

# DOMINICAN REPUBLIC

## NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Guarantee ongoing governance in this sector. Ensure the orderly, rational transfer of authority (change of administration) to new public health management for 2000-2004, as well as the continuity of current policies, programs, and health activities considered to be proven, adequate, timely, and pertinent, informing public and civil society organizations working in public health about the health situation and the plans and priorities of the new authorities.
- > Expand health services coverage through the primary care strategy. Develop a family and community care model for primary care for identified, territorially defined populations, under the leadership of the Public Health and Social Assistance Council (SESPAS). Organization and forms of operation under this model should provide for sustainability through diverse means of financing, from public funds, mixed funds (subsidized-contributory), or contributory funds (social security). Links with other health services, within the context of the reorganization and modernization of the health sector, will be supported through the primary care strategy.
- > Reorganize and modernize the National Health System. Define the functions and relationships of institutions in the sector, gradually and progressively advancing the principle of the separation of the steering role, health service delivery, and financing functions.
- > Develop and modernize the regulatory framework for the health sector. Based on the strategic objectives of reorganization and modernization of the National Health System, support and promote approval of the general health legislation bill; develop regulations to implement the general health act and harmonize the social security bill with the general health act. Develop and strengthen the sectoral steering role of SESPAS. Reorganize, develop, and modernize SESPAS, with special emphasis on: management of planning, implementation, and supervision; human resources administration; financial and budgetary management; and organization and management of primary and hospital health services, as well as development of a master training plan for these Purposes.
- > Decentralization of SESPAS management. Development of SESPAS management capacity through the creation of regional oversight offices, with the mission of supervising and evaluating operations, and providing support for maintaining of networks and training human resources. Also, by strengthening provincial health bureaus, with executive and administrative missions for budgetary programming, formulation, and execution, local reallocation of resources, and health service delivery.
- > Strengthening the network of specialized health services. Modernization of the public hospital network and strengthening their response capacity by linking them with cooperative networks of multifunction providers (public-private cooperation) at the provincial and district levels, coordinated through new structures for governance, administration, and self-management via new hiring mechanisms and service agreements, management information systems, quality assurance and logistical support for supply of inputs, and management and administrative mechanisms.
- > Promotion and development of social participation, supporting and contributing to development, strengthening and creating social solidarity networks in the health area, and developing national, provincial and municipal health councils, as well as health committees in support of family and community primary care services, national action committees, and all forms of volunteer and private-sector assistance in health services delivery.
- > Promotion of transparency in relations with nongovernmental organizations working in health. Development of the function of evaluating and accrediting NGOs working in health, and the design of legal and legislative frameworks for contracting and co-management with public services.

- > Development of response capacity in special public health programs. Develop and strengthen action programming networks, at the provincial and municipal levels, by promoting social participation, the primary care strategy, program decentralization, and local reallocation of resources, with special emphasis on communicable disease control, systematic vaccination of the population, and vector control.
- > Strengthening of international cooperation for action in health. Strengthening Dominican participation in the Health Network of Central America and the Dominican Republic (RESSCAD); development of Dominican regional leadership in cooperative health activities in the Caribbean for control and prevention in response to the HIV/AIDS epidemic, as well as progress toward a plan for cooperation with Haiti to develop a bilateral program for a healthy border.
- > Reform and modernization of the health sector. Development of pilot programs to apply the stated principles of the Dominican Government's Policy Charter for Health Sector Reform and Modernization. Regulatory orientation of SESPAS for financial, technical, and interagency coordination and facilitation of the execution of the projects and programs for sectoral reform financed with funds from the World Bank, IDB, European Community (LOME IV), and U.S. Agency for International Development. Assured fulfillment of commitments for the disbursement of national matching funds for loans allocated for this reform. Set-up of a system to monitor and evaluate sectoral reform activities.

## **PROJECTS**

### **REFORM AND MODERNIZATION OF THE HEALTH SYSTEM, ENVIRONMENTAL HEALTH, AND SOCIAL SECURITY**

#### **PURPOSE**

To reform and modernize the health, water, and environmental sectors to implement the National Social Security System, and strengthen the steering role of national institutions (SESPAS, Environment Sector, INAPA).

#### **EXPECTED RESULTS**

- SESPAS assisted in the design of a system for evaluating progress in reform.
- SESPAS provided with a set of standards, instruments, and mechanisms to facilitate the development of its capacity to exercise the steering role and to implement the EPHF.
- Direct support provided for reform and modernization in the health and of drinking water and sanitation sectors, within the framework of technical cooperation.
- Contribution made to the consolidation and dissemination of methods, models, and technologies for the production, dissemination, and use of applied scientific knowledge.
- Surveillance subsystems developed, including the capacity to respond to emerging and reemerging diseases (ERD), and the laboratory network strengthened for consolidation of the National Epidemiological Surveillance System (SINAVE).
- Information subsystems developed, along with the capacity for health analyses involving "the measurement of inequalities" for decision-making.
- Methods, models, and technologies adjusted and developed to improve the performance and heighten the impact of DIGEPI and priority health programs, under the implementation of the Health Act and the Social Security Act.
- Policies, plans, and projects will have contributed to development of public health research on priority problems.
- Policies, plans, and models prepared within the framework of reform and modernization of the health and environment sectors to control environmental risks.

- Methods, models, and technologies will have contributed to adequate management of water and sanitation, with emphasis on priority health problems.
- Policies, plans, and models prepared for the prevention and management of emergencies and disasters in the drinking water and sanitation sector.
- Contribution made to the preparation of policies, plans, and projects to promote health throughout the life cycle, as well as healthy settings, within the sectoral reform processes.
- Plans and projects will have been contributed to the promotion and monitoring of food safety and nutrition, within the sectoral reform processes.
- Models, instruments, and standards designed to facilitate decentralized interventions aimed at controlling health risks, along with plans to control financial risks.
- Assistance provided by SESPAS in the design of a unit devoted to quality, standards, and indicators for evaluating and monitoring the quality of care.

### **DECENTRALIZED MANAGEMENT FOR ACTION ON PRIORITY HEALTH PROBLEMS**

#### **PURPOSE**

To develop the capacity for decentralized management and for implementation of the EPHF at the regional, provincial, and municipal levels.

#### **EXPECTED RESULTS**

- Regional and provincial models developed and activities carried out for decentralized, uniform application of national standards and procedures that increase efficiency and access to blood bank networks, public health laboratories, supplies, and special technological applications.
- A training program in the management of health services delivery networks and hospital management designed and implemented.
- Access to information on health topics facilitated for local personnel.
- Surveillance subsystems and the capacity to prevent and control health problems and epidemiological emergencies developed, for the consolidation of SINAVE.
- Information subsystems and the capacity for situation analysis to facilitate decision-making developed.
- Methods, models, and technologies to improve performance in priority programs for the prevention and control of health problems at the decentralized, adapted and developed.
- Cooperation provided for the development of plans and projects to strengthen institutions in the health and environment sectors, as well as community organizations, within the framework of the primary environmental care strategy.
- Plans and projects in place to develop the capacity of local institutions and the community to prevent and respond to emergencies and disasters.
- Local levels strengthened through the implementation of health promotion strategies.

### **TECHNICAL COOPERATION AMONG COUNTRIES FOR THE DEVELOPMENT OF COOPERATIVE BORDERS**

#### **PURPOSE**

To strengthen cooperation along the border and with other countries of the Region in priority health areas for the Dominican Republic.

#### **EXPECTED RESULTS**

- Projects developed in health sector reform that permit the sharing of experiences with respect to financing, the steering role, and sector organization (separation of functions, social security).
- A specific project for cooperation between Haiti and the Dominican Republic, particularly in border area, developed.

## DEVELOPMENT OF INTERNAL MANAGEMENT IN THE BUREAU FOR STRENGTHENING TECHNICAL COOPERATION

### GOAL

To implement the technical cooperation projects of the Representative Office in a coordinated manner, based on the cooperation priorities of the country, the SPO, and subregional and regional commitments.

### EXPECTED RESULTS

- Cooperation projects implemented on the basis of national priorities, the SPO, and the administrative norms of the Organization.
- Technical-administrative capacity of the Representative Office for effective management of the technical cooperation program strengthened, and the use of human resources improved.
- Integrated development plan for the Representative Office kept up-to-date, based on the needs of the cooperation program, incorporating regulatory, organizational, and technical aspects.
- Infrastructure and organizational structure meets the needs of the technical cooperation program, based on the priorities of the Organization.

## RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,366,500	1,057,600	4,424,100
Total 2004-2005		3,207,200	21,700	3,228,900
Percentage of estimated expenditure	Country program support	39%	-	39%
	Intersectoral action and sustainable Development	13%	-	13%
	Health information and technology	19%	-	19%
	Universal access to health	22%	-	22%
	Disease control and risk management	-	100%	1%
	Family and community health	7%	-	6%