

REFORM AND UNIVERSAL COVERAGE: THE CASE OF THE DOMINICAN REPUBLIC

A disease-specific lens for analyzing universal health
coverage: Lessons from the LAC region

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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.

THE HEALTH SYSTEM BEFORE THE REFORM

- 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

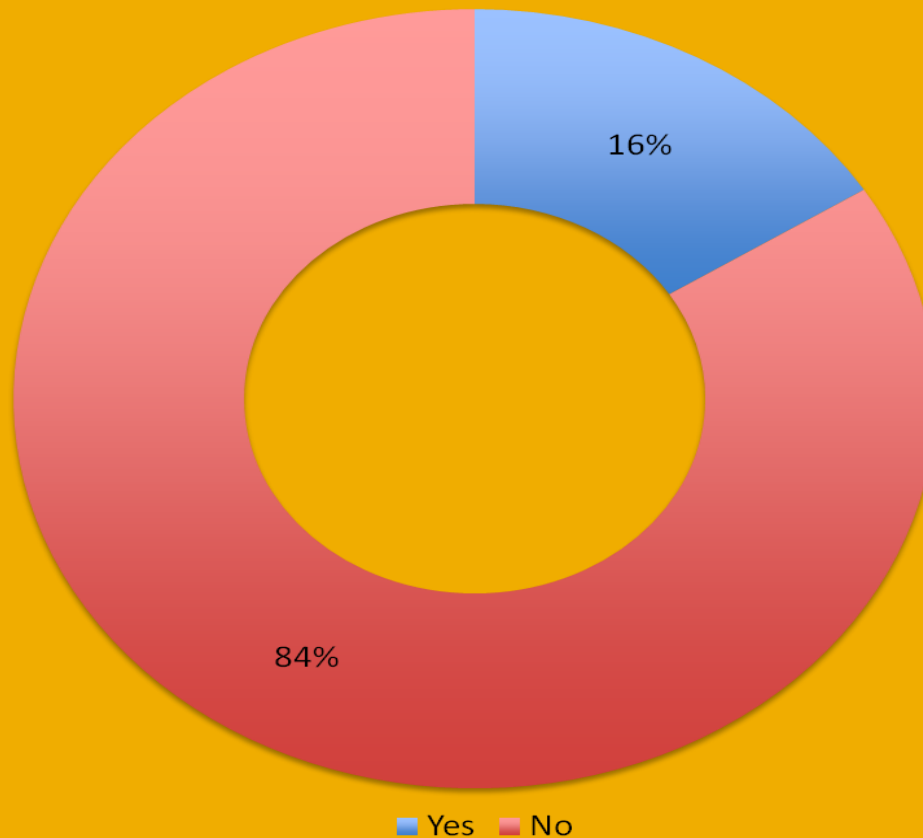
- OOPS as the main source of funding in national health expenditure (over 40%).
- Only 25% of population (mainly high income) with insurance (mainly private, with minimal state supervision and regulation, which secured the cream of the market).
- Around 17% of households with catastrophic health expenditures .
- Low public financing (one of the lowest in LAC – around 30% of THE) and low health system performance (coverage, quality, equity and financial protection)

CANCER CARE BEFORE THE REFORM

- Important burden: 14% of all deaths registered in 2005, representing the third leading cause of death in the Dominican population, after cardiovascular diseases and injuries
- New cases estimated in 13,000 each year (Globocan, 2008).
- Most important types in terms of mortality are breast and prostate cancer.
- High financial burden, estimated in around 2.8% of national health expenditures, primarily financed out-of-pocket by households.
- Prior to the reform, cancer patients had almost no financial protection other than support from civil society organizations and not-for-profit hospitals offering subsidized care.

LOW EFFECTIVE COVERAGE: EXAMPLE FOR BREAST CANCER

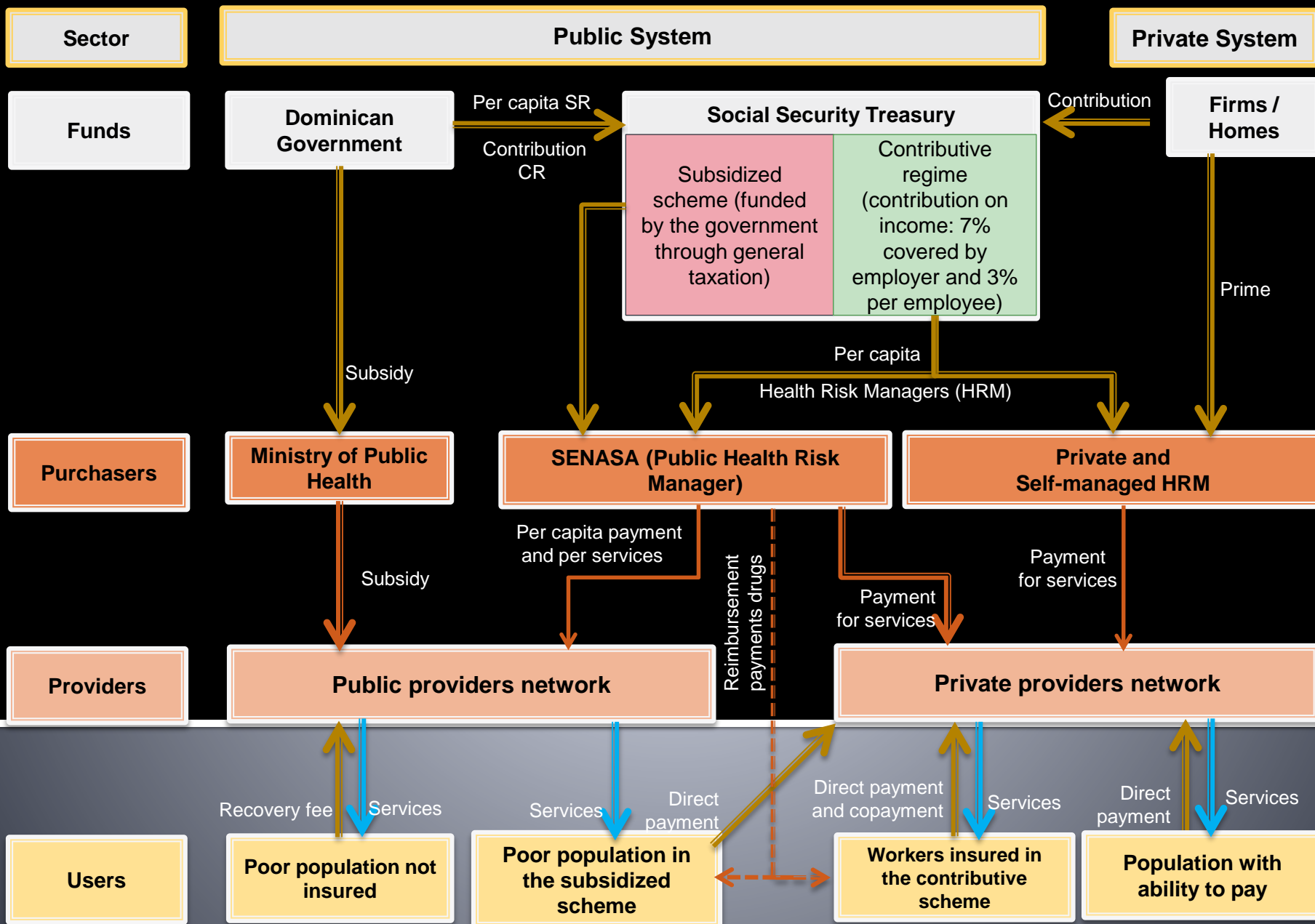
Breast cancer early detection coverage: Proportion of women who performed mammogram the latter year, Dominican Republic, 2007



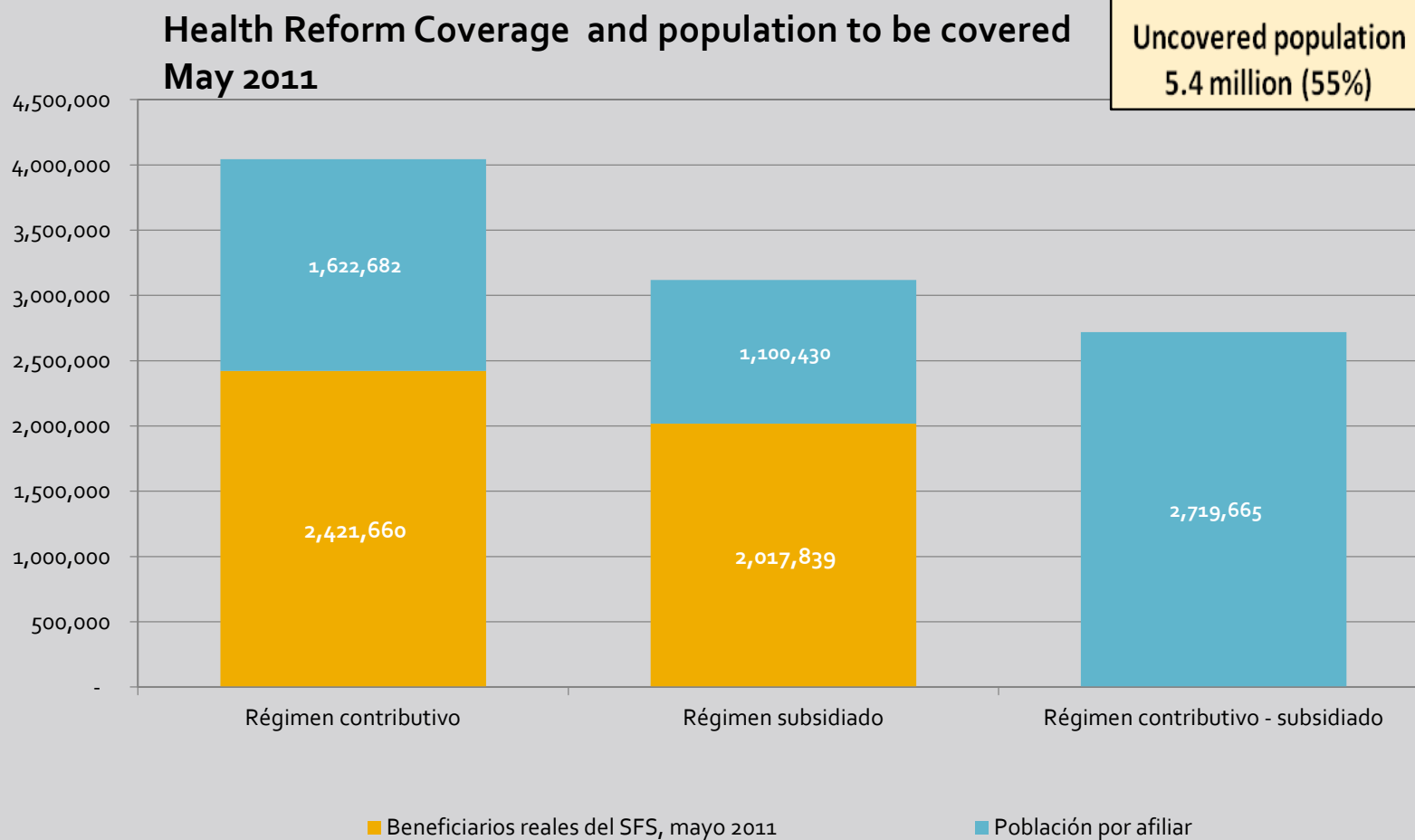
HEALTH CARE REFORM: CREATION OF THE FAMILY SOCIAL INSURANCE

- A compulsory publicly financed health insurance was created, the “Seguro Familiar de Salud” (SFS) to cover the entire population in a ten year period.
- There are two funding schemes in operation: the contributive, for formal sector workers and the subsidiary, for the unemployed and poor population. The first one is financed by contributions of employers and employees and the second one, by the Government through per capita contributions to a single centralized pooling fund. Presently, 45% of the population is already in the system, 25% in the contributory regime and 20% in the subsidized.
- There is one single benefit package, although of different prices and qualities, because the subsidized population only can access to services at the public facilities with personnel financed by the MOH. But in the case of cancer, all complex interventions are provided by private providers.

Financial Flows in the Health System -- Dominican Republic



HEALTH REFORM COVERAGE



UNIVERSAL COVERAGE BY YEAR

2011?

- According to the law, universal coverage should be achieved in 2011: very far from this goal – New target 2020.
- 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.

CANCER COVERAGE IN THE HEALTH REFORM

- The Family Health Insurance has explicit coverage in cancer (with certain limitations):
 - Diagnostic procedures (such as PAP smear for cervical cancer, mammography and sonomammography for early detection of breast cancer, and several others).,
 - Surgical interventions, hospitalization with all its expenses,
 - Chemotherapy, radiotherapy and other types of procedures.
 - Palliative care
- After de diagnosis, there is a limit of US\$28,000 per patient / year.
- 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		X	X	X
Oncological surgery	Specific providers	X	X	X
Quimiotherapy		X	X	X
Radiotherapy		X	X	X
Nuclear medicine		X	X	X
OTHER SERVICES				
Palliative care			X	X

THE CHALLENGE: LEGAL COVERAGE IS NOT ENOUGH

- The situation for cancer patients is now very different with the health care reform: important increase in public financing.
- Although there is explicit financing for prevention and early detection, there is lack of information: patients arrive too late.
- Palliative care receive little funding.
- More research is needed to understand what is really covered / financed by the system, at all stages of the history of the disease.
- There are also other problems such as: how consumption is restricted, lack of information, stigma, institutional factors, political and governance factors.
- There is a great need for more studies to fill information gaps on cancer in the Dominican Republic. However, this preliminary analysis reveals that although there are weaknesses in the coverage of prevention, early detection, treatment, palliative care and financing, the implementation of the social security system represents a major breakthrough in terms of financial protection for people living with cancer.

THANK YOU!!!

