USAID
FROM THE AMERICAN PEOPLE

REPORT ON FURTHERING AN IMPROVED SOCIAL HEALTH PROTECTION PLATFORM FOR MIGRANT WOMEN IN THE DOMINICAN REPUBLIC

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, $209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

Submitted to: Scott Stewart, COR
Office of Health Systems
Bureau for Global Health

Deborah Horowitz, Senior Health Advisor
Heidi Mihm, Health Systems Strengthening Advisor
Bureau for Latin America and the Caribbean
Office of Regional Sustainable Development

USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended Citation: Miric, Marija, Pérez-Then, Eddy & Méndez, Massiel. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. November 2021. *Report on furthering an improved social protection platform for women migrants in the Dominican Republic.* Rockville, MD: Abt Associates.

Abt Associates
6130 Executive Boulevard | Rockville, Maryland 20853
T: 301.347.5000 | F: 301 652.3916 | www.abtassociates.com

Table of Contents

ACRONYMS

CBOs	Community-based Organizations
COR	Contracting Officer Representative
DR	Dominican Republic
ENI-17	Segunda Encuesta Nacional de Inmigrantes 2017 (*Second National Immigrant Survey*)
FAPPS	Formulario de Aplicación a Programas de Políticas Sociales *(HIV Patient Monitoring System)*
GODR	Government of the Dominican Republic
HIV	Human Immunodeficiency Virus
IDIQ	Indefinite Delivery Indefinite Quantity
ISWG	Inter-Sectoral Working Group
LHSS	Local Health System Sustainability Project
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
NGOs	Non-governmental Organizations
ONE	Oficina Nacional de Estadísticas (*National Statistics Office)*
PLHIV	People Living with HIV
SC	Steering Committee
SHP	Social Health Protection
SNS	Servicio Nacional de Salud (*National Health Service)*
TB	Tuberculosis
UID	Unique Identification Card
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

1. Introduction

The United States Agency for International Development (USAID) Local Health System Sustainability (LHSS) Project helps low- and middle-income countries transition to sustainable, self-financed, and high-performing health systems. The LHSS Activity for Latin America and the Caribbean Bureau (LAC Bureau Activity) aims to improve social health protection (SHP) platforms within the region to meet the needs of women in high-migration areas, by providing technical assistance to the Dominican Republic (DR) and Honduras to increase their capacity to adapt, finance, and implement appropriate SHP platforms, and to capture and disseminate learnings from these experiences to key stakeholders in the region for broader application. This report describes the interventions and key outcomes achieved by the LHSS activity in the DR during its first year of implementation and proposes detailed steps to pilot initiatives that aim to improve SHP for migrants (including women) in the DR. Findings from this report can serve as an example of an intersectoral, locally led process to improve SHP for women migrants in a country with high migration flows.

2. The Problem

Like other countries in the LAC region, the DR faces the double challenge of navigating the COVID-19 pandemic and managing increasing numbers of migrants.[1] Between 2012 and 2017, the population of foreign origin in the DR increased from 524,632 to 847,979; the percentage of this population that was of Haitian origin increased from 86.9 to 88.5 percent, while the percentage of individuals whose origins were in other countries decreased from 13.1 to 11.5 percent within the same period.[2] This inflow has increased in recent months, as people seek refuge from the devastation caused by the earthquake that impacted Haiti in August 2021 and increasing political instability following the assassination of the President in July 2021. The DR has taken steps over the years to integrate migrants into the health system, including making services for migrants available through public facilities, but Haitian migrants and their descendants routinely face stigma, discrimination, and sub-par quality of service delivery. This is driven by the historically difficult relationship between Haiti and the DR, migration policy that prevents Haitians and their descendants from obtaining proof of identity and residence status, and limitations of the health system. Evidence shows that migrant women have worse health outcomes than Dominican citizens, as they lack family support networks and face language barriers, high transportation costs, and long distances to health facilities.[3]

3. LHSS LAC Bureau Activity Interventions

LHSS engaged Two Oceans in Health, a Dominican research organization, to assess the current state of migrant women's access to social health protection and to conduct stakeholder consultations to agree on actions to be taken to improve social health protection for migrant women. Two Oceans implemented the following four key tasks:

---

[1] In this report, "migrants" refer to foreign-born residents and their descendants, many of whom are born in the DR but lack government-issued identification and are therefore perceived as immigrants.
[2] ENI-2017. Segunda Encuesta Nacional de Inmigrantes Republica Dominicana. Oficina Nacional de Estadísticas. Retrieved from: https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/ENI-2017_Descendientes%20de%20inmigrantes%20-%20web.pdf.
[3] Miric, Marija & Pérez-Then, Eddy. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. June 2021. *Expanding social health protection to migrant women in the Dominican Republic.* Rockville, MD: Abt Associates.

1) A rapid country assessment of the availability, gaps, and opportunities to improve SHP for migrants in the DR, including secondary data analysis and participatory action research to engage a range of government, private sector, civil society, and community partners through focus groups and key informant interviews (See Annex I). This process resulted in a report that provides in-depth analysis of the local context, the role of key local actors (government, civil society, international development partners, private sector)[4] and their interest in contributing to this process.
2) Formation of an Inter-sectoral Working Group (ISWG) to coordinate, design and support strategies to improve SHP for migrants (especially women). The ISWG comprises 11 representatives of the government, civil society, private sector, and international development organizations (See Table 1).
3) An intersectoral consultation workshop involving 16 stakeholders, including some members of the ISWG and public or private organizations working on health and migration issues (see Annex II), to validate initial results from the rapid country assessment and better understand the context for expanding SHP for migrant women in the DR.
4) Development of a five-year Strategic Roadmap by the ISWG describing feasible approaches to improve access to SHP for migrants in the DR, premised on a shared vision of equal access to high-quality basic health services regardless of nationality, sex, and gender.

This report summarizes the main steps and outcomes of each of these interventions and also proposes pilot implementation initiatives included in the five-year Strategic Roadmap.

4. Technical Approach

LHSS's seven-month engagement of Two Oceans in Health resulted in the development of a five-year Strategic Roadmap and the design of a pilot approach to implementation. At each stage, recommendations and strategies were discussed and refined by key stakeholders. The process and key results are described below.

4.1. Rapid Assessment Process and Findings and Establishing an Intersectoral Working Group

Over a three-month period in 2021, Two Oceans engaged multiple local stakeholders through focus groups and key informant interviews to thoroughly assess the degree to which migrants are integrated into the health system, barriers to health service access and gaps in coverage, and current and potential financing strategies. LHSS also conducted an extensive literature review and secondary data analysis of relevant programmatic data. Results were triangulated with primary qualitative data collected through in-depth interviews and discussion groups.[5]

The rapid assessment process focused on four areas relevant to improved SHP platforms for migrant women in the DR: 1) intersectoral coordination; 2) access to basic health services with sustainable sources of financing; 3) migratory, political, and social barriers; and 4) availability of data for decision-making.

[4] Ibid.
[5] Miric, Marija & Pérez-Then, Eddy. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. June 2021. *Expanding social health protection to migrant women in the Dominican Republic.* Rockville, MD: Abt Associates.

4.1.1 Findings of the Rapid Assessment

The DR is a country of emigrants and immigrants, with 12 percent of its population currently residing abroad and with migrants comprising approximately 4 percent of the total population. The population of foreign origin was estimated by the 2017 Second National Immigrant Survey (Segunda Encuesta Nacional de Inmigrantes; ENI-17) at 847,799 people, of whom 750,174 (88.5%) are either Haitian-born (497,825) or direct descendants of Haitian-born parents (252,349). According to data from the ENI-17, women represent 37.1 percent of the population of Haitian origin.[6]

Even though basic health services, funded by the government, are available free of charge to everyone regardless of their migratory status, migrants face numerous barriers to access. This includes stigma and discrimination from health professionals based, in part, on the perception that migrants create an economic burden for the Dominican State.[7] This is reported to lead to service denial.[8] Undocumented migrants also delay or avoid care due to fear of deportation, poverty, language barriers, and the absence of family support networks to mitigate these challenges. While the majority (96.6%) of migrant women attend public health facilities for prenatal checkups and deliveries, Haitian women experience higher rates of maternal mortality and have less access to cesarean sections (c-sections) than Dominican women.[9]

The rapid assessment found that of the expenditure on health services provided to foreign nationals in 2019, a major percentage corresponds to emergency health services (51.0%), followed by hospitalizations (21.7%), outpatient services (10.09%), surgeries (9.42%), and vaginal births and c-sections (7.76%). Providing care in expensive places such as emergency rooms and hospitals, rather than in more cost-effective primary care settings, is recognized as source of ineffective spending and an opportunity to reduce the waste of resources in the health sector.[10] Furthermore, it is likely that emergency room and hospital resources are used inappropriately and more than is clinically necessary by foreign nationals who may delay seeking services or may be unable to receive needed services at the primary care level. Improving the effectiveness and accessibility of primary care can help to reduce spending on surgeries for all population groups. For example, the percentage of c-section deliveries among Haitian women (32%) is more than twice the WHO-recommended range of 10-15%,[11] and even higher among Dominican women (54%), which indicates that there is the potential to reduce costs by improving access to preventive and pre-natal care among both groups.

Government expenditures on services for migrants can only be estimated based on surveys and other secondary sources of data, as no reliable registers of expenditures related to these services exist within the DR health system. Moreover, the availability of reliable and current data on migrant access and utilization of health services in the DR is limited by constraints in the national health information system. While major

[6] Miric, Marija & Pérez-Then, Eddy. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. June 2021. *Roadmap for strengthening social health protection for migrant women in the Dominican Republic.* Rockville, MD: Abt Associates.
[7] Ibid,
[8] Ibid,
[9] Ibid.
[10] https://www.oecd.org/els/health-systems/Tackling-Wasteful-Spending-on-Health-Highlights-revised.pdf.
[11] https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/#:~:text=Downloads&text=Since%201985%2C%20the%20international%20healthcare,both%20developed%20and%20developing%20countries.

private health establishments frequently develop an electronic patient registry system, adapted to their specific needs, data in the public health hospitals is usually registered manually, on paper and consolidated into pre-established categories required by the monthly service production reports.

According to the ENI-17,[12] the majority of migrants are not affiliated with health insurance. In 2018, only 10.0% of foreign-born residents reported having health insurance[13]. The low level of health insurance can be explained, in part, by migrants' relatively high level of participation in the informal sector and in low-income jobs in agriculture and tourism. In the DR, social security is available through two mechanisms: 1) a contributory regimen, accessed through formal labor and co-paid between the employer and employee; and 2) a subsidized regimen, covered by the government for low-income individuals. However, social security is only available for Dominicans who have government-issued documentation, which prevents many low-income migrants and their descendants from receiving subsidized care. In other words, despite the availability of free health services, migrants face multiple barriers to health care and social health protection, increasing their vulnerability and leading to poor health outcomes.

Some of the main challenges found in the rapid assessment were limited integration and communication between providers and regulators of health services in public, private, and civil society sectors in the DR; limited data on demand, access, and utilization of health services provided to different sub-groups of migrants residing in the DR; political issues and challenges related to perception of immigration – particularly low-income Haitian immigration – as a burden to the DR economy; and limitations of the DR health system, including the lack of standardized electronic patient registries in public health services that would enable adequate tracking, referral, and follow-up.

4.1.2 Rapid Assessment Recommendations

Based on these findings the LHSS Rapid Assessment Report included the following recommendations for DR stakeholders:

- Strengthen intersectoral coordination and operationalization of strategies through the ISWG;
- Tailor available health services into standardized packages to better meet migrants' needs;
- Develop or adapt identification mechanisms that facilitate undocumented migrants' access to health services; and
- Improve data collection and analysis for informed decision-making.[14]

For more details see *Expanding social health protection to migrant women in the Dominican Republic* (LHSS Project, June 2021).

12 National Office of Statistics. ONE, UNFPA, & Ministry of Economy, Planning and Development. (2018). Executive summary National Survey of Immigrants ENI-17. https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/Resumen%20Ejecutivo%20ENI-2017_FINAL.pdf.

13 Miric, Marija & Pérez-Then, Eddy. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. June 2021. *Expanding social health protection to migrant women in the Dominican Republic.* Rockville, MD: Abt Associates.

14 Ibid

4.1.3 Establishing the Intersectoral Working Group

As part of the rapid assessment, LHSS local partner Two Oceans in Health identified and engaged high-level technical staff and decision-makers from the DR government, private sector and civil society to create an intersectoral working group (ISWG) as an advocacy, agenda setting, and decision-making platform for expanding SHP for migrant women (Table 1 provides a list of ISWG members). The ISWG aims to provide sustained collaborative support to define and advocate for feasible strategies to promote access and adequate coverage of migrant women to health services in the DR. To enhance sustainability in Year 2, the ISWG will establish a steering committee (comprising select members of the ISWG) to lead the implementation of strategies defined by the ISWG (see Table 2 for details). The steering committee will also establish annual goals and develop annual implementation plans to achieve them.

Table 1. Intersectoral Working Group Members

Sector	Institution	Name	Position
Civil Society	Fundación Colonia de Venezuela en la República Dominicana (FUNCOVERD)	Miguel Otaiza	President
Civil Society	Movimiento de Mujeres Dominico Haitianas (MUDHA)	Liliana Dolis	General Coordinator
Civil Society	Movimiento sociocultural para los Trabajadores Haitianos (MOSCHTA)	Viery Franco	Director of Clinical Services
Civil Society	Diaspora Venezolana en República Dominicana (DIAPOVERD)	Ana María Rodriguez	Coordinator
Government	Ministerio de Salud Pública (MSP)	José De Lancer	Coordinador de Mortalidad Materna / Mortalidad Infantil
Government	Servicio Nacional de Salud (SNS)	Yuderkis Moreno	Coordinator of Maternal and Child Health Services
Government	Superintendencia de Salud y Riesgos Laborales (SISALRIL)	Leticia Martinez	Director of Office for Research and Statistics (OESAE)
Government	Seguro Nacional de Salud (SENASA)	Francisco Minaya	Health Manager

Sector	Institution	Name	Position
Government	Consejo Nacional para el VIH y el SIDA (CONAVIHSIDA)	Rosa Sánchez	Monitoring and Evaluation and Social Mobilization Coordinator
International Agencies	United Nations Population Fund (UNFPA)	Dulce Chain	Reproductive Health Officer
Private Sector (Health insurance / Health clinics)	Yunen Group	José Rafael Yunen	President

Table 2. Relationship between ISWG and Steering Committee

ISWG	Steering Committee
Purpose: Serve as a multisectoral advocacy, advisory, and agenda setting forum to discuss and design medium- and long-term strategies for improving SHP for women migrants in the DR. Serves as an advisory board to the steering committee.	**Purpose:** In charge of validating, planning and leading the implementation of short-term feasible and sustainable solutions designed by the ISWG aimed to improve SHP for women migrants in the DR.
Members: civil society organizations, government decision-makers, international development agencies, and private sector	Members: Select members from the ISWG (based on interest and availability)

4.2 Developing the Five-Year Strategic Roadmap

The ISWG met to discuss rapid assessment findings and propose feasible and culturally acceptable strategies to overcome current bottlenecks and expand social protection for women migrants in the DR. The strategies included in the five-year Strategic Roadmap involve:

- Strengthening intersectoral coordination, participation, and advocacy by establishing a steering committee to overcome current gaps in communication between regulators and public, private, and civil society health providers, to build on lessons from successful programs to improve migrant health, such as Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) services, and to collaborate with decision-makers from private, public, and civil society to achieve mutually established goals. Special attention will be paid to ensuring gender diversity and inclusion of women and migrant group representatives in this group.
- Establishing standard packages of essential and integrated health services based on age, gender, and occupational profiles that respond to the diverse needs of migrants, prioritizing the needs of low-income and undocumented migrants, ensuring that women's health needs are addressed, and focusing in health regions with higher density of migrant populations. The standard packages of health services

will be designed to benefit migrant populations and receptor communities as technical best practice in order to maximize likelihood of sustainability.

- Involving Haitian-born and Haitian-descended physicians practicing in the DR in the definition and delivery of those standard packages of health services would take advantage of their linguistic and cultural capacities, as well as personal motivation to support quality health services and access to SHP for Haitian nationals.
- Providing temporary health documentation to migrant groups with unregulated immigration status, with the aim of ensuring continuity of care and affiliating them to insurance packages adapted to their current productive activity and related risks.
- Developing and strengthening nominal[15] electronic health data registries in national public health services, expanding on previously successful experiences of the HIV program (FAPPS).

4.3. Finalizing the Strategic Roadmap

The Strategic Roadmap, aimed at overcoming the identified bottlenecks to SHP for women migrants, was refined by Two Oceans in Health over a two-month process of consultation with the ISWG. Three main activities were conducted during this period:

- Working meetings with the ISWG and select rapid assessment participants to establish an agreed process and a shared work plan to develop the Strategic Roadmap.
- Definition of the scope of the modified SHP platform based on rapid assessment findings.
- Development of a draft Strategic Roadmap to be shared and validated with the key stakeholders that participated at a national Intersectoral Consultation Workshop (see Annex III for details).

The ISWG meetings and discussions with the key stakeholders led to the following conclusions[16]:

- Initiatives aimed at expansion of SHP platforms for migrant populations should incorporate gender as a social determinant of health, responding to the specific considerations for women as well as considerations that can limit men's access to health services.
- Improvements in the DR health system should be planned and implemented from a broad perspective to benefit both migrant populations and DR nationals accessing public services.
- The private sector could provide important and innovative solutions for the sustainable financing of health services for migrant populations.
- While migrant-specific short-term solutions may be needed to overcome current barriers in their access to health services described above, the long-term aim should be solutions that are integrated into the national health system framework.
- Gaps in reliable programmatic data limit understanding of migrant populations' health utilization and needs (especially for those with unregulated status and their descendants, and temporary migrants

[15] Individualized data input linked to a specific patient through a unique identifier that allows their disaggregated analysis.
[16] These conclusions emanated from ISWG members as part of their discussions regarding strategies to improve SHP for women migrants and were summarized by partner Two Oceans in Health in this report

who cross the border specifically to access health services), and the Strategic Roadmap is an opportunity for strengthening the national health information system.

- Previously successful health unique identification card (UID) solutions for migrant populations should be revisited and expanded, applying experiences and lessons learned in specific health programs, including the HIV services (FAPPS biometric nominal registry module for undocumented clients) and the National TB Program (binational referral and counter-referral of TB patients between the DR and Haiti).
- Financing should be ensured to cover the operational costs of the ISWG and steering committee[17] and the supporting technical team during the implementation of the Strategic Roadmap, as specific deliverables and project documents are expected during this five-year period (operational planning, Monitoring and Evaluation (M&E) activities, implementation reports, etc.).

4.4. Intersectoral Consultation Workshop

LHSS partner Two Oceans in Health conducted a participatory one-day workshop to validate the proposed Strategic Roadmap and define a phased approach to implementation. The main steps were:

- Definition of workshop agenda and methodology.
- Development of meeting materials (based on the rapid assessment report and preliminary Strategic Roadmap).
- Coordination meetings with the USAID Mission and key partners to identify potential workshop participants.
- Coordination of workshop logistics (venue, refreshments, supplies, materials, invitations).
- Documentation of workshop proceedings, including the key steps for the development of the Strategic Roadmap.

The intersectoral consultation workshop for expanding SHP to migrant women in the DR was held on August 4, 2021, at the Facilities of the School of Medicine of the Dominican University (Universidad Dominicana O&M), Santo Domingo, Dominican Republic. The event provided a space for discussion, analysis, and operational planning for implementation of the proposed roadmap. Participants included members of the ISWG and representatives from government, private sector, civil society, and international organizations directly or indirectly related to health services, public policies or migrant communities (a detailed list of participants is provided in Annex II). Two Oceans in Health's technical team conducted the workshop in three stages, detailed in Annex III.

5. Design of Roadmap Pilot

Workshop participants agreed on a phased implementation approach, over a three-year period, to generate evidence and promote government support for gradual expansion of Strategic Roadmap interventions. Specific recommendations for the design and implementation of the proposed pilot are presented below .

[17] The steering committee is made up of select ISWG members and will be in charge of operational aspects and implementation of Strategic Roadmap initiatives. The ISWG will have an advisory role over the steering committee.

Phase I (Months 1-12): Pilot design and implementation

Implementation will begin with a one-year pilot project to generate evidence to advocate for government support to initiate a progressive transition to government financing and phased expansion to other health regions of the DR. This initial 12-month period will be used to conduct an in-depth assessment of health service networks in La Altagracia province[18], define standard packages of health services and protocols, establish intersectoral alliances (e.g., with the private sector) required for expanding implementation of the Strategic Roadmap in Phases II and III, and supporting Two Oceans in Health and the steering committee to work with DR Government, Ministry of Health (MOH), private health sector, civil society, and local industry representatives in La Altagracia province to pilot implementation of the package of services in a health facility serving a large population of migrants. Data obtained during this stage will be used to fine-tune strategies, the initial cost analysis, and to propose additional sources of co-financing for phased scale-up of the Roadmap. .

Based on the ISWG recommendations, this pilot phase is framed as a part of an overall quality improvement process, prioritizing community engagement strategies based on a Human Security Model approach,[19] and strengthening primary healthcare services and referral and counter-referral mechanisms within selected networks. It will promote the delivery of pre-established packages of basic health services for migrant populations and will later be linked to a pilot version of the nominal health information system developed and implemented with the DR government national-level health authorities (SNS). This system will apply the best practices and successful experiences acquired through the development and implementation of the HIV Patient Monitoring System and biometric health registries (outside of the FAPPS).

As suggested during the intersectoral consultation workshop, the pilot of the Strategic Roadmap should be supported with external funding and used to establish evidence-based cost estimates for health services provided to migrant populations in the DR. This will support the identification and negotiation of non-traditional financing mechanisms for phased expansion of this model to other health regions of the country and gradual transition to government financing. The pilot phase of the Strategic Roadmap implementation will be coordinated and supervised by a dedicated intersectoral and interprofessional Steering Committee, the operational costs of which would be fully funded over the 1-year pilot period.

Phase II (Months 13-24). Transitioning roadmap implementation to sustainable financing mechanisms.

Based on the implementation pilot, the Steering Committee will consider and make any required adjustments in strategies proposed in the Strategic Roadmap with the aim of identifying financing mechanisms for sustainable implementation in long term. These mechanisms will be based on intersectoral alliances established during Phase I, as well as on the evidence generated by the investment case included under pilot implementation (i.e., potential savings to the national health system by providing the standard package of health services at the population level, including for migrant women).

---

[18] This province was selected based on the observed patterns in the utilization of health services by migrant populations, as well as the presence of the multiple areas of productive activities involving migrant workforce (tourism, construction and agriculture).

[19] As per UN General Assembly resolution 66/290, ¨human security is an approach to assist Member States in identifying and addressing widespread and cross-cutting challenges to the survival, livelihood and dignity of their people." It calls for "people-centered, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people." Health security is a cornerstone of this model. Previous strategies based on a Human Security Model have been successfully implemented to address structural violence and health-related inequity in Bateyes (underserved rural communities mostly populated by Haitian-descendant residents) of the Dominican Republic (Perez-Then, 2009).

Phase III (Months 25-36). Expanding geographic scope and scale of Roadmap implementation
Phase II results will inform a phased expansion plan that will be defined based on health priorities and the financing mechanisms required for their implementation. The specific health regions and service packages to be included in this phase will be further refined over the year 3 period.

Pilot implementation of selected Roadmap interventions (detailed above in Roadmap Design) will take place through an inclusive approach aimed at both the migrant population and Dominican nationals, ensuring access and coverage of quality services for all residents in the areas where it is implemented. During the last pilot phase, this could enable people with identity documents to be effectively integrated into the social security system, while people without documentation (foreign or Dominican) could receive the same services provided with external financing. After the pilot, the intent is for the standard package of health services to be domestically financed.

To evaluate the acceptability of the standard health service packages to both migrants and Dominicans, LHSS will administer a baseline and post-pilot implementation survey for beneficiaries of the standard health service packages as a way to enhance their voices and identify potential sources of improvement.

5.1 Pilot Design

1. **Define micro-networks[20] of health services in selected pilot localities**. Micro-networks are made up of multiple primary care units and second and third level health centers, from different sectors (public, private, and non-governmental organizations). Workshop participants suggested starting this process from the primary care units, reviewing and strengthening community health promotion, as well as their referral and counter-referral effectiveness. This approach will help to frame efforts to promote access for the migrant population as an opportunity to improve the Dominican primary care system in general and to gradually expand interventions to secondary and tertiary care facilities.

2. **Conduct an exhaustive diagnosis of the determinants of access to health of the migrant population** that will be specific to the geographic areas selected for the pilot, building on results from the rapid assessment. This will help to inform understanding of health service utilization and the actions that can be taken to encourage and facilitate uptake of improved health services by migrant women.

3. **Define the basic service packages that should be provided to improve health outcomes of both migrant women, the broader migrant population, and host communities**.[21] There

[20] A network composed by multiple Primary Health Care Units (UNPAS, Spanish acronym), as the basic management and delivery structure of health services within the Integrated Health Service Delivery Networks in the DR, and second and third level health centers, from different sectors, located within a delimited geographical area.
[21] Miric, Marija & Pérez-Then, Eddy. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. June 2021. *Expanding social health protection to migrant women in the Dominican Republic.* Rockville, MD: Abt Associates.

is an opportunity to frame this process as part of the next cycle of health service package reform conducted by the Dominican government, to improve the prospect of the expanded service package being progressively assumed and financed by the Dominican state in the medium and long term. Preliminary proposals to define the health service packages for the migrant population prioritize the following population groups:

a. Boys and girls (healthy-child visits and vaccination)
b. Women (general medicine, obstetrics and gynecology, cervical cytology, family planning, gender-based violence, and sexual exploitation prevention, mitigation, and response)
c. Men (general medicine, prostate cancer prevention, and occupational health)
d. All groups: emergencies, prevention, diagnosis and treatment of high blood pressure, diabetes, and infectious diseases (prioritizing HIV and TB).

Even though the basic public health services mentioned above are funded by the government andare available free of charge to everyone (regardless of nationality), access to such services is challenging for migrants (see RAP findings above). Having clearly defined standard health service packages will guarantee the health rights of migrants and Dominicans, provide dedicated funding to cover basic health packages, and improve the quality of services for migrants, including migrant women.

4. **Build a patient registry platform for the services to be provided by the pilot project** based on recent experiences of nominal health information systems, including the FAPPS system managed by the SNS. Among other components, the biometric registration module (fingerprints) of users of these services will allow the definition of a user number as a unique code for the reference and counter-reference of people who currently lack identity documents (migrants or Dominican). At the same time, the development of a user card with that code could empower users to exercise their rights to health within the DR's legal framework. The ISWG will identify needs and opportunities to conduct advocacy among civil society to reduce migrant's fear of engaging with the public system.

5.2 Pilot Implementation

1. **Establish a high-level interdisciplinary and intersectoral steering committee** to oversee and coordinate the implementation of the pilot. This team should include, among other profiles, specialists in information systems, service management, health economists, migrants, members of receptor communities, and representatives of migrant groups and civil society, as well as private sector establishments with previous experience in this type of process (e.g., Grupo Yunen and IMG Hospital in Punta Cana).

The Steering Committee will further define, validate, and lead the implementation of feasible and sustainable solutions described in the Strategic Roadmap to expand access to SHP for migrant women in the DR. It will be established as a Government of the Dominican Republic (GODR) advisory body with participation by agencies including the Ministry of Finance (MOF) and MOH planning units (which can influence decisions on GODR financing of Strategic Roadmap activities), and by international partners that are potential sources of funding, such as the Global Fund and Inter-American Development Bank (IADB). A Terms of Reference for the SC will detail composition, roles,

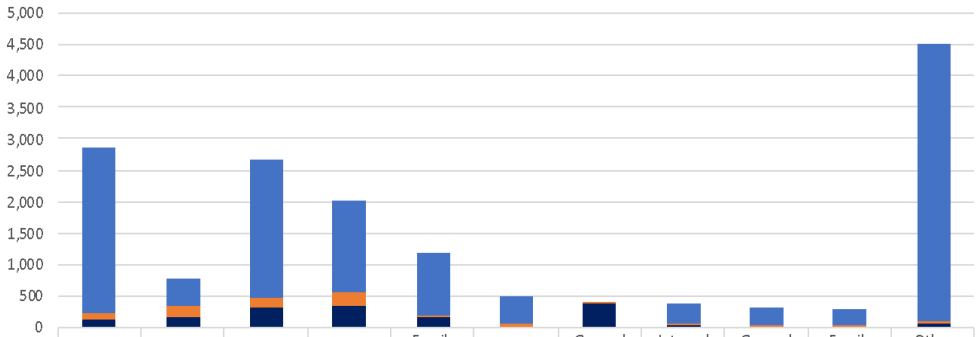
and responsibilities; an annual action plan with implementation timelines; organizing and facilitating SC meetings; supporting advocacy and communication efforts; preparing technical briefs; and supporting engagement with potential international development and private sector partners.

2. **Source initial financing for implementation of the standard packages of health services** available to the migrant population from non-government sources, potentially including international organization funding and/or private sector insurance mechanisms. This recommendation is based on the positive experience with expansion of the comprehensive care services provided to people living with HIV (PLHIV),[22] whereby international partners provided initial financing and the cost of services was progressively absorbed into the national budget. To achieve sustainability, it is important to frame these financing sources under the umbrella of the national health system to promote the gradual transition of financing from external to government sources. For this reason, it is also important to manage implementation of the Strategic Roadmap through an intersectoral group, ensuring the participation of the GODR, private sector, international organizations, and civil society. Developing an investment case to document potential savings for the government through the implementation of the basic service package will be important to advocate for the expansion of the pilot phases II and III (see details under Pilot Implementation section).

3. **Identify provinces and/or communities with the highest concentration of migrant populations as potential locations for pilot implementation.** Workshop participants proposed a phased pilot implementation of the validated Strategic Roadmap in the province of La Altagracia. Located in Region V, La Altagracia is one of the zones with the largest migrant population and the highest demand for health services. The province is an economically active area, where agriculture, tourism and construction activities represent an important source of employment for the migrant population. Active private sector participation could offer future intersectoral partnerships towards the sustainability of this project.
   As depicted in Figure 1, the two secondary level hospitals located in San Rafael de Yuma (Hospital Municipal Evangelina Rodriguez Perozo) and Lagunas de Nisbon (Hospital Municipal Lagunas de Nisbon), together with a large tertiary level hospital (Nuestra Señora de La Altagracia), located in Higuey, the capital of La Altagracia province, provide a significant number of health services to women migrants. These include outpatient consultations for Haitian nationals in the areas of Counselling, Obstetrics and Gynecology, Pediatrics, and Family Planning, among other specialties. As La Altagracia province is geographically distant from the border with Haiti, most of these services are likely provided to seasonal or permanent residents of Haitian origin, as short-term migration aimed exclusively at accessing health services, reported in other regions of the DR, is highly unlikely due to transportation and other related bottlenecks.

[22] USAID's Sustaining Health Outcomes through the Private Sector project (SHOPS Plus) project in the DR provided TA to non-governmental organizations providing health services for HIV patients, enabling these organizations to meet the requirements to receive government funds for the first time in the country. As a result, the National Health Insurance (SENASA) started providing public funds to three NGOs that were previously funded by international donors.

Figure 1. Outpatient Consultations delivered to Haitian Women and Men in Public Health Establishments in La Altagracia Province, by Specialty 2021 (January–July, 2021)



	Counselling	Gynecology	Obstetrics	Pediatrics	Family planning	Cardiology	General medicine	Internal medicine	General surgery	Family medicine	Other specialties
Hosp. Ntra. Sra. De la Altagracia	2,645	433	2,219	1,459	1,010	448	0	317	283	269	4,426
Hosp. Municipal Lagunas de Nisbon	64	190	148	224	16	70	48	24	19	31	41
Hosp. Municipal Evangelina Rodriguez	153	157	332	363	170	7	384	43	17	7	66

Data source: SNS, Health Service Production Database.

4. **Develop an investment case based on the potential savings to the national health system by providing the expanded package of services at the population level, including for migrant women.** The investment case will provide an advocacy tool for the ISWG to engage the GODR and other international development partners, such as the Global Fund, by delivering a comprehensive assessment of the service package, including potential synergies among included services and their scalability to a national level.

   The development of the investment case will involve the following steps:

   - Use of a standard costing tool to determine the needed resources to scale up implementation of the updated standard package of health services. The costing process will help to assess affordability and phased implementation according to available resources. It will also consider the cost of providing training to various levels of providers to deliver the service package, as well as any resources saved by the health sector and productivity gains from improved health outcomes.
   - Identification and consideration of health benefits, including direct contributions to well-being, improved productivity and longevity, and enhanced engagement of migrants in society.
   - Identification and integration of criteria other than economic efficiency that are important for policymaking, gaining multisectoral buy-in, and promoting government financing of the service package; these include equity considerations such as the impact on migrant women and other vulnerable populations, feasibility and scalability at a population level, and acceptability to various stakeholders.
   - Identification of potential sources of financing, in the immediate and long terms, for population level delivery of the service package. The results from the costing analysis and from the financial

landscape analysis underway will identify potential sources of financing, outline various options and financing scenarios with the aim of working towards sustainability by the end of the five-year period of the Strategic Roadmap.

5.3 Expected Results

The pilot is considered a proof of concept, and a baseline and post-pilot implementation survey will be administered to enable 1) evaluation of the acceptability of the expanded health service package to both migrants and Dominicans and usage rates in primary health facilities, 2) determine the feasibility of sustainable domestic and external resources to fund the expansion of basic health packages for migrants and Dominicans, 3) determine if the quality of health services provided in micro-networks is improved, 4) and generate evidence on usage of basic health services among target populations (i.e., migrants and Dominicans).

Lessons and implementation experience from the pilot will guide expansion of Roadmap strategies to other geographic areas once adjustments have been made based on evaluation of pilot experiences in specific localities. To ensure sustainable changes, the expansion should be conceived and managed as an effort contributing to improvements in primary care services and the entire Dominican health system, with beneficiaries including but not limited to the migrant population, with the eventual goal of domestic financing. The success of the pilot and its future expansion will be dependent upon support from key allies (government partners, civil society, international development organizations, and private sector) working through the ISWG and steering committee to generate evidence to raise awareness among key government decision-makers, advocate for the validation, adoption, and funding of the standard packages of health services, and support implementation at primary healthcare units.

Outputs of this intervention include the following:

- Increased coordination and planning among key stakeholders, including representatives from migrant leaders or organizations, to expand SHP for migrant women.
- Standard packages of health services developed for public facilities including the health needs and priorities of migrant women.
- Investment case describing the costs of population-wide scale-up of the standard package of health services, health benefits, value-for-money, and potential return on investment for the GODR.

Outcomes of the completed intervention include the following:

- Steering Committee established with high-level members from government, civil society (including representatives of migrant women), and private sector.
- Steering Committee actively works to improve SHP for migrant women through the implementation of the Strategic Roadmap pilot and on-going advocacy and partner engagement.
- Increased capacity of the MOH to deliver health services that address the health needs and priorities of migrant women (and migrants in general).
- Improved capacity of the Steering Committee to advocate for sustainable financing for full implementation of the service package.

5.4 Implementation Risks

The Steering Committee will play a key role in engaging the MOH and appropriate health facilities in provinces where there are large numbers of migrants to champion the proposed pilot and secure their participation. It will be key to ensure that selected health centers have adequate capacity to manage a potential increase in the numbers of clients, including migrant women. Any identified gaps in capacity would need to be addressed in order to optimize the potential of the pilot and to ensure that learning from the pilot experience can be applied to other facilities. It is also important to clearly communicate and agree on roles and responsibilities, as well as potential benefits for participating health facilities.

Many of the barriers to access for migrant women unearthed in the rapid assessment process will not be directly addressed in the pilot, and this may continue to hinder service uptake in spite of improvements in the quality and availability of services. The Steering Committee can help to mitigate this risk through engagement with civil society organizations working directly with migrants, to share information on the pilot, gather feedback, and promote service utilization.

In order for this strategy to be sustainable beyond the pilot, government officials need to validate and adopt the basic health packages as part of the government's public health policy. This process may be truncated given the generalized negative perception of migrants as a burden to the Dominican State. Active engagement of the Steering Committee in advocacy efforts focused on the GODR and potential private sectors is key to increase sustainability prospects. The investment case will be a critical tool to support advocacy.

Annex 1. RAP Participants

Sector	Institution	Representative	Position
Government	Ministry of Women	Dr. Noris Gómez Riva	Social Policy Coordinator in the Department of Migration Policy and Trafficking
		María Esther	Point of Contact (POC) COIN (Centro de Orientación e Investigación Integral) / Ministry of Women
	National Council for HIV and AIDS (CONAVIHSIDA)	Rosa Sánchez	Social Mobilization Coordinator
Civil Society Organizations (CSOs)	Dominican-Haitian Women Movement (MUDHA)	Sirana Solis	President
		Elizabeth Cruz	Health Promotion Manager
	Scalabrinian Association at the Service of Human Mobility (ASCALA)	Sister María Eugenia	Director
	Socio-Cultural Movement of Haitian Workers (MOSCTHA)	Dr. Joseph Cherubin	Director
		Ing. Tony Contreras	Health Awareness Department
		Dr. Viere Franco	Health Manager
	Women in Development (MUDE)	Dr. Betania Libanesa	Health Project Manager MUDE Santiago
	Center for Promotion and Human Solidarity (CEPROSH)	Dr. Fátima Colombo	Health Manager
	Dominican Institute of Integral Development (IDDI)	Santa Sánchez	Health department manager
		Francisco Tejeda	Migrant Health Project Coordinator
	Center for Orientation and Integral Research (COIN)	Dr. Fernando Díaz	Clinical Manager
	Venezuelan Settlement Foundation in the DR	Miguel Otaiza	President

Sector	Institution	Representative	Position
	(FUNCOVERD)		
	Venezuelan Diaspora in the Dominican Republic (DIAPOVERD)	Ana María Rodríguez	Coordinator
International Agencies	United Nations Population Fund (UNFPA)	Dr. Dulce Chahín	National Sexual and Reproductive Health Officer
	Heartland Alliance Health	Alexander Vallejo	Country Manager
Private Sector	YUNEN Group	Dr. José Rafael Yunén	President

Annex II. Workshop Participants

Sector	Institution	Representative	Position
Government	Ministry of Public Health (MPS)	Dr. Eladio Pérez	Vice-Minister of Collective Health
	Ministry of Public Health (MPS)	Dr. José DeLancer	Director of Epidemiological Surveillance of the Maternal-Infant Department
	Ministry of Public Health (MPS)	Dra. Clares Shayra Pérez	Director of Health Situation Analysis, Monitoring and Evaluation of Results
	National Council for HIV and AIDS (CONAVIHSIDA)	Dr. Nurys Amador	Programmatic Project Manager
	National Health Services (SNS)	Juan Luis Santana	Analysis and statistics coordinator
	Special Programs of the Presidency, Ministry of the Presidency	Dr. Luis Alberto Rodriguez	Director of Strategic Development of Health Sector
	Superintendency of Health and Occupational Risks (SISALRIL)	Lic. Pamela de Los Santos	Statistics Manager
	Superintendency of Health and Occupational Risks (SISALRIL)	Leticia Martinez	Director of Actuarial Studies

Sector	Institution	Representative	Position
Civil Society Organizations (CSOS)	Venezuelan Diaspora in the Dominican Republic (DIASPOVERD)	Dra. Guadalupe Vargas	National Legal Adviser
	Socio-Cultural Movement of Haitian Workers (MOSCTHA)	Ing. Tony Contreras	Health Awareness Department
		Dr. Viery Franco	Health Manager
	Center for Orientation and Integral Research (COIN)	Dr. Fernando Díaz	Clinical Manager
International Agencies	United Nations Population Fund (UNFPA)	Dr. Dulce Chahín	National Sexual and Reproductive Health Officer
	Inter-American Development Bank (IADB).	Lic. Carolina González-Velosa	Labor Markets and Social Security Division Specialist
Private sector	YUNEN Group	Dr. José Rafael Yunén	President
	International Medical Group (IMG)	Ing. Carlos Prato	Chief Executive Officer

ANNEX III. Workshop Procedures

The intersectoral consultation workshop for expanding SHP to the migrant population in the DR was held on Wednesday, August 4, 2021, at the Facilities of the School of Medicine of Universidad Dominicana O&M, Santo Domingo and organized by LHSS' local partner Two Oceans in Health. The event had participants from key actors and decision makers from the government, private sector, civil society, and international organizations (see list of participants in Annex III). The main objective of the workshop was to provide space for discussion, analysis, and operational planning on the implementation of the proposed Strategic Roadmap to improve access and use of health services among migrants in the DR, favoring the transition to sustainable and self-financed health systems. The event took place in three different stages:

Stage 1. Situation analysis

To provide inputs for the discussion, based on the currently available evidence, Two Oceans in Health presented the national and international context for migrants' access to health services and the results and implications of the situation analysis. The Strategic Roadmap was discussed along with challenges and potential limitations for its implementation, including the following:

- Lack of government-issued documentation for migrants and Dominicans, which makes verification of patient's identity and eligibility at the health establishment difficult.
- Precarious conditions of many health centers, in terms of infrastructure and equipment.
- Limited trained staff on data collection, processing, and analysis.
- Low connectivity among health facilities across the country, which creates challenges for the collection and synchronization of data, among others.

Stage 2. Parallel consultation sessions

Once these inputs were provided, parallel discussion sessions were set up in small groups. The groups were organized to include diverse representation (government, private, civil society, or international organization) in order to foster intersectoral coordination and engender the consideration of different perspectives.

Stage 3. Plenary discussion

The participants returned to the general session to share the strategies proposed in the consultation sessions and define the next steps in the operationalization and design phase of the pilot plan. In this session, the contributions of each sector were collectively determined to achieve the goals reflected in the Strategic Roadmap, as well as their feasibility, economic impact, and other repercussions**.**

The detailed agenda of the event is included on the following page.

Time	Workshop Agenda Item	Responsible/ Moderator
8.00	Breakfast and registration	
8.30 – 9.00	Introduction and opening remarks	Dr. Eddy Pérez-Then President, Two Oceans in Health
9.00 -10.00	Presentation of rapid assessment findings and the roadmap	Dr. Marija Miric Executive Director, Two Oceans in Health
10.00 – 10.30	Methodology of the intersectoral consultation workshop: arrangement of small discussion groups.	Dr. Massiel Méndez Associate Researcher, Two Oceans in Health
10.30 – 10.45	Break time	N/A
10.45 – 12.30	Discussion and consultation sessions	Dr. Eddy Pérez-Then, Dr. Massiel Méndez, Dr. Marija Miric, Two Oceans in Health
12:30 - 1:30	Lunch time	N/A
1.30 – 2.30	Participatory development of the implementation plan	Moderators Dr. Marija Miric / Dr. Massiel Mendez
2.30 – 3.00	Next steps, responsibilities and coordination of follow-up activities	Dr. Eddy Pérez-Then President, Two Oceans in Health