FUNDACION PLENITUD

A Systemic Vision for an Equitable and Sustainable World

THE IMPACT OF THE GLOBAL ECONOMIC CRISIS ON HIV/AIDS PROGRAMS: THE CASE OF THE DOMINICAN REPUBLIC

Presented to:

UNAIDS

Daniel Aran
Principal Researcher

Gloria Ortega
Magdalena Rathe
National Researchers

Santo Domingo, DR
September 2009

FUNDACION
PLENITUD

A Systemic Vision for an Equitable and Sustainable World

VISION

Our vision is to cooperate in the building of an equitable and sustainable world.

MISSION

Produce and disseminate knowledge to sustain evidence-informed decision making to promote a sustainable development.

PLENITUD

Plenitud is an independent and non-profit think tank based in the Dominican Republic.

Arabia No. 1, Arroyo Hondo
Santo Domingo, República Dominicana
Tel. (809)563-1805
E-mail: info@fundacionplenitud.org
http://www.fundacionplenitud.org

THE IMPACT OF THE GLOBAL ECONOMIC CRISIS ON HIV/AIDS PROGRAMS: THE CASE OF THE DOMINICAN REPUBLIC

EXECUTIVE SUMMARY

The Dominican Republic is a medium income country, whose main foreign currency generating activity is tourism, followed by the remittances from Dominicans abroad. In the last decades it has seen a high economic growth which has produced substantial increases in the per capita income. However, there are many socioeconomic differences in the population, with a high concentration of income in higher groups which translates in relatively poor socioeconomic indicators, high levels of unemployment, a large informal sector and a high percentage of the population living in poverty. This was aggravated with an internal economic crisis in 2003 due to a systemic failure of the banking system with a hundred percent devaluation of the national currency. From 2004 on, the exchange rate has stabilized and the economy began to recover until this present year 2009, when the international economic crisis began to impact the national economy.

The strong reliance of the Dominican economy on the exterior makes it extremely vulnerable to external shocks. In 2009, all macroeconomic indicators reflect the impact of the world crisis, by reducing the foreign currency income in tourism, remittances and exports of goods. This has affected the balance of payment and government revenues, which has translated in a reduction of the social spending jeopardizing the limited contributions made by the government to finance the National AIDS Response.

The HIV prevalence in the DR is not too high (between 0.8 and 1.2%) and has been decreasing over the last few years as a result of prevention efforts carried out by the government with international funding. But the country shares the island with Haiti, the poorest country in the Western hemisphere and with the highest prevalence rates in the Caribbean region, making the Hispaniola the island with the highest prevalence of the Americas. The DR has a heavy Haitian migration, which increases its vulnerability to the epidemic.

The financing of the national response is highly dependent on external funding. The funds provided by the government have increased over the last few years, but not substantially. The finalization of funds from a loan from the World Bank and the time elapsed between two phases of support by the Global Fund resulted in the standstill of many activities, which has encouraged the perception among key stakeholders that the economic crisis endangers the sustainability of financing for the national response.

However, new funding from the Global Fund is about to initiate and the country also has approved PEPFAR funds from the United States Government which will be assigned mainly to prevention. In that connection, the country has secured international financing for the next few years. Subsequently, the great challenge at this time is to secure an increase in public funding to rely less on international resources. This is very difficult to achieve at this time, given the decline in public income as a result of the international crisis.

In the long term, the response to this situation is to include PLWHA in the family health insurance, where treatment is currently explicitly excluded. This requires studies to support their inclusion in

the Basic Health Plan for those PLWHA who pay taxes and fiscal impact studies for members of the subsidy plan.

The main recommendations of the case study in the Dominican Republic are the following: (1) reduce the dependency on external resources of the national response by including PLWHA in the family health insurance, once the studies on the financial feasibility have been completed, including a long term fiscal impact; (2) utilize part of the funds the country has negotiated with international organizations to strengthen the health system in general, including specialized services in HIV and AIDS to national provider networks; (3) provide technical assistance to service providers to make service provision more efficient and cost effective.

Other important recommendations are associated with maintaining prevention programs, particularly those addressed to children and adolescents; strengthen the monitoring and evaluation systems, especially towards the achievement of one agreed and unified system; and finally, modify priorities in the implementation of public funding to benefit the national response.

THE IMPACT OF THE GLOBAL ECONOMIC CRISIS ON HIV/AIDS PROGRAMS: THE CASE OF THE DOMINICAN REPUBLIC

I. INTRODUCTION

The global financial crisis has a potential impact on the HIV/AIDS prevention and treatment programs in the Dominican Republic, mainly affecting HIV financing sources available, such as government revenues, household incomes and external assistance. This could lead to increased mortality and morbidity, unplanned interruptions or curtailed access to treatment, with increased risk of HIV transmission, higher future financial costs and increased burden on health systems.

The primary focus of this research will be to assess the vulnerability of HIV and AIDS services and programs through an analysis of the social, epidemiological and economic factors in the Dominican Republic, in the specific context of its ability to cope with the current global economic downturn, identifying factors that increase the country's vulnerability to external shocks according to its AIDS burden.

In that connection, the consultants undertook a literature review of the most important available documents on the epidemic situation, as well as others on the economic situation of the country in the context of the global economic crisis. In addition, several in-depth interviews to key stakeholders were conducted between August 24th to September 2nd, 2009, in order to obtain their perceptions on the crisis and its possible impact in the HIV-AIDS national response. A semi-structure questionnaire designed in the terms of reference of the study was applied. The transcription of the interviews is presented in the Annex. The key actors interviewed are the following:

Government Representative:
Mr. Luis Félix. General Director of the Dirección General de Infecciones de Transmisión Sexual y SIDA (DIGECITSS), de la Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS) [General Office for the Control of Sexually Transmitted Diseases and AIDS, of the MOH].
Donors Representative:
Ms. María Castillo. Manager of HIV and TB Activities, USAID / PEPFAR
Civil Society Representative:
Ms. Dulce Almonte. President of the Red Dominicana de Personas Viviendo con VIH SIDA REDOVIH [Dominican Network of People Living with HIV and Aids].
Health Service Providers Representative:
Dr. Mayra Toribio. Medical Supervisor, Clinics. Asociación Pro Bienestar de la Familia (PROFAMILIA) [NGO].
Non-Governmental Organizations Representative::
Mr. Santo Rosario Ramírez. President, Centro de Orientación e Investigación Integral (COIN) [NGO]-
Ms. Felipa García. President, Alianza Solidaria para la Lucha contra el SIDA (ASOLSIDA) (network of people living with HIV).

A meeting was held in COPRESIDA (the national AIDS council in the DR) with Nelson Belisario, Henry Mercedes and Víctor Sánchez. However, the interview could not take place and they proposed sending the filled inn questionnaire. After several intents, it was not possible to obtain it during the timeframe of the present consultancy.

II. NATIONAL SETTING

2.1 Social and Economic Situation

The Dominican Republic (DR) has a population of approximately 9,755,954[1] and an annual growth rate of 1.8%. The life expectancy at birth is estimated to be 71.5 years. Currently, 63% of the population lives in urban areas; only the National District (DN) holds more than 30% of the overall population. 87% of the population can read and write, with equal numbers of males and females. One of every three young individuals between 18 and 25 years old has not completed primary education and one third of those do not finish high school. Even if able to complete high school, a poor Dominican child must spend in school three and a half more years than necessary.

The low socioeconomic level limits the access to services, while cultural elements joined by a lack individual knowledge on healthy behaviors prevents people from decision-making when it comes to looking for timely preventive services and making informed decisions about their health

In 2003, the Dominican Republic was faced with one of the worst financial crisis in its history, during which 1.5 million Dominicans fell into poverty and 670.000 were forced to reduce their consumption of basic food products well below the minimum subsistence levels. The purchasing capacity of the Dominican people was reduced by one third due to an 86% increase in prices of food and other commodities[2].

In recent years, the DR has made some improvements in the education and health indicators; however, these are still below the level that corresponds to the country's income. It must be noted that for 2008, the health spending of the Ministry of Health as a percentage of the GNP was merely 1.2. If the other public financial agents are added, including social security, the public spending in relation to the GNP rises to 2.6%[3], still far from the goals proposed in the Decennial Health Plan, which adds to 4%.

According to the United Nations Food and Agriculture Organization (FAO)[4], more than 2 million people in the Dominican Republic (27% of the population) suffer from hunger, that is, their caloric intake is below the recommended level to lead a healthy and active life. The problem of chronic child malnutrition was 6.1% in 2000, reaching 7.2% by 2006. Today's malnourished children will inevitable become individuals with irreparable intellectual deficiencies[5] and with a natural impairment to make sound decisions with respect to healthy behaviors and lifestyles that may contribute to their own health and personal development.

The DR is a medium low income country, with a per capita income of U$4,798 (data from the Central Bank, 2008). The income disparity is very striking and has remained so for the last decades, despite periods of high economic growth. In 2004, high middle class and high class

[1] Oficina Nacional de Estadísticas ONE, Estimaciones y proyecciones de población total por año calendario: [National Statistics Office ONE, Global population estimations and projections by calendar year] http://www.one.gob.do/index.php?module=articles&func=view&catid=76

[2] Informe sobre la pobreza en la República Dominicana: logrando un crecimiento económico que beneficie a los pobres; BID-BM, [Dominican Republic Poverty Report: achieving an economic growth that benefits the poor; IDB, WB Santo Domingo June 2006.

[3] Rathe, Magdalena, El gasto nacional en salud 1995-2008, Fundación Plenitud, Santo Domingo, 2009 [The national health spending 1995-2008] (www.fundacionplenitud.org).

[4] Report FAO-WFP, DR 2006.

[5] Informe sobre la pobreza en la República Dominicana: logrando un crecimiento económico que beneficie a los pobres; BID-BM, [Dominican Republic Poverty Report: achieving an economic growth that benefits the poor; IDB, WB Santo Domingo June 2006.

families received 56% of the national income, while low class families only 4%[6], a situation that presumably has not changed in the last five years.

2.2 The Dominican economy in the framework of the global crisis

The Dominican economy, measured by its Gross National Product (GNP), during the first quarter of 2009 reached a growth rate of 1.4%, which reflects a decrease in the economic growth rate during the present year with respect to the same period last year. This situation is a result of the global crisis on the Dominican economy. The deficit of the Non Financial Public Sector (NFPS) at the beginning of 2009 was above 55,000 million pesos, equivalent to 3.5% of the Gross National Product (GNP). The deficit of the current account in the balance of payments was in turn 9.7% of the GNP[7].

During the period January-June 2009 the financial performance of the central government showed that public finances were negatively impacted by both external and internal factors. This was evidenced in the decline of income and expenditures that had not been contemplated in the budget. It must be noted that the international economic crisis impeded, through the financial and real channels, the access to international credit to finance the national budget, and in addition contributed to an improved thrust of the internal demand, which in turn had a negative impact on tax revenues.

Revenues were reduced by 17% during the first quarter of 2009 with respect to the same period in 2008[8]. The investment in social spending was reduced by 2.3% during the first quarter with respect to the same period last year.[9] Social services were unable to offset the drop in consumption in the more vulnerable sectors. The resources allocated to social welfare programs showed a contraction of 22.3%, with respect to the first quarter of 2008.

The activities linked with the external demand continue to decline, reflecting the negative effects of the global crisis on the Dominican economy. In fact, a setback is being felt in items such as Mining (-76.1%), Fee Zones (-19.8%) and Hotels, Bars and Restaurants (-7.3%), mainly attributed to the income drop in tourism (-7.1%). The average hotel occupancy rate showed a 5 point reduction, influencing in both cases, and a reduction of -3.2% in the arrival of non resident visitors through the different international airports, for an overall decrease of 70,028 people[10]. This behavior in tourist services is coherent with the situation at global and regional levels as a result of the contraction registered in the main world economies, especially the USA and Europe, where the majority of foreign tourists originate. National exports also decreased, excluding those from the free zones, due mainly to the fact that since last year the country is not exporting ferronickel after closedown of the mining company, Falconbridge Dominicana.

An important issue to consider in the context of the global crisis and its impact in the DR is the behavior of international remittances, a vital source of income for poor families. In fact, they represent two thirds of the income for 60% of the families in the lowest end of the social scale. The remittances represent the second source of currency income for the national economy, surpassed only by the income generated by tourism. They almost double the Direct Foreign Investment (DFI); they represent 42% of total exports; 22% of the total imports of goods; 11% of

[6] Op. cit
[7] Informe Enero-Marzo 2009, Banco Central de la RD [Report of the DR Central Bank January-March 2009]
[8] Ejecución Presupuestaria. Enero-Marzo 2009. Secretaria de Estado de Hacienda [Budgetary Implementation. January-March 2009. Ministry of Finance]
[9] Op.cit
[10] Resultados preliminares de la Economía Dominicana Enero Junio 2009 [Preliminary Results of the Dominican Economy January-July 2009]: http://www.bancentral.gov.do/

private consumption and 8% of the national income available[11]. Family remittances registered a 5.2% decline in the first quarter of 2009 with respect to the amount registered in the first quarter of 2008. Some of the reasons for this unfavorable behavior would include the contraction in both the American and European economies, where most of the Dominican immigrants reside.

The situation results in higher unemployment rates due to the production decline in sectors using this factor intensively. The unemployment rate expected by the government for 2009 is 17.8 %; the rate projected by the IMF reaches 18.55%[12]. For 2008, the expanded unemployment rate was estimated at 14%.

The next table summarizes the main basic characteristics of the Dominican economy, within the context of the HIV and AIDS epidemic.

Table 1

DATOS DE REPUBLICA DOMINICANA[13]	
Population	**9, 755,954**
HIV Prevalence	**0.8 – 1.2%**
Number of PLWH	**50,000 – 70,000**
Number of people receiving ART	**25,309**
Coverage of ART	**35%**
Type of epidemic	**HIV-AIDS Generalized**
GNI	
GDP (U$)	**45,717.6 Million**
Currency	**Dominican Peso**
Exchange rate July 2008	**34.27 - 34.38**
Exchange rate July 2009	**35.98 - 36.07**
Growth Rate 2008	**5.3%**
Unemployment rate (2008, ampliada)	**14%**

.

III. THE HIV AND AIDS SITUATION[14]

In the Dominican Republic there are approximately 50,000 to 70,000 people living with HIV and Aids, which represents a prevalence of 0.8% and 1.2% in the population with ages between 15 and 49 years. The epidemic is predominantly heterosexual (75.7%) and the homo-bisexual group represents 7%. The epidemic is predominantly male (62.71% in males versus 37% in females). The male/female ratio has been closer every year, showing an increasingly higher number of women infected with HIV. The main mode of transmission in the country is through sexual contact. Based

[11] "Caracterización de las Remesas en República Dominicana" Banco Central de la RD, 2008. ["Description of the Remittances in the Dominican Republic" Central Bank of the DR, 2008.]
[12] Impacto de la Crisis en el Mercado Laboral de C.A y R.D. OIT 2009 [Impact of the Crisis on the Labor Market of CA and DR. ILO 2009].
[13] Op.cit.
Datos DIGECITSS
[14] From UNGASS 2008 Report.

on epidemiological cohort studies, the average infection period is 11 years for women and 10 years for men. This translates in an estimated Aids-related mortality of 4000 persons.

Since 1991, HIV sentinel surveillance is conducted in the Dominican Republic with three population groups: pregnant women, patients seeking care for a sexually transmitted infection (STI) and female sex workers. Also, since 2002 the Dominican Republic conducts HIV serological measurement within the framework of the Demographic and Health Survey (ENDESA 2002). This year, with a sample of 28,000 individuals, the results showed a prevalence of 1% with 0.9% in urban areas and 1.2% in rural areas. In 2007, the second seroprevalence measurement was carried out through ENDESA 2007, resulting in a prevalence of 0.8%, with a distribution by place of residence of 0.7% for urban areas and 1% for rural areas. ENDESA 2007 does not reflect a difference in distribution by sex among the population between 15 and 49 years of age, reporting a prevalence of 0.8%.

This data shows that the distribution of the HIV infection in the Dominican Republic is very similar in rural areas, peripheral and urban areas. This is probably due to the good lines of communications between the provinces and the geographical size of the country which allows for relatively easy mobility of the population in a short amount of time, unlike other countries of the region.

It is important to highlight that similar to 2002, the ENDESA 2007 included a sub-sample representative of the bateyes, showing a prevalence of 5% in 2002. In 2007 the prevalence was 3.2%, distributed by sex within the 15 – 49 age groups, 3.1% in women and 3.3% in men.

The beginning in country of antiretroviral therapy in 2003 has led to a significant increase in the number of people receiving ARVs, which by the end of 2005 totaled 2300 people. This represents coverage of approximately 23% with respect to the total country needs estimated in 20,000 people. An additional 12,000 individuals would be in need of ARV treatment.

Although HIV is a sexually transmitted disease, it also has an impact in the mortality and infection rates in children less than 14 years of age. It is estimated that in the Dominican Republic approximately 240 children became infected in 2007. The progression of HIV in children is much faster than in adults, so most infected children die during the first three years if they are not treated with ARV.

Although based on recent epidemiological standards the Dominican Republic has a generalized epidemic, analyzed data evidence leads to conclude that a high percentage of the infections are due to population groups with relatively higher infection rates.

IV. FINANCING OF THE NATIONAL RESPONSE

The funds assigned to the National AIDS Response represent an important indicator of a country's political will to address the epidemic. The UNGASS Report 2008, submitted to UNAIDS, includes an estimation of funding sources for the national program from 2005 to 2007, basically in terms of external and public financing, without considering out of pocket expenses in the households, expenses in private businesses, internal funds mobilized by the NGOs, external funds received by the NGOs and not managed through the COPRESIDA, social security payments and other private funding. Year 2008 was preliminary estimated by Fundacion Plenitud.

Table 4: Estimative of the Public and External HIV-AIDS National Response Financing, 2005-2008 (US$ million)

SOURCES OF FINANCING	2005	2006	2007	2008
TOTAL	**23.6**	**28.9**	**37.4**	**24.7**
NATIONAL SOURCES	**6.9**	**14.1**	**16.6**	**7.4**
External loans	4.0	6.5	11.4	3.1
Fiscal resources	2.9	7.6	5.2	4.3
EXTERNAL SOURCES	**16.7**	**14.8**	**20.8**	**17.3**
Global Fund	8.6	5.6	12.0	8.7
USA	5.3	6.5	5.5	7.3
Other donors	2.8	2.7	3.3	1.3

SOURCE: Preliminary estimatives, Fundación Plenitud

The cited UNGASS Report 2008 also presents an estimate of the fund distribution in the categories of Prevention, Care and Treatment, as well as Strengthening and Management, which was made based on the implementation estimated for the year 2007 by projects financed by the World Bank and the Global Fund through the COPRESIDA, with the following structure: (a) prevention, 30%; (b) treatment, 25%; (c) administration, 18%; (d) other, 27%. This exercise was conducted for the costing of the National Strategic Plan (NSP)[15].

Table 4 shows the low proportion of public funds financing the national response, which represent only the 14% of total funding in 2007. This does not take into account other private resources, such as household expenditures. In the Dominican Republic, out-of-pocket health expenditures are very high, representing more than 40% of total health care expenditures.[16]

The latter table also shows the high increase rate of both internal and external resources to finance the National AIDS Response during the period 2005 to 2007 – even without including the internal funding mentioned previously. The main contributor during 2007 was the Global Fund. The bulk of the internal resources that year consisted of a World Bank loan, which is currently in the closing process. In 2008 the amount of resources decreased but that same year a new financing from the Global Fund was negotiated and approved for US$88 million for the following six years, which begins implementation in 2009. The country also signed an important support from the US Government through PEPFAR, to finance mainly preventive interventios. In that connection, international funding has not been reduced in the DR as a consequence of the crisis.

However, the data show the high dependency of the national response on external financing. This makes comprehensible the uneasiness expressed by the national actors regarding the global economic crisis. This was increased lately as a consequence of the World Bank project closing at the same time with the dilation between one phase and another of the Global Fund project.

[15] López, Alvaro y Rathe, Magdalena, Informe de consultoría para el costeo del Plan Estratégico Nacional, Fondo Global/COPRESIDA, 2007.
[16] Rathe, Magdalena, Salud y Equidad: Una mirada al financiamiento a la salud en la República Dominicana, Macro International / PHRplus, Santo Domingo, 2000.

V. THE CARE PROGRAM WITHIN THE CRISIS SETTING

The country has a legal framework with laws directly associated with the issue: the Aids Law 55-93, Decree 32-01 creating COPRESIDA and laws indirectly related with the epidemic; Law 42- 01 or the General Health Law and Law 87-01 creating a Dominican Social Security System. However, there is a need to establish how a reorganization of the health sector proposed by these laws will affect people living with HIV in terms of the provision of prevention and care services.

It is currently under discussion whether the health care to people living with HIV and AIDS should be provided by the Health Risk Administrators (Administradoras de Riesgo de Salud (ARS) through the Health Service Providers (PSS). A proposal is being articulated to include PLWHA in the Family Health Plan so they can benefit from the Basic Health Plan through the Social Security, as the application of the law *explicitly excludes* antiretroviral drugs (ARV). Also under discussion is defining who will finance Pre and Post Test Counseling.

The Global Fund to Fight Aids, Tuberculosis and Malaria will contribute approximately 88 million US for 2009-2010[17]. In addition, the country is trying to achieve the Millennium Development Goals, UNGASS, and other efforts to guide the response to STI, HIV and AIDS.

Three main strategic areas are considered in the response to STI, HIV and AIDS: National Policies, Planning and Social Mobilization; Integral Care for STI, HIV and AIDS which includes prevention and care; and Information Systems, Epidemiological Surveillance, Monitoring and Evaluation for decision making[18], which are in the process of improvement to be more effective and timely in the diagnosis, treatment and mitigation and to respond with adequate and agreed public policies depending on the existing epidemiologic situation[19].

The people living with HIV who enter the National Integral Care Program are registered in an information system of the program which is revised monthly. The following table shows the number of PLWHA in the program as of June 31, 2009.

Table 2: Patients attending the National Integral Care Program

Data by 31 June 2009	TOTAL NUMBER OF PATIENTS	PATIENTS NEEDING TREATMENT 2009	PATIENTS IN CLINIC FOLLOW UP		PATIENTS IN ANTIRETROVIRAL TREATMENT
GENERAL TOTAL	**25,309**	**22,771**	**13,066**		**12,243**
ADULTS	**24,280**		**12,870**		**11,410**
CHILDREN	**1,029**		**196**		**833**

SOURCE: DIGECITSS, Monitoring and Evaluation Unit.

Based on an interview with DIGECITSS, it is estimated that between 206 and 250 PLWHA begin ARV treatment each month. It is estimated that approximately 10,000 people are requiring treatment and do not seek therapy.

[17] Interviews to key stakeholders: DIGECITSS, Health Service Providers.
[18] Situation Analysis and National Response to STI, HIV and AIDS, 2007. COPRESIDA, Global Fund. 2007
[19] Interviews to key stakeholders: Health Service Providers.

Care Service Providers

The National Integral Care Program works through a network of 71 Care Units located in health centers throughout the country, coordinated by the Dirección Nacional de Control de las Infecciones de Trasmisión Sexual y SIDA (DIGECITSS), a branch of the MOH, the Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS). This network is comprised of public and private establishments and units owned by non-governmental organizations which provide their services in the communities.

According to those interviewed, service provision has been affected by the crisis. This is evidenced by the fact that the professional, technical and peer resources working in these units were administratively dependant on the projects and programs financed by international cooperation, which upon completion left these units without available resources for a considerable period of time. This weakness and threat to service provision has been gradually resolved thanks to the incorporation of most of these human resources trained by the MOH in the official payroll[20]. However, both the appointments of this personnel and payroll payments have been delayed due to government bureaucracy, directly affecting the provision of services for treatment, prevention and control.

The NGOs indicate that the crisis has particularly affected them in budgetary cuts of donor projects which have reduced the flow of resources. They have been forced to make the adaptation through budgetary restrictions in technical and operational resources, especially those for people living with HIV and Aids and collaborators doing home visits and family support. The reduction, according to the respondents represents almost 80% of the staff, decreasing their prevention and promotion activities in almost 90%. This jeopardizes the adherence to ARV therapy, prevention care efforts to reduce opportunistic infections, education and follow up of self care and prevention for healthy lifestyles among the healthy population identified in these community activities.

Cost of drugs and laboratory supplies

The National Integral Care Program provides antiretroviral treatment and for opportunistic infections to PLWHA in the program. There are currently three different line treatments according to established clinical criteria. Different treatment schemes are distributed in each of these lines.

The national program provides drugs for the first and second lines of treatment. The different first line treatment schemes have been thoroughly revised by a technical commission that includes the National Office for the Development and Strengthening of Regional Networks (Dirección Nacional para el Desarrollo y Fortalecimiento de las Redes Regionales), the Dirección de Control de Infecciones de Transmisión Sexual y SIDA (DIGECITSS) both branches of the MOH; the Commission for the Reform of the Health Sector (Comisión para la Reforma del Sector Salud (CERSS) and the Presidential AIDS Council (COPRESIDA).

The members of DIGECITSS and the service providers interviewed expressed the need for technical assistance to create clinical guides and protocols that may enable the standardization in the management of patients in need of treatment. Based on calculations of the program, the cost of first line treatment, which 86 % of the registered patients receive, amounts to RD$9,155 annually for ARV drugs. To this cost must be added those related with monitoring and supplementary tests, such as CD4 and viral load, which are conducted at the rate of two a year for every PLWHA in ARV

[20] Interviews to Directors of NGOs. Interview to a Service Provider.

treatment. The cost of these tests amounts to RD$4,241 per patient per year, plus the cost of treatment for opportunistic infections which, based on the last consumption analysis showed an average of RD$1,507 a year.

Table 3: Estimation of annual care costs (RD$ per person per year)

Costs per year of care to PLWHA	Fist Line	Second Line	Average Costs (1st. and 2nd. Line)
Cost (average) patient year in ARV	RD$9.154	RD$19.250	RD$10.567
Complementary tests (three per year)	RD$2.985	RD$2.985	RD$2.985
CD4 (two per year)	RD$224	RD$224	RD$224
Viral load	RD$1.032	RD$1.032	RD$1.032
Treatment for OI (average cost per year per patient)	RD$1.507	RD$1.507	RD$1.507
Total	RD$14.903	RD$24.998	RD$16.315

SOURCE: DIGECITSS, Integral Care Department.

With this data, a person in antiretroviral treatment who receives testing for viral load, CD4 and supplementary tests would cost approximately RD$14,903 a year, without including fees for medical consults.

In addition to COPRESIDA´s internal calculations, there is data available from USAID consultants to make an estimation of care costs for patients with HIV and AIDS in the Dominican Republic which suggest that the cost of care for one PLWHA in ARV first line treatment is US$569 (RD$35 for 1U$) equivalent to RD$19,928 pesos.

It is important to point out that in addition to laboratory complementary and monitoring tests, this last estimation includes the cost of fees for medical consults and the CD4 test is calculated at US$10. In the case of the information provided by COPRESIDA and PROFAMILIA during the interview, this cost is US$3.2. Said price is possible given the availability of a modern group to conduct these tests and based on a working agreement with the National Laboratory.

For second line treatment, which based on statistical data provided by the NICP includes 14% of the PLWHA receiving ARV treatment, the cost per patient calculated by COPRESIDA is RD$24,998, including the different tests previously mentioned. The estimations provided by the USAID consultants point out that the cost of second line treatment is US$768 or RD$26,893 pesos.

Drug Procurement

The procurement of drugs and supplies has a direct impact on the cost of care. In the case of ARV drugs, the purchase price has been maintained due to an agreement between COPRESIDA and the Clinton Foundation, which facilitates the access to better prices for ARV and drugs for opportunistic infections for the purchasing agent. These drugs are purchased in the international market and distributed to the integral care units. Presently, this function will be overtaken by PAHO in coordination with the MOH (SESPAS) and t is expected to have the support of the supply logistics for reception, storage and distribution network of PROMESE-CAL to deliver to the service provider network and the integral care units and the PLWHA. This change is part of the task distribution in SESPAS as the institution responsible for the management and regulation of the health sector and the decentralization of service provision in the regional networks of health service providers.

Procurement of Reagents and laboratory tests

In the case of reagents for CD4 and Viral Load, the costs are maintained based on agreements made by COPRESIDA with national service providers such as: National Laboratories, the MIR Foundation and the Laboratory Rosa Cisneros of PROFAMILIA in the city of Santiago. For the Northern Region, the CD4 tests in the Laboratory Rosa Cisneros have a lower cost based on a purchase agreement through USAID.

In the case of basic testing, each supplier has a different price ranging from RD$495 at the National Laboratory to RD$840 at the Dermatology Institute (Instituto Dermatológico y Cirugía de Piel) for an average of RD$690 per test. These tests follow a process that begins with the doctor's prescription to the Integral Care Unit and a validation /authorization from the DIGECITSS to perform the test.

VI. THE IMPACT OF THE CRISIS: KEY ACTORS PERCEPTION

Based on the primary information collected as a result of the interviews and the literature review conducted by the consultants, the following key issues can be concluded as the overall perception among the stakeholders regarding the impact of the economic crisis on the National AIDS Response in the Dominican Republic:

6.1 Uncertainty regarding the continuity of antiretroviral therapy

International cooperation has been crucial in expanding the national AIDS response. This cooperation has been provided both in the form of financial sources as well as other interventions, namely: directly facilitating interventions through counseling, recruitment of professional staff and provision of goods. Donors have conducted activities with government institutions and NGOs, facilitating social participation. The non-governmental organizations (NGOs), the networks of PLWHA and community-based organizations have participated since the beginning of the HIV epidemic, playing a leading role in HIV prevention and the access to ARV treatment for PLWHA in the DR.

Notwithstanding the above, there is a perception, mainly among service providers and non-governmental organizations, that the conclusion of the Project financed by the World Bank and the expected Global Fund budget reduction will have a negative impact on the actions associated with the national response.

On the other hand, the stakeholders feel that the continuous decrease in growth of the GDP will result in a reduction of the national health budget (and indirectly impact the national AIDS program and related activities) which was already short funded, to well below the required level according to the country's epidemiological profile and its currently vulnerable situation.

While the donors and the international cooperation have fulfilled their commitments, some will most likely reduce their future aid obligations, which may adversely impact the activities of the non-governmental organizations, and particularly the provision of services for the most-at-risk populations.

In budgetary terms, the NGOs rely on projects that are financed by international cooperation agencies. The recent funding reduction of many prevention and health promotion programs for

2009 is reflected on the main activities of these organizations in the community. This leads to a high risk of increased numbers of seropositive individuals and a health threat for PLWHA.

One key issue is that antiretroviral therapy is guaranteed until 2011, but it relies solely on donor funding. Despite the national and legal commitment with the existing law that guarantees the right to treatment for the population that meets the inclusion criteria, and the fact that international cooperation funding has not been significantly reduced, it is evident that currently the government depends on these exterior funds. This generates uncertainty among the stakeholders, particularly based on the number of new cases and the cut of preventive and awareness programs targeted to the general population to avoid further infections.

6.2 Possible increase in the HIV and AIDS morbidity, prevalence, incidence and mortally indicators

The economic crisis affects the citizens´ out-of-pocket capacity, especially in vulnerable populations such as PLWHA. In the Dominican setting, this is directly reflected on the access to drugs, not necessarily because of the availability of treatment but for difficulties to access the sites providing ARV therapy (sickness, lack of money for transportation, among others).

Budgetary cuts limit the work of the NGOs in terms of mobilizing their staff that makes home visits to monitor treatment, provide education, early detection of opportunistic infections and making referrals as required. This has a direct impact on treatment adherence, will probably generate drug resistance and, consequently, possible therapy changes from first to third line treatment which increases the costs creating a vicious circle. In general, the person is unable to cover the cost of therapy, and at this moment it seems that the government is neither considering this a priority nor capable of ensuring it as such.

Such interruptions in therapy would lead to an additional increase in the incidence of opportunistic infections (especially TB), thereby increasing the cost for the health system in the country.

Another important issue is the nutritional needs of individuals on treatment which, as a result of the economic crisis and the high cost of food, will force them to stop the treatment thus increasing the morbidity and mortality rates. Food security will be particularly affected by the quality of the food consumed.

The persons interviewed mentioned the cut in prevention and health promotion programs will increase the number of people living with HIV (prevalence rates) and derive an increase in the mortality indicators, especially in the most-at-risk populations. The budget cut is more evident in those programs, regardless of whether the funding sources are external or internal.

In addition, the high unemployment rates together with a reduction of foreign remittances and the decline of tourism (with the subsequent temporary unemployment), may result in healthy individuals who are not at risk assuming unsafe behaviors (prostitution, drug use). This will increase the numbers in most-at-risk populations, as they may become infected with HIV due to a lack of knowledge, information and education on their own health self care.

One of the main donors, USAID, through the President's Emergency Plan for AIDS Relief (PEPFAR), is initiating its activities in the country. The plan will guarantee financing until 2015 with an emphasis on HIV and Aids prevention and health promotion programs with direct support to health care providers. However, they have already announced future budget cuts, which together with

the perception of a possible reduction of funding from the Global Fund; will dramatically affect the response to the epidemic in the Dominican Republic.

6.3 Possible increased stigma and discrimination against PLWHA

The current situation in the DR affects the human rights and the labor rights of PLWHA and those who have not been diagnosed. Often, their human rights are violated at the workplace by performing HIV tests without their consent and separation from the job those with positive results without providing counseling services. In a crisis situation, these practices may increase.

IV. RECOMMENDATIONS FROM STAKEHOLDERS TO ADDRESS THE CRISIS

From the key actors interviews conducted, some recommendations can be obtained, both referred to government actions as well as other interventions that can be assumed by the country to face the national program situation in front of the global economic crisis:

- Increase public funding to finance the national response to the epidemic, with the purpose of reducing the country's dependency on international financing.

- Articulate the National Integral Care Program to the regular health services provided in the various care levels by service providers.

- Include PLWHA in the Family Health Insurance in order to have a Basic Health Plan that would allow the access to services without stigma and discrimination, including ARV therapy with no additional cost to the insured. This would require undertaking the necessary feasibility studies, including fiscal impact in the long run.

- Arrange the transfer of funds to finance the National AIDS Response from the 5% in the National Budget that is allocated to the Executive Branch for the management of disasters, catastrophic and/or emergency situations.

- Establish an information policy for the key stakeholders on the decisions being made to address the economic crisis, as there is disinformation with respect to the government measures that are in process and the impact on the health of the Dominican people, particularly regarding the HIV and Aids program.

- Develop technical recommendations and provide technical supervised support to providers, enabling them to improve their efficiency and cost effectiveness in clinical and administrative management in order to reduce the costs of healthcare.

- Place more emphasis on maintaining prevention and health promotion programs with healthy lifestyles and behaviors among the general population and the populations at risk. Use a friendly language with clear messages oriented to children and young people.

- Promote and maintain initiatives to improve monitoring and evaluation to allow effective follow up of the programmed activities and those actually implemented, verifying the gaps between the planning and interventions already conducted.

- Incorporate the principles of *Health in all Policies* to public policies, so that the issues with an impact on health (environmental health, water and sanitation, education,

telecommunications, and others) are assumed as permanent state policies through time. In this sense, enhance the effectiveness of services provided such as drinking water, aqueducts and sewers, health education, promotion and prevention, in coordination with decentralized local governments.

- Promote the responsibility of the private sector to contribute funds for prevention programs and renew the commitment to ban stigma and discrimination, guaranteeing individual rights at the work place, regardless of their HIV status.

- Ensure that the initiative of "Know How" for the logistics in the supply of goods of PROMESE-CA and their distribution network is well used for drugs and supplies in the national AIDS response.

- Bridge the gaps (geographic, financial and cultural) in the access to care services and prevention.

BIBLIOGRAPHIC REFERENCES

1. Análisis de Situación y respuesta nacional a las ITS, el VIH y el SIDA, 2007. COPRESIDA, Fondo Global. 2007

2. Caracterización de las Remesas en República Dominicana, Banco Central de la RD, 2008.

3. Entrevistas actores clave: Proveedores de Servicios de salud.

4. Entrevista actores clave. ONGs y Proveedores de Servicios de Salud.

5. Entrevistas actores clave: DIGECITSS, Donates y Proveedores de Servicios de Salud.

6. Ejecución Presupuestaria. Enero-Marzo 2009. Secretaria de Estado de Hacienda

7. Impacto de la Crisis en el Mercado Laboral de C.A y R.D. OIT 2009.

8. López, Alvaro y Rathe, Magdalena, Informe de consultoría para el costeo del Plan Estratégico Nacional, Fondo Global/COPRESIDA, 2007.

9. Rathe, Magdalena y Soraya González, Informe de consultoría para la preparación del informe UNGASS 2008, Fundación Plenitud / ONUSIDA, Santo Domingo, 2008.

10. Rathe, Magdalena, Estimación del gasto nacional en salud 1995-2008, Fundación Plenitud, 2009 (www.fundacionplenitud.org).

11. Rathe, Magdalena, Salud y equidad: una mirada al financiamiento a la salud en la República Dominicana, Macro International / PHRplus, Santo Domingo, 2000.

12. Resultados preliminares de la Economía Dominicana, enero - junio 2009: http://www.bancentral.gov.do/

13. UNAIDS. AIDS epidemia update: December 2006- UNAIDS-Geneva-December 2006.

14. Preliminares de la Economía Dominicana Enero Junio 2009: http://www.bancentral.gov.do/

ANNEX

TRANSCRIPTION OF INTERVIEWS

INTERVIEW 1
DONOR REPRESENTATIVE: USAID
Ms. María Castillo
Manager HIV/AIDS and TB Activities

USAID works to improve the life quality of the Dominican people providing support to quality health services and disease prevention. In particular, USAID supports a greater access and use of services for Sexually Transmitted Diseases (STI), Tuberculosis and HIV/AIDS in most-at-risk groups, and develops feasible models to improve the quality of life in the *bateyes*, where the greatest number of Haitian immigrants and poor Dominicans live.

The respondent, Ms. María Castillo stated that there has been no reduction in international funding. The Partnership Framework indicates an actual increase of funds. In the last 2 years, the budget has increased from 7.8 to 10 million and 8.5 million for the year 2010. This represents an increase of 28 additional millions. At the local level the crisis has affected the regional level:

- Shortage of supplies: In terms of materials and tests (kits and reagents)
- Salaries for the HR in the Integral Care Units included in the MOH payroll who have not been paid (this staff was previously paid with the Global Fund grant).
- State subsidies to NGOs that have been either reduced or not disbursed.
- Quality of supplies: there have been difficulties in the procurement of rapid test kits; some have not been endorsed by WHO or the CDC in Atlanta. This type of uncertified rapid test kits yield false positive and false negative results, therefore they are UNRELIABLE.

There is a deficit of test kits for CD4 count and viral load. Several communications have been sent on this issue to Dr. Rodríguez, Vice Minister of Collective Health from the MOH and to Dr. Gustavo Rojas from COPRESIDA.

The financial aid has not been provided and there is no funding to enable the providers to carry out their activities.

USAID funds are disbursed to the different mechanisms through contracts which are in turn assigned based on performance results for the annual budgetary allotments.

Financing for 2008 for USAID/DR = $5,750,000.00
PEPFAR 1 was approved by the United States Congress in 2004 for US$17 thousand millions for 14 countries (2 in America, the rest in Africa). It was later expanded to include a total of 17 priority countries. In the beginning, the DR was not part of PEPFAR 1 and was not included until 2007 as a non-priority country. PEPFAR II was approved again by Congress in 2008 to begin in 2009. The Dominican Republic is considered a recipient, and as such, will receive an additional 10 million for 2 years (2008 and 2009). The estimated budget for the Dominican Republic starting in 2010 is $15.750 million per year. That is, a five-year total of U$73.675 millions for HIV/AIDS.

The funds for 2008 arrived in country on September 2008 and we are expecting the funds for 2009 in September this year. The strategy covers a five-year period 2009 – 2014. The US Congress mandates that these funds must be utilized in the following manner:
- Prevention: 50% (ABC, Mother to Child Transmission, Blood Banks)
- OVC – 10% (OVC – orphans and vulnerable children)
- Treatment and palliative care – 30%
- Systems – 10%
- PEPFAR regulations state that operational costs cannot exceed 6% of the total.

With respect to the questions related with the crisis, the overall perception is that the government is not clear on how to address it. 65% of the resources from the Global Fund should be assigned to drugs, but no monitoring mechanisms are in place to verify this investment.

To improve coverage, early detection and treatment, it is essential to conduct *an estimation of costs for every service provision*. No interventions can be made in the identified problem areas: HR and quality tests; this depends on the regulating body within the Dominican Government. The commitment at the highest government level to guarantee prevention and service provision from the public health sector is urgent.

Some consequences of the economic and financial crisis will include:

- Untimely detection of new HIV cases
- Increased number of deaths associated with HIV/AIDS and opportunistic infections
- Reduction of Voluntary Testing and Counseling
- Reduced rate of enrollment in the program for Prevention of Mother to Child Transmission.
- Prevention Programs: Managed with international funding. These will less likely be impacted because programs such as Life Skill, Global Fund and others are more focused on this area.
- There will be large gaps in service provision within the public health networks.

INTERVIEW 2
REPRESENTATIVE CIVIL SOCIETY OR NGO DIRECTOR: ASOLSIDA
Ms. Felipa García,
President

She indicated that ASOLSIDA is an NGO that works with people living with HIV and AIDS (PLWHA), their partners and families. When actions are made addressing the general population, their awareness efforts are oriented to the people living with HIV and AIDS.

- In terms of treatment and support, they are oriented to palliative care.
- In the World Bank project: education on nutrition and energy balance as support for PLWHA within the program.
- At the prevention level, they work on pre and post test counseling.
- Education to both the general and the most-at-risk populations. They focus on adolescents and vulnerable populations.
- In terms of mitigation, they will start a Project with UNICEF targeting children diagnosed with HIV and their caretakers to provide follow up, treatment and prevention activities to complete their basic knowledge of the work with PLWHA. Their approach to users is especially made in hospitals.
- In terms of the social setting: advocacy, defense of human rights, gender-focused programs. They work actively in political participation and they act as the focal point for women living with HIV worldwide.
- In 2008 they managed a budget of approximately 100 thousand dollars. The largest portion, 90%, comes from the Global Fund grant, 5% from bilateral cooperation organizations and 5% from humanitarian institutions.

Impact of the financial crisis on HIV and AIDS programs

Yes, the financial crisis has had an impact on this organization. The Global Fund Project was for 80-85 thousand dollars, and in 2009 it has remained the same while there is an increased demand of activities. This has resulted in reduced promotion and prevention activities and a reduced number of human resources who were PLWHA providing peer counseling. Specifically, awareness campaigns and activities against stigma and discrimination have been affected by reduced home visits and

follow-up actions for family support to PLWHA in their home environment. PLWHA continue receiving the services, but activities have been reduced by 50%.

These measures will result in:

- Wider gaps, especially due to an increase in the number of seropositive individuals.
- Increased morbidity and a subsequent increase in the mortality indicators.
- Less social reintegration due to deficiencies in management of the social burden and the increase of mental health problems such as depression, anxiety, among others.
- Prevention activities will not be reduced in the Integral Care Units, but early case detection of HIV risk and new confirmed HIV cases will decline.
- PLWHA feel uncomfortable consulting other organizations because they feel discriminated by the service providers in the DR; consequently, the service demand might also decrease.
- Indirectly, government funding will affect service provision due to government bureaucracy and delays to include the trained staff from ending projects in the MOH payroll.
- The demand to NGOs may increase and these may be incapable of assuming the enlarged demand for assistance.
- Prevention programs targeting young and healthy populations will be indirectly affected.
- Those who have already been diagnosed will seek help in the centers they know and where they are usually active, but for those who are recently diagnosed and those who are at risk but still negative, it is only a matter of time.

Anecdote

The ASOLSIDA proposal to the Global Fund.
Initially: a team of 30 community educators, 2 supervisors and one evaluator.
After budget cut: 5 community educators. This represents an 80% reduction of the beneficiaries. In addition to this, 25 PLWHA community educators have been left unemployed.
In 2008, we made 5000 home visits; 2000 are programmed for this year, less than 50%. The financial situation imposes an investment of more time and effort in counseling and education for the PLWHA and their families.
From 20 awareness talks conducted in 2008, only 5 have been programmed for 2009.

- No information has been received concerning a budget reduction for HIV and AIDS programs for 2010, but it is perceived as a serious threat.
- The budget reduction has been made based on budgets developed and submitted which had required adjustments.
- The PLWHA have no possibilities of formal, remunerated jobs due to discrimination in the work market; they cannot get health insurance and lack social protection services, except for the limited public health services provided.
- Despite the ban to HIV testing without informed consent and post test counseling, the labs and employers continue making them and the workers are left unprotected and without support.

The State must assume its role to promote coordinated work between the NGOs and the Health System, because efforts are being unnecessarily duplicated due to the lack of coordination between both actors within the system.

INTERVIEW 3
REPRESENTATIVE CIVIL SOCIETY AND NGO DIRECTOR: REDOVIH
Ms. Dulce Almonte
President and PLWHA

The Dominican Network of People Living with HIV and AIDS (REDOVIH) is an NGO that was established in 1997 and is legally operational since 1998.

- Works in the defense of the human rights of PLWHA; with people who are living with HIV/AIDS and those affected by the disease. It provides legal support and influences policy formulation. They are active members of COPRESIDA and the Coalition of NGO/AIDS.
- Peer counseling in the Integral Care Units and the PMTC programs in the state maternity hospitals.
- Support for addiction. Positive prevention with personal testimonies in drug prevention and HIV/AIDS, with support from UNESCO and Hogares Crea (rehabilitation centers).
- The organization does not discriminate on gender or sexual preference and does not focus on programs for most-at-risk populations.
- Collaborates with prevention in schools through the UNFPA Young Leaders program.
- Funding is received from UNICEF, UNFPA, Global Fund, UNESCO, PROGRESSIA and USAID.
- Their operational budget is approximately 120 thousand dollars a year.

Impact of the financial crisis on HIV and AIDS programs

The prevention programs will be halted due to reduced funding. For 2010 a reduction is expected of approximately 30%. Promotion and prevention activities will be reduced, with an impact on the human rights of PLWHA who were providing peer counseling. Awareness programs and activities to fight stigma and discrimination have been reduced due to less home visits and a lack of continuity in follow-up and family support for PLWHA in their home environment.

- Budget sizes have been reduced by 30%, and this reduction will affect prevention and promotion activities, which will in turn have an impact on health indicators.
- Funds from the Global Fund have not been approved yet; we have been waiting for three months.
- Prevention efforts have been particularly impacted by the budget cuts.
- The supply of lab kits is exhausted because procurement was made with funds from the World Bank loan, as well as pre and post treatment follow-up. This will result in an increased number of undiagnosed HIV individuals.
- Adherence to ARV treatment will also be seriously affected, and at the same time, many PLWHA will be at higher risk and vulnerability due to the lack of paid jobs.
- Stigma and discrimination will have an impact on families and household income for PLWHA.
- The absence of home counseling will increase costs for opportunistic infections.
- The lack of treatment follow-up will result in drug resistance and a need for 2nd and 3rd line drugs, thereby increasing the personal out of pocket spending and healthcare spending at national level.

Measures taken by the organization to address this situation include: strengthening the voluntary groups and reducing home visits.

No proposals or loans or contributions from the government are foreseen.
Institutional sustainability is a concern because projects do not allocate resources for operational costs or for payroll.

INTERVIEW 4
REPRESENTATIVE HEALTH SERVICE PROVIDERS: PROFAMILIA
Dr. Mayra Toribio
Medical Supervisor - Clinics

PROFAMILIA is a non-profit, non-governmental organization that provides health services in addition to prevention, healing and rehabilitation. It is not focused exclusively on HIV and Aids services but rather on a comprehensive health care approach, with no discrimination and by the entire professional and technical team that works in the system's 3 clinics. They have achieved 98% adherence to ARV treatment among the PLWHA who are in follow-up. It has a network of 5 clinics. Some of the services provided include:

- Laboratory: HIV testing and supplementary tests
- Pre and post test counseling with informed consent
- Integral care in three clinics, including counseling. When a person is diagnosed HIV positive he/she is enrolled as PLWHA but receives integral care from any of the professional staff.
- ARV therapy
- HIV patients are referred to counseling and multidisciplinary management

Their principle is based on service provision and NO stigma and NO discrimination. PROFAMILIA charges for the services rendered.

Problems identified in service provision for PLWHA and strategies implemented to address them:

- Projects end and service providers are left without funds to pay their human resources and the clinics are unable to provide direct services.
- Professional fees are paid through a payroll for recruited staff (psychologists, nurses and doctors) through an agreement with DIGECITSS/SESPAS. Other providers are contracted directly by PROFAMILIA and SESPAS (MOH).
- Other financing sources include the MOH and the coupon system (institutional). The face value of a coupon is less than the real cost of a medical consult. These coupons are subsidized with various funds managed by the organization for vulnerable populations.

<u>The cost of laboratory services</u> is assumed by the Government and DIGECITSS. They have equipment for CD4 count at the Rosa Cisneros Clinic in the city of Santiago which is located in the Northern region.

To this day, COPRESIDA pays for supplementary tests that are made to those who test positive in order to determine if they require ARV treatment and for follow-up. Each patient receives two tests per year. The PROFAMILIA laboratory belongs to a network of HIV laboratories for the Northern region, with the support of USAID (which supplies the kits). The same blood sample is used for viral load testing which is processed in the *Laboratorio Nacional Dr. Defilló* through and internal logistic system (which limits the number of punctures and speeds up the process).

The funds from COPRESIDA to finance supplementary testing have ended. They are currently in a bidding process for supplementary tests.

<u>Supply of ARV drugs and therapy</u>

- Made with government support: DIGECITSS.
- Drugs for opportunistic infections are covered by DIGECITSS and the patients out of pocket money.

- DIGECITSS is undergoing a decentralization process which is delaying a timely supply distribution.
- Drug procurement will be made with PAHO support through the MOH, using the logistical infrastructure in the PROMESE.
- Reduced costs for volume have been achieved as a result of sound and adequate management by the procurement agent. We must wait to see what happens now.
- Until 2010 we foresee no problems with the CD4 kits, based on an agreement with USAID (a 5-year contract) although there has been a reduction in some related goods.

Possibly, the human resources of the ICUs in the health system will shift from one site to another in pursuit of better salaries. This could leave the units with less competent staff and will likely affect the quality of the care provided. The perception concerning the crisis is that everything will remain as is, without major changes. Free HIV testing will continue and, obviously, more people will be diagnosed with HIV.

The perception of this representative of the service providers is that:
- Politics has negatively influenced the implementation of COPRESIDA and other decision-making institutions, without prioritizing the technical aspect.
- They lack the vocation and honest commitment to assume their professional responsibility with PLWHA, being oblivious of the impact of their managerial decisions on the population.
- The guiding principle for the role of COPRESIDA has not been complied; they have deviated from their purpose.

PROFAMILIA cannot continue accepting new patients. It is forced to charge new patients for their services. Free HIV testing will undoubtedly increase the number of seropositive individuals; we should determine if we are prepared as a nation to respond to the increasing demand of supplementary tests, integral care and CD4 tests to initiate ARV therapy while the demand for drugs increases considerably. It is not clear if the country is prepared to respond knowing that the prevalence rate in certain locations is higher than 5%, particularly in some bateyes and tourist areas. In addition, with the presence of the AH1N1, there have been gaps in case management for PLWHA.

INTERVIEW 5
REPRESENTATIVE AND DIRECTOR OF NGO: CENTRO DE ORIENTACION E INVESTIGACION INTEGRAL (COIN)
Mr. Santo Rosario Ramirez
Executive Director

The action scope of COIN is service provision in the framework of the response to STI/HIV/AIDS. It also carries out interventions in the areas of trafficking and commercial sex workers, their families and environment. It promotes the defense of human rights, stigma and discrimination and advocacy. It does field research in different areas and participates directly in policy formulation; is a member of COPRESIDA and the Coalition in order to be more empowered as a group. Gender is a cross-cutting issue in their line of work. This NGO works through volunteer members, specifically on issues associated with HIV/AIDS, focusing on:
- Policy management;
- Care, pre and post test counseling, PMTCT;
- Prevention with target audiences: promoting condom use;
- Work with at-risk populations and their clients (sexual work) and intermediaries;
- Target audiences in at-risk populations and their environment;
- Support to Integral Care Units for PLWHA, families and the community to reduce stigma and discrimination;

- Palliative care, nutritional support;
- Promotion of social and collective empowerment;
- Development of activist groups for people's rights. Training of female commercial sex workers in a peer outreach program as Health Messengers;
- Multidisciplinary team to provide psychological and nutritional support;
- Community healthcare campaigns and in the workplace with industrial workers, promoting their human rights. There is a high level of AIDS-related discrimination in the workplace due to lack of information;
- Support health education in schools.

Their total resources for 2008 were 20 million pesos, approximately USD600,000. 80% of these funds come from international donors such as the Global Fund, USAID, CARICOM, UNAIDS and some European NGOs. In addition, they receive State assistance:

- For payroll payment of the HR working in the integral care units;
- The government subsidy amounts to RD$13,000 pesos.

Impact of the financial crisis on HIV and AIDS programs

A reduction of the target audience. Due to payroll cuts, they have reduced their areas of intervention; hence there is a decrease in the target population. The access to services will be reduced to general users, PLWHA and related:

- Less availability for condom use (supplied by the State supplies and through direct procurement as an NGO);
- Access to information;
- Access to pre-packed therapy (syndromic management of STI);
- ARV therapy;
- Drugs for opportunistic infections.

All this will affect the HIV and AIDS incidence, prevalence and mortality rates.

Prevention campaigns will be reduced and this will have an impact on the healthy population.

To make their processes more efficient, the SESPAS (MOH) is undergoing a decentralization process, transferring the management of goods and supplies to the regional and provincial levels of the DIGECITSS. This has resulted in a reduced availability to meet the demand during the last few months.

The NGOs are receiving almost less than 50% of their previous budgets. For 2009, COIN will receive only 50% of its budget.

The Global Fund has reduced its funding and the allotments for prevention have been dramatically decreased: 25% for prevention and 75% for treatment.

The only programmatic activity they will maintain is their work in national policies and advocacy, because this only requires a will to action.

The country proposal for the Global Fund was not balanced in terms of the care and prevention components. The country submitted a proposal focused on securing funding for the care to PLWHA and ARV treatment. It is well known that for each person starting therapy, there are 5 more waiting to access; therefore, PREVENTION is FUNDAMENTAL in these cases.

The organization has no means to survive or to pay its employees and operational costs to generate community work. The public health suppliers should be coordinated at the governmental and non governmental levels in order to have a greater outreach through government service procurement with the NGOs, thus expanding the coverage with quality criteria.

As Civil Society, COIN will advocate for increased financial resources. The unemployment generated by the crisis will have a direct socioeconomic impact on vulnerable populations. More people will engage in risk behaviors such as prostitution and drug use due to the impact on their mental health. Household poverty will result in less food intake and will reduce treatment adherence, as they will not have enough money for transportation to obtain their medication. The morbidity and mortality rates will sky rocket.

The private sector has not assumed a leading role in this area and does not consider the issue a social responsibility. The State intervention is shy in ensuring that social investment reaches its rightful destination. Advocacy for the incorporation of users and PLWHA to the social security scheme has been weak. And despite some important steps, greater political will above particular financial interests is crucial.

The Country Coordinating Mechanism (CCM) for the Global Fund is functioning, but the inoperativeness of the Council (COPRESIDA) will limit the National Response due to the lack of institutional framework within the council itself. The responsibility of the Council is assumed by the Implementing Unit.

There is a structural problem in the distribution of wealth; the government must be committed to ground social policies that promote equality and do not restrain the access to services.

INTERVIEW 6

GOVERNMENT REPRESENTATIVE: DIGECITSS
Dr. Luis Félix
Director
Dr. Martha Rodríguez
Monitoring and Evaluation

The DIGECITSS is responsible for regulating and establishing rules, implementing through the network of health service providers. Resource mobilization and policy formulation for distribution through financial guidelines are the responsibility of COPRESIDA. Budget allocation is made by the administration department of the MOH by requesting DIGECITSS an operational plan with assigned sums for each activity, with monitoring indicators. Once the activities are approved, the budget is disbursed, but not directly to the DIGECITTS because every aspect is centralized in the MOH (storage, procurement, payroll, etc.) They operate mostly with budgets from projects funded by international cooperation agencies, which enables them to implement public health activities: UNICEF, USAID/PEPFAR, and others. These agencies provide technical and financial support.

The crisis is having a negative impact at all levels. The Provincial Health Departments and the Regional Departments are facing difficulties to provide the health services. They have not been able to implement their program due to the contingencies. The resources for HIV and AIDS have been utilized in other short-term priorities such as the AH1N1 flu. This has hindered implementation of ALL collective health programs based on a rechanneling of the resources. The DIGECITSS budget is 80 million pesos, approximately 2 million dollars.

The drug procurement was formerly made through the Clinton Foundation with funds from COPRESIDA. To mitigate the impact on drug procurement due to a budgetary deficit of the procurement agent, PAHO is working on securing the supply of drugs with PROMESE-CAL and SESPAS, who will provide drugs for STI: pre-packed therapy.

The prevention programs will be the most affected, particularly those addressed to most-at-risk groups. The budget required increased by 20% from 2008 to 2009, but there is no evidence of a specific budget cut. Approximately USD700,000 are received from projects funded by cooperation agencies.

The programmatic areas that receive less financing are promotion and prevention, and they will be the most affected as a result of the crisis, even if the rely on projects. The budget is mostly assigned to human resources and services.

2,243 people are currently in ARV therapy, of which 833 are children and 11,410 are adults. We know that 85% of the resources for ARV drugs are guaranteed. Those requiring 3rd. line treatment and drugs for opportunistic infections are the most affected. The Global Fund has reduced a portion of the requested budget and the cut has been applied to prevention programs. Programmed activities have increased by 20%. A reduction of funds will only affect other essential categories such as drugs for opportunistic infections, pre-packed therapy or eventually some goods. As a government agency, they guarantee ARV therapy for those cases already incorporated in the program.

In the DR, the criteria to initiate ARV treatment is a CD4 count level below 250 notwithstanding other elements such as viral load, complementary tests and the general health condition of the individual. An assessment should be made on the cost-effectiveness of initiating treatment with higher CD4 levels, and the availability of funds to guarantee the access to treatment for the existing population and the new cases. Currently, a discussion is in progress to decide if ARV treatment will be included under the social security plan without additional cost to the insured, or if costs should be increased. First line treatment would be ensured, but it is not clear yet if the management of pregnant women will also be covered.

If the financing for the HIV/AIDS program was assumed as a responsibility of the state, the quality of service provision would improve significantly, although not immediately but gradually as the processes are improved.

The NGO budgets are being affected. Their main functions are prevention, advocacy and the defense of Human Rights. A reduction of almost 50% is expected for most of them, and this will have a negative impact on the provision of community services.

The ideal would be to coordinate with the network of public service providers by contracting mechanisms that would enable the NGOs to establish management agreements for prevention activities, follow-up and monitoring for PLWHA and their families within the primary care setting. Home visits and household support would help ensure treatment adherence and healthy behaviors.

The lack of resources would directly impact the work with most-at-risk populations.

The economic crisis and the unemployment will reduce household incomes. It may also have an impact on the government budget for HIV and Aids programs. The labor crisis that generates unemployment shifts people from the formal to the informal sector, sinking them in socioeconomic vulnerability, affecting their physical and mental health and increasing the risks for PLWHA and the entire population. In our country, a job reduction tends to leave PLWHA out of the system. With

less income, PLWHA will have less access to basic services such as transportation to access the health centers where therapy is provided.

At some point in the past, PLWHA in the DR were receiving funds directly, but this is not contemplated in social welfare programs. The AIDS Law guarantees the protection of PLWHA and the provision of treatment and care.

Through the reform of the health sector, the country is assuming its responsibility to provide competent services. Every service entails costs; every sanitary action requires a dynamics of processes that need improvement. The MOH is undergoing a decentralization process that attempts to identify the real costs to make better need projections and also to provide prevention and care services to both PLWHA and the general population.

A budgetary revision as a result of the crisis will force the government to secure donor funds to increase their support to HIV and Aids programs, but based on results.

DIGECITSS requires direct technical assistance to improve its monitoring and evaluation mechanism and transfer the data in information for timely decision-making, supported by evidence and effective. Food security and the quality of caloric intake will also be affected, particularly for PLWHA and in ARV treatment. This will originate setbacks in the overall health of PLWHA.