Path to Improving Social Health Protection for Vulnerable Women in the Dominican Republic



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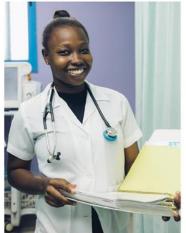


Dr. Viery J. Franco, MOSCHTA



EXPANSION OF SOCIAL PROTECTION IN HEALTH FOR VULNERABLE WOMEN IN THE DOMINICAN REPUBLIC

Midori de Habich, PhD LHSS Technical Director







LHSS Latin America and the Caribbean Bureau Activity

- LHSS will identify strategies to improve and sustainably finance social health protection platforms in countries in the Latin America and Caribbean (LAC) region to better meet the needs of migrant women and women at risk of migration.
- LHSS conducted a landscape analysis on regional and global experiences and lessons learned on social health protection platforms for women in high migration contexts.

LHSS in the Dominican Republic

- In the Dominican Republic, LHSS conducted an analysis on the coverage and access of migrants to social health protection. Findings were shared with different counterparts and an intersectoral working group was established to design a roadmap to improve social health protection for vulnerable women, including migrant women and their descendants.
- The roadmap was discussed and validated in a workshop with different public and private sector counterparts. During the workshop, specific strategies were designed, and they will be presented today by our panelists.

Social Health Protection

The Pan American Health Organization (PAHO) defines social health protection as "the guarantee that all individuals and communities can satisfy their health needs and demands, without their ability to pay being a limiting factor, approaching health as a fundamental right and a requirement for human and social development."

Findings: Factors that contribute to the decision to migrate

- Conflict and violence
- Violence against women
- Poverty and limited economic opportunities
- Climate change and natural disasters
- Access to health services and other basic services
- Access to social health protection
- Labor policies of destination countries

Findings: Factors that restrict access to social health protection for migrant women in the country of destination

- Restrictive immigration policies
- Labor markets: informality and low wages
- Norms with discriminatory gender bias
- Low capacity of the health system
- Lack of information

Factors exacerbated by the COVID-19 pandemic

Findings: Strategies to improve social health protection for migrant women

- Modification of migration policies that lead to the integration of migrants into the labor market and social health protection system
- Expand and improve the quality and supply of health services for migrants and host communities
- Strengthen the capacity of migrant women to access social health protection

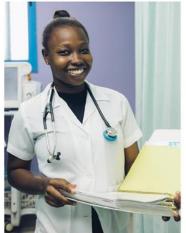
Thank You





EXPANSION OF SOCIAL HEALTH PROTECTION FOR MIGRANT WOMEN IN THE DOMINICAN REPUBLIC

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Two Oceans in Health (20iH) is a health research organization dedicated to building knowledge that empowers communities living in the Dominican Republic, through:



Health investigation

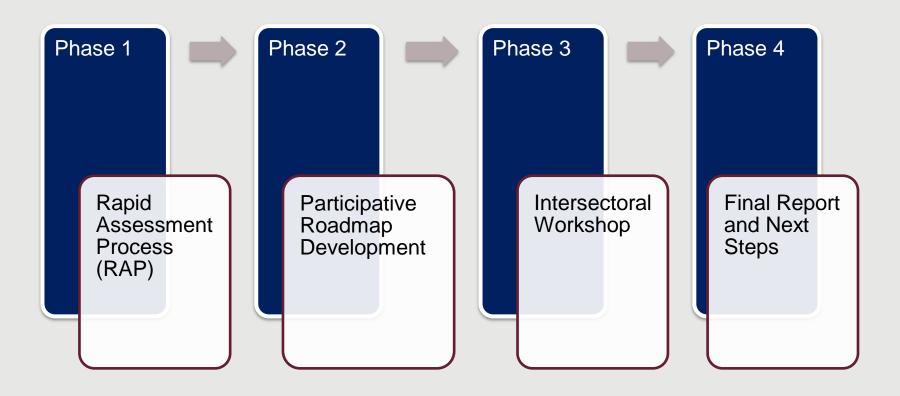
Data management







Expansion of Social Health Protection for Migrant Women in the Dominican Republic: Project Phases



RAP Findings

INTERSECTORAL COORDINATION

Bottlenecks

- Limited communication between health service providers and regulating authorities in different sectors.
- Low priority of health services provided to migrants
 →perception of a burden for national economy.
- Quality health services for migrants → increased immigration?

- Establish a National Steering Committee (SC) for SHP for migrant populations
- Regular business meetings, with guaranteed financing
- Analysis of private sector investment opportunities
- Integration of representatives of immigrant groups in the process

BASIC HEALTH SERVICES PACKAGES

Bottlenecks

- Limited availability of reliable data for precise situation analysis.
- Undocumented status of many immigrants and DR nationals as a barrier for effective population estimates and characterization of health needs.
- Low educational level and informal labor market of a large proportion of Haitian immigrants.

- Establish packages of basic health services and standardized insurance coverage.
- Prioritize subgroups, health regions and services with higher demand for pilot implementation.
- Conduct more in-depth situation analysis in prioritized regions.
- Involve investors and private sector in financing strategies.

MIGRATORY, POLITICAL AND SOCIAL BARRIERS

Bottlenecks

- Political issues and challenges related with perception of immigrants as a burden for national economy
- Significant number of undocumented immigrants and their descendants in the DR (hidden populations)

- Provide health ID cards to migrant populations (independent on their migratory status)
- Private sector initiatives that could support the issuance of this documentation
- Explore insurance options for immigrants in the informal economy
- Explore possible binational strategies to provide temporary documentation to Haitian immigrants

AVAILABILITY OF RELIABLE DATA

Bottlenecks

- Limitations of the DR health system (no electronic health information system in public establishments)
- Limited data available for characterization of migrant utilization of health services, including public and private expenditure estimates related to these services.

- Explore and expand information systems best practices in the public and private sectors, including patient records of health services.
- Document, regulate and monitor the provision, costs and quality of health services provided to the immigrant population (resident and non-resident in the DR)

Participatory development of the Roadmap



How we envision the long-term ideal scenarios





All individuals residing or transiting through the Dominican Republic territory have access to high-quality basic health services, regardless of their nationality, age, gender or migratory status.



The expenses of basic health services provided to foreign nationals are covered by customized insurance plans and other alternative sources of financing, adjusted to the specific needs of each population sub-group.



The income generated by public health services provided to foreign nationals is reinvested in overall improvements of the quality of care in different service areas and the health information system.

Capabilities

Structures and processes required to achieve the proposed strategic objectives



Intersectoral coordination

Sustained collaborative efforts between DR government, private sector and civil society to define and implement feasible strategies to promote access of migrant women to health services in the DR.

Reliable data sources

Reliable programmatic data to characterize and routinely monitor demand, access and quality of health services provided to different sub-groups of immigrants residing in the DR.

Provision of defined service packages

Standardized basic health service packages adjusted to needs of different sub-groups of immigrants living in the DR, defined by gender, age group and main productive activity.

Sustainable sources of financing

Defined insurance packages and other sources of financing (taxes, external funding, etc.) to sustainably cover the costs of prioritized basic health services for different groups of foreign nationals in the DR.

Feasible ID mechanisms

Established mechanisms to provide temporary health documentation to different immigrant groups currently living in the DR for health service purposes, within the framework of the DR migratory policies.

Proposed Roadmap

Time Horizon	5 años					
	Año 1		Año 2	Año 3	Año 4	Año 5
Coordinación intersectorial	Constitución del Comité Gestor (Mesa Intersectorial) Validación de procedimientos operati de la Mesa Intersector		Informe de progreso Año 2 / Planificación operativa Año 3	Informe de progreso Año 3 / Planificación operativa Año 4	Informe de progreso Año 4 / Planificación operativa Año 5	
Fuentes de datos confiables	Recopilación de datos primarios en establecimien Identificación de oportunidades para e registro nominal de da		Piloto de registro nominal de datos de salud en sitios seleccionados	Desarrollo de tablero de visualización de datos de M&E	Informes trimestrates de M&E de acceso de migrantes a servicios	
Paquetes de servicios definidos	Definición de servicios priorizados para diferentes grupos de inmigrantes		Implementación piloto de paquetes de servicios propuestos	Evaluación de la implementación piloto y encuesta de satisfacc Ajustés en paquetes de tervicios originalmente propuestos	Implementación escalonada de paquetes de servicios en regio	Informe de ejecución Año 5 Expansión nacional de paque es de servicios con finarciamiento sostenible
Financiamiento sostenible	Análisis de costos de paquetes de servicios definidos Identificación de fuent de financiamiento poter para los paquetes			Análisis de gastos de la implementación piloto de paquetes definidos		
Mecanismos de identificación	Alianzas intersectorial para proponer mecanis de documentación		Implementación piloto de la carnetización de salud para población inmigrante	Evaluación de la Ajustes en la estrategia implementación piloto de carnetización	Integración del ID de salud con los registros nominales de servicios de salud	

Intersectoral Workshop

Ministry of Public Health (MPS) National Council for HIV and AIDS (CONAVIHSIDA) Ministry of the Presidency Superintendency of Health and Occupational Risks (SISALRIL) Venezuelan diaspora in the Dominican Republic (DIASPOVERD) Socio-Cultural Movement of Haitian Workers (MOSCTHA) Center for Orientation and Integral Research (COIN) United Nations Population Fund (UNFPA) Inter-American Development Bank (BID). YUNEN Group International Medical Group (IMG)

Conclusions and workshop recommendations



Pilot in prioritized provinces and population sub-groups



Micro-networks of services in selected provinces



Comprehensive diagnosis and use of previous experiences in information systems



Basic service packages: obstetrics, pediatrics, vaccines, emergencies, infectious diseases (HIV)



Formalized pilot project (logical framework), with external financing



Inclusive approach: migrants and other vulnerable populations in the DR



Gradual expansion, based on the findings of the pilot project



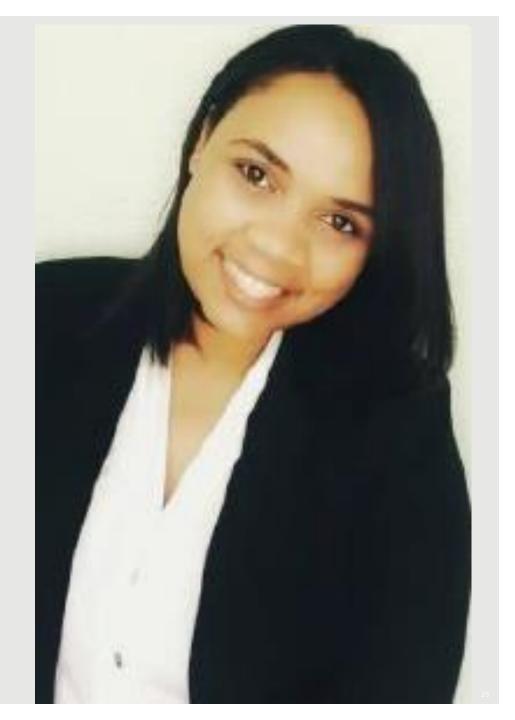
Intersectoral Steering Committee, with guaranteed financing for the duration of the project

Thank You



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Questions and Answers



Thank You

