

# Civil Society Organizations Forge a Place within the Dominican Republic's HIV Response

## Introduction

In the Dominican Republic (DR), HIV-focused civil society organizations (CSOs) developed a platform to expand access to primary health care (PHC), including HIV services, for key and vulnerable populations. The platform has two components:

1. A network of CSOs capable of providing PHC services that complement and are linked formally to the public health system.
2. A financial cooperative that supports CSOs to gain access to credit so they can expand vulnerable and key populations' access to PHC.<sup>1</sup>

The decline of international funding for HIV prevention and treatment sparked dialogue in the DR focused on how to sustain HIV services and maintain efforts to mitigate its spread, which have been heavily dependent on external funds. Against this backdrop, the DR also has been undergoing major health-sector reforms that focus on achieving universal health coverage and developing an essential package of integrated PHC services that includes HIV.

## Building Micro-Networks of CSOs

There is strong evidence, even in countries that have robust public health systems, of the benefits of providing health services through "micro-networks" that include public and private providers.<sup>2,3</sup> In this model, clients receive the same package of services whether their providers work within a private CSO network or the public system. This uniformity of services is possible when government takes a "systems

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<sup>1</sup> Note that a CSO consortium does not always have access to loans and credit from private banks; they need to acquire free disposition funds for services or interventions that would not be paid for with public money.

<sup>2</sup> Integration of HIV Care with Primary Health Care Services: Effect on Patient Satisfaction and Stigma in Rural Kenya. Thomas A. Odeny, AIDS Res Treat. 2013 May 7.

<sup>3</sup> Integration of HIV/AIDS services into African primary health care: lessons learned for health system strengthening in Mozambique - a case study. James Pfeiffer, et al. Journal of the International AIDS Society 2010;13:3.

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approach” to service delivery and standardizes the package of services, guidelines, and medical protocols for all providers and networks, public and private.

The DR’s response to HIV and capacity of its CSOs to deliver high-quality services to the most-vulnerable populations needs continued strengthening. Establishing integrated CSO networks that complement the public health system by reaching vulnerable and hidden populations<sup>4</sup> with essential health services is a way to do both.

As the health reform process took hold in the DR, some CSOs (both HIV-focused and others) began forming “micro-networks” and expanded their service offerings from preventing and treating HIV to essential primary care services. This was done to ensure that people affected by HIV would continue to have access to a range of high-quality health care services despite decreased donor funding.

A consortium of CSOs led by *El Instituto Nacional de la Salud* (INSALUD),<sup>5</sup> a Dominican public health organization whose work includes improving access to integrated, high-quality HIV services for key populations, began to formalize CSO micro-networks (*micro-redes integradas de servicios oportunos de salud*). CSO micro-network members must be capable of providing PHC services that are integrated with the public health system. This, in turn, allows the Dominican national health insurance scheme (SENASA) to contract with eligible micro-networks to provide services as part of the national package of essential health services.

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INSALUD and its consortium define a network (or micro-network) as a group of organizations that:

- Coordinate services and programs (using a referral and counter-referral system) internally within the network and externally with other CSOs, hospitals, and health facilities (public or private).
- Provide a package of preventive, promotional, curative, and rehabilitation services that is aligned with the government package.
- Agree on a payment system for CSOs to be reimbursed for service provision. In the DR, services are reimbursed through a contract between SENASA and the organization that serves as head of the network (i.e., INSALUD). INSALUD in turn reimburses each network-member CSO for services provided.
- Operate within a defined geographic area (e.g., Greater Santo Domingo, North District, Eastern Region, and Cibao).

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<sup>4</sup> Vulnerable and hidden populations include but are not limited to men who have sex with men, female and male sex workers, people living with HIV, migrant workers.

<sup>5</sup> The Instituto Nacional de la Salud (INSALUD) is a private nonprofit public health organization in the Dominican Republic created in 1993. INSALUD is committed to advancing social and health reform processes through dialogue and advocacy and the promotion of strategic alliances between public and private sectors.

As stated above, the Dominican government can now use social contracting mechanisms to reimburse the services provided by the CSO micro-networks, which fill critical gaps in the public health system and make it more responsive to the health needs of all citizens, including the most vulnerable. One of the most important benefits of integrating CSO micro-networks into the public health system is that it allows community-based services to be part of the formal continuum of care (using a system of referrals and counter-referrals that occur at different levels of the health system).

A recent cervical cancer prevention and care pilot demonstrated that CSOs can provide community-based services and be reimbursed by the public health system. The pilot also showed that community-based services are highly cost-effective because they reach populations not covered by the national health insurance scheme at stages of prevention or early treatment.<sup>6</sup>

The objective of the DR's health reform is to provide universal access to an essential package of health services, regardless of whether the services are provided by public, private for-profit, or private not-for-profit providers (e.g., CSO micro-networks). Given the significant resources already invested in strengthening the capacity of HIV-focused CSOs, expanding their scope to include primary health care and integrating their services into the public system is a powerful way to strengthen CSOs and the public health system sustainably.

## Building a CSO Cooperative

The idea to form a CSO cooperative that could serve as a savings and credit union for a network of affiliated CSOs had been percolating in the DR for some time. In 2015, faced with decreasing international funds and limited resources for service delivery and advocacy, a small but powerful group of CSOs, led by INSALUD, decided to move forward with establishing a cooperative. It pooled knowledge and resources with the aim guaranteeing the sustainability of an integrated package of health services for vulnerable populations.

The process of registering the cooperative as part of a larger CSO sustainability strategy was supported by USAID through its Local Capacity Initiative (LCI).<sup>7</sup> The group of CSOs, chaired by INSALUD, worked to fulfill the legal requirements to register the cooperative. In 2017, the *Cooperativa de Ahorros, Créditos y Servicios Múltiples en Atención Primaria de Salud*<sup>8</sup> (COOP-APS) was formally registered with the

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<sup>6</sup>The pilot took place in the district of Santo Domingo with the National Oncology Center as the final point of care. Because systems (including a reimbursement process with SENASA) were already set up for payment for cervical cancer, this important health issue was selected for the pilot with the CSOs. The pilot results showed that including community-level services in the model of care resulted in savings on potentially expensive care and treatment.

<sup>7</sup> The Local Capacity Initiative (LCI) was established by the U.S. Government in 2013 to strengthen sustainability of national HIV and AIDS responses through increased advocacy capacity of local civil society organizations. Supporting the PEPFAR principles of country ownership and sustainability, LCI directly funds and supports CSOs that advocate for key and vulnerable populations. This increases PEPFAR's ability to support local ownership of the HIV response in a sustainable manner. LCI funding supports organizations that enhance the effectiveness of local health systems in addressing the HIV response.

<sup>8</sup>In English, the name is Savings, Credit, and Multiple Services for Primary Care Cooperative.

Dominican government. Upon registration, COOP-APS elected a management committee to oversee business and enlarge its membership. The COOP-APS headquarters is based at the well-known Dominican nongovernmental *Centro de Orientación e Investigación Integral* and currently has 135 members (this number includes both CSOs and individual members).

The role of the cooperative is to serve as a savings and credit union for member CSOs and their affiliates; support economies of scale by collective purchasing of supplies, services, drugs, etc.; and maintain cost-effective network services. To offer competitive services both in quality and cost, the CSOs of each micro-network need a supportive institution that can provide credit, access to new technology, and serve as a reliable savings institution. Through this model, social contracting with insurance companies and the public sector can ensure sustainable primary health care services for key and vulnerable populations. The COOP-APS will strengthen the capacity of the CSOs to provide services and advocate for the human rights of the populations they serve. While the COOP-APS is still in the beginning stages, the vision is that it will work to strengthen the health services provided by the CSO networks, provide financing for basic health care equipment, and offer collective purchasing and other needed support.

## Challenges and Lessons

- The constitution of the cooperative paired with the organization of the micro-networks appears to be a promising strategy to guarantee universal access to HIV prevention, care, and treatment for key and vulnerable populations.
- When used to complement the public system of health services, CSO micro-networks may contribute to increased use of PHC services by providing care in stigma-free environments.
- Due to their historical dependence on international funds, CSOs often competed against each other for dwindling funds. CSOs have learned they must work together to remain viable.
- The innovative platform, consisting of the cooperative and micro-networks, provides a space for CSOs to collaborate, achieve their collective mission to expand vulnerable populations' access to services, and continue providing their individual programming and services. The CSOs developed a code of conduct to regulate individual and collective activities.
- The cooperative not only helps CSOs provide services to underserved areas and populations, it helps them strengthen advocacy and maintain positive pressure on the government to meet the needs of the most vulnerable groups.

## Conclusion

While integrated PHC networks, social contracting, and CSO cooperatives are not new to the DR or to the realm of publicly funded health care, the fact that a large number of Dominican CSOs have come together to expand the access of key and other vulnerable populations to the public-sector essential package of health services is new and significant. That the CSOs have developed a shared business plan to provide these services so that they are integrated with the government PHC system through a formalized contract with a network of CSOs is both innovative and highly sustainable. At this moment, there is significant political will in the DR to continue exploring how to make this happen at scale. This political will, coupled with the strength of INSALUD and its partner CSOs, will facilitate the use of U.S. government funds to move local development partners toward sustainability. The U.S. government has invested funds to strengthen both the organizational capacity of the CSOs and their ability to come together as a strong unified body capable of winning and executing government contracts to provide essential health care services to vulnerable populations.

The cooperative and the micro-networks are two pillars of a platform to ensure that vulnerable populations have access to PHC services, and to maintain the role of CSOs as social protectors, advocates, and service providers within the health system, despite changes in the funding landscape. The micro-networks' role is not to replace the health services provided by the Dominican state; it is to contribute to and complement them, especially in locations where these services are absent or insufficient. Formally registering, setting up, and operating the cooperative was possible due to the work of a group of CSOs committed to responding sustainably to the needs of the most vulnerable populations in the DR. This effort simultaneously contributes to ensuring the sustainability of the CSOs by ensuring them financial resources to maintain their role as social protectors, advocates, and service providers within the health system. The support of JSI's USAID-funded Advancing Partners & Communities (APC) project under LCI at each stage of the process was crucial to achieve results. APC supported 20 organizations in the consortium through a series of workshops, technical assistance, and mentoring to ensure sustainability of each CSO and strengthen the consortium's ability to increase access to essential primary health services.

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