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USAID Supply Chain Management Strengthening Project

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Programmatic and policy gaps and challenges in implementing the differentiated services for HIV control in the Dominican Republic

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Brief Description

USAID support was provided through the USAID's Supply Chain Management Strengthening Project, awarded in 2022 to GIS Grupo Consultor. The objective of this project is to Strengthen the Supply Chain Management (SCM) of HIV commodities at the national and sub-national levels to reach epidemic control in the Dominican Republic.

About GIS Grupo Consultor

GIS Grupo Consultor is a private research and consulting firm founded in the year 2016 in the Dominican Republic and registered in the United States, Peru, and Panama. GIS provides technical health assistance with a focus on supply chain management. For more information, visit [GIS Website](#)

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CONTENTS

1. Introduction	5
2. Objectives	5
2.1. Overall Objective	5
2.2. Specific Objectives	5
3. Methodology	6
3.1. Stage 1. Review of Literature and Secondary Sources	6
3.2. Stage 2. Interviews with Executive and Technical Staff	7
3.3. State 3: Data Organization and Validation by the Authorities	7
4. Findings	8
4.1 Political dimension	8
4.1.1 Statutory, Regulatory, and Procedural Framework	8
4.1.2 Existing Agreements or Conventions	9
4.1.3 Quantification, financing, procurement HIV related commodities	10
4.2 Programmatic dimension	11
4.2.1 Availability of HIV Related Commodities	11
4.2.2 Training	13
4.2.3 Information Systems	13
5. Analysis	15
6. Conclusion	17
7. Gap-Closure Roadmap	17
8. Timeline	20
9. ANNEXES	21

ACRONYMS

ARV	Antiretrovirals
ART	Antiretroviral therapy
CONAVIHSIDA	National HIV-AIDS Council (per its acronym in Spanish)
DIGECITSS	Directorate for Sexually Transmitted Diseases and HIV Control (per its acronym in Spanish)
DMI	Directorate for Medicines and Basic Health Products (per its acronym in Spanish)
DR	Dominican Republic
DTG	Dolutegravir
FAPPS	Social Policy Programs Application Form (per its acronym in Spanish)
HIV	Human Immunodeficiency Virus
MMD	Multi-month dispensing
MSP	Public Health Ministry (per its acronym in Spanish)
NGO	Non-governmental organization
PEPFAR	US President's Emergency Plan for AIDS Relief
PROMESE-CAL	Program for Essential Medicines & Logistic Support Center (per its acronym in Spanish)
SCMS-USAID	USAID Supply Chain Management Strengthening
SIRNAI	National Comprehensive Care Registry System (per its acronym in Spanish)
SNS	National Health Service (per its acronym in Spanish)
SRS	Regional Health Service (per its acronym in Spanish)
SUGEMI	Unified Medicine and Supply Management System (per its acronym in Spanish)
USAID	United States Agency for International Development
WHO	World Health Organization

I. Introduction

The United States Agency for International Development (USAID) implements the Supply Chain Management Strengthening Project (SCMS) with the President's Emergency Plan for AIDS Relief (PEPFAR) resources to improve the supply chain management of VIH-related commodities at the national and sub-national levels and contribute to control the HIV epidemic in the country. PEPFAR aims to support the modernization of the supply chain to maximize product availability, quality, and affordability to improve antiretroviral therapy (ART), focusing on client convenience and system efficiencies to control of the HIV epidemic. The target population is defined as migrant Haitians and their descendants residing in the Dominican Republic.

The activities approved in the work plan for the 2022 fiscal year (FY22) covering the January – September period include a quick assessment to ascertain the situation, bottlenecks, challenges, and gaps in the implementation of PEPFAR-supported differentiated service strategies to improve access to ART, including a) same-day ARV initiation, b) Antiretroviral (ARV) multi-month dispensing (MMD); c) transitioning to Dolutegravir (DTG) regimens, d) ARV community distribution, e) *Index Testing*.

This document presents the methodology, findings, and gap-closure roadmap to Improve access to HIV related commodities and contribute to the implementation of differentiated services implemented by PEPFAR.

2. Objectives

2.1. Overall Objective

- To improve access to HIV related commodities of the target population at PEPFAR-supported sites, at the programmatic and policy levels, by identifying the bottlenecks, gaps, and challenges in the supply chain associated with the implementation of differentiated services.

2.2. Specific Objectives

- To ascertain the status of the implementation, coverage, and outcomes of the PEPFAR-supported differentiated service strategies to improve access to HIV related commodities.
- To identify the gaps and bottlenecks in the supply chain to implement these services.
- To agree on policies and techniques through a gap-closure roadmap to improve access to HIV related commodities in PEPFAR-supported sites and to implement differentiated services.

3. Methodology

This is a descriptive-exploratory study, using non probabilistic criteria with purposive, convenience, and heterogeneity sampling types, based on participant segmentation. The semi-structured interview method was used to collect information. This type of method allowed identifying the current status of the supply of HIV related commodities, the gaps, and the challenges in implementing differentiated services in two dimensions: Policy and Programmatic. These dimensions were organized in relation of supply chain management components.

- The political dimension covers aspects of decision-making and bottlenecks in:
 - Financing
 - Quantification/estimation of needs
 - Legal framework
 - Formal agreements to receive medicines and supplies.
- The programmatic dimension encompasses bottlenecks and gaps in:
 - Availability of HIV-related commodities
 - Requisition
 - Distribution
 - Inventory management
 - Training
 - Information systems with data on the population reached.

The differentiated services assessed were:

1. Same-day treatment or rapid initiation (According to national HIV guidelines, the estimated time is 7 days)
2. Multiple-month dispensing (MMD)
3. ARV community delivery
4. Migration to Dolutegravir (DTG) schemes
5. HIV diagnosis and community index testing.

The latter was not included in the differentiated services requested under the USAID-GIS contract, however, the research team deemed it important to include to allow covering all the differentiated services being implemented in the country.

The study took place in three stages.

3.1. Stage I. Review of Literature and Secondary Sources

- **Review of documentary background:** The SCMS project work team mapped all of the documents supporting the design and implementation of these services, both at the international and national levels. All the data was organized and listed with the documents and links in their public versions. This information helped to identify existing gaps in terms of the policy and technical documentary support of these services (see annex I).
- **Collecting data from secondary sources:** The consulting team requested access to and reviewed secondary information sources accounting for the coverage and outcomes of these strategies, including PEPFAR annual reports and partners, databases such as the Social Policy Programs Application Form (FAPPS, per its acronym in Spanish) and the Unified Medicine and Commodity Management System (SUGEMI, per its acronym in Spanish). This information allowed ascertaining the coverage of these interventions, the outcomes obtained to date, and the unsatisfied need for HIV medicines and diagnostic commodities.

3.2. Stage 2. Interviews with Executive and Technical Staff

- **Interviews with executives, managers, and implementing partners:** Semi-structured interviews were conducted with technicians and directors of non-profit public and private entities that implement these services. These interviews allowed identifying the opportunities and obstacles in the implementation of these interventions, the bottlenecks, and sustainability strategies from a perspective of supplying medicines and commodities.

The selection followed the following procedure: *Selecting institutions and informants:* Informants were included in five (5) central-level institutions associated with the policies, sustainability, and legal framework of differentiated service strategies and ten (10) community implementing partners and PEPFAR-supported clinical sites to determine the programmatic aspects.

Table 1. Institutions Selected

Site	Province	Type
Political dimension: Central and regional Level		
Health Ministry/DIGECITSS	Santo Domingo	Public
SNS Medicine Directorate	Santo Domingo	Public
SNS Network Assistance Directorate	Santo Domingo	Public
CONAVIHSIDA	Santo Domingo	Public
Metropolitan Regional Service	Santo Domingo	Public
Programmatic dimension: Local Level/Implementing partners		
BRA Dominicana	Monte Plata	NGO
IDEV	National District	NGO
Activo 20-30	National District	NGO
Clínica de Familia	La Romana	NGO
Clínica Esperanza y Caridad	San Pedro de Macoris	NGO
REDOVIH	Santo Domingo	NGO
ADOPLAFAM	Santo Domingo	NGO
CEPROSH	Valverde/Puerto Plata	NGO
COIN	National District/Higüey/La Altagracia and San Cristóbal	NGO
PSI	Santiago	NGO

3.3. State 3: Data Organization and Validation by the Authorities

- **Organization and Reporting of Preliminary Outcomes:** All the data was organized to be submitted in tables and/or charts that allow identifying the gaps and further interventions. The outcomes will be submitted to USAID officials and a group of implementing partners and experts on the topic.
- **Options Analysis Workshop to Improve Coverage and Outcomes:** Further to USAID's review and feedback, a workshop is proposed with the participation of decision-makers in the non-profit public and private sectors and cooperation agencies. The most adequate technical and policy interventions will be agreed upon at this meeting to extend these interventions and their sustainability. The final version will be prepared with the contributions from the different sectors.

4. Findings

4.1 Political dimension

4.1.1 Statutory, Regulatory, and Procedural Framework

This component allows determining which differentiated services have supporting national documents in the scope of governance and stewardship (standards, guides, protocols, and strategic plans) as well as standard operating procedures (SOP) for implementation in the sites and the community.

Twenty-one (21) technical documents linked to the differentiated services were reviewed; 12 at the national level and 8 internationals published between 2016 and 2021. Table I shows the total, partial, or non-inclusion of these differentiated services in the national and international regulatory technical documents, the gaps identified, and their impact on the supply chain.

All differentiated services are endorsed by the World Health Organization (WHO) and their incorporation into and/or adaptation to the national policies and guidelines of the countries is recommended, following a user-centered approach based on the needs of the most vulnerable groups.

The “same-day initiation or rapid initiation” is not found explicitly in any national document; however, the “*Guía Nacional de Atención a la población Adulta con VIH/SIDA del 2020*” (National Guidelines for the Care of the 2020 Adult PLHIV/AIDS and the 2019 Ministerial Resolution that orders “*the implementation of a strategy focusing on comprehensive care services supported by the US President’s Emergency Plan for AIDS Relief (PEPFAR)*”), refers to the initiation of the antiretroviral treatment as soon as possible and the guidelines recommend initiating the ART immediately after the HIV diagnosis, after making sure to take the laboratory samples, according to the established protocol.

None of the differentiated services are in the 2021-2024 National Strategic Plan for the Prevention and Control of STIs, HIV, and AIDS. The CONAVIHSIDA team interviewed expressed that, although the PEN (National Strategic Plan, per its acronym in Spanish) does not include these differentiated services, community delivery, and Index testing will be implemented with funding from the Global Fund starting in 2022, based on the HIV Service Integration Plan¹.

Only two of the five differentiated services have officially approved SOP: the community delivery of ART and the index testing. These procedures lay down the supply management processes to ensure the proper use of ARVs and commodities, their requisitioning, preservation, dispensing, and final delivery to users in the community. For the remaining services, there are supporting statutory and regulatory national documents.

The authorities interviewed indicated that garnering full political and technical support for these differentiated services requires the approval of the steering entity through guidelines and/or current manuals with operating procedures approved by the National Health Services (SNS, Spanish acronym) to be implemented at the level of service network and the community. The official publication, dissemination, and implementation are contingent upon the financial capacity of the government to guarantee sustainability.

¹ CONAVIHSIDA. 2020. [Plan Nacional de Integración de los Servicios de VIH en República Dominicana](#). Grupo consultor GIS, presented to the National HIV/AIDS Council (CONAVIHSIDA) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Table I. Outcomes of Documentary Review

Components Assessed	Same-Day Initiation	MMD	ARV Community Delivery	Migration to DTG	Index Testing (Community)
Policy					
Is it an intervention recommended by WHO at the international level?	Yes	Yes	Yes	Yes	Yes
Is it part of the National 2021 HIV Norm?	No	Yes	Yes	Yes	Yes
Is it a Ministerial Resolution (Decree)?	Partial	Yes	Yes	Yes	Yes
Is it found in technical regulations, guidelines, or manuals?	Yes	Yes	Yes	Yes	Yes
Is it in the National HIV Strategic Plan (PEN)	No	No	No	No	No
Are there operating procedures for its implementation?	No	No	Yes	No	Yes

Source: Prepared by the authors.

Gaps	Impact on the Supply Chain
The 2021-2024 PEN lacks all of the differentiated services.	The differentiated services entail the availability of medicines and commodities procured and funded by the Dominican Government.
Lack of standard operating procedures for “Rapid initiation, MMD, and Migration to DTG”	An operating procedure will allow taking the commodities required to implement these strategies into account in the annual exercises of estimation of needs, budget allocations, and procurement of the quantities required to cover these services.

4.1.2 Existing Agreements or Conventions

Existing agreements, memoranda, or conventions between financing agencies and the Dominican Government were assessed to establish the existence of a formal relationship between the parties allowing for the financing of medicines and commodities by the authorities and the reporting of coverage and outcomes by the implementing partners.

The teams interviewed at the central level manifested their conviction regarding the important contribution of these differentiated services to control HIV, but they also expressed the need for information on the cost-benefit of these interventions to ensure their sustainability.

The executive staff and technicians interviewed at the central level said that promoting the signing of agreements or conventions is a priority to guarantee the provision of medicines and commodities by the authorities to the implementing partners of the agencies. They also stressed that such conventions need to explicitly express the coverage targets and the new interventions proposed for implementation to enable the Government to adjust medicine and commodity quantifications, make budget allocations, and ascertain the outcomes of each implementer. The technicians interviewed at the Metropolitan Regional Health Service (SRS, Spanish acronym) informed that, on occasions, new non-governmental organizations (NGOs) are included to carry out these community services and, when requesting medicine and commodities, the warehouse team disavows them, causing the ordered products are not delivered or are partially delivered. CONAVIHSIDA stated that to execute the Global Fund project an agreement is signed, whereby the Government guarantees counterpart HIV medicines and commodities.

The technicians and authorities interviewed at central-level institutions (5/5) informed the implementing partners of these services are not accountable for these services, or the quantities of medicines and commodities delivered outside the sites and have no knowledge of the controls over final deliveries to users. They suggested that these actions need to be incorporated in the conventions.

Table 2. Considerations Regarding the Agreement between Funding Agencies and the Government

Institution	¿Do you think there should be a formal agreement between cooperation agencies and the Government to receive medicines for these strategies?
CONAVIHSIDA	Yes
Servicio Regional de Salud Metropolitano	Yes
SNS/Network Assistance	Yes
SNS/DMI	Yes
DIGECITSS	Yes

Source: Prepared by the authors.

Gap	Impact on the Supply Chain
Lack of framework agreements or conventions between funding agencies and the Ministry of Public Health, to ensure public financing and procurement of the medicines and commodities required for the implementation of these services.	Having a signed agreement between cooperation agencies and the Government, with population targets to be reached, will enable the Government to place the procurement of medicines and commodities as a counterpart to the external financing, to estimate and procure the quantities required. The agreements will further facilitate other coordinating actions with the SRSs.
The SRSs disregard these differentiated services and the NGO (community partner) included to provide services and require medicines and commodities to implement these strategies.	The SRS must be familiarized with the local implementing partners requesting medicines and commodities to be included in the distribution schedules. Lack of knowledge about these community strategies and implementers means that regional warehouses do not distribute the required HIV-related commodities or sometimes deliver smaller quantities than requested.

4.1.3 Quantification, financing, procurement HIV related commodities

The quantification of medicine quantities and public financial resources allocated for these services were assessed to learn whether the authorities are considering the new interventions and the population targets that projects schedule for each year.

The central level team, when asked whether the country has an annual budget allocation to carry out these strategies, answered it did not. They did, however, highlight that the Government has provided the implementing partners with medicines and commodities.

The HIV Medicine and Commodity Estimation Report for 2021² Procurements were assessed to determine whether ARV drugs and rapid tests for the implementation of these differentiated services in 2022 were considered. The estimation method is by historical consumption, since reaching a higher number of persons, requiring a greater number of medicines and commodities for a new country intervention entail adjusting the method and considering the target population.

² DIGECITSS; CONAVIHSIDA; SNS. (2021). *Estimación y programación de medicamentos e insumos de VIH para el 2021* (Estimation of HIV Medicines and Commodities for 2021). Prepared by the HIV Medicine Table with the support of USAID's Local Health System Sustainability Project and the technical assistance of GIS Grupo Consultor. Santo Domingo, Dominican Republic, May 2021.

The 2021 estimation considered the entry of approximately 15,000 individuals newly diagnosed with HIV to accelerate the scope of the 95-95-95 targets, decentralization of the follow-up tests (viral Load and CD4) , and the extension of the “Treatment for All” Strategy. Other lines were included to guarantee the differentiated services:

- Dolutegravir (DTG in a fixed-dose combination (FDC) with Tenofovir/Alafenamide/Emtricitabine, Tenofovir/ Dolutegravir/Lamivudine in 30 and 90-tablet bottles.
- The DTG regimens as a first-line option for all persons with newly diagnosed HIV.
- Multi-month dispensing.
- Consideration was given to migrating Efavirenz 600 mg to Efavirenz 400 mg and DTG, in a fixed-dose combination.

Gaps	Impact on the Supply Chain
The historical consumption-based method used to estimate annual needs precludes projecting the quantities of medicines and commodities when the country authorizes a new intervention that entails an increase in population coverage, including new molecules and the demand for these products.	Not knowing the estimated number of people targeted through new interventions supported by Cooperation Agencies, prevents the authorities from determining the quantities of medicines and commodities that should be forecast to cover these services and guarantee safe stock continuity, as well as a budget allocation. This can bring unforeseen consumption of some medicines and commodities and stockouts or overstocks of others.

4.2 Programmatic dimension

4.2.1 Availability of HIV Related Commodities

The study included questions on availability of medicines and commodities to ascertain the unsatisfied demand and difficulties in gaining access to quantities these services require. The availability included evaluating aspects and bottlenecks related to the request, distribution, and stock management (safety stock).

The total number of beneficiaries in the last 12 months reported by 9 of the 10 implementing partners interviewed amounts to approximately **19,388 beneficiaries**.

Table 3. Beneficiaries of the Differentiated Services

Services	Beneficiaries in the last 12 months
Rapid ARVT initiation	1,918
MMD	4,717
ARV community delivery	2,905
Migration to DTG	5,946
Community index testing (people who have had a test following the index case)	3,902
Total	19,388

Source: Prepared by the authors.

90% (9/10) of the implementing partners affirmed having had difficulties in implementing these strategies. The main causes were low stocks of ARVs and HIV related commodities and, on occasions, stockouts of some DTG combinations and rapid tests. This caused a drop or delay in the supply of these services. The central level explained that the causes for the drop in product stocks or stock outs were delays with international purchases due to

COVID-19 and difficulties in distributing the products from the central level to the regions and from the latter to the sites.

To determine the unsatisfied demand for medicines and commodities, information was requested on the total number of ARV units and rapid tests requested and units received for these services in the last 12 months. The study revealed that implementing partners received 56% of the 166,000 ARV units requested and 50% of the 640 kits requested (64,000 tests) in the last 12 months. The total number of units requested by the partner over the last year corresponds approximately 60% of the units procured by the Ministry of Health in 2021.

Table 4. Total ARV Units and Tests Requested Vs Received in the Last 12 Months.

Implementer	Province	ARV Units Requested	ARV Units Received	Test Units Requested (100-test kits)	Test Units Received (100-test kits)	
BRA Dominicana	NGO	Santo Domingo	5,152	1,923	86	2
Instituto Dominicano de Estudios Viroológicos (IDEV)	NGO	Santo Domingo	88,041	56,311	71	3
Fundación Activo 20-30	NGO	Santo Domingo	35,969	8,741	188	23
Clínica Esperanza y Caridad	NGO	Santo Domingo			70	46
Centro de Orientación e Investigación Integral (COIN)	NGO	Santo Domingo	37,385	25,861	224	245
			166,547	92,836	640	319

**NR: Not reported

56%

50%

Source: Prepared by the authors.

When asked how they request ARVs and commodities, the partners that conduct community tests and the sites requisition from the corresponding regional warehouse using the official SUGEMI I form; while implementing partners carrying out community deliveries request ARV from the pharmacy of a pre-established health site, and this request process conforms to SUGEMI's standard operative procedures.

At the health center level, there is no safety stock to meet the demand for basic HIV-related products. Lack of planning between the region warehouse, site-level pharmacies, and implementers to ensure the required quantities of HIV-related commodities to implement differentiated care services. The regions and pharmacies are unaware of the objectives and population goals of the implementers, to guarantee a safety stock.

Inquiries also included whether the implementing partners have any formal agreement with the health region to communicate stockouts of medicines and commodities or incomplete orders. 30% (3/10) of the implementing partners said they have working agreements with the SNS for the implementation of projects they execute but not with the region; however, these agreements do not establish that the regional warehouse must provide the medicines and commodities required to meet the services they offer. 90% (9/10) informed that when they receive incomplete orders, they call the health regional and sometimes fill out another SUGEMI I form to complete the short order. Only one implementer said that he addresses a formal communication to the director and the attention of the regional warehouse.

4.2.2 Training

70% (7/10) of the implementing partners responded not knowing the SNS procedures to implement these models, including ARV community delivery and index testing. Only three implementing partners indicated knowing and having been trained in these procedures.

4.2.3 Information Systems

All interviewees indicated there are no official platforms at SNS to report on the delivery of medicines and conduct tests in the community. For the remaining services, they register with the National Comprehensive Care Registration System (SIRNAI), FAPPS module.

Table 6. Data Registration in Official Information Systems

Is the population reached by the strategies registered in national information systems, or is a report submitted?	Yes/No (N=10)	Platform
ARV community delivery	No 100%	None
Index testing (community)	No 100%	None (SIRENP exists but it is not used)
Same-day TARV initiation	Yes 100%	FAPPS
Migration to DTG	Yes 100%	FAPPS
MMD	Yes 100%	FAPPS

Source: Prepared by the authors.

Gap	Impact on Supply Chain
Lack of agreements or conventions with implementing partners and the SNS and health regions to guarantee the continuous delivery of medicines and commodities and accountability of medicines and commodities delivered by the implementing partners	Having a signed agreement between the implementing partners and the SNS/Regions will allow routine delivery of the quantities of ARV medicines and HIV commodities required to cover these services at all levels: central warehouse, regions, and sites.
Failure to comply with SUGEMI procedures on how to report the reception of incomplete orders and the mechanism to request the completion of orders by the health region	Using informal channels with the regional warehouse precludes having evidence to document incomplete receptions or products received by mistake. Non-compliance with the SUGEMI's SOP, promotes that the requisition of HIV related commodities is made with delay or with incorrect information on consumption and stocks. Situation that prevents having an order adjusted to the needs and causes stock outs that prevent the implementation of differentiated models.
Implementing partners do not know the standard operating procedures regarding differentiated services.	Implementing the differentiated services without adhering to the standard procedures, contributes to failure to maintain controls, conservation, and final user registration.
Lack of official data reports on ARV deliveries and tests in the community.	Including the results of these services in official information platforms, allows for determining the coverage and the medicines and commodities dispensed, for programming and regular distribution purposes.
Unsatisfied demand in requests for medicines and commodities to offer differentiated services.	Incomplete quantities of medicines and commodities preclude complying with service quality.

Gap	Impact on Supply Chain
	At the health center level, there is no safety stock to ensure the required quantities of HIV-related commodities to implement differentiated care services.

5. Analysis

The Dominican Republic has a regulatory framework that supports most of these models that have reached a major number of beneficiaries; however, the implementing partners report important constraints in getting access to necessary quantities of medicines and commodities to meet these services.

The gaps preventing the implementation of these differentiated services have focused on the lack of coordination and the relationship between the projects, agencies, and implementing partners with the Health Ministry and the SNS/SRS. Although some implementing partners establish coverage targets for these interventions, these are not shared with the SNS/SRS (responsible for distributions) and the Ministry of Health (responsible for budget allocation and international procurement), which precludes securing a regular supply.

Decreased stocks and stockouts of some of the DTG combinations and rapid tests are another of the major gaps and difficulties existing. The annual goals of PLHIV who will use or migrate to DTG schemes should be considered in the annual procurement estimates.

The implementing partners do not know the SOP for the differentiated services and SUGEMI, which prevents guaranteeing the controls, reception, conservation, and registration of final deliveries to users in the community. The lack of records in official information systems precludes determining the demand for medicines and commodities and accountability of the products delivered outside the sites.

Despite the country's remarkable progress in HIV response, there are yet important challenges that preclude achieving the treatment objectives and 95-95-95 tests in 2025. WHO and UNAIDS promote the idea that countries consider providing differentiated services to reach these goals.

Table 7 summarizes the implications of the differentiated services for supply chain management. It also includes a summary of the interventions detailed in the gap-closure roadmap. The gaps were organized according to their impact on the availability of HIV related commodities. The *low*, *medium*, and *high* impact bears relation with the proposed *long*-, *medium*- and *short*-term interventions presented in section 7 of the road map.

Impact on supply management

Low: Does not affect availability, requires long-term intervention

Medium: Does not affect availability, requires medium-term intervention

High: Affects availability, requires short-term intervention

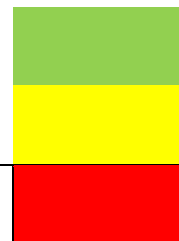


Table 7. Limitations in the implementation of differentiated services and its impact in the supply chain management

Limitations/gaps	Same-Day Initiation	MMD	ARV Community Delivery	Migration to DTG	Index Testing (Community)
Statutory, Regulatory, and Procedural Framework					
No reference to the differentiated services in the National Strategic Plan					
Lack of standard operating procedures for Rapid Initiation, MMD, and Migration to DTG					
Quantification, financing, and procurement of HIV related commodities					
Lack of knowledge of the estimated number of people targeted through new interventions supported by cooperation agencies. This prevents the quantification of medicines and commodities that should be forecast to cover these services and a security stock continuity and budget allocation.					
Agreements between MoH and cooperation agencies					
Lack of framework agreements or memorandums of understanding between cooperation agencies and the Ministry of Public Health, to ensure public financing and procurement of the medicines and commodities required for the implementation of differentiated services.					
Availability: Requisition, dispatches, and inventory management in the establishments					
Requisitions of medicines and supplies for differentiated services are not fulfilled.					
No sharing of plans between the implementers and the regional warehouse and site-level pharmacies to ensure the quantities of HIV-related commodities to implement differentiated care services. The regions and pharmacies are unaware of the objectives and population goals of the implementers to guarantee the distribution of the required stock.					
Lack of knowledge about community strategies and their implementers by regional warehouses impedes the distribution of appropriate quantities of HIV-related commodities.					
Agreements between implementers and Regional Health Services					
Lack of agreements between implementing partners and the SNS and regional health services to guarantee the continuous delivery of HIV related commodities, and registration and accountability by implementing partners					
Training					
Lack of knowledge of SUGEMI procedures on how to report the reception of incomplete orders and the mechanism to request the completion by the health region					
Lack of knowledge of the standard operating procedures by implementing partners					
Information system					
Lack of official data reports on ARV deliveries and tests in the community.					

6. Conclusion

The provision of differentiated services to improve access to HIV diagnostic testing and treatment has proven benefits and is, therefore, recommended by WHO and UNAIDS. Its implementation in DR is covered under some regulatory and procedural frameworks and supported by cooperation agencies. The study, however, demonstrated that the implementation of a regulatory and procedural framework is still incomplete and lacks a formal link between the medicine and commodity requirements and the estimation of needs for procurement and distributions by government institutions.

Ensuring its sustainable extension in the entire network requires: a) demonstrating the cost-benefit of those services that have an impact on the operation of health facilities and commodity consumption; b) explicitly including the differentiated services in national strategic plans and annual operational plans; c) preparing and formalizing standard operational procedures for those differentiated services lacking them; d) supporting implementation in public sites and NGOs, accounting for coverage reports, commodity consumption and programmatic outcomes in official forms; f) Registering the suppliers of these models in the lists and schedules of regular commodity distributions.

7. Gap-Closure Roadmap

The assessment identified **12** policy and programmatic gaps in the supply of medicines and commodities for the implementation of differentiated services. The gap-closure roadmap is organized in three phases covering activities to be developed in the short term (6-9 months), medium term (1 to 1.5 years), and long term (3 years).

- **Phase 1.** Short Term. Activities that focus on increasing stocks in clinical sites and community partners and training in operating procedures.
- **Phase 2.** Medium Term. Activities oriented towards establishing management agreements with the agencies and the government, adjustments to estimations and reports in official information platforms.
- **Phase 3.** Long Term. Incorporating differentiated services in strategic documents and working agreements with NGOs, the SNS, and SRS.

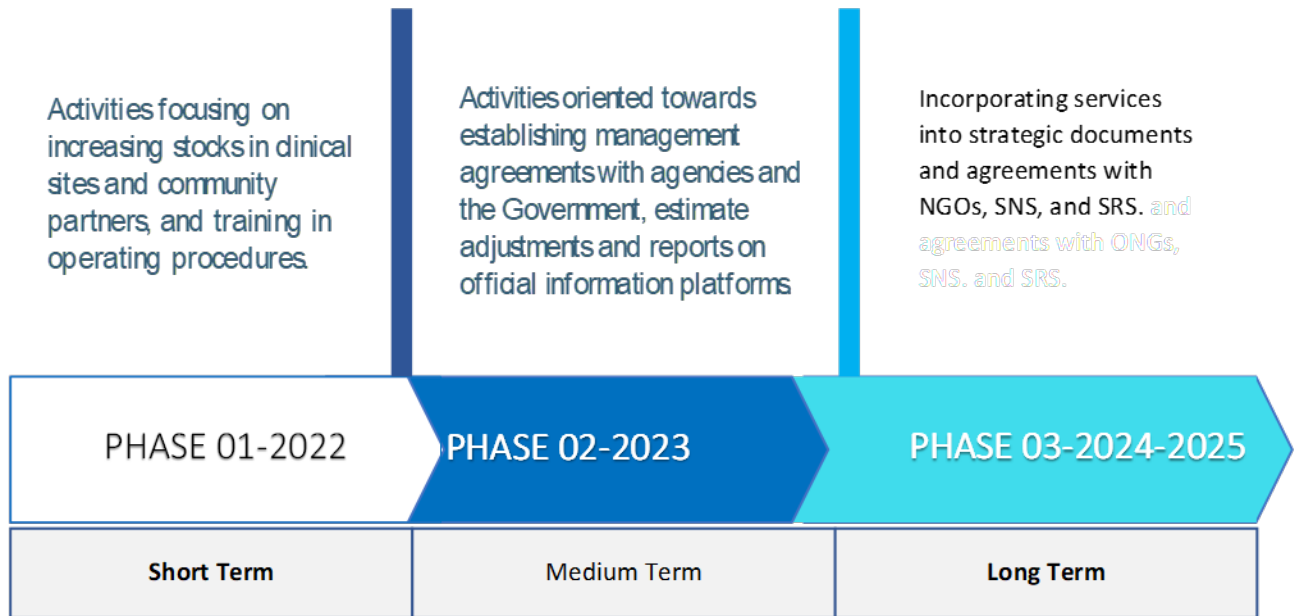
Dimension	Gaps	Intervention	Accountability	Implementation timeframe
Phase I: Short Term				
Programmatic	I. The historical consumption-based method used to estimate annual needs precludes projecting the quantities of medicines and commodities when the country authorizes a new intervention that entails an increase in population coverage, including new molecules and the demand for these products.	Updating the estimations manual to schedule annual procurements to include calculation factors that take into account the increase in coverage as a result of: interventions of active case searches (index testing, for instance) a change of scheme (e.g. DTG), the introduction of new interventions (Pre-P, for example). Incorporate these adjustments into the 2023 estimation exercise. Including the nine health regions in the Annual HIV estimation exercises, to	DIGECITSS and SNS with SCMS support	6-9 months

Dimension	Gaps	Intervention	Accountability	Implementation timeframe
		familiarize them with the interventions to be developed to control the epidemic and prepare to respond to the demand for medicines and commodities.		
Programmatic	2. The SRSs have no knowledge of the new NGOs incorporated to the provision of services and will require medicines and commodities to implement these strategies.	<p>Guaranteeing that all partners and PEPFAR implementing partners are included in the quarterly distribution schedules of the regional warehouses.</p> <p>Regional training of new partners in SUGEMI procedures to prepare requisitions consistent with the dates established and maintaining close communication channels.</p> <p>Implementing SUGEMI's supervision procedure allows the SRSs to conduct recurrent visits to the implementing partners.</p>	SNS with SCMS support	6-9 months
Programmatic	3. Noncompliance with the procedures of SUGEMI on how to report the reception of partially delivered orders and the mechanism to request full delivery from the health region.	Training of PEPFAR implementing partners on all of the SOPs related to requisitions and reception of SUGEMI.	SNS with SCMS support	6-9 months
Programmatic	4. Implementing partners with no knowledge of the standard operating procedures of the differentiated services	Training of PEPFAR implementing partners on all of the SOPs related to community services authorized by the SNS.	SNS with SCMS support	6-9 months
Programmatic	5. Unsatisfied demand for medicine and commodity requests to supply the differentiated services	Placing, supplementary requests (adjusted orders), together with implementing partners and regional health warehouses, to increase stocks and cover the supply of medicines and commodities. Monthly planning of community activities between implementers and pharmacy, with the quantities of medicines and supplies.	SNS with SCMS support	6-9 months

Dimension	Gaps	Intervention	Accountability	Implementation timeframe
		Quarterly assessment of availability at the local level.		
Phase 2. Medium Term				
Policy	6. Lack of standard operating procedures (SOPs) for rapid initiation	Preparing SOPs for the differentiated services: rapid initiation	DIGECITSS and SNS with SCMS support	6-9 months
Policy	7. Lack of framework agreements and conventions between the financing agencies and the Ministry of Public Health to guarantee the medicines and commodities required to implement these services.	Preparation and signing of the agreement between the financing agency and the Ministry of Health to guarantee the medicine and commodities required for 2023	To be determined.	1-1.5 years
Policy	8. Lack of standard operating procedures (SOPs) for rapid initiation, MMD, and Migration to DTG	Preparing SOPs for differentiated services: MMD and migration to DTG	To be determined	1-1.5 years
Programmatic	9. Lack of official information systems to report the delivery of ARVs and conduct community tests	Including the variable of "dispensing site" in the FAPPS to include the site or community option. This allows for the integration of the data of individuals that receive medicines in the community into the country's official system. Analyzing, with the SNS, the possibility to enter the index testing report into the SIRENP.	SNS technology with SCMS support	1-1.5 years
Phase 3. Long term				
10. Programmatic	11. Lack of agreements or conventions with the implementing partners and the SNS and health regions to guarantee the continuous delivery of medicines and commodities and accountability by the implementing partners of medicines and commodities delivered.	Preparing and signing the agreement between non-governmental organizations (ONGs) to implement these services, the SNS and the Regional Service to guarantee the supply of medicines and commodities and formalize the work of the NGOs as suppliers with the health authorities	To be determined	2-3 years
Policy	12. Lack of all the differentiated services in the 2021-2025 PEN (National Strategic Plan)	CONAVIHSIDA must include the differentiated services in the 2025 PEN update.	CONAVIHSIDA	2-3 years

8. Timeline

DIFFERENTIATED SERVICES "GAP-CLOSURE ROADMAP"



9. ANNEXES

ANNEX I. Matrix with biographical sources