ROADMAP FOR STRENGTHENING SOCIAL HEALTH PROTECTION FOR MIGRANT WOMEN IN THE DOMINICAN REPUBLIC

LATIN AMERICA AND THE CARIBBEAN BUREAU ACTIVITY

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

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.

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ACRONYMS

CONAVIHSIDA	National Council for HIV and AIDS (*Consejo Nacional para el VIH y el SIDA)*
DGM	Dirección General de Migración (*General Directorate for Migration*)
DR	Dominican Republic
ENI	Second National Immigrant Survey (*Segunda encuesta nacional de inmigrantes*)
FAPPS	HIV Patient Monitoring System (*Formulario de Aplicación a Programas de Políticas Sociales*)
FUNCOVERD	Fundación Colonia de Venezuela en la República Dominicana (*Foundation Venezuelan Colony in the Dominican Republic*)
GODR	Government of the Dominican Republic
HIV	Human immunodeficiency virus
ID	Identification
ISWG	Inter-sectoral working group
LHSS	Local Health System Sustainability Project
M&E	Monitoring and evaluation
MOSCHTA	Movimiento sociocultural para los Trabajadores Haitianos *(Sociocultural Movement for Haitian Workers)*
MSP	Ministerio de Salud Pública (*Ministry of Public Health*)
MUDHA	Movimiento de Mujeres Dominico Haitianas (*Dominican-Haitian Women Movement)*
ONE	Oficina Nacional de Estadísticas (*National Statistics Office)*
RAP	Rapid assessment process
SC	Steering committee
SENASA	Seguro Nacional de Salud *(National Health Insurance)*
SHP	Social health protection
SISALRIL	Superintendencia de Salud y Riesgos Laborales *(Superintendency of Health and Occupational Risks)*
SNS	Servicio Nacional de Salud (*National Health Services*)
SOP	Standard operating procedure
TB	Tuberculosis
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

1. INTRODUCTION

The USAID Local Health System Sustainability (LHSS) Project helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support high performing health services. The LHSS Activity for Latin America and the Caribbean Bureau (LAC Bureau Activity) is providing technical assistance to the Dominican Republic (DR) to increase capacity to adapt, finance, and implement appropriate social health protection (SHP) platforms that provide adequate and equitable coverage for women migrants.

The Dominican Republic is a country of emigrants and immigrants, with 12 percent of its population currently residing abroad and with migrants comprising approximately 4 percent. The population of foreign origin (including foreign born and Haitian descendants) was estimated by the Second National Immigrant Survey (ENI-17) at 847,799 people, of which 750,174 (88.5 percent) is Haitian-born, historically the largest migrant sub-population in the DR. The National Statistical Office (ONE) reported 5,123 migrants of Venezuelan origin residing in the DR in 2010; however, more recent reports by the DR General Direction for Migration (GDM) estimate there are 115,000 Venezuelan nationals living in the country, which defines them as the second largest migrant group in the country.

According to ENI, there are 219,190 immigrant women in the DR, 32 percent of the total number of foreign residents. Haitian women represent 84.16 percent of the total number of female migrants, followed by Venezuelan women (6.23 percent), who constitute the second largest migrant population in the country. It should be noted that the latter has grown significantly since 2013, the year in which the socio-political crisis in Venezuela began.

Many women migrants work in the agricultural sector, domestic service, and in informal-sector trading, which are jobs without security or benefits and typically, low remuneration. A 2017 household survey showed that migrant women are more likely to visit a health center than native-born women (73 percent vs. 69 percent). The new migrant survey from the same year (2017) shows that 95 percent of Haitian migrants and 80.9 percent of their descendants lack any type of health insurance. Evidence shows that migrant women have worse health coverage than citizens, with possible explanations for this including language barriers, discrimination, transportation costs, distance to health facilities, and lack of access to sexual and reproductive health services. Women migrants may also be more vulnerable to violence and exploitation.

While all migrants[1] in the DR, regardless of their migratory status, have access to basic public health services funded by the DR government, the quality of these services tends to be even more limited than those provided to Dominican nationals. Factors that contribute to having low quality and limited health services for Haitian migrants are stigma, discrimination, and a generalized negative perception of migrants as a burden to the Dominican state, in addition to other social determinants of health, including the absence of family support networks and transportation costs. A recent study on perceived discrimination in *bateyes* (agricultural towns of sugarcane workers) among three ethnic groups– Dominican-born persons of Haitian descent, Dominican-born persons not of Haitian descent, and Haitian-born persons–found that poverty was a common reason for discrimination experienced by all

[1] In this report, Haitian nationals and their descendants are considered migrants (even if they were born in the DR), given that they often face the same challenges accessing social health protection due to the generalized absence of government issued identification cards.

three groups. In addition, both Haitian-born and Haitian-descended individuals also faced discrimination based on their country of origin, documentation status, and/or skin color (Keys, et.al, 2019). Haitian migrants have also reported increased waiting times in health facilities compared to Dominicans, which reflects discriminatory practices from health providers.

In order to strengthen the capacity of the Government of the Dominican Republic (GODR) to adapt, implement, and sustainably finance SHP for women migrants, LHSS conducted a rapid assessment process (RAP) to identify experiences, gaps, and needs related to social health protection. The RAP facilitated an in-depth understanding of the DR context for expanding social health protection for migrant women. It involved active collaboration with key local stakeholders from different sectors to describe and understand gaps in coverage, integration of migrants into the health system, and current and potential financing strategies, with a consideration of local gender norms and other relevant social determinants. LHSS 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) for expanding SHP for migrant women. The ISWG met to discuss the preliminary findings and propose feasible and culturally acceptable strategies to overcome current bottlenecks and expand social protection for migrant populations living and transiting through the DR territory, with an emphasis on migrant women.

The results of the RAP and ISWG consultation have been systematized as a part of the strategic roadmap presented in this document. The roadmap builds on an in-depth analysis of long-term desired scenarios, bottlenecks, objectives, and capabilities needed to achieve them, to develop a set of initiatives that will be implemented over a 5-year time horizon. This roadmap has been shared and validated with the ISWG members, who have also provided additional recommendations for the political, strategic, and operational aspects of its implementation.

This document will serve as a basis for a national consultation workshop, to be supported by LHSS in August 2021, which will define the most feasible approach to roadmap implementation and engage the major key stakeholders in this process. Additionally, it describes the strategic vision, objectives, and recommendations that LHSS has developed to improve SHP for migrant women in the DR.

2. STRATEGIC VISION

Migration-related issues and their impact on the national health system represent a highly sensitive political topic in the DR, with multiple, frequently opposed positions regarding the most feasible solutions. However, the preliminary results of the RAP suggest the following goals as a potentially shared long-term strategic vision among local stakeholders, donors, and migrant rights advocates:

- Every person residing or transiting through the DR has access to high quality basic health services, regardless of his or her nationality, age, gender, or migratory status.
- The expenses of basic health services provided to foreign nationals (including non-citizens) are covered by customized insurance plans and other alternative sources of financing (taxes,

external funding, etc.), adjusted to the income generation capacities and health needs of each sub-group of the migrant population, and do not represent a burden to the GODR.[2]

- Generating income from public sector health services provided to foreign nationals through reimbursement by insurance companies represents a potential opportunity for improvement of the overall quality of health service delivery in the DR, including the national health information system.

This vision has served as a basis for the definition of different components underlying the proposed roadmap, as presented in the following sections of this document.

3. CHALLENGES

Table 1 below defines and describes the major challenges and bottlenecks to be addressed in order to achieve the proposed strategic vision.

Table 1. Challenges to achieving the strategic vision

No.	Challenge	Description
1	Limited availability of reliable data on migrant access and utilization of health services	1) Limited data on demand, access and utilization of health services provided to different sub-groups of migrants residing in the DR - particularly those with unregulated migratory status[3]--does not allow for reliable cost estimates. 2) The number of Haitian nationals that cross the border to access specific health services is currently unknown, making it difficult to estimate the burden of unregulated health tourism[4] for the DR health system. 3) The undocumented status of a large percentage of Haitian migrants and their descendants living in the DR represents a challenge for accurate population estimates and characterization, including their geographical distribution and utilization of health services.
2	DR health system challenges and limited inter-sectoral communication	1) Limitations of the DR health system, including the lack of standardized electronic patient registries in public health services, represent a challenge for adequate tracking, referral and follow up of both Dominican and foreign citizens using these services. 2) Limited integration and communication between providers and regulators of health services in public, private and civil society sectors, which prevents the design and implementation of intersectoral and sustainable solutions to basic health care needs of host and migrant populations.

[2] ENI-17 provided evidence showing that migrants contribute to the national economy, which contradicts the generalized perception that migrants are a "burden" for the government. ISWG members will convey this information to GODR partners to improve perceptions around migrants.

[3] Persons who do not have a government issued permit to visit or reside (temporarily or permanently) in the DR and, consequently, do not have any valid DR documents to prove their identity.

[4] International travel with the primary motivation of accessing physical, mental and/or spiritual health in the destination country

No.	Challenge	Description
		3) The absence of dedicated funds (local or external) to cover social health insurance for migrants, particularly those with unregulated migratory status and low income, who cannot access private health insurance options.
3	Political barriers, migratory policies, and low priority of health services for migrants in DR	1) Low priority assigned by the GODR to health services provided to migrant populations in the country. 2) Perception of migration – particularly low-income Haitian migration – as a burden on the DR economy and, even more so, on the public health system. 3) Strong concern by GODR representatives and the public, that high-quality health services for migrant populations could contribute to an increased demand for these services, and a consequent increase in unregulated migration.
4	Educational and cultural barriers for effective advocacy and lobbying	Low educational level of a significant percentage of migrants, particularly persons of Haitian origin, and their frequent involvement in informal productive activities, limit both their advocacy abilities and sources of financing for health services, further reinforcing the perception that they are a burden on the DR economy.

4. OBJECTIVES

Table 2 defines and describes the objectives proposed to overcome the challenges specified in Table 1, to move towards achieving the above-defined vision. These objectives are based on the preliminary findings of the RAP study, and the inputs provided by the ISWG members.

Table 2. Objectives to Achieving Strategic Vision

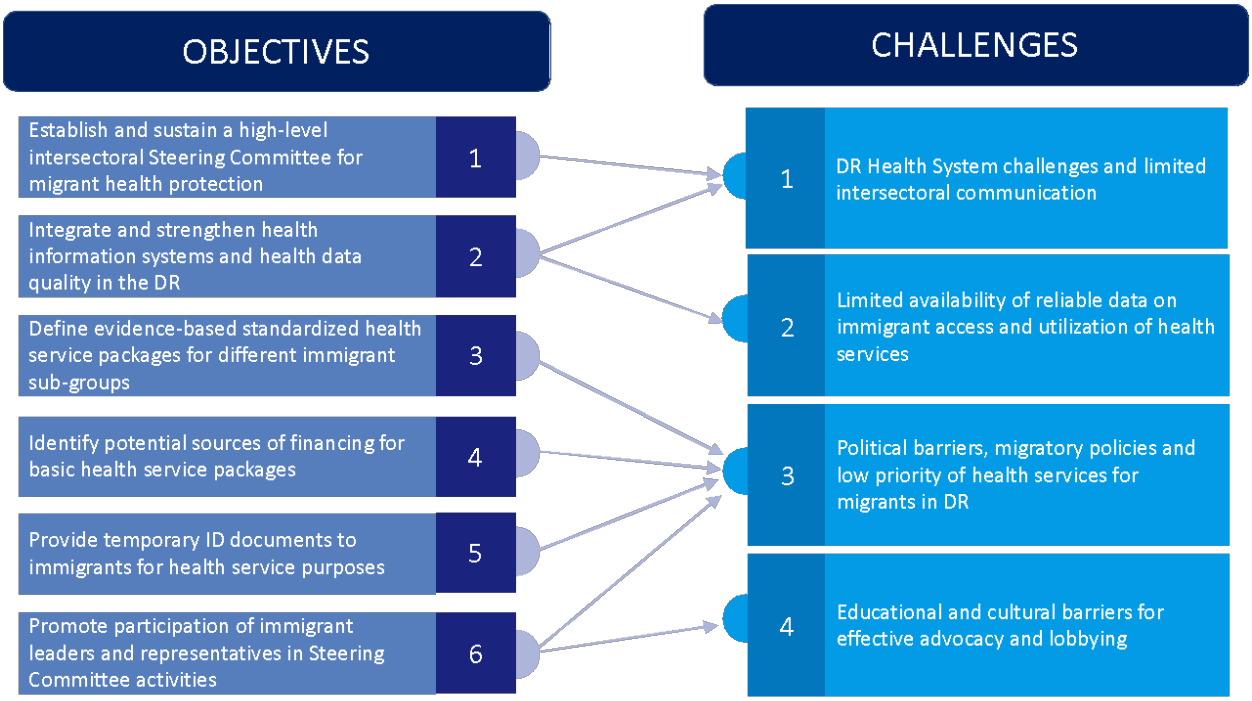
No.	Objective	Description
1	Establish and sustain a high-level intersectoral steering committee for migrant health protection	Constitute a high-level intersectoral steering committee (SC), comprising GODR, private sector, and civil society representatives, to define, validate and lead the implementation of feasible and sustainable solutions to guarantee access and quality of basic health services to foreign nationals in the DR.
2	Integrate and strengthen health information systems and health data quality in the DR	Optimize data quality and integration of public and private sector patient registry and reporting mechanisms at national level in the DR. This should include improving documentation, regulation and monitoring of health services provided to foreign citizens in the country, including formal and informal health tourism practices, and collect and analyze sex-disaggregated data to guide the development of gender-sensitive programs and services.

No.	Objective	Description
3	Define evidence-based standardized health service packages for different migrant sub-groups	Establish standardized health service packages for different sub-groups of migrants living in the DR, considering gender, age group and main productive activity, and proposing sustainable sources of financing appropriate for each sub-group (e.g., providing sexual and reproductive and maternal health for migrant women, increasing accident coverage for construction workers, etc.).
4	Identify potential sources of financing for basic health service packages	Define basic insurance packages and other potential sources of financing to cover the costs of prioritized basic health services for different groups of foreign citizens in the DR territory, including those with unregularized migratory status.
5	Provide temporary ID documents to migrants for health service purposes	Provide temporary documentation to migrant groups currently living in the DR for health service purposes, within the framework of the DR current migratory policies, with the aim of tracking their health needs, and affiliating them to insurance packages adapted to their current productive activity and related risks.
6	Promote participation of migrant leaders and representatives in steering committee activities	Support and empower migrant sub-groups and nationalities residing in the DR territory in health advocacy, encouraging their active and sustained participation in steering committee meetings, to ensure culturally appropriate solutions to their health priorities.

5. RELATIONSHIP BETWEEN CHALLENGES AND OBJECTIVES

Figure 1 depicts the relationship established between the identified challenges and the objectives defined to overcome them. As shown below, some of the challenges – particularly the political barriers, migratory policies, and low priority of health services for migrants in the DR – will need to be addressed through multiple objectives, involving key stakeholders from different sectors.

Figure 1. Relationship between challenges and objectives



6. CAPABILITIES

Table 3 describes the key capabilities that should be addressed to achieve the proposed strategic vision. Within each capability area, a series of initiatives is proposed to strengthen it, and thereby support the expansion of SHP for migrant women. A national workshop will be supported by LHSS, where these initiatives will be further discussed and defined. The workshop will bring together the key stakeholders from different sectors involved in the expansion of the SHP platform for access of migrant women to health services in the DR.

Table 3. Capabilities and proposed initiatives

No.	Capability	Description	Initiatives
I	Intersectoral coordination	Sustained collaborative efforts between GODR, private sector, and civil society to define and implement feasible strategies to promote access of migrant women to health services in the DR.	• Establish the SC, proposed and defined by the ISWG members • Ensure participation of different migrant groups and leaders in SC meetings to ensure migrant interests and needs are adequately represented • Validate SC Standard Operating Procedures (SOP) • Support SC strategic planning (Year 1 – Year 5) • Develop annual progress report (Years 1-4) as input for operational planning • Develop final (Year 5) performance report

No.	Capability	Description	Initiatives
2	Reliable data sources	Reliable programmatic data to characterize and routinely monitor demand, access and quality of health services provided to different sub-groups of migrants residing in the DR.	• Conduct primary data collection in selected health establishments, to compensate for the current limitations in programmatic data, and provide evidence for different service packages to be defined • Facilitate meetings with the national health system technical team and decision makers to identify opportunities for the development of a patient register[5] or the expansion of the biometric ID system used for HIV services (FAPPS) to adequately monitor demand and access to health services by beneficiaries of standardized health service packages Define SOPs for patient register of health services provided to migrant populations • Pilot implementation of the patient register in selected health establishments • Define a user-friendly monitoring and evaluation (M&E) Dashboard,[6] updated through the patient register inputs • Develop quarterly M&E reports using the M&E Dashboard, providing input for the final performance report
3	Defined service packages	Standardized basic health service packages adjusted to needs of different sub-groups of migrants living in the DR, defined by gender, age group and main productive activity	• Define prioritized health services for different sub-groups of migrant populations, and different geographical regions • Propose basic health service packages, including the prioritized services, and validate with the national health authorities • Pilot implementation of the revised service packages in the selected health regions • Assess pilot implementation experiences, including a user satisfaction survey • Adjust the original services packages based on the lessons learned through the pilot implementation • Implement the revised service packages in prioritized health regions, until national implementation is achieved

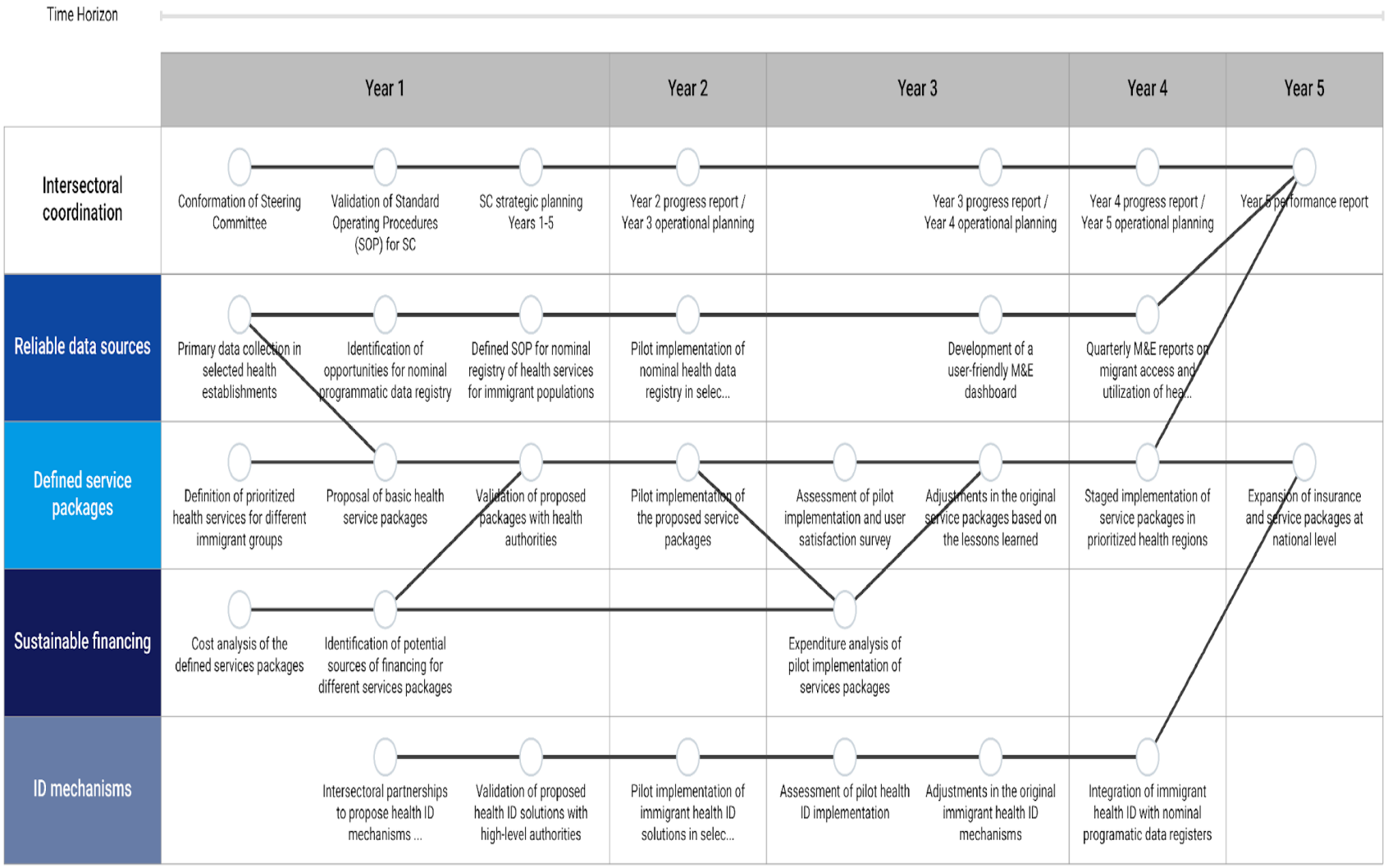
[5] Currently the DR does not have a patient register to record services provided to patients (migrants and non-migrants), except for specific health programs, such as the HIV program that uses a biometric identification register called FAPPS. In the future, the patient register could be expanded to monitor health service demand and use for both Dominicans and migrants.
[6] The dashboard would be hosted and managed by the SNS to ensure data from the patient register is collected and processed as part of the existing health system.

No.	Capability	Description	Initiatives
4	Sustainable financing	Defined insurance packages and other sources of financing to sustainably cover the costs of prioritized basic health services for different groups of foreign nationals in the DR.	• Conduct a cost analysis of the prioritized health services for different migrant populations, including the estimates for the proposed service packages • Identify potential short-term and long-term sources of financing for different service packages, with the aim of reaching self-sustainability by the Year 5 • Conduct an expenditure analysis of the pilot implementation of services packages (Year 3), providing input for the final adjustments and expansion at national level
5	Feasible ID Mechanisms	Established mechanisms to provide temporary health documentation to different migrant groups currently living in the DR for health service purposes, within the framework of the DR migratory policies.	• Support intersectoral meetings and partnerships to propose feasible health ID (identification) mechanisms for migrant populations, within the framework of current DR migratory policies • Validate proposed health ID solutions with high-level authorities, including, when needed, binational and multi-national strategic meetings • Pilot implementation of the proposed migrant health ID mechanism (integrated with the pilot implementation of the service packages and the health data registry) • Assess the pilot implementation and adjust the originally proposed migrant health ID mechanisms • Fully integrate the established migrant health ID mechanisms with the patient health data registry to support the expansion of the defined services packages at national level

7. STRATEGIC ROADMAP

Figure 2 depicts the initiatives and activities defined in Table 3 within a 5-year time sequence, leading to the final milestone of expanded insurance and standardized health service packages for migrant women residing in or transiting through the DR. The ISWG, constituted in Year 1, will be in charge of guiding and monitoring the implementation of the roadmap, and the related technical activities, including the development of a patient register in health services, the definition of the standardized health service packages, and the identification of sustainable private, public and international sources of funding for these packages. The SC will work closely with the GODR to integrate these packages under the umbrella of the National Health System regulations.

Figure 2. Strategic Roadmap



8. RECOMMENDATIONS

The ISWG meetings and discussions with the key stakeholders from different sectors, including GODR, private health service providers, international development organizations, and civil society representatives, have generated multiple recommendations for the process of expanding the SHP platform for migrant populations in the DR and the implementation of the proposed roadmap. We include them here, as inputs to be discussed in the upcoming stages of project development:

- The initiatives aimed at expansion of SHP platforms for migrant populations should not be solely focused on women migrants but should also take in consideration social determinants of health that limit men's access to health services.
- The improvements in the DR health system should be planned and implemented from a broad perspective, benefiting not only migrant populations but also DR nationals accessing public health services.
- Private sector could provide important and innovative solutions for the sustainable financing of health services for migrant populations, as long as these solutions are adequately integrated within the national health system guidelines. While migrant-specific short-term solutions could be needed to improve current limitations in their access to health services, the long-term aim of this process should be solutions integrated with the national health system framework.
- To close information gaps related to utilization of health services by migrants (including those undocumented), a patient register should be developed, with the ability to disaggregate health information by migrant status.
- Previously successful health ID solutions for migrant populations in the DR 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 SC and the supporting technical team during the implementation of the roadmap, as specific deliverables and project documents are expected during this 5-year period (operational planning, M&E activities, implementation reports, etc.).

ANNEX I. LIST OF ISGW 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	Ana María Rodriguez	Coordinator
DR Gov	Ministerio de Salud Pública (MSP)	José De Lancer	Coordinador de Mortalidad Materna / Mortalidad Infantil
DR Gov	Servicio Nacional de Salud (SNS)	Yuderkis Moreno	Coordinator of Maternal and Child Health Services
DR GOV	Superintendencia de Salud y Riesgos Laborales (SISALRIL)	Leticia Martinez	Director of Office for Research and Statistics (OESAE)
DR GOV	Seguro Nacional de Salud (SENASA)	Francisco Minaya	Health Manager
DR GOV	Consejo Nacional para el VIH y el SIDA (CONAVIHSIDA)	Rosa Sánchez	M&E and Social Mobilization Coordinator
International	United Nations Population Fund (UNFPA)	Dulce Chain	Reproductive Health Officer
Private sector (Health insurance / Health clinics)	Grupo Yunen	José Rafael Yunen	President