willingness of SISALRIL to support the inclusion of initiatives in key populations and people living with HIV in the Basic Health Plan.
	Support from USAID to expand the co-management pilot plan.
	Support from DIGECITSS to expand the co-management pilot plan.
	Proposal from the primary beneficiaries to include a line of work addressing transition in the funding for the period 2018-2012.

IV.2 Vision Shared by Civil Society

The need to develop public policies ensuring transition and subsequent sustainability of HIV, TB and malaria strategies and initiatives, from a perspective of integrality, de-concentration, participation, co-management, and social inclusion.

IV.3 Favorable Scenario to Achieve the Vision

- Inclusion of required initiatives in the national strategic framework (NDS, NSP, and ten-year plans of each sector).
- Initiatives–starting from primary care services–financed with the national budget and included in the Dominican Social Security System.
- De-concentration of national responses in local government by means of co-management agreements with municipalities.
- Assimilation by the government of experiences (care, social mobilization, human rights, care to key populations, cost containment, prevention, and health promotion) acquired by NPOs in the entire process developed by the Global Fund during its stay in the country, by means of co-management efforts.
- A civil society which generates efficient self-management processes.
- Maintenance and strengthening of transition monitoring and control structures and mechanisms.
- A civil society which is organized around a clear and specific work agenda.

IV.4 Risks Identified by Civil Society to Achieve Best Case Scenario

a. Area: Institutional aspects

TOPICS	REFLECTIONS	RISK
National Development Strategy	Inconsistency between the NDS and the implementation of the initiatives it includes. When budgets are established, many activities are excluded and are not implemented.	Budget allocations to support required initiatives are insufficient and are not prioritized.
Strategic Plans	Many government commitments were not fulfilled. Activities implemented were those with international funding. A review of the NSP requires an analysis of the achievement level of the current PEN commitments to ask the State to set feasible commitments.	There would be no funding for initiatives in key populations.
Management Structures	The CCM is institutionally weak, which is why it needs to strengthen its operational mechanisms and have greater influence on the monitoring of the projects' processes and initiatives.	The implementation of the Concept Note related to the prioritization of transition processes would be inefficient.

b. Area: Social Participation

TOPICS	REFLECTIONS	RISK
Social participation framework	The allocation of governmental resources to NPOs by means of funds does not follow established technical criteria and do not require any kind of accountability.	There would be no fund allocations for NPOs providing services to key populations. This way, initiatives would have no local funding.
	The National Center for Development and Promotion of Non-Profit Organizations is making efforts to develop control mechanisms, but they have not been implemented yet.	
	A regulation allowing NPOs to provide prevention and promotion services to key populations is needed.	

TOPICS	REFLECTIONS	RISK
Strengthening of CS	Organizations have institutional weaknesses, particularly those linked to key populations, and this as a result of the competition generated by their need to access funding from the scarce current sources.	The advocacy plan of SC would be inefficient, as it does not include a citizenship approach and efforts would be fragmented.
	The need for NPOs to act as one body, which would allow them to act jointly.	
Advocacy processes required to support transition	The need for CS to participate actively in the process (from the inception to the implementation of the transition plan), as well as the need for it to acquire the necessary capacities to lead processes at a community level.	
	The need to design and subsequently implement an agenda ensuring required advocacy actions to guarantee government involvement and funding for the national response.	
	The need to include the topic of transition in the agendas of organizations working in the health sector and to generate effective social mobilization leading to review the NSP in a process of broad social participation.	The NSP would be disjointed and inconsistent with the current demand.
Government-CS co-management: a key element to achieve sustainability	The need to encourage coordination and to create work spaces for CS and the government, as well as to insist on the efficient use of resources provided by the Dominican Government.	Budget implementation to provide comprehensive health care for TB, HIV and malaria would be inefficient.

c. Area: Financing Framework

TOPICS	REFLECTIONS	RISK
Efficiency as a transition financing source	The need to reorganize the way the government provides funding to NPOs and the need for them to be part of controlled and efficient management agreements.	Some NPOs would disappear due to lack of management contracts to implement initiatives in key populations.
	The need of making progress in the drafting of an enabling regulation allowing NPOs to offer their services.	Initiatives aimed at key populations in the areas of prevention, health promotion and social mobilization would not be included in the national service provision structure.
Local efforts to respond to transition	Initiatives in key populations must have resources from the national budget and others to be identified, which must also guarantee the incorporation of NPOs into prevention and promotion services.	
	The sustainability of initiatives would depend on the inclusion in the Basic Health Plan of all the benefits aimed at key populations, at promotion and prevention, and at expanding guarantees for access to treatment, including the proposals of test and treat, and of pre-exposure prophylaxis.	The budget to finance required supplies and medicines would be insufficient.
	One of Basic Health Plan's weaknesses is the supply of initiatives for a demand which in many cases has not been determined and which affects others which are indeed highly demanded.	
	Social pressure leading to a process of inclusion of initiatives deemed necessary by the population is required to review the Basic Health Plan, as well as it is necessary that primary care becomes a fundamental axis from the perspective of care in specific cases and insured population.	The quality of service provision to people living with HIV would decrease due to high overcrowding levels and to the pressure generated by the service demand once the strategy of test and treat, and the pre-exposure therapy are implemented.

V. ASSISTANCE NEEDS AND REQUIREMENTS

Based on the risk analysis conducted, specific objectives were set, which would need to be included in the action plan to achieve a favorable scenario and thereby fulfill civil society's mission. After these objectives were set, civil society technical support needs for this transition process were established.

OBJECTIVES	ASSISTANCE NEEDS
To advocate for social participation and co-management proposals to be coherent in the National Development Strategy and for them to be included in the national budget.	- Mapping of actors linked to the three diseases. - Training to prepare lobbying plans aimed at decision-making actors (identifying different audiences). - Technical assistance to prepare a media strategy. - Consultancy services to determine the amount of money required and to identify financing sources specific to each initiative. - Training on advocacy actions to insist on the development of public policies. - Workshops and meetings to plan public advocacy actions. - Technical assistance to estimate costs of initiatives ensuring the sustainability of social participation processes.
To update the National Strategic Plan for HIV and to include operating mechanisms for Committees to Stop TB in the Plan for TB, as well as a socio-cultural analysis in the Plan for Malaria, to respond to transition and sustainability.	- Technical assistance to analyze gaps in strategic plans vis-à-vis the transition process. - Workshops to create lines of work to achieve CS sustainability to be proposed in the Concept Note. - Consultancy services to prepare the monitoring and follow-up plan of CS's proposals vis-à-vis the review of strategic plans. Workshops to socialize civil society's sustainability proposals - to be included in the National Strategic Plan.

OBJETIVOS	NECESIDADES DE ASISTENCIA
To reinforce CS participatory mechanisms, including co-government structures and networks of people affected by TB.	- Consulting services to review the CCM's structure and institutional documents. - Workshops to review the CCM's structure and its possible evolution towards a Sustainability Board. - Technical assistance to support the strengthening process of Coalición ONG SIDA, networks of people affected by TB, and the EMMIE's local chapter. - Workshops to strengthen Coalición ONG SIDA and people affected by TB.
To ensure transition financing mechanisms.	- Technical assistance to review strategies of last year's Concept Note and adapt them to a transition process. - Meetings and discussions with key government and CS actors.
To advocate for care, prevention and treatment services to be included in the Dominican Social Security System.	- Technical assistance to prepare a CS oversight plan. - Training workshops on social oversight and auditing.

VI. CIVIL SOCIETY ACTION PLAN TO MEET THE CHALLENGES OF SUSTAINABLE TRANSITION

VI.1 Plan Description

This proposal seeks to articulate and strengthen the role of civil society in the national and health system responses, as well as to design the input required to boost levels of incidence, advocacy and lobbying to achieve strategic objectives.

The planning process leads us to three stages. The first one seeks to have the topic of sustainability and transition included in the different areas and agendas of interest, as well as in the structures of organizations and municipalities. The second stage involves the inclusion of the topic both in the National Strategic Plan and the Concept Note, where the financing of transition initiatives must be ensured. The third stage is when civil society, by means of its participatory mechanisms, monitors and oversees sustainability processes implemented.

Stakeholders of this proposal are: the Dominican government, consortia, representative groups of key populations, cooperation agencies, people living with HIV, and key populations.

VI.2 Objectives

General Objective

To support the financial and functional sustainability of the National Response to HIV, TB and Malaria, with a full participation of organizations, community groups and municipalities in the design and implementation of national and local strategies.

Specific Objectives

- SO1. To advocate for the approaches regarding participation and co-management to be coherent
- in the National Development Strategy and for them to be included in the National Budget.
- SO2. To update the National Strategic Plan to include responses to transition and sustainability.
- SO3. To reinforce civil society participatory mechanisms, including de-concentrated structures in local governments and co-government structures.
- SO4. To ensure transition financing mechanisms, including private sector participation.
- SO5. To advocate for the inclusion of care, prevention and treatment services in the Dominican Social Security System.

VI.3 Programmatic Goals

- Conclusion of management conventions between civil society and the central and local governments to de-concentrate responses and include initiatives for HIV, TB and Malaria in the National Budget.
- Review of the National Strategic Plan to include initiatives supporting transition and sustainability of the National Response, so that they are included in the new Concept Note.
- Creation of a Sustainability Board composed of all stakeholders in order to expand their capacity to plan, promote and monitor policies and initiatives for transition and sustainability.
- Strengthening of civil society mechanisms to advocate for the inclusion and implementation of activities to respond to HIV, TB and malaria in the coverage provided by the Dominican Social Security System.

VI.4 Expected Results

- R1.1. Initiatives required for HIV, TB and malaria have been included in the National Strategic Framework with budget allocation.
- R1.2. The agenda for HIV prevention which will be considered in the budget of related ministries and municipalities has been set in accordance with Law 135-11 and Law 176-07.
- R2.1. Sustainability gaps of the National Strategic Plan have been identified.
- R.2.2. The National Strategic Plan has been reviewed to be adjusted according to the sustainability framework of the National Response.
- R.3.1. Civil society participatory mechanisms have been reinforced to promote an advocacy plan and improve their membership in an efficient manner.
- R3.2. The Sustainability Board has been created for the decision-making and monitoring regarding the management of processes making the National Response sustainable.
- R4.1. Transition Conditions have been defined by reorienting last year's strategies in the current Concept Note.
- R4.2. Initiatives which must be considered in the new Concept Note to support the transition process have been defined.
- R5.1. Prevention, care and treatment services for HIV, TB and malaria have been included in the Basic Health Plan of the Dominican Social Security System.

VI.5 Lines of Action

- Strategic framework and operational planning to respond to HIV
- Strengthening of the social participation framework
- National advocacy to attain sustainability
- Education and training on advocacy issues, education, and self-management of organizations
- De-concentration and co-management with the central and local governments to achieve sustainability
- Monitoring and social oversight of the compliance of the State with its obligation to increase the supply of comprehensive services to the population (promotion, social mobilization, prevention, clinics, treatments and adherence)

VI.6 Scope of the Plan

The plan has a national scope, and includes initiatives targeted for:

- 55 NPOs
- 3 NPO consortia
- The network of people affected by TB
- The EMMIE's local chapter
- 220 members of 55 NPOs
- 72 comprehensive care services
- 155 municipalities
- 324 primary care centers of NPOs
- CCM members
- CONAVIHSIDA members
- Sustainability Board members
- Members of the Technical Board for Medicines and Prevention
- 41,000 people living with HIV receiving healthcare and medicines covered by the Basic Health Plan
- 11 ministries and State institutions

VI.7 Activities

- R1.1. Initiatives required for HIV, TB and malaria have been included in the National Strategic Framework with budget allocation.
    - 18 training workshops (two per health region) of 24 hours each and 36 participants each to advocate for the creation of public policies and the preparation of lobbying plans aimed at decision-making stakeholders (identifying various audiences).
    - 38 meetings with 9 participants each to plan public advocacy actions.
    - Procurement of technical assistance for 60 days to estimate the costs of initiatives ensuring processes of social participation to achieve sustainability.
    - Procurement of consulting services for 30 days to quantify the necessary amount of money and identify specific sources of funding for each initiative.
    - Procurement of technical assistance for 270 days to prepare and implement a media strategy.

- R1.2. The agenda for HIV prevention which will be considered in the budget of related ministries and municipalities has been set in accordance with Law 135-11 and Law 176-07.
    - 12 meetings of 15 participants (to create a civil society commission) with CONAVIHSIDA's Executive Direction to seek to obtain budget allocation in each related ministry and municipality.
    - 32 meetings for 30 participants each, with representatives of municipalities and chapter houses, to promote the inclusion of agendas regarding HIV, TB and malaria in municipalities.

- 4 meetings of 6 participants with the Ministry of Economy, Planning and Development in order for multiannual plans to include in a visible and explicit manner the human rights approach oriented towards the 3 conditions of comprehensive healthcare services.
- 5 meetings of 5 participants for lobbying with CONAVIHSIDA's Executive Direction and the Ministry of Health to promote budget allocation.
- 44 meetings of 3 participants to conduct advocacy actions directly in each Ministry and local municipality.

• R2.1. Sustainability gaps of the National Strategic Plan have been identified.

- Procurement of technical assistance for 30 days to analyze gaps of the National Strategic Plan vis-à-vis the transition process.
- 2 workshops of 24 hours for 30 participants to design a line of work for civil society sustainability to be proposed in the Concept Note.
- Procurement of technical assistance for 360 days to prepare the monitoring and oversight plan of civil society proposals vis-à-vis the review of the National Strategic Plan.
- An 8-hour workshop for 36 participants to socialize the civil society sustainability proposal to be included in the National Strategic Plan.

• R.2.2. The National Strategic Plan has been reviewed to be adjusted according to the sustainability framework of the National Response.

- Meetings of 6 participants with CONAVIHSIDA and the Ministry of Health to assess the possibility that the NSP includes the test-and-treat strategy as part of comprehensive healthcare services.

• R.3.1. Civil society participatory mechanisms have been reinforced to promote an advocacy plan and improve their membership in an efficient manner.

- Procurement of consulting services to map NPOs conducting initiatives for the three diseases at issue at a national level, including local levels.
- Procurement of consulting services for 60 days to review the CCM's structure and institutional documents.
- 3 workshops of 24 hours and 40 participants to review the CCM's structure and its possible evolution into a Sustainability Board.
- 20 meetings of 6 participants seeking to ensure the involvement of civil society in areas where work with Sustainable Development Goals (SDGs) and sustainability plans is being conducted.
  Procurement of technical assistance for 90 days to accompany the strengthening process of Coalición ONG SIDA, the network of people affected by TB, and the EMMIE's local chapter.
  6 workshops of 8 hours and 55 participants for the strengthening process of Coalición ONG SIDA. Review of the Governance Plan, the Plan for coverage extension for the network of people affected by TB, and the EMMIE's local chapter.
  6 workshops of 8 hours and 55 participants for the strengthening process of Coalición ONG SIDA. Review of the Strategic Plan.

- 8 meetings of 5 participants each to identify the strengthening and financing needs of each of the members of Coalición ONG SIDA, networks of people affected by TB, and the EMMIE's local chapter.
- 3 meetings of 15 participants each with the member organizations of Coalición ONG SIDA for them to include the topic of sustainability in their agendas.

• R3.2. The Sustainability Board has been created for the decision-making and monitoring regarding the management of processes making the National Response sustainable.

- 26 meetings of 10 participants each to formulate a proposal to create a sustainability board in which all sectors of the country are represented.
- Procurement of technical assistance for 25 days to review the NPOs' eligibility criteria with respect to funding allocation.
- 8 meetings of 3 participants to monitor eligibility actions.

• R4.1. Transition Conditions have been defined by reorienting last year's strategies in the current Concept Note.

- Procurement of technical assistance for 60 days to review strategies and improve efficiency of last year's Concept Note and adapt it to a transition process.
- 4 meetings of 6 participants with the primary beneficiaries (PB) to review the proposal.
- 2 meetings of the CCM with 8 participants each to submit the proposed review.

• R4.2. Initiatives which must be considered in the new Concept Note to support the transition process have been defined.

- 20 meetings of 5 participants for discussions between key government and civil society groups.
- 4 meetings of 6 participants with the PB to review the proposal.
- 1 meeting of the CCM of 10 participants to submit the proposed review.
- 9 meetings of 5 participants to monitor the transition plan.

• R5.1. Prevention, care and treatment services to respond to HIV, TB and malaria have been included in the Basic Health Plan of the Dominican Social Security System.

- Procurement of technical assistance for 520 days to prepare and implement the civil society oversight plan.
- 9 workshops of 16 hours of 20 people each to train 90 participants on social oversight and audit.
- 2160 oversight activities in the ministries, in the SISALRIL and of comprehensive care services.
- 12 meetings of 6 participants with SISALRIL to ensure comprehensive care for HIV, including the HIV treatment cascade.
- 48 meetings with CONAVIHSIDA for the participation of civil society in the Technical Board for Medicines.

VII. ANNEXES

ANNEX 1

INTERVIEWS, CONTRIBUTIONS AND COLLABORATION

Dr. Luis Félix Báez	Eng. Vicente Ruiz	Giselle Scalon
Dr. Belkis Marcelino	Lic. Leonardo Sánchez	Alianza ONG
Dr. Pedro Ramírez Slaibe	Nicomedes Castro	Lic. Robert Adames
Dr. Víctor Terrero	Dr. Joseph Cherubin	Felipa García
Lic. Ivelisse Sabbagh	Santo Rosario	Dulce Almonte
Dr. Ydelsi Hernández	Lic. Paula Disla	Ramón Acevedo
Ing. Víctor Sánchez	Lic. Joel Arboled	Cristian King
Lic. Betania Betances	Lic. Magdalena Rathe	

WORKSHOP PARTICIPANTS

Government	Civil Society	NPO Consortia	Primary Beneficiaries	Co-Government
DIGECITSS	IDCP	INSALUD	CONAVIHSIDA	MCP
PNCTB	ASA	Alianza ONG	IDCP	
SISALRIL	CIAC	Coalición ONG SIDA	COIN	
CONAVIHSIDA	MOSCHTA		Ministry of Health	
Ministry of Public Health	COIN			
	IICI Foundation			

ANNEX 2

Workshop to build a shared vision on financing transition processes

Objective

To build a shared vision on the changes in the social, political, and financial environment, and the challenges and opportunities they imply for civil society working in the fields of HIV, TB, and malaria.

Expected Result

A consensus document including an analysis of the current situation, challenges and gaps in initiatives required to prepare a work plan.

Method

The method applied in the workshop was participatory, democratic, and dynamic. The work was organized into three stages, with presentations and structured debates within peer groups according to previously indicated topics, and questions stimulating debate.

The first stage was a brief space in which participants were warmly welcomed. The activity was contextualized, and the method and expectations were presented.
During the second stage, presentations about the current situation on HIV, TB and malaria took place, as well as about sustainability processes and the need to harmonize efforts to achieve an efficient transition.

During the third stage, four discussion groups were formed, and they had one rapporteur, democratically chosen by participants. Topics regarding the current efforts to ensure sustainability and the challenges and gaps which must be closed to achieve the goal of an efficient transition were discussed.

Once group discussions ended, rapporteurs presented them in a plenary session.

DISCUSSION GROUPS

Group N° 1: National and International Framework. Approaches and Trends

Points of Interest

- Strategic framework for HIV, TB, and malaria.
- Funding sources for care, supplies, promotion, prevention, and education.
- Sustainability of advocacy and social participation processes.
- National and international trends regarding the sustainability of processes linked to the three areas.

Group N° 2: Vision on the Sustainability of HIV, TB and malaria Initiatives

Points of Interest

- Requirements, possibilities for inclusion and availability of funds for civil society within the framework of the national budget.
- Vision on the role of civil society in the financing transition process and initiatives.
- Legal and regulatory framework to support transition processes.
- Operational framework to ensure the provision of comprehensive services to key populations, including social mobilization, promotion, and education.
- Vision on the advocacy and lobbying framework. Key actors, rhetoric and participatory actions.

Group N° 3: Current Financing Sources. Required Deviations to Support Transition

Points of Interest

- Efficiency in the current financing framework.
- Participation of civil society in a new CCM's vision.
- National framework for NPOs' actions.
- Required support structures.

Group N° 4: Framework to Ensure Social Protection and Participation

Points of Interest

- Requirements, possibilities for inclusion and availability of funds for civil society within the framework of the national budget.
- Vision on the role of civil society in the financing transition process and initiatives.
- Legal and regulatory framework to support transition processes.
- Operational framework to ensure the provision of comprehensive services to key populations, including social mobilization, promotion, and education.
- Vision on the advocacy and lobbying framework. Key actors, rhetoric and participatory actions.

Jr. Paraguay 490, Cercado de Lima, Lima 1, Peru
vialibre@vialibre.org.pe | www.vialibre.org.pe
Telephone: (+511) 203-9900