

BARRERAS Y MOTIVACIONES PARA LA AFILIACIÓN AL SEGURO FAMILIAR DE SALUD DE PERSONAS QUE VIVEN CON VIH EN LA REPÚBLICA DOMINICANA

EXECUTIVE SUMMARY

This report describes the findings and recommendations of the qualitative study on the barriers and motivations to enrolling people living with HIV/AIDS in the Family Health Insurance plan in the Dominican Republic. The study was conducted with the goal of informing institutions in the Dominican Republic, such as the Standardized System of Beneficiaries (SIUBEN), the National Council for HIV and AIDS (CONAVIHSIDA), the National Health Insurance (SENASA), and the United States Agency for International Development (USAID) about the recommended strategies to increase the number of people living with HIV/AIDS enrolled in Family Health Insurance plan. Target populations such as men who have sex with men (MSM), transgender people, and sex workers, and other prioritized populations, such as migrants, were the main focus of the study in order to meet national and international commitments on HIV, aiming to increase access to antiretroviral treatment, as well as to generate the financial sustainability of the Dominican Social Security System (SDSS).

Both the National Health Insurance Service (SENASA) and the National Council for HIV and AIDS (CONAVIHSIDA), as well as other national and international partners, have developed plans that, in recent years, have led to the increase of PLWHA enrolling in the Dominican Social Security System (SDSS) with the subsidized system of the SDSS. Based on the commitments and international agreements signed by the Dominican Republic and the United Nations (UNGASS), and in accordance with the Agreement for Universal Access, the WHO and UNAIDS 90-90-90 initiative, and the National Strategic Plan (PEN 2015-2018) for the response to STIs and HIV-AIDS, a series of goals were established related to increasing the number of PLWHA who are receiving antiretroviral treatment. These series of goals were also established as part of an integrated national response evaluating health-financing mechanisms and advocating for changes in the regulatory framework for the Social Security system. One of the most remarkable achievements occurred in 2009, when the Dominican Social Security System (SDSS) issued Resolution 212-02, which allowed for PLWHA to directly enroll under a subsidized family health insurance plan.

Despite these initiatives, the enrollment of PLWHA remains low, below expectations, particularly given the initiatives in favor of increasing this indicator. According to data from National Health Insurance Service (SENASA), in December 2017 only 57% of PLWHA were enrolled and/or registered within the Social Security system. The purpose of this study is to provide more targeted information and strategies, established on empirical basis and in accordance with the concerted efforts of the Government and its partners in order to achieve this goal. By identifying the impediments and difficulties hindering PLWHA from enrolling within the Social Security System, this study is an integrated initiative with other partner organizations involve in the national response to HIV to provide data supported by lived experience of these key priority populations.

The Financing and Health Governance Project (HFG) and the USAID Sustainable Financing Initiative (SFI) determined that the results of a study such as this one would be of great interest, which if conducted would aim to identify barriers and motivations for PLWHA enrolling within the family health insurance plan, for the affiliation of PLWHA to the SFS, emphasizing key and prioritized populations. Therefore the first step was to share this study concept with the partner organizations of the project and identify the most suitable methodology. Hence, a qualitative study was planned and focus groups were organized, with groups consisting of PLWHA, and other individuals from the key priority populations as well as

individuals representative of the general population living with HIV. Prior to the inception, the study received ethical approval from the Human Research Protection Program and the Institutional Review Board (IRB) of Abt Associates, Inc. and, subsequently, from the Ethics Committee Research of the Dominican Infectology Foundation.

In total, ten focus groups were organized, with a total of 69 PLWHA participants and where each focus group held a minimum of five and a maximum of eight participants per session. The focus groups were organized in groups to include representatives from each of the priority populations of interest. In order to maintain and safeguard the confidentiality of these participants, these groups were: men who have sex with men (MSM), transgender people, people who use drugs, people who are engaged in sex work, migrants as well as the general population with HIV. The recruitment was carried out by the partner organizations that, following the study protocol, designed a list of potential participants that met the inclusion criteria (being of legal age, PLWHA, verbal consent and belonging to one of the groups under the heading of key and / or prioritized populations).

Participants were asked to discuss their knowledge of the family health insurance plan, the qualification requirements, the accessibility as well as difficulties surrounding how to become informed about the National Health Insurance Service, accessibility to National Health Insurance Service resources, and the duration of the enrollment process. Questions were asked to better understand the experiences (both positive and negative) of all the participants regarding the registration process (regardless of whether or not they successfully enrolled), and the reasons why others had not even tried to register. Other questions served to explore the possibility of immediate affiliation after a positive diagnosis of HIV, and on the recommended actions to enroll within the National Health Insurance Service, to a greater number of PLWHA. The meetings with the focus groups were held during the months of December 2017 and January 2018.

Recommendations based on the discussions with the participants during the focus groups that were conducted, six categories of barriers to enrollment within the National Health Insurance system were identified, which in turn were classified as personal and structural barriers. Personal barriers are defined as obstacles present in the individual themselves, whether conscious or not, self-imposed or socially constructed: 1) lack of knowledge and misinformation; 2) disinterest, demotivation and learned helplessness; and 3) perception of social stigma and perceived discrimination. The structural barriers are those that depend on the political system and the social context, being beyond personal control: 1) bureaucracy and difficult access; 2) legal; and 3) poverty, vulnerabilities and social exclusion.

The motivations for enrolling in the Family Health Insurance plan were: 1) financial protection against disease/illness and guarantee of access to health services; 2) have children as dependents; and 3) positive experiences in the enrollment process for the Family Health Insurance plan.

Based on the results of the study, the recommendations to increase the affiliation of PLWHA to the National Health Insurance system are the following:

- I) For the Government of the Dominican Republic:
 - a. Oriented towards overcoming personal barriers:
 - i. Improve the mechanisms of communication and information for the user.
 - ii. Promotion of the benefits of the Family Health Insurance plan through journalism.
 - iii. Instruct the security personnel of public offices, including the National Health Insurance Service, emphasizing respectful and best practices for engaging with individuals, regardless of physical appearance or the individuals social status, as well as avoiding tone and language that could be interpreted as threatening or intimidating.

- b. Oriented towards overcoming structural barriers:
 - i. Decentralization of the registration process and reduction of bureaucracy.
 - ii. Dismantle existing obstacles at the administrative level, as well as work collaboratively with other organizations that facilitate the dismantling of such barriers.
 - c. Oriented towards overcoming both barriers at the same time:
 - i. Proposed immediate HIV post-diagnosis affiliation, with a joint intervention team consisting of representatives from CONAVIHSIDA, the General Directorate for the Control of Sexually Transmitted Infections and AIDS (DIGECITSS), the National Health Service and the Regional Health, in conjunction with the National Health Insurance Service, that are able to intervene when necessary.
 - ii. Hold sessions providing information on the enrollment process for the family health insurance plan with peer support from partner organizations.
- 2) Recommendations for the ONG:
- a. Support the Government in convening and organizing sessions of affiliation to the family health insurance plan with peer support from partner organizations.
 - b. Serve as a contact channel between its members and patients and National Health Insurance Service allowing the identification of those PLWHA who have not yet been affiliated, and generating their own contact and distribution lists.
- 3) Recommendations for international cooperation organizations:
- a. Collaborate with the Government and NGOs in promoting the benefits of the family health insurance plan.
 - b. Advise the National Health Insurance Service regarding the improvement of communication and information mechanisms to the user.
 - c. Review together with the CONAVIHSIDA the effectiveness of the new proposals to reach the immediate affiliation after HIV diagnosis.
 - d. Support the CONAVIHSIDA in the generation of a list of PLWHA that do not yet have family health insurance plan and then supply it to National Health Insurance Service so that it can proceed with its evaluation and registration.
 - e. Support the Government in its days of affiliation to the family health insurance plan with peer support from the partner organizations.

This report is organized into three chapters: the first is the introduction to the problem and the purpose of the report, the second describes the results of the qualitative study (barriers, motivations and recommendations), and the third details the technical methodology.