

# Dominican Republic Global Health Initiative Strategy

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## Abbreviations

|        |   |
|--------|---|
| AIDS   | Acquired immune deficiency syndrome               |
| AMTSL  | Active management of the third stage of labor     |
| ARVs   | Antiretroviral drugs                              |
| CDC    | Centers for Disease Control and Prevention        |
| COP    | Country Operational Plan                          |
| CSW    | Commercial sex workers                            |
| DAF    | Dominican Air Force                               |
| DHS    | Demographic Health Survey                         |
| DoD    | Department of Defense                             |
| DPS    | Provincial Health Directorates                    |
| DUs    | Drug users  |
| HIV    | Human immunodeficiency virus                      |
| HRH    | Human Resources for Health                        |
| IR     | Intermediate result                               |
| FP     | Family planning                                   |
| GBV    | Gender-based violence                             |
| GDP    | Gross domestic product                            |
| GHI    | Global Health Initiative                          |
| GODR   | Government of the Dominican Republic              |
| KNCV   | KNCV Tuberculosis Foundation                      |
| LAC    | Latin American and the Caribbean                  |
| M&E    | Monitoring and evaluation                         |
| MAAG   | Military Assistance Group                         |
| MARP   | Most at risk populations                          |
| MCH    | Maternal and child health                         |
| MDGs   | Millennium Development Goals                      |
| MDR    | Multi-drug resistant                              |
| MOH    | Ministry of Health                                |
| MSH    | Management Sciences for Health                    |
| MSM    | Men who have sex with men                         |
| NGO    | Non-governmental organization                     |
| NHP    | Dominican Republic National Health Plan, 2006-15  |
| NIH    | National Institutes of Health                     |
| OVC    | Orphans and vulnerable children                   |
| PAHO   | Pan-American Health Organization                  |
| PEPFAR | President's Emergency Plan for AIDS Relief        |
| PMTCT  | Prevention of mother to child transmission of HIV |
| R2P    | Research to prevention                            |
| RH     | Reproductive health                               |
| SCMS   | Supply chain management system                    |
| SRH    | Sexual and reproductive health                    |
| STI    | Sexually transmitted infection                    |
| TB     | Tuberculosis                                      |
| TBD    | To be determined                                  |
| TRSX   | Sex workers                                       |

|        |  |
|--------|--|
| UNICEF | United Nations Children's Fund                     |
| UNFPA  | United Nations Population Fund                     |
| USAID  | United States Agency for International Development |
| USG    | United States Government                           |
| WHO    | World Health Organization                          |

## **Vision for the Global Health Initiative in the Dominican Republic**

Building on over five decades of partnership between the Governments of the Dominican Republic (GODR) and the United States, the mission of the US Government (USG) in the Dominican Republic is to work with Dominicans for the continued development of a democratic, equitable and prosperous Dominican Republic. The Global Health Initiative (GHI) strategy will strengthen the Dominican Republic's capacity to provide quality and equitable health services that enable its populace to contribute productively to society.

The GHI goal is to contribute to improved health for women, children, youth and vulnerable populations, recognizing that these groups are at particular risk of disease or ill health and have limited access to quality health services. Improvements in the health of these groups will be shown by progress towards achieving the Millennium Development Goals (MDG) in HIV/AIDS, maternal and child health (MCH) and tuberculosis (TB). The MDGs provide the strategic direction for the Dominican Republic National Health Plan for 2006-15 which orients the national health response.

Efforts to support the Dominican Republic to attain the MDGs will be strategically coordinated through a whole of government strategy, which will provide the platform to promote improved integration of health services and the promotion of cross-cutting activities. The strategic objective for the GHI strategy is to achieve increased equitable access to quality integrated health services and uptake of healthy behaviors.

To achieve the strategic objective, the GHI strategy in the Dominican Republic will focus on three cross-cutting areas: strengthened health system, expanded access to quality evidence-based services and improved use of information for action. These areas were identified in consultation with the GODR, based on the National Health Plan (NHP), and informed by research, evaluations and the program experience of the USG agencies.

The USG contribution to these strategic areas and for these populations is provided within the scope of existing USG health programs in HIV/AIDS, MCH and TB. The emphasis on cross-cutting areas will support the national priority to move beyond vertical programs and increase the responsiveness of the health system to the range of national health priorities.

Under the leadership of the US Ambassador, the USG agencies in the Dominican Republic welcome the opportunity provided by the GHI to strengthen inter-agency collaboration and integration. In addition to strengthening existing relationships, the USG will leverage new partnerships with civil society and the private sector to improve implementation and sustainability. GHI is an opportunity to maximize program impact through continued strategic coordination. Implementation of the GHI strategy over the next five years will be critical to maximizing sustainability of health improvements achieved and supported by current and past USG program investments.

## Background Statistics for the Dominican Republic

**Source:** United States Department of State<sup>1</sup>

**Geography:** Area: 48,442 sq. km; about the size of Vermont and New Hampshire combined.

**Cities:** *Capital*—Santo Domingo (population 2.25 M); Santiago de los Caballeros (population 908,230)

**Terrain:** Mountainous

**Climate:** Maritime tropical

**Date of independence:** 1844

**Nationality:** *Noun and adjective*—Dominican(s).

**Population:** 9.65 million (2009)

**Population growth rate:** 3.5% (2009)

**Ethnic groups:** Mixed 73%, European 16%, African origin 11%

**Religion:** 95% Christian

**Language:** Spanish

**Government Type:** Representative democracy

**Education:** Compulsory education for 6 years; Completion rate 70%; Literacy 84.7%

**Health:** Life expectancy--71 years for men, 73.1 years for women.

**GDP:** \$51.6 billion (2009); **Per Capita GDP:** \$5,231 (2009)

**Work force:** 60.2% services (tourism, transportation, communications, finances, others), 15.5% industry (manufacturing), 11.5% construction, 11.3% agriculture, 1.5% mining.



<sup>1</sup> U.S. Department of State [2011]. Background Note: Dominican Republic; Bureau of Western Hemisphere Affairs [[www.state.gov/r/pa/ei/byu/35639.htm#profile](http://www.state.gov/r/pa/ei/byu/35639.htm#profile)].

## **Dominican Republic Context and National Priorities**

### **Social Context**

The Dominican Republic has experienced tremendous economic growth over the past fifty years. However, that growth has not been equitable: the poorest 50 percent of the population receives less than 20 percent of Gross Domestic Product (GDP), while the richest 10 percent receives nearly 40 percent of GDP.<sup>2</sup> The income inequality in the Dominican Republic has resulted in dual society of have and have-nots. A recent analysis among twelve Latin American and Caribbean (LAC) countries indicates that many people living in the Dominican Republic are highly vulnerable to disease and lack financial protection against illness and healthcare costs.<sup>3</sup>

The 2007 Demographic Health Survey (DHS) revealed that among women who received four years or less of primary education, 43.8 percent became pregnant during their teenage years compared to 13.3 percent among women who completed secondary or higher education<sup>4</sup>. According to the World Economic Forum's Gender Gap Index, a nation's prosperity correlates with the level of parity between women and men (in education, health, economic opportunity and political empowerment)<sup>5</sup>—in 2010, the Dominican Republic ranked 19 out of 26 among LAC countries.<sup>6</sup> In addition, gender-based violence is a major problem, being the fourth most frequent cause of death among women of reproductive age in the Dominican Republic.<sup>7</sup>

The complex relationship between the Dominican Republic and Haiti is reflective of a history of highly uneven development. There are an estimated 500,000 to 1,000,000 Haitians, including documented and undocumented immigrants, many living in extreme poverty, throughout the Dominican Republic. This makes the complicated dynamic of Dominican-Haitian relations much more than a border issue. In addition, numerous Haitians seek care from health services throughout the Dominican Republic, which puts an additional strain on the Dominican health system. For example, a significant number of women travel from Haiti to give birth in public hospitals in the Dominican Republic, returning to Haiti after delivery. In addition to the migration of people, there is considerable movement of commodities between Haiti and the Dominican Republic. The January 12, 2010 earthquake in Haiti and the temporary movement of a large number of Haitians into the Dominican Republic further demonstrated the strong connectivity of issues across the island and the need for partnership.

Public health preparedness is also an important issue for the Dominican Government. Natural events such as hurricanes and earthquakes have the potential to divert the focus of the health sector from disease prevention to emergency response. In addition, high population mobility between the Dominican Republic and Haiti, the United States, and other countries in Latin America and the Caribbean (LAC) increases the potential for rapid transmission of emerging diseases, such as pandemic influenza and cholera.

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<sup>2</sup> U.S. Central Intelligence Agency [2010]. World Factbook [<https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>]

<sup>3</sup> Knaul et al [2011] Household catastrophic health expenditures: A comparative analysis of twelve Latin American and Caribbean Countries. *Salud Pública Mexicana* 53:2.

<sup>4</sup> Centro de Estudios Sociales y Demograficos (CESDEM) and Macro International [2007]. Demographic and Health Survey.

<sup>5</sup> World Economic Forum, 2010 Gender Gap Index.

<sup>6</sup> 2010 Gender Gap Index: DR ranks 86<sup>th</sup> of 134 in health and survival

<sup>7</sup> USAID [2009]. Gender Assessment USAID/Dominican Republic. United States Agency for International Development, prepared by DevTech Systems, Inc., task order report number GEW-I-01-02-00019.

## Health Context

### HIV

The HIV prevalence in the Dominican Republic appears to have stabilized between 0.8-1.1 percent in the general population. In 2010, there were an estimated 48,550 people living with HIV/AIDS in the Dominican Republic. A 2007 DHS measured HIV prevalence to be 2.6 percent among individuals with no education compared to 0.4 percent among individuals with university-level education and 1.7 percent in the poorest quintile compared to 0.4 percent least poor quintile. Poor Dominicans comprise 36 percent of the general population and 48.4 percent of the HIV positive population. HIV prevalence of Haitian-born Dominican residents is higher than in the general population. Surveys of women attending antenatal care and pregnant women show HIV prevalence is in line with the general population when considering the different survey methodologies. However, women with fewer than four years of education, which make up 8.3 percent of the population, have an HIV prevalence of 2.3 percent, which is nearly three times greater than the general population.

There are several sub-groups within the population that have a higher risk of HIV infection and consequently a higher HIV prevalence than the general population, indicating a transition from a generalized to concentrated epidemic. Residents of bateyes, typically characterized by extreme poverty, have an HIV prevalence between 3.2-4.7 percent. Multiple surveys among sex workers (SW) show an HIV prevalence of approximately 4 percent, increasing to over 8 percent in some areas of the country. Men who have sex with men (MSM) also have a considerably higher HIV prevalence than the general population, ranging from 5.1-7.6 percent. Drug users (DU) have an HIV prevalence that is higher still, with a range from 5.9-10.4 percent. There is currently little data on the prevalence of HIV among the prison population. The Dominican Armed Forces (DAF), approximately 50,000 persons, are also considered a population with high risk behaviors and vulnerable to HIV infection, as a result of most being young, deployment away from home, peer pressure and steady income.

### Tuberculosis

TB remains endemic to the Dominican Republic with an incidence of 70 per 100,000 persons<sup>8</sup>. Case detection rates and cure rates remain below the Stop TB targets at 60 percent and 75 percent, respectively<sup>9</sup>. Given the high rates, Multi-Drug Resistant Tuberculosis (MDR-TB) and TB/HIV co-infection are major challenges for the Dominican Response to TB. PAHO/WHO estimates that 6.6 percent of new cases of TB acquire a strain that is resistant to multiple first line drugs<sup>10</sup> and 19 percent of TB patients tested were also HIV positive. However, with only 47 percent of TB patients being screened for HIV and an unknown number of persons with HIV being screened for TB<sup>11</sup>, the actual rates of co-infection could be even higher.

### Maternal and child health

Maternal mortality (100 per 100,000) and infant mortality (22 per 1,000) in the Dominican Republic rank among the highest in the LAC region. Leading causes of maternal mortality and morbidity include hemorrhage, sepsis, hypertension, and obstructed labor. Another challenge is the high rate of cesarean sections, which can increase the risk of complications<sup>12</sup>. The latest DHS survey in 2007 showed that as much as 45 per cent of births in the Dominican Republic were delivered by cesarean section. Major causes of infant mortality include newborn asphyxia, sepsis and low birth weight. The 2007 DHS indicates that 61 percent of child mortality occurs during

<sup>8</sup> WHO [2011] WHO global TB database. Tuberculosis profile Dominican Republic. World Health Organization [www.who.int/tb/data].

<sup>9</sup> WHO [2011] [www.who.int/tb/data].

<sup>10</sup> WHO [2011] [www.who.int/tb/data].

<sup>11</sup> WHO WHO [2011] [www.who.int/tb/data].

<sup>12</sup> WHO [2010] Caesarean section without medical indication increases risk of short-term adverse outcomes for mothers.



the neonatal period<sup>13</sup>; therefore, focusing on the critical period before and after delivery is crucial for the survival of the child. Teen pregnancy is a major issue in the Dominican Republic, where 20.6 per cent of teens (15-19) are currently pregnant or already mothers. Adolescent pregnancy is associated with poor health and social outcomes for mother and baby<sup>14</sup>. The unmet need for family planning among this age group (28 per cent) is nearly three times the unmet need across age groups (11 per cent). This illustrates the need to link services, to ensure that family planning is part of MCH services, as well as the need for working with youth at community level on preventing unplanned pregnancies.

## Health System in the Dominican Republic

The Dominican Republic has an extensive infrastructure of primary, secondary, and tertiary level healthcare facilities. However, the poor quality of healthcare services—especially primary health care—mitigates the benefit offered by such infrastructure. For example, despite reaching almost universal access to antenatal care (ANC) visits (95 percent of pregnant women complete four ANC visits<sup>15</sup>) and skilled birth attendants (SBA) for delivery (98 percent of births are attended by a SBA<sup>16</sup>), the country continues to have high levels of maternal and infant mortality. A range of studies show that 85 percent of maternal deaths could be avoided with improved quality of care.<sup>17</sup> The Dominican National Health Plan states that the main challenge throughout the health sector is not the coverage, but the quality of services. The quality is linked to limitations in clinical and administrative management, limited staff supervision and other institutional weaknesses in the health sector<sup>18</sup>.

A major challenge for improving quality is strengthening the continuum of care. Vertical programs such as HIV, TB, MCH, and Family Planning and Reproductive Health (FP/RH), are obstacles to both care providers and patients—integration would improve the patient experience and reduce time-consuming specialist referrals. Strengthening primary care facilities would further increase access to care, reduce the congestion reported in some secondary and tertiary hospitals, and promote preventive and community health care initiatives. At all levels of the healthcare system, better networking of laboratory facilities would improve timely access to appropriate laboratory tests for patients.

In order to improve the quality of care, it is also essential that the system supporting patient care be strengthened. Currently, most public financing for health is directed to commodities or salaries, with little investment in human resources capital, infrastructure, and maintenance of buildings and equipment<sup>19</sup>. Limited public resources for health may be used inefficiently, as indicated by an unpublished USG-supported assessment by Strengthening Pharmaceutical Systems that showed the GODR pays two to three times the international market price for medicines. A highly centralized supply chain management system also contributes to local stock outs of medicines, test kits, and laboratory reagents. In 2011, a human resources rapid assessment supported by the USG highlighted a lack of human resource planning, inefficient distribution of medical personal across the country, and limited supervision and accountability of medical practitioners.

Improved planning and decision making for the healthcare system requires better collection, analysis, and use of data. A 2006 USG assessment of surveillance for sexually transmitted infections and HIV/AIDS in the Dominican

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<sup>13</sup> Centro de Estudios Sociales y Demograficos (CESDEM) and Macro International [2007].

<sup>14</sup> WHO [2008] Making Pregnancy Safer: factsheet on Adolescent Pregnancy.

<sup>15</sup> Centro de Estudios Sociales y Demograficos (CESDEM) and Macro International [2007].

<sup>16</sup> Centro de Estudios Sociales y Demograficos (CESDEM) and Macro International [2007].

<sup>17</sup> Miller S, Cordero M, Coleman AL, et al [2003]. Quality of care in institutionalized deliveries: the paradox of the Dominican Republic. *International Journal of Gynecology and Obstetrics* 82(1):89-103.

<sup>18</sup> Rathe. M. & Moliné, A. (2011) The Health System of the Dominican Republic. *Salud Publica Mexico*, 53:2.

<sup>19</sup> National Health Accounts

Republic reported lack of a unified reporting system, over-centralization, lack of computer infrastructure, significant delays in data transmission, absence of case reporting by smaller public health centers, and few surveillance training opportunities for staff. While many of these limitations still exist, improved monitoring and evaluation for HIV/AIDS programs and stronger surveillance of notifiable diseases indicates increasing use of data for decision making.

Improving health sector performance requires a strong partnership between the public, private, and non-governmental (NGO) sectors. The Government of the Dominican Republic (GODR) recognizes the important role that civil society plays in health promotion. Furthermore, civil society groups and non-profits also provide critical services not covered by the public and private sectors. Vulnerable populations depend on these groups for HIV prevention, care and treatment services. However, these groups are often subsidized by international organizations and donors rather than local entities like the GODR or the private sector; therefore it is critical for these groups to find innovative ways to create revenue in order to achieve sustainability.

### **Key Opportunities**

Central to the strength of the health system is the extensive health infrastructure able to cover even the most remote areas of the country. For example, there are over 1,100 primary health care centers throughout the country and 200 hospitals providing secondary and tertiary care<sup>20</sup>. The health workforce includes over 14,000 physicians, 2,000 nurses, 370 lab technicians and 43,000 other health and administrative staff.<sup>21</sup> Supplementing the public health system, there is also an NGO sector bridging the gap by providing community and public health services. Finally, there are robust health related laws, norms and protocols which provide the basis for how healthcare should be implemented in the Dominican Republic. The existence of this infrastructure creates the opportunity for limited USG funding and technical assistance to make a major contribution to strengthening the health system, as shown by the support of the Maternal Child Health Centers of Excellence program in contributing to positive trends in reductions of maternal mortality.

Ten years ago, the Dominican Republic enacted two laws: the General Health Law [42-01] and the Dominican Social Security Law [87-01]. These laws aimed to formally establish and define the health system; decentralize the functions of service delivery; create a national insurance scheme; and establish demand driven financing. Gradual progress towards the implementation of these reforms has been achieved over the past decade, but there is still much to be done. The health sector reform process creates the opportunity for improvements supported by USG investments to be institutionalized.

As a part of the establishment and clear definition of the health system, the GODR was formally recognized as the steward of the health system. Therefore, strengthening the capacity of the government to fulfill this role will have an impact beyond the public sector.

Through the creation of the subsidized insurance scheme, the Dominican Republic has increased access to health for the poorest Dominicans. As a result of this reform over two million Dominicans have been enrolled in the subsidized insurance scheme, which has in turn reduced the burden of out-of-pocket costs related to healthcare.<sup>22</sup>

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<sup>20</sup> República Dominicana en Cifras 2010

<sup>21</sup> República Dominicana en Cifras 2010

<sup>22</sup> SENASA, National Health Insurance (Seguro Nacional de Salud )

Currently two of the nine regions, Regions VI and VIII, have signed agreements with the Ministry of Health (MOH) to serve as pilots to perform the de-centralized functions laid out in the health sector reforms. This transition has been marked by a greater emphasis on primary care and capacity building within the budgets of these two regions. De-centralization has also allowed for more flexibility in terms of responding to the individual needs of the communities in these regions, and creates the opportunity for USG support to contribute to strengthening of the system at decentralized levels, in addition to continuing to provide support at national level.

The shift to demand driven financing requires improved budgeting and management by the public sector. These functions require an improved information system in order to better track and forecast expenditures. In addition, after hospitals are provided resources for services delivered, this creates an opportunity for improvement, in that the hospital has the flexibility to invest these resources in infrastructure, equipment or other services that the hospital needs to strengthen performance.

More recently, the creation of a Health Career Law has also gained momentum. This law would create a civil service cadre for the health sector, thus mitigating the turnover in staff that occurs with changing administrations. This is an opportunity, as it means that investments in capacity building and systems development can have an enduring impact on strengthening the health system.

In October 2011, the Ministry of Health launched the formulation of a National Quality Assurance Policy. This important policy will raise the profile of healthcare quality, which is seen as the biggest challenge for the Dominican Health System. The establishment of a Vice-Minister in charge of Quality Assurance in 2008 as well as the implementation of several quality improvement initiatives have been critical milestones allowing the GODR to make this next step.

In addition to these laws and policies there are also other major changes occurring that are being supported by the USG. The Dominican Republic is in the process of developing a single unified procurement and logistics system which will reduce the costs of commodities through improved procurement and improved overall performance of the supply chain management system. The Dominican Republic is also developing a unified HIV monitoring and evaluation system which will collect information from the public and NGO sectors. As such, the GODR will be better able to inform their decisions with data and to act as improved stewards in the health sector.

## **Dominican Republic National Health Plan Analysis**

Fundamental to the ongoing health sector reform progress has been the inclusive design and implementation of the Ten Year National Health Plan 2006-2015 (NHP).<sup>23</sup> The development of the plan included nationwide consultations with 640 stakeholders representing the government, political parties, NGOs, and donors. The NHP provides a comprehensive framework for the implementation of these reforms and reflects the country's commitment to achieve the MDGs.

To address the major causes of mortality and morbidity in the Dominican Republic (Table 1), the NHP defines two types of challenges: (1) long-standing challenges arising from social inequalities and (2) emerging challenges. The long-standing challenges are linked to poverty and include issues closely aligned with the GHI priorities, such as HIV, maternal and child health, tuberculosis, malaria, and nutrition. The emerging challenges

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<sup>23</sup> As part of the design of the NHP, the Government hosted 13 workshops which included 640 participants from across the country representing the Government, NGOs, Donors (including the USG) and political parties

identified in the NHP primarily refer to chronic diseases, trauma and life style-associated problems, which are features of a country undergoing an epidemiological transition.

**Table 1. Priorities in the Dominican National Health Plan**

| Areas overlapping with GHI | Areas outside of GHI |
|----------------------------|----------------------|
| Maternal Mortality         | Rabies               |
| Infant Mortality           | Dengue               |
| Vaccination                | Heart disease        |
| Nutrition                  | Diabetes             |
| Tuberculosis               | Osteoporosis         |
| Malaria                    | Cancer               |
| HIV                        | Violence             |
|                            | Accidents            |
|                            | Addictions           |
|                            | Occupational health  |

The NHP outlines nine strategic objectives: (1) strengthen government stewardship; (2) strengthen patient care; (3) strengthen public health; (4) develop social health insurance; (5) ensure financing; (6) develop health civil service system; (7) develop information and surveillance systems; (8) strengthen the role of the local level (including civil society); and (9) develop integrated approaches to women's health. These strategic objectives address the major gaps that prevent the Dominican Republic—especially poor and vulnerable populations—from achieving better health outcomes by improving equitable access to health services (including reducing out-of-pocket costs) and strengthening the health system. The NHP targets for the strategic objectives reflect many internationally agreed targets, some of which may not be achievable by 2015 given the current health investment in the Dominican Republic. Public expenditure on health is 2.3 percent<sup>24</sup>, which is lower than the level of 5 percent of GDP established by the NHP as the threshold required to achieve the national health targets.

## **USG supported Health Programs in the Dominican Republic**

Four agencies provide the foundation for USG activities in the Dominican Republic: Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), Peace Corps, and United States Agency for International Development (USAID). These four agencies collaborate with the GODR and work with donor partners and other stakeholders in support of the NHP.

As part of this effort, the USG has made significant investments in the health sector in the areas of MCH, TB, and HIV/AIDS. Support for HIV/AIDS through the President's Emergency Plan for AIDS Relief (PEPFAR) was established in the 2009-2013 Partnership Framework between the USG and the GODR.

CDC is a relative newcomer to the Dominican Republic, providing technical assistance since 2006 and opening a country office in 2008. CDC's portfolio mostly focuses on HIV/AIDS, with additional support going to disease outbreak response and epidemiology training. CDC works in close partnership with the MOH by providing technical assistance and support to the areas of surveillance and laboratories. CDC also works on disease prevention with governmental and NGO partners, drawing on years of HIV prevention experience both domestically and internationally.

<sup>24</sup> 2008, Indicadores Económicos de Salud

The Department of Defense, represented by the Military Assistance Group (MAAG) has a long standing relationship with the GODR and the Ministry of Defense. The MAAG group is focused on preventing HIV, ensuring force readiness, and mitigating disasters. While much of their assistance focuses on working directly with the military, through capacity building and technical assistance, part of their mission also focuses on civilians.

The Peace Corps is approaching its fiftieth year in the Dominican Republic. Peace Corps has also largely moved from working with nutrition and water to working with youth, HIV and MCH. Volunteers partner with local non-profits and grassroots civil society groups to improve the health of the communities they serve.

The USAID/Dominican Republic Mission is also approaching its fiftieth anniversary. The Mission is divided into four technical offices: Democracy and Governance, Economic Growth, Education and Health. Over the past few decades, USAID has a long history of partnering with the GODR to support healthcare reform, strengthen the different components of the health system, and improve the quality of care delivered through the public sector. USAID has also been instrumental in the development of the non-profit sector. USAID has employed a comprehensive approach linking expertise and resources outside the health sector to address issues, for example USAID's Batey Project works in an integrated way combining health, education, and economic growth to improve the lives of Batey residents. USAID has successfully transitioned from implementing food aid programs, water projects and FP/RH assistance. USAID/DR is now focusing its efforts on MCH, HIV/AIDS, and TB. In a context of declining USAID resources for health programs in the LAC region, the strategic focus of USAID's work within GHI will be on transferring responsibility and supporting sustainability of programs, in coordination with the GODR, international agencies and local partners.

## **Partnerships**

Donor coordination in the Dominican Republic is driven largely by donors and often practiced in response to emergencies. USG health programs in the Dominican Republic will strengthen partnerships with donors and international organizations in the health sector. In a context of declining financial resources, opportunities must continue to be sought to ensure the most efficient and well-coordinated use of funds and sustainability of programs. There is no active donor table for the health sector; so much of the coordination between institutions occurs in response to an emergency or through mutual participation in the Global Fund Country Coordination Mechanism. Through GHI, increased country-led donor collaboration and coordination will be promoted, including supporting the GODR convened health table.

Quality of care is a focal area for improved coordination among the diverse partners currently supporting the Dominican Republic. Several institutions have launched their own initiatives to address quality of care. UNICEF is implementing the *Baby Friendly Hospital Initiative* and has to date certified eight hospitals with this distinction. JICA is supporting a project focused on Evidence-Based Participatory Quality Improvement (EPQI) which has been introduced in several public hospitals throughout the country. PAHO is promoting *Clean Hospitals* through a project along the border and implementing *Safe Surgery Saves Lives* which is focused on improving quality of care in both private and public facilities throughout the country. Through GHI, the USG will increase its engagement with these stakeholders in order to maximize synergies and efficiencies.

**Table 2. Development Partners**

| Development Partner | Focus Area  |
|---------------------|---|
| Bilateral           |   |
| European Commission | HSS, Sexual Reproductive Health   |
| AECID (Spain)       | Water   |
| JICA (Japan)        | HSS   |
| Multilaterals       |   |
| World Bank          | Nutrition, Water, Pandemic Threats, HSS, Youth, Emergencies   |
| IDB                 | HSS, Youth  |
| Global Fund         | HIV, TB, Malaria  |
| UNDP                | HIV, HSS  |
| PAHO/WHO            | HIV, TB, MCH, Malaria, Nutrition, Water, Cholera, Dengue, Rabies, HSS, Youth, Chronic Diseases, Emergencies |
| UNICEF              | HIV, MCH, Violence, Cholera, Emergencies  |
| UNFPA               | HIV, FP/RH, Gender, Youth   |
| UNAIDS              | HIV   |

**Note:** HSS, Health Systems Strengthening; MCH, Maternal and Child Health; FP/RH, Family Planning/Reproductive Health

The private sector is just beginning to fulfill its role regarding social issues. There is an emerging desire by the private sector to implement corporate social responsibility programs to address these issues including health. Heightened engagement with the private sector will be important in light of diminishing resources and to ensure impact and sustained results in health.

International NGOs like PLAN International, World Vision, Catholic Relief Services and Save the Children have had a presence in the Dominican Republic for several decades and continue to play an important role. These international groups continue to provide key support in strengthening local NGOs to improve community-level prevention for vulnerable groups. As local organizations become stronger, the need for international NGOs will reduce.

Bi-national partnerships between the Dominican Republic and Haiti are also important due to the population movements between the two countries. For example, USG participates in the bi-national planning on TB, as illustrated by co-facilitation in 2011 of a workshop to develop a joint behavior change communication strategy on TB, with participation of the National TB Programs and NGOs of Haiti and the Dominican Republic. USG also promotes coordination between USG-funded programs in each country, such as the integrated approach to condom social marketing between Population Services International (PSI) in Haiti and the Dominican Republic.

Figure 1. Dominican Republic GHI Results Framework

# Dominican Republic Global Health Initiative Results Framework

**Health Goal: Improved health for women, children, youth and vulnerable populations**

**Increased quality of integrated health services and uptake of healthy behaviors**

## Critical Assumptions

- USG funding at sufficient levels to achieve goals
- Continued national progress in health sector reform
- Availability of funds for Demographic Health Survey (DHS)
- No national emergency in the strategy period resulting in diversion of resources from health programs
- Continued support for the important role of civil society in the health system

### Priority Area 1: Strengthened health system

IR 1.1: Improved stewardship and accountability of the health system  
 IR 1.2: Strengthened management of institutions (Public/Private/Non-profit)  
 IR 1.3: Enhanced distribution, training and supervision of human resources  
 IR 1.4: Greater capacity of laboratory network to provide quality services  
 IR 1.5: Heightened timely availability of essential medicines and supplies

### Priority Area 2: Greater implementation of quality improvement strategies

IR2.1: Expanded Continuous Quality Improvement  
 IR2.2: Improved integration of MCH, HIV, TB, and FP/RH services  
 IR2.3: Increased implementation of evidence-based behavior change interventions  
 IR2.4: Greater leveraging of science, technology and innovation

### Priority Area 3: Improved use of information for action

IR 3.1: Increased effectiveness of M&E system (quality, integration, harmonization)  
 IR 3.2: Strengthened public health surveillance informing health planning  
 IR 3.3: Improved capacity to plan, conduct and utilize studies, surveys, and evaluations

**GHI will maximize synergies and efficiencies in programming using all available resources**



## GHI Strategy Road Map

### **Dominican Republic GHI Results Framework**

This Results Framework shown in Figure 1 was created through a USG inter-agency planning process, conducted in consultation with the GODR. Decisions on where to focus were guided by the NHP, analysis of research on the health system and national progress in the GHI target areas and principles, and the distinct and complementary comparative advantage of each of the USG agencies in supporting the national public health response.

The health goal for the GHI strategy in the Dominican Republic is *improved health for women, children, youth and vulnerable populations*, evidenced by positive changes in health indicators in MCH, TB, and HIV/AIDS. The selection of focus areas responds to the core objective of GHI to improve health outcomes for women and girls, both for their own sake and due to the centrality of women to the health of their families and communities. In the Dominican Republic, women and girls are a priority due to the high levels of maternal mortality, adolescent pregnancy and the rates of HIV infection which are twice the rate of young men in the same 15-24 age range. Working with females in this age group must be complemented by work with boys and men, to ensure a comprehensive response to reducing gender inequalities. Additionally reducing the high levels of infant mortality, especially neonatal mortality and continuing to strengthen prevention of vertical transmission of HIV must be prioritized. The HIV analysis presented previously highlights the existence of a concentrated HIV epidemic with significantly higher levels of infection among vulnerable populations in comparison to the general population. Vulnerable populations identified in the national HIV strategic plan are women with less than four years of education, drug users, Bateyes residents, MSM, FSW, prisoners and migrant populations.

The Dominican Republic has a strong foundation for an effective public health response. This includes a nationally led health system providing extensive health service coverage, and sufficient numbers of trained health staff, in the public, private and non-profit sectors. The strategic objective for the GHI strategy is to achieve *increased quality of integrated health services and uptake of healthy behaviors*. This objective addresses the need to improve the quality of existing services, and promote an integrated delivery of patient care services. Provision of services must be accompanied by ensuring community level support for the adoption and maintenance of healthy behaviors.

To achieve the strategic objective, the GHI strategy in the Dominican Republic will focus on three cross-cutting areas:

- Strengthened health system
- Greater implementation of quality improvement strategies
- Improved use of information for action

#### **Strengthened health system**

In order to improve the quality of integrated health services and the uptake of healthy behavior, health care providers and public health specialists must have the tools necessary to be successful. As such, a strengthened health system is fundamental to the achievement of this strategic objective. Supporting the GODR to continue to improve the stewardship of the health system will enable effective, accountable and transparent coordination of the financial, physical and human resources for health. Increasing the historically limited social oversight in health will address the NHP priority of increasing citizen participation in health, providing “bottom-up” support for effective stewardship. To complement work on stewardship, strengthening the management of institutions will enable them to play a more effective role in the health system. Enhancing management (e.g., strategic planning, resource mobilization) is vital to ensure the sustainability of services for vulnerable populations. As



outlined previously, for the existing large health workforce to support improved health outcomes, the workers must be appropriately distributed, trained and supervised. A strong laboratory network able to provide quality services is crucial, and supporting the development of this element of the national health response fits well with the expertise of USG. In addition, efficient procurement and supply chain management will ensure that required medicines and supplies are available.

### **Greater implementation of quality improvement strategies**

Improving the quality of services and uptake of healthy behaviors also requires the implementation of multiple quality improvement strategies. These strategies include Continuous Quality Improvement (CQI), integration of a range of services centered on patient needs, strengthening the use of evidence-based behavior change interventions, and leveraging science, technology, and innovation to improve the quality of care. There is strong consensus that the fundamental barrier to improving health outcomes in the Dominican Republic is not the lack of health services, but rather the limited quality of these services. In conjunction with developing and institutionalizing quality improvement, services must be comprehensive and integrated to respond effectively to patient needs. Applying the GHI principle of promoting research and innovation, to identify new ways to improve quality of care will be a key focus. The availability of quality services is a necessary but not sufficient condition for sustainable health improvements. Community level support for the adoption and maintenance of healthy behaviors, including early access to services, risk reduction, and adherence is also essential. Addressing this need fits with the broad reach and community-focus of Peace Corps volunteers and strong USG partnerships with NGOs working with the most vulnerable groups.

### **Improved use of information for action**

The USG inter-agency team and the GODR view the use of information for action as such a critical component of the strategy that it has been pulled out of health systems strengthening in order to elevate its profile as a priority area. Decision-making in the health system must be guided by sound information, therefore improving the use of information for action is critical to improving the quality of health services and the uptake of healthy behavior. Effective monitoring and evaluation, for example of the national HIV/AIDS response, is dependent on the quality, integration and harmonization of the data collected. Public health surveillance is the foundation for health planning, including identification of the most appropriate interventions. Surveys and evaluations make a vital contribution to ensuring that the country is making the most efficient use of available resources. A unifying theme for all the USG-supported programs is to strengthen the development of a culture of decision-making based on quality data in the Dominican health sector.

### **Priority Area Synergies**

All three of these priority areas: (1) health systems strengthening, (2) implementation of quality improvement strategies and (3) information for action are interconnected and progress in each will be mutually reinforcing of the others. By improving the underlying health system, information systems are improved and healthcare providers are able to provide improved quality of services. By improving the quality of healthcare services, resources are used more rationally. For example, during the height of the Cholera Epidemic, rather than adhere to protocol many Doctors inappropriately used intravenous (IV) rehydration rather than the less costly Oral Rehydration Salt (ORS) which eventually resulted in stock-outs throughout the health system. Greater implementation of quality improvement strategies also results in improved use of information for action. For example, CQI requires continuous collection and feedback of information to improve quality, which in turn instills a culture of using information for decision-making. And finally by strengthening data collection, validity and quality of data, weaknesses and gaps in the health system are more easily identified and addressed and information can be used to prioritize interventions, drive strategy, and improve performance. As such, all three of the priority areas are necessary to achieve the health goal of *Improved health for women, children, youth, and vulnerable populations*.

## **Critical Assumptions**

Achieving results under GHI is predicated upon a number of assumptions. These include the continuation of USG funding at sufficient levels, continued national progress in health sector reform, the availability of funding for the Demographic and Health Survey (DHS), no national emergency during the strategy period resulting in diversion of resources from health programs, and continued support for the important role of civil society in the health system.

## **Alignment with GHI Principles**

### **Promote Women, Girls and Gender Equality Focus**

GHI in the Dominican Republic focuses on improving the health of women, children, youth and vulnerable populations. Gender considerations and women and girl-centered approaches are woven throughout the USG supported activities. This supports the National Health Plan, which articulates a clear emphasis on gender, including a focus on social and gender dynamics in all interventions.

In 2009, USAID/Dominican Republic conducted a gender assessment of the entire portfolio. Several recommendations were made during that assessment and are currently being integrated into programming across the USG:

- Develop specific indicators to reflect gender-based barriers to services;
- Formalize interactions among partners in the various health programs on the subject of gender roles/relations and health and how it affects program implementation in the various settings (e.g., community, household, hospital/clinic);
- Increase direct attention to adolescents and youth in MCH and HIV/AIDS programs, with particular attention to outreach services;
- Include information about gender-based violence and resources should be a part of all health programs and training, particularly in work with adolescents and youth;
- Develop policies and actions to promote the use of health services by men;
- Focus on developing innovative practices to promote shared responsibility of mothers and fathers for children's health care.

The GHI team plans to conduct a USG-wide gender analysis during 2012, which will update the 2009 USAID Gender Assessment by looking across all of the USG agencies in the Dominican Republic and by drawing on the GHI supplemental guidance on this principle. This will be the first inter-agency gender assessment and is an example of how GHI is taking a whole-of-government approach. The analysis will form the basis for planning of how to implement the principle of promoting women, girls and gender equality in the Dominican context.

**Ensuring equitable access to essential health services at facility and community level**

MCH programs are supporting national efforts to reduce maternal and infant mortality through a focus on quality of care and high-impact evidence-based interventions. These programs promote patient-centered care, oriented to the needs of the woman. The strategic approach is to integrate HIV services with MCH with family planning. Ninety Community Based Healthy Homes Groups are providing training in nutrition, reproductive health, child health, maternal health, food security, environmental health and adolescent pregnancy prevention to 2,700 low-income families.

**Preventing gender-based violence**

Male gender norms are addressed through the Escojo Mi Vida, GLOW Boys groups, and Sports for Life initiatives implemented by Peace Corps, the work with the Dominican Armed Forces on counseling and testing and risk reduction, and the Ministry of Education PEAS (Programa Educativo Afectivo Sexual) program in public schools. This program will give tools to girls and boys to choose healthy life style behaviors, confidence and skills to reduce their vulnerability to gender-based violence. Currently, USAID is looking for opportunities for collaboration in Democracy and Governance to leverage activities focused on strengthening enforcement in order to complement these various prevention efforts.

**Empowering adolescent and pre-adolescent girls to prevent HIV and teenage pregnancy**

The USG is supporting programs that empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities and economic assets. USG is working with the Ministry of Education on research into the reasons why school children, especially girls, drop out of school, and to address the vulnerability of women with four years or fewer of formal education. A network of 204 Escojo Groups are operating at the national level orienting 20,400 rural and marginal urban youth in the prevention of HIV and unplanned pregnancy among adolescents.

**Engaging men and boys**

The USG is supporting programs that focus on engaging men and boys as clients, supportive partners, and role models for gender equality. The PEPFAR/DR program has received resources from the Gender Challenge Fund to develop couples counseling and testing and promote the greater involvement of male partners in HIV prevention efforts. The USG programs also promote the role of supportive male partners in maternal and child health.

**Promoting policies and laws that contribute to improving gender equality**

An HIV/AIDS law, passed in 2011, contains a number of provisions to protect and empower women and children and reduce their vulnerability to HIV. The USG will support the GODR to enforce this law and others laws which are currently on the books, but not fully enforced.

## Country Ownership

Country ownership underpins the USG approach. The USG's investment in health is completely aligned with the NHP and other health related national strategies. The USG recognizes the GODR as the steward of the health system and the role of civil society as an essential counterpart for the government. The USG will support the government to effectively exercise this role as it relates to ensuring accountability from the non-profit and private sectors.

**Partnership Framework**

The Partnership Framework, which supports the Dominican Republic National Response to HIV/AIDS, was developed jointly with the GODR and civil society and demonstrates to local partners the USG's commitment to country ownership. The PEPFAR process itself, from the outset, has provided a model for accountability to the GODR and all stakeholders. The fact that PEPFAR has been open with its planning, has invited stakeholders to participate in the planning process, and has reported back to stakeholders on the final version of the PEPFAR plan, has shown that accountability is compatible with strong planning, management and program implementation. The PEPFAR Partnership Framework demonstrates the approach the USG is promoting through GHI of supporting country ownership.

And as the GODR continues to strengthen its capacity, the USG will also continue to support the government to take the lead on programs and assume responsibility for their sustainability. The USG will also look to strengthen the role of civil society so that women, children, youth, and vulnerable populations have the voice to ensure accountability from their government.

#### Regional leadership on capacity building in maternal and child health

When the sites for the MCH Centers of Excellence Project were chosen, there was a mandate for each institution to replicate activities for the benefit of neighboring hospitals. Region VIII has completely bought into this concept demonstrated by the Regional Health Directorate (SRS) providing resources for the replication of activities throughout the region. In addition, the SRS also contributed to the refurbishment of the training room at the Dr. Luis Morillo King Regional Hospital in La Vega, so that employees from across the region could benefit from an improved training environment. This shows the commitment to expanding the benefits of USG-supported programs.

### Strengthen and Leverage the Efforts of Others

Through GHI the USG will support the GODR to assume its role in donor coordination. Leveraging this forum, the USG will look for opportunities to align its priorities with other donors and international organizations. Many of these organizations are transitioning out of the country and the region so partnerships will need to be extremely focused to assure mutual benefit. This shifting landscape also requires that the USG be creative when it comes to creating partnerships with the private sector whether it is leveraging corporate social responsibility or achieving a mutual benefit. Through GHI the USG will actively seek out partnerships with a focus on achieving and sustaining health outcomes and impact.

#### Participatory Anti-Corruption Initiative (IPAC)

USAID Health and Democracy & Governance teams work together to participate in the World Bank-led IPAC. This collaboration has supported the development of a table on procurement in health; drawing on expertise from outside the health sector to address barriers to efficient use of resources within the health system.

The USG has a long history of partnering with local civil society groups and faith based organizations in the Dominican Republic. The USG has invested significant resources in expanding both technical and management capacity. The GHI provides an opportune time to challenge these organizations to reach a level of sustainability which enables their existence beyond USG support. This will require organizations to cost out their operations, identify opportunities for revenue generation, and in some cases partner-up with each other making them more attractive for other international resources.

#### Increasing referrals for TB testing through engaging the private sector

The USG supported TB program has developed an innovative model to enable pharmacies and corner grocery stores to refer customers with potential symptoms of TB for testing. This initiative can increase the case notification rate, in order to improve early detection and treatment of TB.

### Increase Impact through Greater Integration

In addition to the health systems approach currently being implemented by the USG and its partners, there are several other opportunities to expand upon best practices in integration and scale-up new approaches. To date the most successful examples of inter-thematic integration are in their initial stages, and have great potential including: PMTCT (MCH/HIV) and Exclusive Breastfeeding (MCH/Nutrition) through the scale-up of Kangaroo Mother Care.

An additional opportunity is to improve integration of TB and HIV activities, by expanding both screening and treatment of HIV for TB patients and vice versa. Traditionally these have been very vertical programs; the USG will support efforts to improve the coordination between these two programs while simultaneously working at the primary health care and local hospital level to ensure implementation.

#### **Integrated USG strategy to support Prevention of Mother to Child Transmission of HIV**

On December 1, 2011, the Government of the Dominican Republic in partnership with the USG, Global Fund, PAHO/WHO, UNICEF, UNAIDS, and UNFPA launched the National Strategy to Eliminate Vertical Transmission and Congenital Syphilis. The launch of this strategy is the first major breakthrough for the GHI in the Dominican Republic. It is also an area where there is potential for the USG to make even greater impact over the next few years. Currently, there are several USG programs that overlap so the USG will reorient its resources to focus PMTCT on the hospitals with the highest percentage of births. Leveraging this coverage, the USG will expand the best practices from each agency (e.g. reducing test/result lag, patient follow-up) across all of the new focus hospitals.

## **Sustainability through Health System Strengthening**

Strengthening the health system is fundamental to the implementation of GHI in the Dominican Republic, forming one of the three priority areas for the strategy. The USG approach has centered on strengthening national programs, rather than setting up parallel programs. This strategic approach is vital to ensure the sustainability of USG contributions to the national health response, beyond the timeframe of particular program investments. Given the limited funding for health programs in LAC, the priority within GHI is to focus on interventions which will address barriers to the effectiveness of the health system in addressing the needs of the most vulnerable groups. WHO divides the health system into six building blocks: leadership and governance, financing, health workforce, essential medicines, service delivery and health information systems. Central to this approach, the USG will support the GODR and local partners to address the specific vulnerabilities that threaten the functioning of the health system.

#### **Single Unified Logistics and Procurement System**

USG started working with the National TB Program in 2004 to improve procurement and prevent stock outs. Due to the high cost and low quality of drugs, the program was advised to procure through the Global Drug Facility. This support was successful in eliminating stock outs of first line TB drugs, and resulted in annual savings of US\$1.1 million for the National TB Program. At the request of the Ministry of Health, the system was extended to cover procurement for HIV/AIDS, and is being extended for all pharmaceutical procurement with the establishment of the Single Unified Logistics and Procurement System.

Activities will focus on supply management; developing and institutionalizing a competitive procurement process; institutionalizing a supply chain pharmaceutical management system, with projections of needs to avoid stock-outs; implementation of sound storage and inventory practices; and development of a national information system for pharmaceuticals.

This includes supporting the government to further assume its role over the health system while at the same time ensuring that civil society is fulfilling its democratic role in ensuring good governance and public accountability. This also includes strengthening government systems related to human resources management, commodities and logistics, as well as monitoring and evaluation. This includes assuring that public, private, and non-profit service providers have the tools to provide quality health services to their beneficiaries.

#### **Certification system for MCH Centers of Excellence**

The USG MCH Centers of Excellence program is working with the Government of the Dominican Republic to establish a certification system to identify hospitals as centers of excellence in MCH. A competitive application process established the commitment of the hospitals to quality improvement. Support is provided to hospitals with strengthening administration, in conjunction with ensuring quality evidence-based services, drawing on the principles of effective change management. Self-assessment of hospitals, and external assessment by the Ministry of Health, based on defined standards tailored for the Dominican Republic, creates the impetus to continue quality improvement. This system can be a stepping stone towards an accreditation system.

### **Promote Learning and Accountability with Monitoring & Evaluation**

Monitoring and evaluation (M&E) is an important component of information for action, and is one of the three priority areas for the GHI strategy in the Dominican Republic. The support to the development of the National M&E Plan for HIV/AIDS is an example of work to apply this principle. Strengthening the M&E of NGOs and public sector health facilities will contribute to increasing accountability to the GODR and to service users. USG also supports evaluations of health programs, with evaluations of PEPFAR, MCH and TB programs planned for 2012. All evaluations are conducted in partnership with the GODR, build local capacity for evaluation, and will be used as the basis for promoting learning and accountability.

#### **National Monitoring & Evaluation Plan**

The GODR has made the development of a National M&E Plan a high priority and the USG, together with the Global Fund and UNAIDS, is supporting the development of this plan. CDC is providing technical assistance to COPRESIDA, the Presidential Committee on HIV/AIDS, for planning, writing, and reviewing the of the National M&E Plan scheduled to be delivered to the Global Fund by October 2011.

### **Promote Research and Innovation**

In the Dominican Republic, the research agenda is driven largely by external entities rather than the government. Studies supported by NIH and U.S universities have allowed several local organizations to gain valuable experience in different research methods (e.g., surveys, qualitative methods). Through the Global Health Initiative, the USG country team will seek to improve research coordination to maximize opportunities to use research studies to improve the performance of in-country USG programs and skills building opportunities for local organizations and government agencies.

#### **Research to Prevention**

The Research to Prevention (R2P) program will be implementing two studies aimed at developing interventions to address prevention with HIV positive members of vulnerable populations and the prevention of HIV among Female Sex Workers and their clients. Based on the results of these studies, the in-country team will use the information to improve future HIV prevention programming. The in-country team is also looking to leverage the capacity of the R2P team to train local organizations—supported by USAID and CDC—on qualitative methods.

The Dominican Republic's approach to technology and innovation has often focused on expensive high-technology solutions. Rather than focusing on the scale-up of technology, the USG will implement strategies to reduce the dependence on expensive technologies while simultaneously scaling up low cost innovative interventions, like Kangaroo Mother Care and Helping Babies Breathe.

## Monitoring and Evaluation

Monitoring and evaluation (M&E) are critical components of the GHI strategy and will serve as the essential link between the GHI strategy and its implementation in the DR. A Results Framework and accompanying Strategy Matrix have been developed by the inter-agency USG-DR team in collaboration with the GODR to guide the implementation of the GHI strategy in the DR. Periodic monitoring against established quantifiable measures will allow for corrective actions as needed to accomplish the objectives and contribute to the goals as outlined in the strategy.

The health goal for the GHI Results Framework for the DR is, *“Improved health for women, children, youth, and vulnerable populations.”* Progress towards this goal will be measured through the following health impacts:

- Decrease maternal, child and infant mortality
- Decreased tuberculosis prevalence
- Decrease HIV among youth, MSM, FSW, DUs, residents of Bateyes, women with four years of education, and among children born to HIV+ pregnant women

The proposed GHI strategy will contribute to the DR meeting its Millennium Development Goals (4) Reduce child mortality, (5) Improving maternal health, and (6) Combat HIV/AIDS, Malaria, and other diseases.

An illustration and justification of the Dominican Republic GHI Results Framework is discussed in the explanation of the priority areas. More detailed information on the intermediate results to be achieved and strategic focus areas for each of the three priority areas within the Results Framework are provided in Annex 1.

Higher level health outcomes and impacts will be measured using indicators measured in the Demographic Health Survey (DHS) and Behavioral Surveillance Surveys (BSS). As such, baselines for these indicators reflect the levels as defined by the 2007 DHS and 2009 BSS. The targets for these indicators reflect the projected levels needed to accomplish the MDGs and those defined in the Dominican Republic/USG Partnership Framework.

Many of the lower level outcome and input indicators will continue to be reported through the PEPFAR Annual Performance Report (APR) and USAID Performance Plan & Report (PPR). As such, baselines and targets for these indicators were defined in conjunction with the FY2011 submissions of the APR and PPR.

At present, there are few country indicators being collected to monitor progress towards health systems strengthening and the use of information for action. Using WHO's *Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies*, the USG team will work with the GODR to identify a set of indicators which will be used to measure performance in these two critical areas for the GHI strategy.

The GHI Strategy Matrix for the Dominican Republic includes detailed information for three cross-cutting priority areas: Strengthened health system, Greater implementation of quality improvement strategies, and increased use of information for action (Annex 2). The matrix provides a diagram of the GHI country strategy and the expected results for each of three selected priority areas. Embedded within the matrix are indicators for each of the three disease-specific areas in which the GHI expects to make an impact on in the Dominican Republic.



## **Management and Communication Plan**

### **Inter-Agency Management and Communication Plan**

GHI is an opportunity to build on the inter-agency collaboration developed through PEPFAR. This experience has shown that coordination among USG agencies takes time and effort. The following approaches will promote effective inter-agency working to continue progress in developing a coherent 'whole of government' approach:

- Semi-annual inter-agency meetings on GHI progress will ensure that the strategy informs implementation and reporting, and also promote sharing of information on important agency events;
- Joint site visits will ensure familiarity with the programs of different USG agencies, and identification of areas of synergy;
- Agencies will share with each other summaries of discussions with key partners to ensure a consistent US Government voice;
- Agencies will share draft procurement plans and draft funding announcements with other USG agencies to enable effective coordination;
- Agencies will mandate identifying collaboration/integration opportunities with programs supported by USG for organizations responding to funding mechanisms, such as Funding Opportunity Announcements, Requests for Applications and Cooperative Agreements;
- Agencies with common grantees/contractors will hold joint meetings with those organizations to ensure a common approach and most efficient use of USG resources ;
- Identification of overlapping areas, to which several USG agencies contribute. These would include PMTCT, sexual prevention among vulnerable groups and laboratory strengthening. As part of the annual COP planning process, special inter-agency meetings will be convened to integrate approaches to increase the impact of USG investments in areas that are a priority for more than one agency;
  - For 2012 COP, joint planning on PMTCT resulted in re-alignment to ensure coverage of hospitals with the highest volume of births, as well as comprehensive support on PMTCT, leveraging the comparative advantage of CDC in laboratory strengthening, and USAID in norms and protocols and human resources;
- Joint portfolio reviews will ensure clarity on program directions, synergy opportunities and the progress of application of GHI principles to implementation using mechanisms such as the COP.

### **Stakeholder Engagement**

In order to fully achieve the GHI goals, open lines of communication are needed between all the U.S. government agencies, the GODR, donors, key partners, the private sector, as well as civil society. The USG, in collaboration with the GODR and other key stakeholders, will focus on improving communication and information systems, and increasing the sharing of knowledge best practices and successful interventions in order to maximize the benefits from U.S. expenditures in support of the DR National Health Plan and the GHI goals. Effective communication will result in more successful coordination and collaborations between partners. For example, the USG-GHI agencies, in coordination with the American Embassy's Public Affairs Office, could hold seminars for journalists and other media outlets to provide information to foster improved reporting of health issues.

A number of key target audiences will be considered for external communication including the following:

- Dominican Government Officials (e.g., Ministries of Health, Local Government and Education)
- Partners, Donors, and other Benefactors



- The Civil Society and the Private Sector
- Media Outlets

## Linking High Level Goals to Programs

To demonstrate how the Dominican Republic GHI Strategy will be implemented through USG programming, this overview provides illustrative examples of linking GHI priority areas, intermediate results and principles to programs. One example is presented for each of the three priority areas, referring to Results Framework.

To achieve a *strengthened health system* (Priority Area 1) through *heightened timely availability of essential medicines and supplies at all levels* (Intermediate Result 1.5), USAID/TB and PEPFAR agencies will support the GODR to continue to implement a single unified procurement and logistics system by the end of 2012. This is a milestone for the GHI principle of strengthening the health system and program sustainability. Progress will be measured through reductions in the number of stock outs of medicines and supplies for TB and HIV/AIDS, and reduced costs for purchases.

To *greater implementation of quality improvement strategies* (Priority Area 2) through *expanded continuous quality improvement* (Intermediate Result 2.1) and *improving the integration of MCH, HIV and FP/RH services* (Intermediate Result 2.2), USG will develop an inter-agency country strategy on PMTCT by the end of 2011, focusing on the hospitals with the highest numbers of births. By the end of 2012, USAID/MCH and PEPFAR agencies will strengthen the quality of antenatal visits including effective referral and promotion of HIV and syphilis testing for all pregnant women and ensuring a safe cesarean section at the time of delivery. PEPFAR will scale-up prevention activities in order to avoid primary HIV infections, integrate HIV testing and counseling and family planning services into MCH services and effectively apply the PMTCT protocol to HIV positive pregnant women. By the end of 2013, USAID/MCH PEPFAR agencies will support the GODR to develop and institutionalize standards (including quality of PMTCT services) to certify hospitals as MCH Centers of Excellence. This is a milestone for promoting women, girls and gender equality focus and for fostering strategic coordination and integration. Progress will be measured through increasing the percentage of pregnant women who know their HIV status (baseline 70 percent / target 100 percent), and increasing the percentage of HIV positive pregnant women who receive ARVs (baseline 70 percent / target 95 percent).

To achieve *improved use of information for action* (Priority Area 3) through *increased effectiveness of the M&E system* (Intermediate Result 3.1), PEPFAR agencies will support the GODR to create an integrated M&E Plan for HIV/AIDS by the end of 2013. This is a milestone for the principle of improving metrics, monitoring and evaluation.

## Annex 1. Results Framework Priority Areas

### Priority Area 1: Strengthened health system

#### IR 1.1: Improved stewardship and accountability of health system

##### STRATEGIC FOCUS

- Support GODR to develop and implement systems to promote and measure continuous quality improvement
- Support implementation of health sector reform and social security law
- Support improved donor coordination in support of national health plans
- Support GODR leveraging of NGOs and private sector
- Support increased access to information on national plans/budgets/progress
- Identify barriers to policy implementation and compliance relating to HIV/AIDS and vulnerable populations
- Support civil society groups to advocate for effective policy implementation and quality of services

#### IR 1.2: Strengthened management of institutions (public /private/non-profit)

##### STRATEGIC FOCUS

- Support local clinics, hospitals and NGOs to pursue continuous quality improvement based on national standards
- Support strategic planning by SPS, DPS, hospitals, NGOs
- Support NGOs to increase sustainability through revenue generation
- Support provincial, municipal and regional hospitals to improve their coordination with private and NGO sector
- Build capacity of DPS, SPS, hospitals, NGOs to strengthen admin/financial management
- Support clinics, hospitals, NGOs to increase accountability to service users/government
- Support coordination between institutions in DR and Haiti

#### IR 1.3: Enhanced capacity of human resources (HR)

##### STRATEGIC FOCUS

- Support implementation of HR audit by MOH
- Support to develop, cost, and implement national HR plan
- Support M&E of HR (including quality and distribution)
- Advocate for implementation of, and adherence to, health career law
- Training on technical areas
- Training on administrative, financial, and management areas
- Strengthen supervision for effective practice of care

#### IR 1.4: Greater capacity of laboratory network to provide quality services

##### STRATEGIC FOCUS

- Strengthen clinical laboratory capacity for diagnostic services and quality control
- Support development and maintenance of infrastructure at labs in public/private sector
- Increase number of labs certified using international and national guidelines
- Support effective transportation, timely delivery and utilization of results
- Support setup of validation process for HIV rapid tests (can be basis for future expansion by MOH to other medicines/supplies)

#### IR 1.5: Heightened timely availability of essential medicines and supplies

##### STRATEGIC FOCUS

- Collaborate with GODR to assess supply chain management system and develop sustainable SCMS plan
- Support implementation of effective procurement and logistics system for medications and other essential supplies
- Support integration of procurement through Single Unified Procurement System (SUGEMI, Spanish acronym)
- Strengthen storage policies and practices
- Support development of a decentralized warehouses network

## Priority Area 2: Greater implementation of quality improvement strategies

### IR 2.1: Expanded Continuous Quality Improvement

#### STRATEGIC FOCUS

- Expand continued quality improvement for HIV, Maternal and Child Health (MCH) and TB services
- Support Ministry of Health (MOH) to achieve/implement national standards of care for HIV
- Support certification of hospitals as MCH Centers of Excellence to promote sustainability of quality improvement and as step towards accreditation
- Support development of national and local biosecurity and waste management programs
- Support design and implementation of national blood safety program that complies with international norms

### IR 2.2: Improved integration of MCH, HIV, TB and FP/RH services

#### STRATEGIC FOCUS

- Strengthen policies and programs integrating HIV/AIDS and other clinic and community based programs
- Support establishment of comprehensive sexual and reproductive health (SRH) services for youth
- Strengthen prevention of mother to child transmission (PMTCT)
- Support integration of PMTCT and Family Planning/Reproductive Health (FP/RH) into MCH services
- Support response to Gender Based Violence (GBV) and integration of GBV response with other services
- Improve quality of programs and services in HIV, TB and co-infection

### IR 2.3: Increased implementation of evidence-based behavior change interventions

#### STRATEGIC FOCUS

- Support gender integration in design, implementation, M&E of all programs
- Strengthen NGOs working with women, youth and vulnerable populations
- Support development of comprehensive prevention, testing and treatment for vulnerable populations
- Support community prevention programs for youth and families in rural areas
- Support DR military to establish HIV prevention program
- Promote adherence, follow up and linkage to services for PLHIV
- Support services for orphans and vulnerable children (OVC)
- Strengthen community referral systems to increase uptake of HIV, TB, MCH and FP/RH services

### IR 2.4: Greater leveraging of science, technology and innovation

#### STRATEGIC FOCUS

- Scale up high-impact MCH interventions
- Strengthen PMTCT and Early Infant Development implementation
- Support adaptation of prevention interventions for vulnerable populations
- Support development of new interventions for vulnerable populations through operations research
- Scale up testing, counseling and treatment services

## Priority Area 3: Improved use of information for action

### IR 3.1: Increased effectiveness of Monitoring & Evaluation (M&E) system

#### STRATEGIC FOCUS

- Strengthen M&E capacity and efficacy in the health system, including MOH and NGOs
- Support development and implementation of national M&E plan for HIV/AIDS
- Support harmonization of data collection systems throughout the country
- Improve routine data collection and reporting systems
- Support data quality assurance

### IR 3.2: Strengthened public health surveillance informing health planning

#### STRATEGIC FOCUS

- Support implementation of epidemiology training
- Provide capacity building on surveillance
- Support sentinel surveillance system
- Support and develop existing MOH surveillance systems
- Support statistical analysis of surveillance data and planning based on analysis findings

### IR 3.3: Improved capacity to plan, conduct, utilize studies, surveys, and evaluations

#### STRATEGIC FOCUS

- Support implementation and analysis of Demographic Health Survey (DHS)
- Support design, implementation, analysis of Behavioral Surveillance Surveys (BSS) and other studies for vulnerable populations
- Support evaluations of USG-supported programs
- Support studies to inform future programming
- Support NGOs to develop and use tools to gather and analyze data to inform their interventions

## Annex 2. Results Framework Strategy Matrix

| Result  | Indicator  | Source           | Baseline             | Target |
|---|--|------------------|----------------------|--------|
| Health Goal   |  |                  |                      |        |
| Improved health for women, children, youth and vulnerable populations           | Young women (15–24) prevalence (%) (MDG 6.1)   | UNAIDS/DHS       | 0.7 (2009) (UNAIDS)  | 0.3    |
|   | Young men (15–24) prevalence (%) (MDG 6.1)   | UNAIDS/DHS       | 0.3 (2009) (UNAIDS)  | 0.15   |
|   | Female Sex Worker HIV Prevalence (%)   | BSS              | 4.8 (2008)           | 2.9    |
|   | Men who Have Sex with Men (MSM) HIV Prevalence (%)   | BSS              | 5.1–7.6 (2008)       | TBD    |
|   | Drug User HIV Prevalence (%)   | BSS              | 8.0 (2008)           | TBD    |
|   | Residents of Bateyes HIV Prevalence (%)  | DHS              | 3.2 (2007)           | 2.9    |
|   | Women with fewer than 4 years of education HIV Prevalence (%)  | DHS              | 2.3 (2007)           | TBD    |
|   | Percent of infants born to HIV-infected mothers who are infected (%)   | GODR             | 11 (2010)            | 3      |
|   | Maternal Mortality Rate (MDG 5.1) per 100,000 live births  | UN Data          | 100 (2010) (UN Data) | 44.5   |
|   | Under-5 Mortality Rate (MDG 4.1) per 1,000 live births   | DHS/UN Data      | 27 (2010) (UN Data)  | 19.7   |
|   | Infant Mortality Rate (MDG 4.2) per 1,000 live births  | DHS/UN Data      | 22 (2010) (UN Data)  | 16     |
|   | TB Prevalence (including HIV) (MDG 6.9)  | WHO/UN Data      | 107 (2009) (UN Data) | TBD    |
| Strategic Objective   |  |                  |                      |        |
| Increased quality of integrated health services and uptake of healthy behaviors | Percentage of young girls (15–24) years who say they used a condom the last time they had sex with a nonmarital, non-cohabitating partner, of those who have had sex with such a partner in the last 12 months (MDG 6.2) | DHS              | 44 (2007)            | TBD    |
|   | Percentage of young men (15–24) years who say they used a condom the last time they had sex with a nonmarital, non-cohabitating partner, of those who have had sex with such a partner in the last 12 months (MDG 6.2)   | DHS              | 70 (2007)            | TBD    |
|   | Percentage of Female Sex Workers reporting the use of a condom with their most recent client (MDG 6.2)   | BSS              | 81 (2009)            | TBD    |
|   | Percentage of men reporting the use of a condom the last time they had anal sex with a male partner (MDG 6.2)  | BSS              | 66 (2009)            | TBD    |
|   | 3.1.1–10 Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) (MDG 6.5)  | Hospital Archive | 2,450 (2010)         | 16,207 |
|   | Number of children infected with HIV during pregnancy, at birth, or post natal within USG supported service deliver sites  | Hospital Archive | TBD                  | TBD    |
|   | Number of maternal deaths within USG supported service delivery sites  | GODR             | TBD                  | TBD    |
|   | Number of infant deaths within USG supported service delivery sites  | GODR             | TBD                  | TBD    |
|   | 3.1.2–30 Percent of registered new smear positive pulmonary TB cases that were cured and completed treatment under DOTS nationally (Treatment Success Rate) (MDG 6.10)   | PPR/UN Data      | 75% (2008) (UN Data) | 85%    |
|   |  |                  |                      |        |

1 The targets identified in the Health Goal section are national targets and reflect the country's commitment to the MDGs. Targets identified at the Strategic Objective are considered within the manageable interest of the USG and will be achieved as a result of the implementation of this strategy

2 The baselines and targets identified as TBD have yet to be established and will be negotiated in consultation with the GODR.

| Result  | Indicator  | Source                              | Baseline   | Target |
|---|--|-------------------------------------|------------|--------|
| <b>Priority Area 1</b>  |  |                                     |            |        |
| Strengthened Health System  | General Service readiness score for health facilities (To be developed jointly with the GODR)  | Health Facility Assessment          | TBD        | TBD    |
|   | Service-specific readiness score for health facilities (To be developed jointly with the GODR)   | Health Facility Assessment          | TBD        | TBD    |
| IR 1 Improved Stewardship and Accountability of the Health System     | Policy Index (Composite indicator that will be developed jointly with the GODR which will include but not be limited to the following elements)  | Review of relevant documents        | TBD        | TBD    |
|   | a) Existence of an up-to-date national health strategy linked to national needs and priorities   |                                     |            |        |
|   | b) Existence and year of last update of a published national medicines policy  |                                     |            |        |
|   | c) Existence of policies on medicines procurement that specify the most cost-effective medicines in the right quantities; open, competitive bidding of suppliers of quality products           |                                     |            |        |
|   | d) Tuberculosis—existence of a national strategic plan for Tuberculosis that reflects the six principal components of the Stop-TB strategy as outlined in the Global Plan to Stop TB 2006–2015 |                                     |            |        |
|   | e) HIV/AIDS—completion of the UNGASS National Composite Policy Index questionnaire for HIV/AIDS  |                                     |            |        |
|   | f) Maternal health—existence of a comprehensive reproductive health policy consistent with the ICPD action plan  |                                     |            |        |
|   | g) Existence of key health sector documents that are disseminated regularly (such as budget documents, annual performance reviews and health indicators)                                       |                                     |            |        |
|   | h) Existence of mechanisms, such as surveys, for obtaining opportune client input on appropriate, timely and effective access to health services   | USAID                               |            |        |
| IR 2 Strengthened Management of Institutions                          | Number of reliable partner country systems that meet minimum standards (USAID Forward-Implementation and Procurement Reform)   | Government to Government Appraisals | TBD        | TBD    |
|   | Number of institutions that meet minimum standards (USAID Forward-Implementation and Procurement Reform)   | Pre-Award Surveys and Audits        | TBD        | TBD    |
| IR 3 Enhanced capacity of human resources                             | Number of people trained in maternal/newborn health through USG-supported programs   | PPR                                 | 0          | 2,385  |
|   | 3.1.1-84 Number of health care workers who successfully completed an in-service training program within the reporting period   | APR                                 | 391 (2010) | 12,864 |
|   | 3.1.2.9-1 Number of participants in a country trained in the components of the WHO Stop TB Strategy with USG funding   | PPR                                 | 0          | 2,050  |
| IR 4 Strengthened capacity of lab network to provide quality services | 3.1.1-80 percent of testing facilities (laboratories) that are accredited according to national or international standards (%)   | APR                                 | 0          | 10     |
| IR 5 Heightened timely availability of medicines and supplies         | Average availability of 14 selected essential medicines (to be selected jointly with the GODR) in public and private health facilities   | Health Facility Assessment          | TBD        | TBD    |

| Result   | Indicator   | Source      | Baseline            | Target  |
|--|---|-------------|---------------------|---------|
| Priority Area 2  |   |             |                     |         |
| Greater implementation of quality improvement Strategies | Young women (15-24 years old) who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions          | DHS         | 41 (2007)           | TBD     |
|  | Young men (15-24 years old) who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions            | DHS         | 34 (2007)           | TBD     |
|  | Percentage of female sex workers who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions       | BSS         | 73 (2009)           | TBD     |
|  | Percentage of MSM who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions                      | BSS         | 73 (2009)           | TBD     |
|  | 3.1.1-39 Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission                      | APR         | 455 (2011)          | 1,158   |
|  | Tuberculosis Treatment Drop-out rate  | GODR        | TBD                 | TBD     |
|  | 3.1.6.2-1 Percent of births delivered by caesarean section (%)  | PPR         | 39 (2008)           | 28      |
|  | Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs                                  | PPR         | 10,051 (2008)       | 101,833 |
|  | Proportion of observed deliveries with essential newborn care   | PPR         | TBD                 | TBD     |
| IR 2.1 Expanded Continued Quality Improvement            | 3.1.1-6 Number of adults and children with advanced HIV infection newly enrolled on ART   | APR         | 1,968 (2010)        | 2,312   |
|  | 3.1.1-69 Number of eligible adults and children provided with a minimum of one care service   | APR         | 7,324 (2010)        | 65,799  |
|  | 3.1.1-71 Number of HIV-positive adults and children receiving a minimum of one clinical service   | APR         | 5,461 (2010)        | 19,964  |
|  | 3.1.1-24 Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results                       | APR         | 47,797 (2010)       | 203,714 |
|  | Percent of pregnant women who had their weight, blood pressure, and uterine height measured and recorded in their last Antenatal Care visit (%) | PPR         | 82 (2008)           | 93      |
|  | Number of USG supported sites implementing EmOC   | TBD         | TBD                 | TBD     |
|  | Number of USG supported sites implementing AMSTL  | TBD         | TBD                 | TBD     |
|  | Number of USG supported sites implementing Newborn Interventions  | TBD         | TBD                 | TBD     |
|  | 3.1.6.4-1 Number of children who received DPT3 vaccine by 12 months of age  | PPR         | 20,552 (2008)       | 115,180 |
|  | 3.1.2.3-1 Number of new TB diagnosed patients initiated on treatment  | PPR         | TBD                 | TBD     |
|  | 3.1.2.1-2 Case detection rate (%) (MDG 6.10)  | PPR/UN Data | 60 (2009) (UN Data) | 70      |
| IR 2.2 Improved integration of HIV, MCH, and TB services | 3.1.1-59 Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)                     | APR         | 35,265 (2010)       | 128,592 |
|  | 3.1.1-85 Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth                                       | APR         | 0                   | 100     |
|  | 3.1.1-74 Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting   | APR         | 0                   | 100     |
|  | 3.1.2.2-1 Percent of TB patients tested for HIV   | PPR         | 0                   | 95      |
|  | 3.1.1-75 Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment                                    | APR         | 0                   | 100     |

| Result  | Indicator   | Source | Baseline      | Target  |
|---|---|--------|---------------|---------|
| IR 2.3 Increased implementation of evidence-based behavior change interventions | 3.1.1-65 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions  | APR    | 0             | 15,202  |
|   | 3.1.1-66 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required  | APR    | 212 (2010)    | 599,457 |
|   | 3.1.1-67 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required | APR    | 83,574 (2010) | 415,877 |
|   | 3.1.1-68 Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required   | APR    | 54,282 (2010) | 95,603  |
| IR 2.4 Greater leveraging of science, technology and innovation                 | Number of individuals reached with innovative HIV prevention interventions which are being measured for their effectiveness   | TBD    | TBD           | TBD     |
|   | Number of individuals being reached by innovative neonatal interventions  | TBD    | TBD           | TBD     |
|   | Number of interventions which leverage technology to expand reach   | TBD    | TBD           | TBD     |

| Result  | Indicator   | Source                       | Baseline | Target |
|---|---|------------------------------|----------|--------|
| Priority Area 3   |   |                              |          |        |
| Improved use of information for action  | Health Information Systems Composite Indicator (To be developed jointly with the GODR which includes but is not limited to the following) | Review of relevant documents | TBD      | TBD    |
|   | a) M&E plan for the National Health Plan and periodic reports which show progress towards the plan  |                              |          |        |
|   | b) M&E plan for the National HIV Plan and periodic reports which show progress towards the plan   |                              |          |        |
|   | c) M&E plan for the National MCH Plan and periodic reports which show progress towards the plan   |                              |          |        |
|   | d) M&E plan for the National TB Plan and periodic reports which show progress towards the plan  |                              |          |        |
| IR 3.1 Increased effectiveness of M&E System  | Percent of maternal deaths audited by Safe Motherhood Committee (%)   | PPR                          | 0        | 100    |
|   | Percent of neonatal deaths audited by Safe Motherhood Committee (%)   | PPR                          | 0        | 100    |
|   | Percent of targeted sites reporting through the National HIV/AIDS M&E System  | National M&E System          | TBD      | TBD    |
| IR 3.2 Strengthened Public Health Surveillance  | Percent of targeted sites reporting timely and accurately for notifiable diseases   | DIGEPI                       | TBD      | TBD    |
|   | Percent of targeted sites reporting new cases to the National HIV Program   | National HIV Program         | TBD      | TBD    |
|   | Percent of targeted sites reporting new cases to the National TB program  | National TB Program          | TBD      | TBD    |
| IR 3.3 Improved capacity to plan, conduct, and utilize studies, surveys and evaluations | Number of studies, surveys, and evaluations financed and implemented by the GODR  | Ministry of Health           | TBD      | TBD    |



### Annex 3. Disease-Specific Strategy Matrix

| HIV/AIDS  |   |   |  |                    |              |
|---|---|---|--|--------------------|--------------|
| 1   | 2   | 3   | 4  | 5                  | 6            |
| GHI Health Goals  | Relevant Key National Priorities/ Initiatives | Key Priority Actions/Activities Likely to Have Largest Impact | Baseline info/country-specific GHI targets | Key GHI Principles | Key Partners |
| <p><b>Worldwide GHI overarching goals:</b></p> <ul style="list-style-type: none"> <li>Support the prevention of more than 12 million new HIV infections.</li> <li>Support care for more than 12 million people including 5 million orphans and vulnerable children.</li> </ul> <p><b>USG Dominican Republic goals:</b></p> <ul style="list-style-type: none"> <li>Decrease the percent of 15-24 year olds who are HIV infected from 0.20% to 0.15% for males and 0.40% to 0.30% for females. (This indicator is referenced in the Health Goal section of the Results Framework Strategy Matrix)</li> <li>Decrease the percent of MARPS who are HIV infected from 3.2% to 2.9% for Bateyes, 4.8% to 2.9% for sex workers and sex worker clients (TRSX), 6.1% to TBD for men who have sex with men (MSM), and 8.0% to TBD for drug users (DUs). (This indicator is referenced in the Health Goal section of the Results Framework Strategy Matrix)</li> <li>Reduce the percent of infants born to HIV-infected mothers who are infected from 11% to 3%. (This indicator is referenced in the Health Goal section of the Results Framework Strategy Matrix)</li> <li>Increase the percent of youth, MSM, FSW, and DUs who report use of a condom at their last high risk sex act. (This indicator is referenced in the Strategic Objective section of the Results Framework Strategy Matrix)</li> <li>Increase the number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART). (This indicator is referenced in the Strategic Objective section of the Results Framework Strategy Matrix)</li> <li>Decrease the number of children infected with HIV during pregnancy, at birth, or post natal within USG supported service deliver sites. (This indicator is referenced in the Strategic Objective section of the Results Framework Strategy Matrix)</li> </ul> |   |   |  |                    |              |
| <p><b>Key priorities from the Dominican Republic 10-year National Health Plan (2006 - 2015):</b></p> <ul style="list-style-type: none"> <li>Stop the spread of HIV by maintaining 1% prevalence.</li> <li>Increase the percent of HIV+ persons receiving comprehensive care and/or treatment from 20% to 90%.</li> <li>Increase the percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results) increased from ~50% to 100%.</li> <li>Increase the percent of HIV+ pregnant women receiving antiretrovirals (ARVs) from ~70% to 95%.</li> </ul>   |   |   |  |                    |              |
| <p><b>Key USG priority actions and initiatives from Partnership Framework 2009-2013:</b></p> <ul style="list-style-type: none"> <li>Implement public policies for a sustainable National Response to STI, HIV, and AIDS.</li> <li>Mobilize civil society in the strengthening of the National Response.</li> <li>Develop multi-sectorial promotion and prevention programs based on evidence.</li> <li>Support universal access of persons living with and affected by HIV to inter-sectorial programs</li> </ul>   |   |   |  |                    |              |
| <p><b>Key indicators and milestones:</b></p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>Increase the percent of youth, MSM, and FSW who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions. (This indicator is referenced in the Priority Area 2 section of the Results Framework Strategy Matrix)</li> </ul>  |   |   |  |                    |              |

- Increase number of HIV-positive adults and children receiving a minimum of one clinical service from 5,461 to 19,964. (This indicator is referenced in IR 2.1 of the Results Framework Strategy Matrix)
- Increase number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results from 47,797 to 203,714. (This indicator is referenced in IR 2.1 of the Results Framework Strategy Matrix)
- Increase number of pregnant women with known HIV status (includes women who were tested for HIV and received their results) from 35,265 to 128,592. (This indicator is referenced in IR 2.2 of the Results Framework Strategy Matrix)
- Increase percent of infants born to HIV-positive women who received an HIV test within 12 months of birth to 100%. (This indicator is referenced in IR 2.2 of the Results Framework Strategy Matrix)
- Increase percent of HIV-positive patients who were screened for TB in HIV care or treatment setting to 100%. (This indicator is referenced in IR 2.2 of the Results Framework Strategy Matrix)
- Increase percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment to 100%. (This indicator is referenced in IR 2.2 of the Results Framework Strategy Matrix)
- Increase number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions to 15,202. (This indicator is referenced in IR 2.3 of the Results Framework Strategy Matrix)
- Increase number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required from 212 to 599,457. (This indicator is referenced in IR 2.3 of the Results Framework Strategy Matrix)
- Increase number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required from 83,574 to 415,877. (This indicator is referenced in IR 2.3 of the Results Framework Strategy Matrix)
- Increase Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required from 54,282 to 95,603. (This indicator is referenced in IR 2.3 of the Results Framework Strategy Matrix)
- Increase the number of health care workers who successfully complete an in-service training program from 391 to 12,864. (This indicator is referenced in IR 1.3 of the Results Framework Strategy Matrix)

**Key principles:**

The U.S. Government will continue to improve and sustain the results achieved through its current and past investments in HIV/AIDS by: supporting country ownership of the programs and the results; encouraging civil society participation and strengthening health partnerships and private sector engagement; increasing the impact of USG efforts through sustained coordination of participating Agencies; and building sustainability of prevention, treatment, care and laboratory services through health systems strengthening. Areas of particular focus will include supporting the development of GODR policies and Human Resources for Health (HRH) initiatives to maximize the quality and sustainability of HIV/AIDS services and the use of evaluation metrics to strengthen program deficiencies and in the selection of successful interventions.

**Key partners:**

GODR, GFATM, PAHO, UNFPA, UNAIDS, World Bank, IDB, UNICEF, Spanish Cooperation Agency, EU, Red Cross

| Maternal and Child Health  |   |   |  |                    |              |
|--|---|---|--|--------------------|--------------|
| 1  | 2   | 3   | 4  | 5                  | 6            |
| GHI Health Goals   | Relevant Key National Priorities/ Initiatives | Key Priority Actions/Activities Likely to Have Largest Impact | Baseline info/country-specific GHI targets | Key GHI Principles | Key Partners |
| <b>Worldwide GHI overarching goals:</b> <ul style="list-style-type: none"> <li>• Reduce maternal mortality by 30% across assisted countries</li> <li>• Reduce under-five mortality rates by 35% in assisted countries</li> </ul> <b>USG Dominican Republic goals:</b> <ul style="list-style-type: none"> <li>• Decrease maternal mortality from 100 per 100,000 live births to 44.5 per 100,000 live births. (This indicator is referenced in the Health Goal section of the Results Framework Strategy Matrix)</li> <li>• Decrease under-five mortality rate 27 per 1,000 live births to 19.7 per 1,000 live births. (This indicator is referenced in the Health Goal section of the Results Framework Strategy Matrix)</li> <li>• Decrease infant mortality rate 22 per 1,000 live births to 16 per 1,000 live births. (This indicator is referenced in the Health Goal section of the Results Framework Strategy Matrix)</li> </ul>   |   |   |  |                    |              |
| <b>Key priorities from the Dominican Republic 10-year National Health Plan (2006 - 2015):</b> <ul style="list-style-type: none"> <li>• Decrease maternal mortality ratio from 178 per 100,000 live births to 44.5 per 100,000 live births</li> <li>• Decrease under-five mortality rate from 38 per 1,000 live births to 19.7 per 1,000 live births</li> <li>• Decrease infant mortality rate from 31 per 1,000 live births to 16 per 1,000 live births</li> <li>• Increase vaccine coverage among target populations from 80-95% to 100% in all municipalities</li> </ul>   |   |   |  |                    |              |
| <b>Key USG priority actions and initiatives in the Dominican Republic:</b> <ul style="list-style-type: none"> <li>• Expand continued quality improvement for Maternal and Child Health (MCH) services.</li> <li>• Support certification of hospitals as MCH Centers of Excellence to promote sustainability of quality improvement and as step towards accreditation system.</li> <li>• Support integration of PMTCT and Family Planning/Reproductive Health (FP/RH) into MCH services.</li> <li>• Scale up high-impact MCH interventions.</li> </ul>  |   |   |  |                    |              |
| <b>Key indicators and milestones:</b><br><b>Outcomes:</b> <ul style="list-style-type: none"> <li>• Decrease percent of cesarean sections performed in intervened hospitals from 39% to 28%. (This indicator is referenced in the Priority Area 2 section of the Results Framework Strategy Matrix)</li> <li>• Increase number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs increased from 10,051 to 238,003. (This indicator is referenced in the Priority Area 2 section of the Results Framework Strategy Matrix)</li> <li>• Increase proportion of observed deliveries with essential newborn care from 65% to 100%. (This indicator is referenced in the Priority Area 2 section of the Results Framework Strategy Matrix)</li> </ul> <b>Intermediate results:</b> <ul style="list-style-type: none"> <li>• Increase percent of pregnant women who had their weight, blood pressure, and uterine height measured and recorded in their last Antenatal Care visit increased from 82% to 93%. (This indicator is referenced in IR 2.1 of the Results Framework Strategy Matrix)</li> <li>• Increase number of children who received DPT3 vaccine by 12 months of age from 20,552 to 115,180. (This indicator is referenced in IR 2.1 of the Results Framework Strategy Matrix)</li> <li>• Increase number of people trained in maternal/newborn health through USG-supported programs to 300 [Female (240); Male (60)]. (This indicator is referenced in IR 1.3 of the Results Framework Strategy Matrix)</li> <li>• Increase percent of maternal deaths audited by Safe Motherhood Committee from 70 to 100% in targeted communities. (This indicator is referenced in IR 3.1 of the Results Framework Strategy Matrix)</li> <li>• Increase percent of neonatal deaths audited by Safe Motherhood Committee from 0 to 100% in targeted communities. (This indicator is referenced in IR 3.1 of the Results Framework Strategy Matrix)</li> </ul> |   |   |  |                    |              |

**Key GHI principles:**

The USG will look to continue to improve and sustain the results achieved through its current and past investments in MCH by: promoting a culture of putting the women at the center of care; supporting the government at all levels to own both the program and its results; leveraging other donors and the private sector to prioritize MCH; strengthening the health system to ensure quality services; evaluating reasons behind recent reductions in maternal and infant mortality so that the DR and other countries can learn from the program's successes; and scaling-up interventions shown to be low cost and highly effective.

**Key partners in the Dominican Republic:**

GODR, PAHO/WHO, UNICEF, UNFPA, European Commission

| Tuberculosis   |   |   |  |                    |              |
|--|---|---|--|--------------------|--------------|
| 1  | 2   | 3   | 4  | 5                  | 6            |
| GHI Health Goals   | Relevant Key National Priorities/ Initiatives | Key Priority Actions/Activities Likely to Have Largest Impact | Baseline info/country-specific GHI targets | Key GHI Principles | Key Partners |
| <p><b>GHI Worldwide overarching goal:</b></p> <ul style="list-style-type: none"> <li>Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant (MDR) cases of TB, and contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline.</li> </ul> <p><b>USG Dominican Republic goals:</b></p> <ul style="list-style-type: none"> <li>Decrease TB prevalence from 107 per 100,000 live births to 67 per 100,000 live births. (This indicator is referenced in the Health Goal section of the Results Framework Strategy Matrix)</li> <li>Increase treatment success rate from 75% to 85%. (This indicator is referenced in the Strategic Objective section of the Results Framework Strategy Matrix)</li> </ul>   |   |   |  |                    |              |
| <p><b>Key priorities from the TB National Strategic Plan (2011- 2015):</b></p> <ul style="list-style-type: none"> <li>50 percent reduction in TB morbidity and mortality from 1990 level.</li> <li>Estimated TB incidence reduced from 150/100,000 (1990) to 52/100,000 (70 in 2009).</li> <li>Estimated TB prevalence reduced from 350/100,000 (1990) to 67/100,000 (107 in 2009)</li> <li>Estimated TB mortality rate reduced from 39/100,000 (1990) to 4/100,000 (11 in 2009).</li> </ul>   |   |   |  |                    |              |
| <p><b>Key USG priority actions and initiatives in the Dominican Republic:</b></p> <ul style="list-style-type: none"> <li>Increasing timely availability of essential medicines and supplies at all levels, through strengthening procurement and logistics systems</li> <li>Building the capacity of the laboratory network to provide quality services</li> <li>Improving the quality of service delivery through supporting infection control in 20 hospitals and programmatic management of multi-drug resistant TB</li> <li>Increasing the adoption of health-seeking behaviors in targeted populations through active case finding, community mobilization and engaging the private sector</li> <li>Improving the integration of HIV and TB</li> <li>Increasing the effectiveness of M&amp;E through improving systems, data collection and data use</li> </ul>   |   |   |  |                    |              |
| <p><b>Key indicators and milestones:</b></p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>Decrease treatment default rate. (This indicator is referenced in the Priority Area 2 section of the Results Framework Strategy Matrix)</li> <li>Increase case detection rate from 60% to 70%. (This indicator is referenced in the Priority Area 2 section of the Results Framework Strategy Matrix)</li> </ul> <p>Intermediate results:</p> <ul style="list-style-type: none"> <li>Increase number of new TB diagnosed patients initiated on treatment. (This indicator is referenced in IR 2.1 of the Results Framework Strategy Matrix)</li> <li>Increase percent of TB patients tested for HIV to 95%. (This indicator is referenced in IR 2.2 of the Results Framework Strategy Matrix)</li> <li>Increase number of participants in a country trained in WHO Stop TB Strategy with USG funding to 2,050. (This indicator is referenced in IR 1.3 of the Results Framework Strategy Matrix)</li> </ul> |   |   |  |                    |              |
| <p><b>Key principles:</b></p> <p>USG TB strategy in the DR implements the GHI principles, through working directly with the national program and contributing to country defined plans, rather than setting up parallel systems, and focusing on early detection and treatment of TB to encourage country ownership and sustainability. The innovative approaches of social and community mobilization and leveraging the private sector to increase referrals of suspected TB cases by pharmacies and grocery stores demonstrates the</p>   |   |   |  |                    |              |

principle of strengthening and leveraging private sector engagement. The joint external evaluation in 2012 of the national TB program by KNCV and USAID will support the national program to identify how to do more of what works, and foster stronger systems to achieve sustainable results.

**Key partners:**

GODR, Global Fund ,National TB Program, KNCV, MSH, the Union, PAHO