BREATH VS DEPTH: the health system reform in the Dominican Republic

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BREATH: THE SYSTEM BEFORE THE REFORM

CONTEXT

- The Dominican Republic is a middle income country (an island in the Caribbean region, shared with Haiti).
- There is a marked inequality in income distribution.
- It has experienced long periods of growth (sometimes the highest rate in the hemisphere / wasted growth?).
- Initiating the process of demographic and epidemiology transition.

INSTITUTIONAL ARRANGEMENTS

- The population in the old system was covered by an open public system, funded by general taxation, where the Ministry of Public Health (MSP) directly provided health services.
- The lack of priority allocated to the health sector by the government over the decades was translated into deficiencies in the public provision schemes.
- This fostered the growth of the private sector, whose main source of income was direct payment.

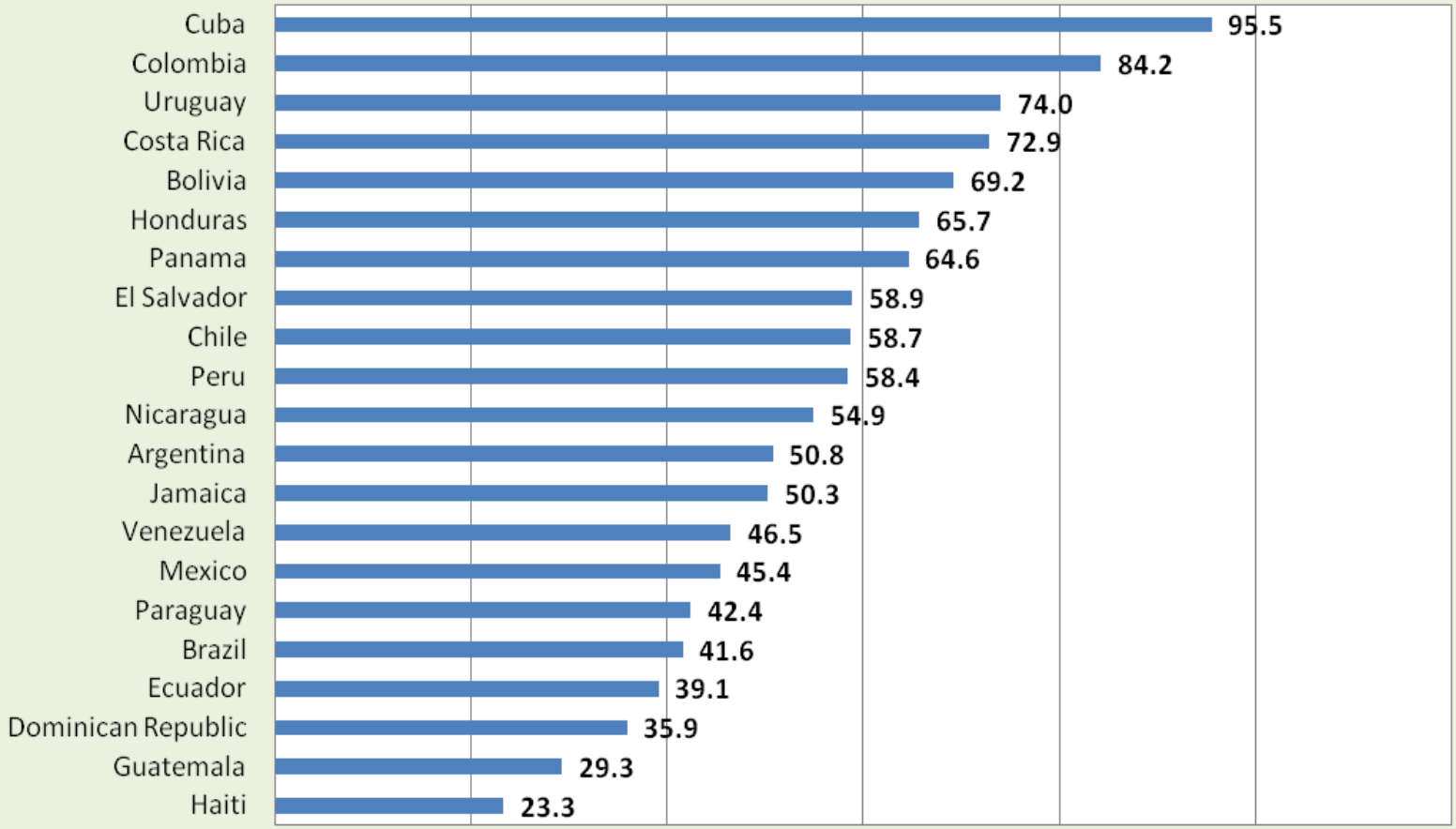
INSTITUTIONAL AND GOVERNANCE PROBLEMS

- The centralized management of the public system acted as a multiplier of political inefficiencies.
- Traumatic tensions between the authorities of the sector and the doctors' union.
- Problems of governance: monopsony-monopoly relationship – conflicts resolved by negotiation.
- These conflicts were not circumstantial but chronic, obeying to a structural condition of the system.

LACK OF FINANCIAL EQUITY AND PROTECTION

- OOPS as the main source of funding in national health expenditure (over 40%).
- Only 25% of population (mainly high income) with insurance (mainly private, with minimal state supervision and regulation, which secured the cream of the market).
- Around 17% of households with catastrophic health expenditures .
- Low public financing.

General government expenditure on health as percentage of total expenditure on health, 2007

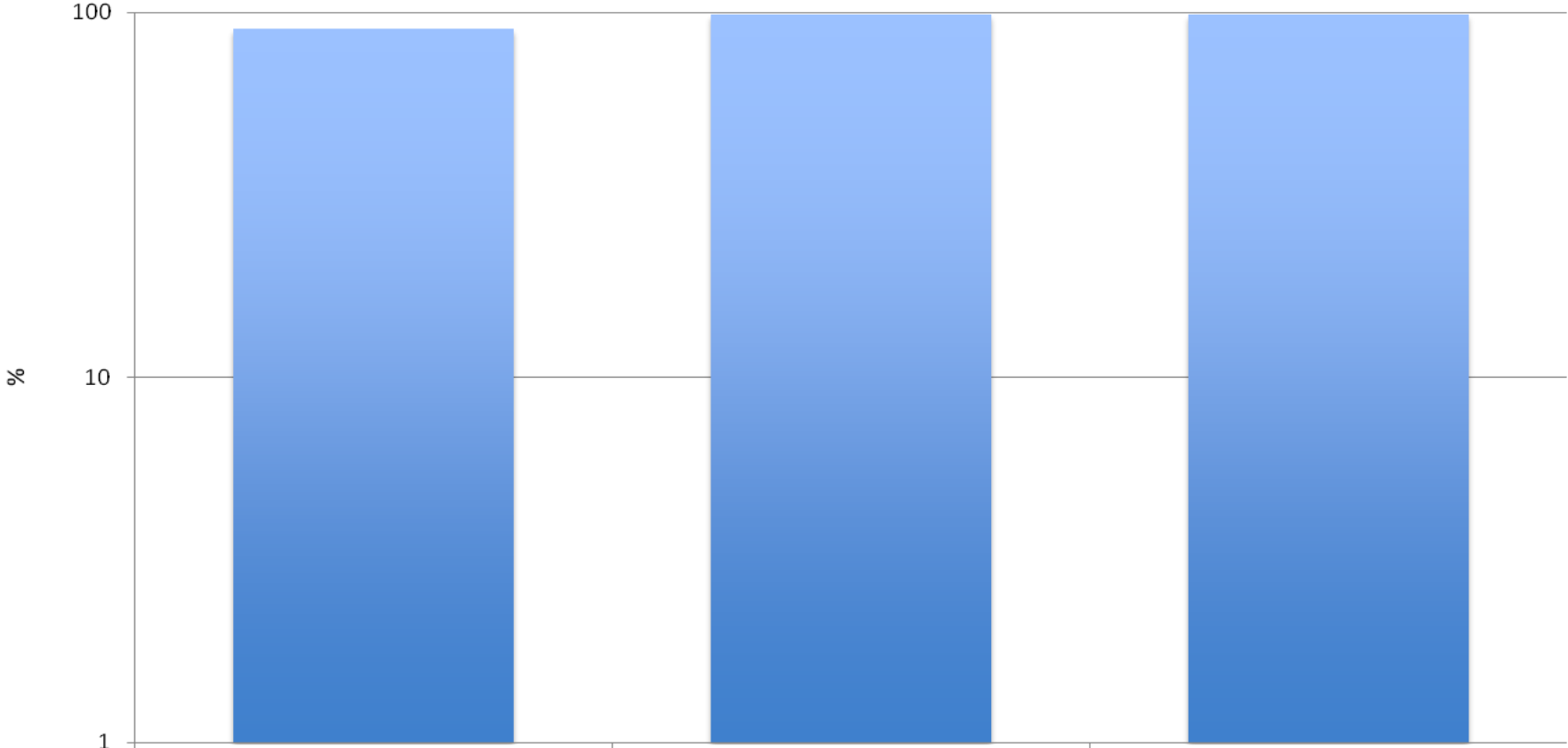


Source: World Health Statistics 2010. World Health Organization

LOW HEALTH SYSTEM PERFORMANCE

- The health system that was inefficient, poor quality and low capacity of resolution, highly inequitable and with reduced levels of financial protection
- Paradoxical situation:
  - High peri-natal mortality rates
  - High maternal mortality rates
- With almost 100% institutional birth coverage, attended by skilled health professionals and with at least four pre-natal consultations.

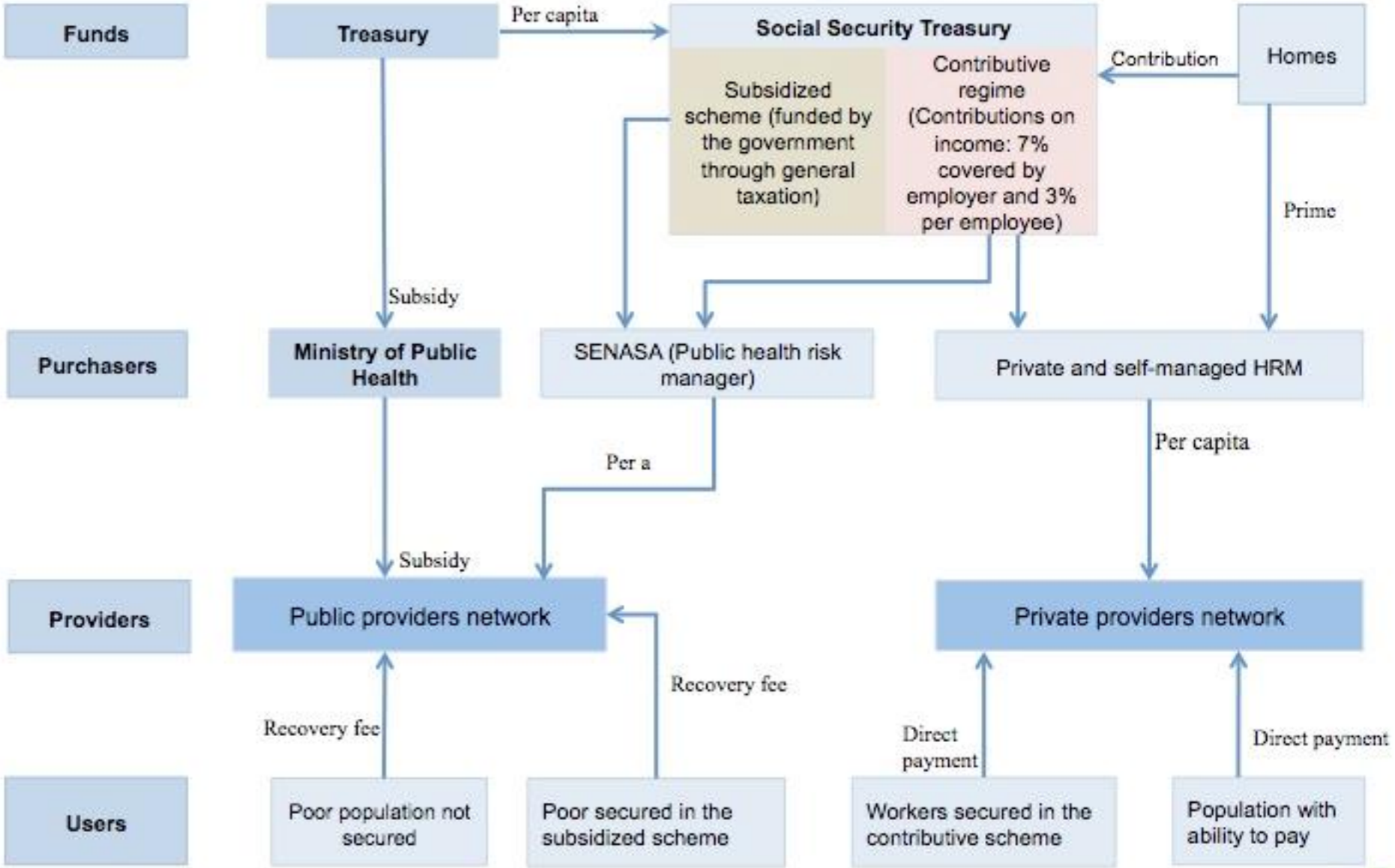
Coverage of women between 20 and 49 that received at least four ante-natal care visits and delivered at health institutions attended by qualified personnel. Dominican Republic, 2007



	Women between 20 and 49 years who had at least 4 prenatal care quality and had childrend with weight greater than or equal to 2500 gr.	Women between 20 and 49 years than during their last birth in the last five years were attended in health institutions	Women between 20 and 49 years than during their last birth in the last five years were attended by skilled personal
Coverage	90.32	98.37	98.31

DEPTH: THE HEALTH CARE REFORM

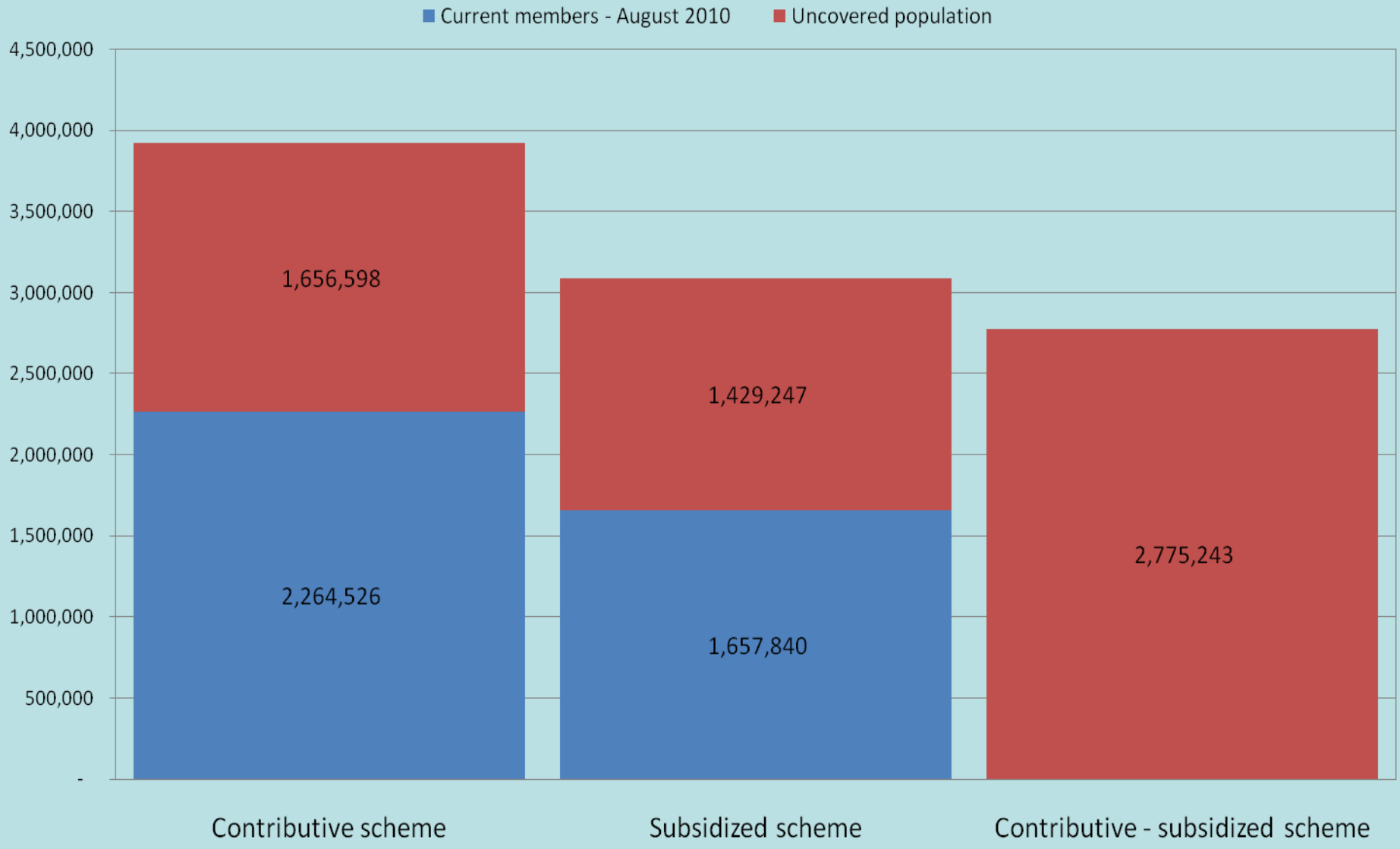
Map of Health System of Dominican Republic (Reform in transition)



COMPREHENSIVE BENEFIT PACKAGE

- There is an explicit and comprehensive health services package that includes:
  - health promotion and disease prevention;
  - primary health care, including emergencies, out-patient and home services;
  - specialized care, complex treatment, hospitalization and surgical care:
  - 100% of outpatient medicines for the subsidized population and 70% for the contributive and contributive subsidized;
  - diagnostic tests;
  - pediatric and preventive dental care;
  - physiotherapy and rehabilitation and
  - complementary provisions, including apparatus, prostheses and technical assistance for people with disabilities.

Coverage of Family Health Insurance and population to be covered to achieve universal coverage, August 2010



Source: Based in data of SISALRIL and UNDP/MDG

UNIVERSAL COVERAGE BY YEAR 2011?

- According to the law, universal coverage should be achieved in 2011: very far from this goal.
- Public health insurance coverage only reaches 40% of the population (contributory 23% subsidized 17%).
- High informality (around half of the existing jobs) and large number of jobs with salaries below the minimum level.
- 50% of the population under the old regime: universal coverage a great challenge.

EXAMPLES OF COVERAGE FOR SPECIFIC DISEASES

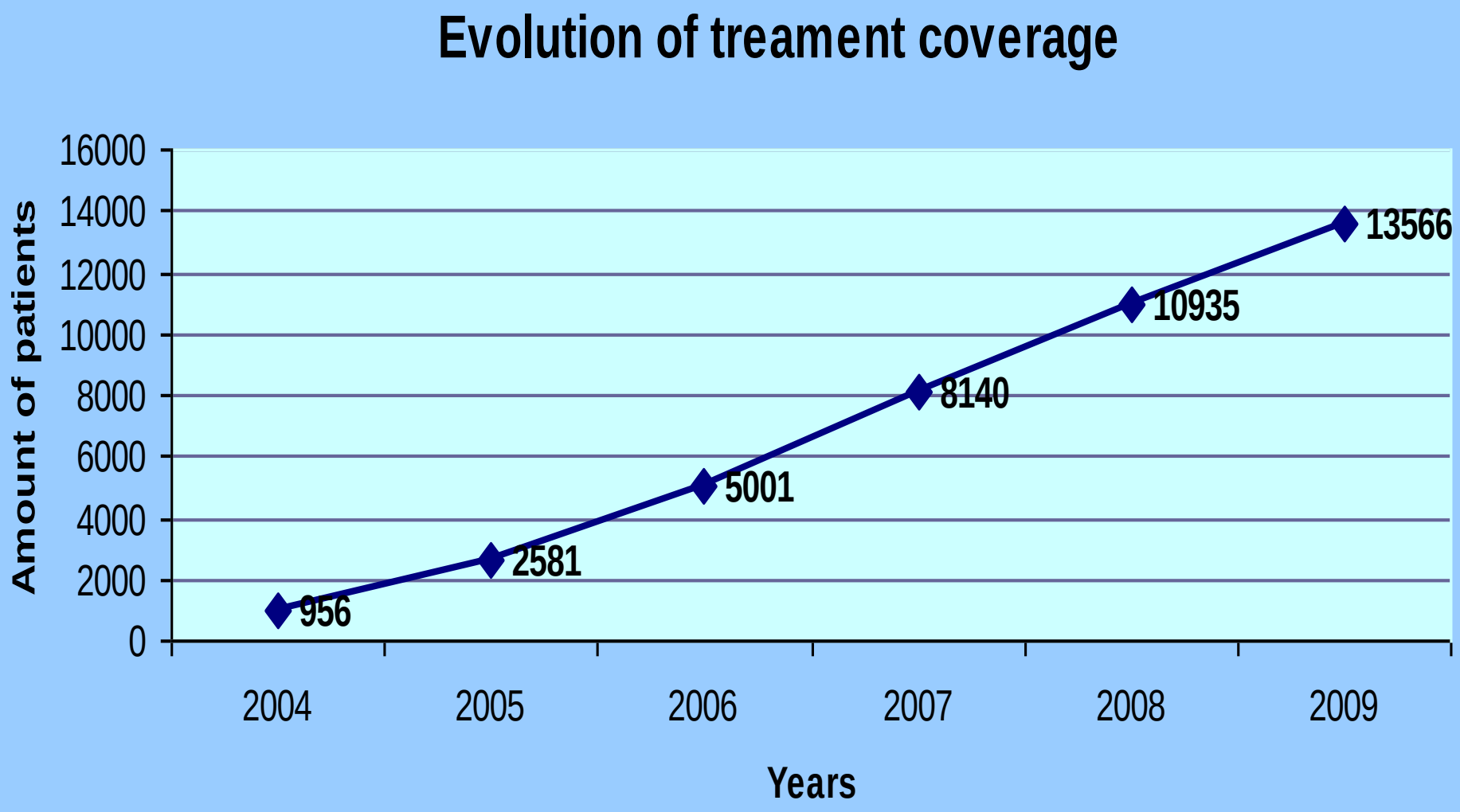
EXPLICIT HIGH COST COVERAGE

- Up to US$28,000 (plus 20% co-payment) to cover specific high cost interventions, such as: heart and coronary disease, cancer, major trauma, burning, etc.
- In the subsidized regime, all procedures are included with public providers and specialized NGO hospitals.
- AIDS is not included (not in the basic package or the high cost one), but it has a separated financing and provision scheme.

PROVISION AND FINANCING

- HIV/AIDS services are provided by special units in public hospitals (47) and in NGOs (17).
- Funding comes in a 49% from external sources (Global Fund, mainly), 26% from the government (fiscal sources) and 25% are OOPS.
- Although insufficient, there has been large funding for prevention and health promotion.
- The treatment coverage reaches now more than 70% of the population which needs ART.

EVOLUTION OF TREATMENT COVERAGE



WHAT COVERS AND WHO PAYS?

DESCRIPTION OF THE COVERAGE FOR HIV/AIDS						
TYPE OF SERVICE	**DESCRIPTION OF SERVICES PROVIDED**	**WHO PAYS FOR THE SERVICES**				
		FISCAL FUNDS	**SOCIAL SECURITY**	**Global Fund**	**USAID**	**OTHER DONORS**
Primary prevention	Promotion of condom use	x		x	x	x
Secondary prevention	Advertising campaigns targeted at vulnerable groups			x	x	
	Delivery of condoms to groups at risk			x	x	
Diagnosis	Counseling in lifeblood banks					
	CD4, viral load, HIV testing and confirmation.	Adolescent pregnant women		x	x	
	Rapid test					x
Treatment						
a) First line	Duovir, Zidovudina, Nevirapine			x		Clinton Foundation
	Vertical transmission prevention scheme for pregnant women					x
b) Second line and more	Other schemes of drugs (there are a hundred diagrams)			x		
c) Follow-up clinical	Laboratories, bone scan, chest X-ray, Pap.	x				
Palliative Care	Home visits, massages, support	x			x	

ARE PEOPLE REALLY COVERED?

- Covers a large part of prevention: reduction of the prevalence rates over time.
- Comprehensive treatment care which reaches a large part of the PLWA.
- UNSUSTAINABLE: ALL TREATMENT PAYED BY DONORS.
- UNCERTAIN: Delays in GF disbursements = ART delays (treatment adherence problems, resistance, others).

BREATH: CANCER FINANCING BEFORE THE HEALTH REFORM

- New cases estimated in 13,000 in 2008 (Globocan).
- Most important types in terms of mortality are breast and prostate.
- The main provider is an NGO Oncology Hospital who serves mainly poor population (it has a small government subsidy, has low prices compared to private-for-profit, movilizes funding).
- Before the reform: OOPS
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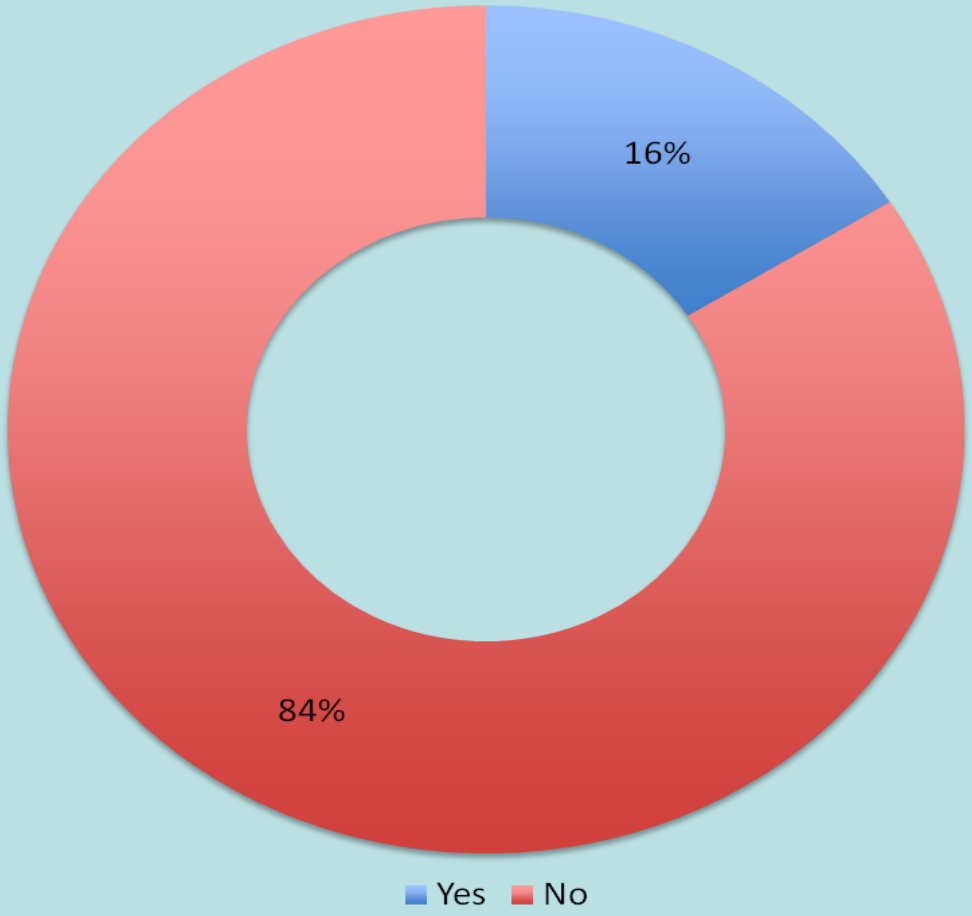
Breast cancer early detection coverage: Proportion of women who performed mammogram the latter year, Dominican Republic, 2007



DEPTH: CANCER FINANCING IN THE HEALTH REFORM

- The Family Health Insurance has explicit coverage in cancer: diagnostic procedures, surgical interventions, hospitalization with all its expenses, chemotherapy, radiotherapy and other types of procedures.
- Limit of US$28,000 per patient / year.
- Additionally, ambulatory patients have an additional coverage for cancer drugs up to US$2,500 annually.

WHO PAYS FOR CANCER?

TYPE OF CARE	MOH	SOCIAL SECURITY	OOPS	OTHER
PREVENTIVE CARE				
Education				
Tamizaje				
Mamography	Specific providers / low coverage	x	x	x
DIAGNOSIS AND TREATMENT				
Breast pathology	Specific providers	x	x	x
Oncological surgery		x	x	x
Quimiotherapy		x	x	x
Radiotherapy		x	x	x
Nuclear medicine		x	x	x
OTHER SERVICES				
Palliative care			x	x

LEGAL COVERAGE IS NOT ENOUGH

- The situation for cancer patients is now very different with the health care reform: previous situation = OOPS.
- There is no explicit financing for prevention and early detection: patients arrive too late.
- Palliative care does not receive funding.
- More research is needed to understand what is really covered / financed by the system, at all stages of the history of the disease.

THE CHALLENGE OF UNIVERSAL COVERAGE

- Universal coverage is much more than a % of the population covered by a publicly financed insurance.
- And much more than an explicit list of funded interventions.
- There are also other problems such as: what people really receive, how consumption is restricted, lack of information, stigma, institutional factors, political and governance factors.

THE NEED OF A SYSTEMIC VISION

- In the DR it was not enough the approval of a modern, comprehensive, profound and well-intentioned reform.
- Concurrence of social-political forces and the not easily perceived connections of their components.
- Understanding this requires a systemic focus that reveals the complex dynamics of the change process.
- But also requires political will and a pragmatic sense that sustains effective decisions.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