

Transition Plan for the Tuberculosis Control Program in the Dominican Republic supported by the Global Fund

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Acronyms

NGO	Non-governmental organization
CBO	Community based organizations
PR	Principal Recipient
DAS	Dirección de Área de Salud
DPS	Dirección Provincial de Salud
GF	Fondo Mundial para la lucha contra el Sida, la Tuberculosis y la Malaria, por sus siglas en inglés
GDR	Government of the Dominican Republic
CCM	Country Coordination Mechanism
MDR	Multi-drug resistant
MOPH	Ministry of Public Health
NSP	National Strategic Plan (PEN)
NTCP	National Tuberculosis Control Program (Programa Nacional de Control de la Tuberculosis)
PROSOLI	Solidarity Program (Programa de Solidaridad)
TP	Transition Plan
DR	Dominican Republic
SR	Sub-recipient
SENASA	National Health Service (Servicios Nacionales de Salud)
SINAVE	National Epidemiology Vigilance System (Sistema Nacional de Vigilancia Epidemiológica)
SRS	Regional Health Services (Servicios Regionales de Salud)
SUGEMI	Single System for the Management of Medicines and Supplies (Sistema Único de Gestión de Medicamentos e Insumos)
SUTMER	National System of Transportation of Laboratory Samples and Delivery of Results (Sistema Único de Transporte de Muestras y Envío de Resultados)
TB	Tuberculosis
PEU	Project Executing Unit
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria

Acknowledgements

The Cardno / IDEAS¹ consulting team facilitated a broadly participatory and inclusive process to develop this Transition Plan which involved extensive stakeholder coordination meetings and personal interviews with national actors and civil society organizations cited in the annexes of this report. The Cardno/IDEAS team appreciates stakeholders' time spent in discussions and their willingness to share information without which it would not have been possible to develop this report. The team would like to give special thanks to Dr. Belkis Marcelino, Director of the NTCP, Dr. José Manuel Puello, Manager of the Project Executing Unit, and their respective work teams, who in addition to providing valuable information, facilitated the organization of the interviews and work meetings. The Global Fund representatives who accompanied the country visit provided valuable technical and administrative elements to ensure this Transition Plan was aligned not only with national goals, but also with the recommendations of the Global Fund. We express our gratitude for your dedication and support.

¹ This report was developed by Dr. Claudia Valdez, Dr. Edgar Barillas, and Peter Cross.

1. Introduction

Note – *The original report was produced in Spanish and translated into English. Acronyms have largely been maintained in Spanish for common reference. Annexes have not been translated.*

Since 2004, the Dominican Republic (DR) has received financing from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) to support efforts to control tuberculosis (TB). From 2004 to 2015, GF provided US \$ 24,480,522, which represents about 80% of all foreign aid for TB control in the country during this period.

On September 16, 2015 the GF and the Government of the DR (GDR) signed a three year grant agreement for a total of US \$ 8.3 million, from January 2016 to December 2018. The principal recipient and main beneficiary of this grant is the Ministry of Public Health (MOPH). As of December 31, 2017, the GF had disbursed a total of US \$ 4,093,540, or about 48% of the resources available for the execution of the grant. This is the last grant that the DR can access for the TB component due to the country's classification as a high middle income country with a low/moderate disease burden. Once the country becomes ineligible to receiving financing, it can apply to receive *transition funds* from the GF. The amount of this allocation is US \$ 4.4 million for a period of three years (2019-2021).

The GF defines transition as *"the mechanism by which a country, or a country disease component, moves towards fully funding and implementing its health program, independent of GF support while continuing to sustain the gains and scaling up as appropriate."*² The Transition Plan (TP) must identify priority activities and realistic timeline for a successful transition to full national financing. According to GF recommendations, the TP must be developed through a broadly participatory process.

In February 2018, Cardno and its partner, IDEAS, were selected by the GF to support the National Tuberculosis Control Program (NTCP) in preparing a transition work plan.

After reviewing documents provided by the GF and the NTCP, the team of consultants interviewed officials at the MOH, NTCP and at other government agencies and the private sector that play or will play an important role in the implementation of the TP. The Director of the NTCP and its technical team also supported the development of the TP and reviewed the first draft of this report. The NTCP team's comments and observations were incorporated before the presentation of the TP proposal to the Country Coordination Mechanism (CCM) and GF officers.

The stakeholders involved in the development and validation of the TP agreed on the need to obtain official political support from the highest authority of the MOH to ensure its institutionalization. The TP will impose an additional workload on the NTCP team, which must simultaneously accelerate the implementation of the current grant and implement the TP and the National Strategic Plan (NSP) 2019-2021. The implementation of these activities will depend on the technical assistance that the NTCP may receive at this critical stage. In light of this, the TP includes funding for provision of technical assistance for these purposes (mostly national technical assistance is considered but also international, as needed).

² Sustainability, Transition and Co-Financing Policy (2016)

2. Background

Official epidemiological data suggests that at the end of the current GF grant, the DR will not achieve several of the most important milestones in the diagnosis and treatment of TB. While TB incidence decreased significantly through 2013 (to 60 cases per 100,000 inhabitants), it has remained stagnant since then. In 2016, a total of 4,460 TB cases were reported, 95% of which were new cases, similar to 2013 (Access, 2017). In 2015, only 47% of previously treated patients underwent a drug sensitivity test. Treatment success rate does not exceed 65%. The cases of HIV co-infection accounted for 21% of all new cases in 2016. The epidemic is concentrated in urban areas (Santo Domingo and the National District account for 42% of the cases) and in key and vulnerable populations. These factors pose challenges for the provision of services and for inter-institutional coordination.

Most cases are diagnosed, and all are treated, in MOH facilities. In order to respond to the epidemic, the NTCP has a network of services that includes 1,630 establishments that take sputum samples, 208 sample processing laboratories, 1,637 patient care service centers, and two (2) specialized laboratories that carry out drug sensitivity tests. There are also six (6) specialized laboratories with GeneXpert and 14 laboratories that carry out culture tests.

The MOH / NTCP rely on civil society organizations and other organized groups mainly for advocacy and prevention activities. Currently, 24 of the 32 provinces have a Stop TB Committee, but their activities are usually limited to the commemoration of TB Day and the organization of some events.

The plans to control TB in the coming years are framed in the National Strategic Plan (NSP 2015-2020). The NSP is organized around three strategic objectives: 1) Address and prevent sensitive TB, drug resistant and TB-HIV coinfection in an holistic manner that focuses on the needs of the patient; 2) Design and implement audacious policies and support systems for those affected by TB, and 3) Maintain research and innovation focused on the tools and intervention strategies to achieve impact. The PEN establishes four priority groups: persons deprived of liberty, Haitian migrants, children under 15 years of age, and people living in extreme poverty in large cities.

At the time this TP was being prepared, a local consulting firm was also developing the NSP 2019-2021. Both consulting teams (TP and NSP) and the NTCP team participated in coordination meetings, including the presentation and discussion of the TP's proposal with the CCM, to ensure the alignment of objectives, strategies and activities. As a result of these coordination meetings, the NTCP informed that the TP will be linked to Strategic Objective 2 of the NSP 2019-2021: "Bold Policies and Support Systems".

The GF grant for the period 2016-2018 included 10 programmatic areas (Table 1). The financing gap was estimated at US \$ 13.1 million for that period, and the GF grant would cover 65% of the

gap. The gap can be explained by the extension of the interventions to provinces not covered by the grant.

Table 1. Financing provided by the 2016-2018 grant to close the financing gap in 10 programmatic areas

Module	Interventions	Funding Request					SNP Strategies ▼	Financing Gap of Prioritized Strategies in the NSP and Coverage of 2016-2018 Financing							
		2016	2017	2018	Total	%		2016		2017		2018		Total	%
TB care and prevention	Case detection and diagnosis	329,411	306,878	283,319	919,609	11%	1 y 6	443,730	74%	469,724	65%	470,331	60%	1,383,785	66%
	Key affected populations	243,132	293,142	153,634	689,907	8%	3 y 16	460,987	53%	464,373	63%	475,623	32%	1,400,983	49%
	Prevention	62,957	66,935	67,244	197,135	2%	15	86,713	73%	81,710	82%	83,653	80%	252,077	78%
	Treatment	449,307	426,102	487,960	1,363,368	16%	7	505,351	89%	974,350	44%	994,912	49%	2,474,614	55%
	Collaboration activities with other sectors	118,096	180,084	94,492	392,673	5%	19	209,737	56%	248,557	72%	97,453	97%	555,748	71%
Program management	Analysis, review and transparency	821,878	466,121	393,628	1,681,627	20%	21	942,079	87%	848,053	55%	873,053	45%	2,663,184	63%
TB-DR	TBDR detection	548,932	211,368	251,659	1,011,959	12%	5	626,299	88%	708,179	30%	626,292	40%	1,960,769	52%
	TB-MR treatment	213,175	108,287	109,953	431,415	5%	8	336,487	63%	124,861	87%	130,449	84%	591,797	73%
TB/HIV	Joint TB/HIV interventions	503,864	216,058	167,334	887,255	10%	13	713,666	71%	576,661	37%	555,339	30%	1,845,666	48%
Program management	Grant management	321,735	327,658	334,128	983,521	11%	-								
Total		3,612,487	2,602,633	2,343,350	8,558,470			4,325,050	84%	4,496,468	58%	4,307,106	54%	13,128,624	65%

Source: Work plan and detailed budget from the DR's 2015-2020 funding request for the National Strategic Plan for the National Response.

For the purposes of this TP and in order to have reference figures for the budget estimates, the team estimated expenditures for TB control interventions. The estimates includes the average of the expenditures included in the regular budget of the NTCP for the 2016-2017 period and the expenditures included in the GF grant for the same period. Given the lack of updated data, the estimate excludes the costs related to the SNS service network.

Based on this, the cost of the national response to TB amounts to US \$ 4.1 million/year as an average of the budget executed in 2016-2017 of the regular resources allocated to the NTCP and of the allocation of the GF for this same period. About 47% of this expenditure (approximately US \$ 1.93 million) has been financed with GF resources in the 2016-2017 period. Approximately two thirds of GF expenditures (US \$ 1.2 million / year) cover recurrent expenses that must be assumed by public sources before the end of the transition phase. This amount has served as a reference in this TP of the financial capacity (above the budget currently assigned to the NTCP) that the country must achieve to cover TB control interventions currently financed by the GF. If the strategies and activities included in this plan are implemented, this amount could be reduced through the prioritization of interventions and the identification of more efficient operating alternatives.

3. Transition Plan Objectives

1. Maintain and extend the achievements made to date in the control of TB during the transition phase to full national financing.
2. Implement innovative strategies to improve the efficiency of public spending in TB.
3. Mobilize resources from a variety of public sources to ensure a complete transition to domestic financing of fight against TB.

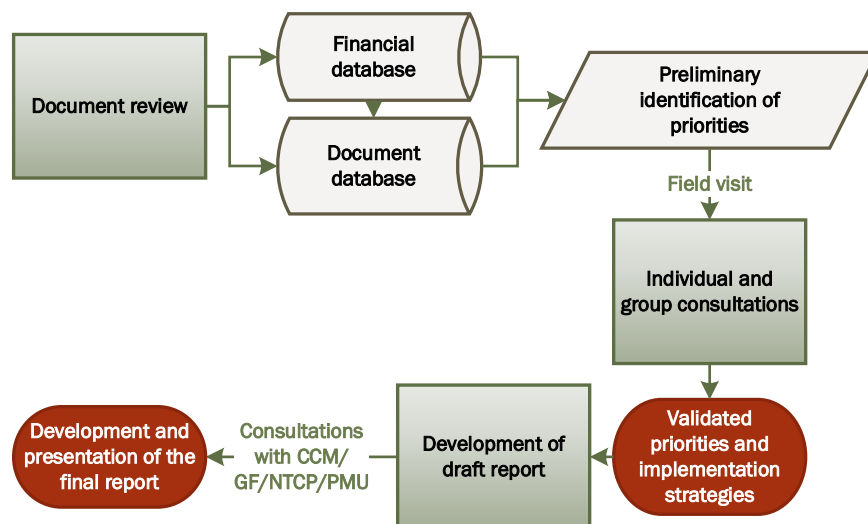
4. Methodology

The following activities were conducted for the development of the TP:

1. **Document review:** The documents cited in this report were systematically reviewed and analyzed. The review allowed the preliminary identification of technical and financial gaps that would result from the termination of GF financing in 2018. This review also allowed the team to determine information gaps to be obtained during personal and group interviews.
2. **Individual and group interviews:** From February 27 to March 7, 2018, the Cardno/IDEAS team visited the DR to conduct interviews and hold a series of coordination and validation meetings. The team interviewed a total of 28 experts and government officials. The visit included meetings to review the preliminary findings and guidelines for developing the TP with experts and representatives from the NTCP, the Project Executing Unit (PEU), GF representatives, and the CCM. The trip agenda and the list of interviewees can be found in Annexes 4 and 5 of this report. These meetings allowed the validation of priority intervention areas and activities and proposed alternatives to improve the efficiency of current operations and mobilize national resources.
3. **Development, review and validation of the TP:** The preliminary version of the report was submitted for consideration to experts and representatives of the NTCP, the PEU,

and a committee of the CCM that was formed for its review. Their comments and suggestions have been included in this report.

Figure 1. Methodology for the Elaboration of the Transition Plan



Criteria for prioritization of interventions

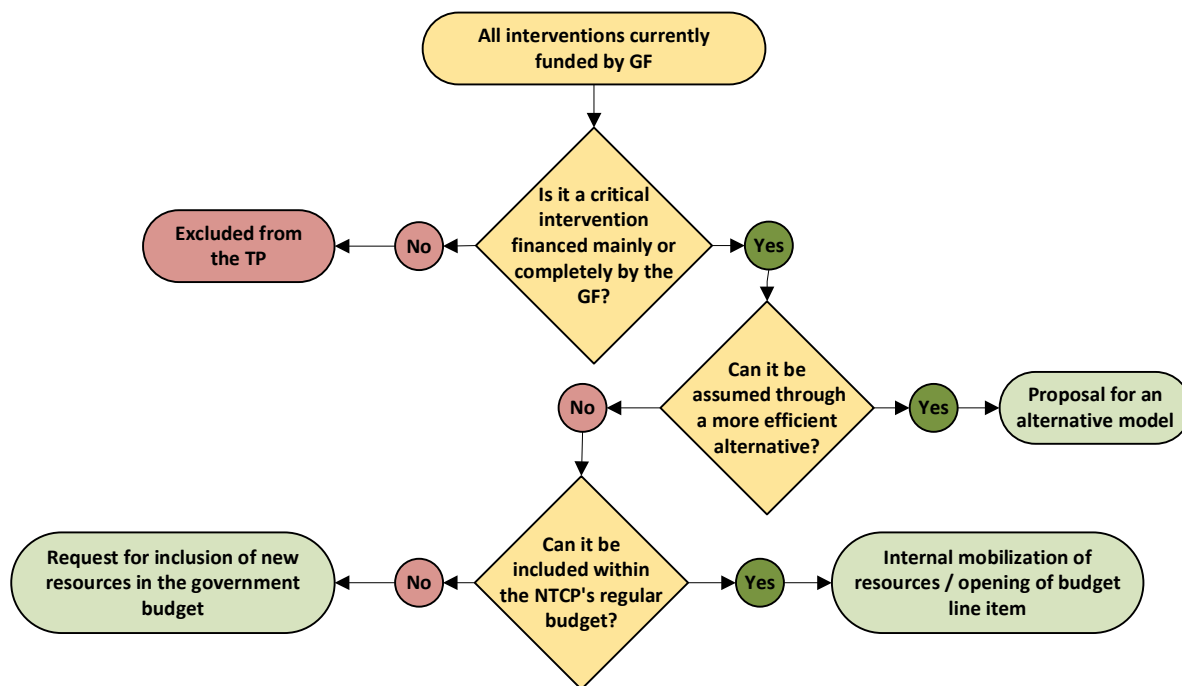
The GF has financed the national response to TB by supporting the interventions included in the national strategic plans. This TP takes into account the activities that the country has included in its current NSP and the adjustments that must be introduced for better control of the disease in the coming years. The following criteria were established to prioritize activities included in the TP:

1. **Programmatic priorities:** Using the NSP and the recommendations of international organizations as a strategic framework, the team and key decision makers in the country identified the priority interventions to be financed exclusively or mainly by the GF to ensure effective prevention, timely diagnosis, and successful treatment of TB.
2. **More efficient operating models for the implementation of activities currently financed by the GF:** Among the priority interventions, the team identified those that could be assumed by the government through more efficient operating mechanisms than the ones currently employed. This would make it more feasible for national resources to finance these interventions.
3. **Feasibility of inclusion within the budget historically assigned to the NTCP:** Among priority interventions, the team identified those that could be directly assumed by the NTCP through the mobilization of funds from other budget line items without an increase in the assigned budget ceiling.
4. **Feasibility of inclusion within the budget of revenues and expenditures of the State:** For prioritized activities whose operation cannot be optimized or improved and that do not fit within the regular budget of the NTCP, the team identified alternative sources of public

financing that must be assigned within the regular budget of income and expenses of the State.

Figure 2 illustrates the decision tree employed by the consulting team and by the national stakeholders consulted to identify the interventions to be included in the TP as well as potential sources of financing.

Figure 2. Decision tree for the identification of priority activities and alternative sources of funding



Following this decision tree, the proposed activities meet the following objectives that will facilitate the TP:

> **Improve operational efficiency:** It is proposed, for example, that supervision and decentralized auditing performed by the Regional Health Services (SRS) and the Provincial and Health Area Directorates (DPS / DAS), respectively, be based on epidemiological information and management indicators that focus on visits to low performing establishments, thus optimizing results and reducing mobilization costs. The development of distance learning education modules will also reduce the current high costs of face-to-face training.

> **Insertion in health sector reform:** Some of the proposed activities, such as supervision and auditing, consider the transfer of interventions linked to the provision of services from the governing body (MOH / NTCP / DPS-DAS) to the decentralized service provider entity in the public sector (the SRS). This transfer is consistent with the division of functions included in the health sector reform and it has the potential to save resources due to the geographical proximity between the supervisory and supervised entities.

> **Integration and use of public management platforms:** The verticality with which disease control programs once operated, including TB, has been progressively replaced by the inclusion

of some of its activities in horizontal platforms that support the provision of public services. The supply of medicines is now managed through the Single System for the Management of Medicines and Supplies (SUGEMI). Moreover, the TB epidemiological information system is now being integrated into the National Epidemiological Surveillance System (SINAVE). To achieve greater operational efficiency, these transitions must be completed and the information that these systems generate must be better used for decision making. This TP includes the implementation of a National System of Transportation of Laboratory Samples and Sending of Results (SUTMER), with the potential to improve the efficiency of resources.

> **Management of national financial resources:** The TP includes activities aimed at managing budget increases within the public health sector itself (NTCP, SRS) as well as mobilization of resources from other public sources to support TB control activities such as the Solidarity Program - PROSOLI - and subsidies to non-profit organizations.

Progression in the Transition to National Financing

According to the TP implementation timeline, the activities proposed in the TP can be classified into the following categories:

> **Continuation activities:** These are priority activities that are currently totally or mainly financed by the GF that will be continued during the first months of the TP. The operational content of these activities and monthly implementation costs will be similar to the current ones. Depending on the activity, these activities will be financed by the GF for a period that will vary from 12 to 18 months. At the end of this period, the negotiations should have concluded so that the activities are continued without interruption, with financing from public sources.

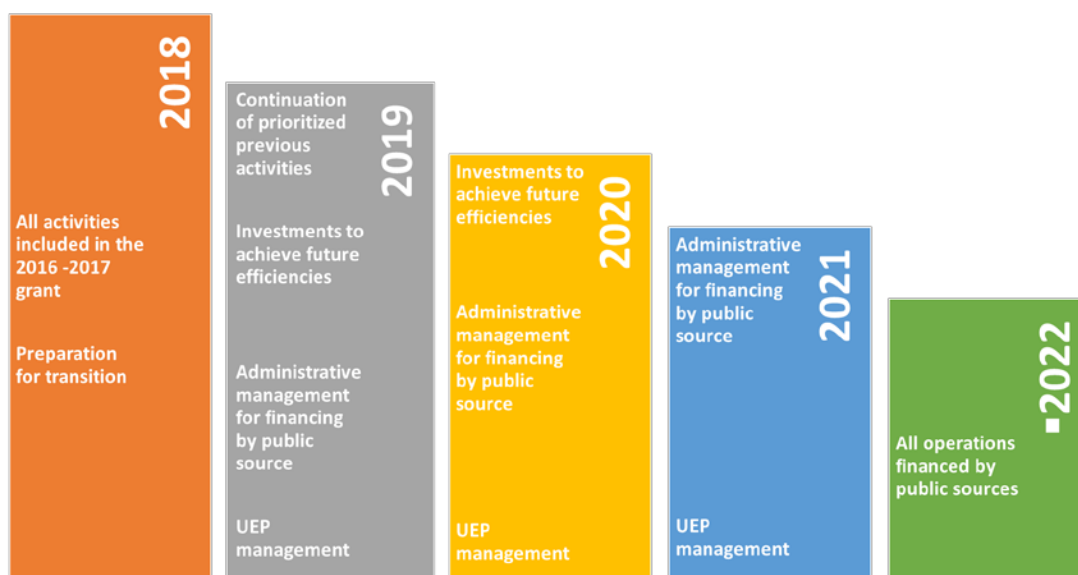
> **Activities to support the transition:** Three types of activities have been identified as:

- **Administrative procedures to ensure financing from public sources:** These consist of specific technical assistance needed to support the preparation and management of technical support documents, decrees, agreements, contracts, etc. that lead to the increase of public resources from different sources to cover the financial gap resulting from the culmination of GF financing. Some of these activities can begin even before the start of the transition phase in January 2019 in order to take advantage of the remaining resources of the 2016-2018 period allocation. These type of activities should consider the budgetary management cycles of the public sector so that advocacy actions coincide with high-level decisions on financial allocation.
- **Investments to improve efficiency of current operations:** This includes, for example, the implementation of SUTMER and the development of remote learning and education modules. These activities will begin in the first months of the transition phase and will last for 24 months, with the goal that by the end of the second year of the transition phase they will have been implemented and will be funded by public sources.
- **Extraordinary purchase of equipment and materials:** As an exception, the purchase of equipment that could not be acquired with resources from the regular grant whose execution concludes in 2018 will be considered. The operation of this equipment should not entail a recurring expense that the country cannot sustain in the short term. This TP

considers the acquisition of seven (7) GeneExpert to improve access to drug sensitivity tests and diagnosis and reduce the cost of transporting samples and results, without increasing current spending on reagents.

The detailed description of the activities (see next section) includes the proposal of **goals or milestones** that will serve as the means of verification to ensure that the country has effectively and completely transitioned towards an operation fully financed with national resources. The timeline for implementation of the proposed activities is illustrated in Figure 3.

Figure 3. Timeline for Implementation of TP Activities



5. Priority Activities of the Transition Plan

Based on the methodological approach previously described, a total of 29 activities were included in the TP. These were organized around four general components: **A) Program Management; B) TB care and prevention; C) TB / HIV; D) TB-MDR**. Each component is explained below in detail:

Program management: Program management includes personnel and operation expenses of the PEU and support for the technical management of the NTCP.

- Adjusted operations of the PEU:** The operations of the PEU will be adjusted due to the transition from service delivery interventions to transition management. Staff will be progressively reduced in proportion to the amount of resources and number of transactions they will manage during the transition phase. A small team will remain a few months after the end of this phase to support the administrative closure and presentation of final reports, although these activities will not be financed with funds designated in the TP. Table 2 shows the estimated budget for the operation of the PEU during the three years of the transition phase.

Table 2. Estimated Annual Budget for the PEU (US\$)

2019	2020	2021	Total	2022	Source
\$ 560,962.60	\$ 280,481.30	\$ 280,481.30	\$ 1,121,925.20	\$ -	PEU/GF

- 2. Support in the management of the NTCP (salaries):** NTCP staff receive supplements to their regular salary through GF funding. These will be maintained for approximately 24 months from the start of the transition phase. The steps for salary increases for NTCP staff will begin with the budget programming in 2018 and continue throughout the transition phase until June 2021. The salary increases to adjust them to the combined income that they currently accrue (MOPH regular salary plus GF stipend) should be managed with the Planning and Human Resources departments of the MOPH. Considering the government's salary policies, it is anticipated that not all salaries will be subject to adjustments and that not all will be adjusted to current levels.

Goal / NTCP staff with adjusted salaries: The previous activities should lead to salary adjustments for NTCP staff before the end of 2021, if their management performance was successful.

Goal / Closure of PEU operations: At the end of the execution of the transition funds, a small team of the PEU will conduct audits, transfer of goods and final reports that will be presented to the GF within a period of three months.

Goal / High rate of achievement of established milestones in the TP: Before the end of the TP, the PEU / NTCP will have reached all, or most, of the proposed milestones.

Table 3 includes the estimated budget for transition by various sources of funding. It is expected that by 2020 the MOH will provide a portion of the PEU's budget.

Table 3. Estimated annual budget to support NTCP management (salaries) (US\$)

2019	2020	2021	Total	2022	Source
\$ 107,616.48	\$ 67,475.53	\$ 28,204.77	\$ 203,296.78	\$ -	PEU/GF
\$ 21,523.30	\$ 21,523.30	\$ 64,569.89	\$ 107,616.48	\$ 64,569.89	MOH

- 3. Technical assistance for the implementation of the TP:** With GF resources, local (mainly) and international (exceptionally) technical assistance will be financed to analyze bottlenecks in the implementation of the TP and determine (jointly with national counterparts) the best ways to address the challenges resulting from the termination of GF financing. Table 4 presents the estimated annual budget for technical assistance to support compliance and execution of the TP.

Table 4. Estimated annual budget for technical assistance for TP implementation (US\$)

2019	2020	2021	Total	2022	Source
\$ 377,394.05	\$ 170,791.07	\$ 52,037.32	\$ 600,222.44	\$ -	PEU/GF

- 4. Governance and civil society group participation:** The GF finances activities that allow for the participation of organized civil society groups in the strategic decision-making for TB control. During 2018, these groups will participate in the review and validation of the NSP for

TB (NSP-TB) 2019-2021 and in the elaboration of requirements for the transition phase. During the transition phase, efforts will be made so that civil society participation is maintained after 2021. Two interventions will be considered due to their low recurrent cost and high impact potential: a) the integration of organized groups focused on TB into advocacy activities carried out by homologous HIV groups; b) the integration of these groups in selected technical activities carried out by NTCP, such as analysis of the epidemiological situation or review of the supervision report or audit. This activity does not have a budget, since these must be actions carried out by the MOPH and the NTCP in accordance with the national health agenda.

Goal / Organized civil society groups with established mobilization agendas: At the end of the transition phase, the organized groups should have an agenda and a funding source for social mobilization and advocacy activities for 2022.

TB Care and prevention: The care and prevention of TB includes activities related to the prevention, diagnosis and treatment of TB in patients with primary infection, not resistant to first-line drugs, or associated with HIV.

Support for the promotion, prevention and detection of cases in vulnerable groups: Activities related to the promotion, prevention and detection of respiratory symptoms, particularly in prisons and settlements of migratory groups have so far been financed in their entirety with GF funding. The activities are implemented by sub-recipients (SR's) in the private non-profit sector. The absence of GF financing has the potential to reduce the ability to identify TB cases in key and vulnerable populations.

5. **Prevention, promotion and detection by sub-recipients of the GF:** The GF will maintain the financing of activities of promotion, prevention and detection of cases during the first year of the transition phase.
6. **Management of agreements and subsidies for NGOs:** During the first year of the TP (and even in 2018, if feasible), the drafting of agreements between the MOPH/NTCP and NGOs will commence. This partnership modality will ensure that the MOPH/NTCP monitors and evaluates compliance. Another NGO will also be supported to directly manage government subsidies to non-profit organizations. This management arrangement has the potential to be more efficient, but there are no contractual or contractual relations currently in place with NGOs. Table 5 presents the estimated budget for the TP by the different funding sources

Table 5. Estimated annual budget for TB promotion and detection by NGOs (US\$)

2019	2020	2021	Total	2022	Source
	\$ 71,801.04	\$ 107,701.56	\$ 179,502.59	\$ 161,552.34	MOH
\$179,502.59	\$112,548.13	47,045.12	\$ 339,095.84	-	PEU/GF

Goal / Agreements and subsidies included in the national budget: At the end of the transition phase, the budget of the GRD / MOH / NTCP should include the recurrent expenses for the payment of the agreements and subsidies of NGOs to assist with TB prevention.

Support for sample transport and delivery of results: Transportation of laboratory samples from peripheral laboratories to reference laboratories and return of results is financed, virtually in its entirety, with GF resources. Recent results show inefficiencies in the system that leads to loss of samples and test results.

7. **Transportation of samples and submission of results:** During the first months of the transition phase, the GF will continue to finance the costs of transporting samples and results with the same system that currently operates

Table 6. Estimated annual budget for transport of samples and delivery of results by the SRS (US\$)

2019	2020	2021	Total	2022	Source
\$ 13,019.18	\$ 52,076.73	\$ 78,115.10	\$ 143,211.02	\$ 117,172.65	SRS/SNS
130,191.83	81,630.28	34,121.46	\$ 245,943.57	-	PEU/GF

8. **Implementation of the Single System of Transport of Samples and Delivery of Results (SUTMER):** In the first months of the transition phase, the implementation of the SUTMER will begin. Since the operational procedures are already developed, it is estimated that financing by the GF grant will last 12 months.
9. **Inclusion of recurring costs in the SRS budget:** Parallel to the implementation of the SUTMER, efforts should be initiated so that the recurrent operating expenses (gasoline, per diem, forms) are included in the regular budget of the SRS.

Table 7. Estimated annual budget for the implementation of the SUTMER by the SRS (US\$)

2019	2020	2021	Total	2022	Source
	\$ 76,822.99	\$ 115,234.49	\$ 192,057.48	\$ 172,851.73	SRS/SNS
\$ 192,057.48	\$ 120,420.04	\$ 50,335.58	\$ 362,813.10	-	PEU/GF

Goal / SUTMER implemented and operating expenses covered by SRS: Before the end of the transition phase, the SUTMER must be implemented and a budget item must be opened (or increased) for the payment of recurrent expenses.

Supervision support: NTCP staff carries out periodic supervision of health facilities, with GF supporting travel expenses. According to the division of functions established by the health sector reform initiative, supervision is the responsibility of the SRS. The transfer of these functions to the SRS complies with the mandates of the health sector reform and has the potential to save resources due to the proximity between the entity that supervises and the supervised entity.

10. **Supervision by SR:** During the first 12-18 months of the transition phase, NTCP personnel will continue to carry out selective supervision directed at low-performing establishments.
11. **Resources for decentralized supervision by SRS:** In coordination with the administrative departments of the SRS, efforts will be made to include in their annual budget request an increase that covers the recurrent expenditure of supervision. Table 8 presents the estimated

budget for supervision of the provision of TB services by the SRS during the transition through the different funding sources and in accordance with the Health Reform.

Table 8. Estimated annual budget for decentralized supervision of SRS by funding source (US\$)

2019	2020	2021	Total	2022	Source
\$ 49,584.64	\$ 31,089.57	\$ 12,995.44	\$ 93,669.65	\$ -	PEU/GF
\$ 7,489.66	\$ 29,958.66	\$ 59,917.32	\$ 97,365.64	\$ 59,917.32	SRS/SNS

12. Training of SRS supervisors: In parallel to the budgetary increase efforts, NTCP staff will train designated SRS personnel to transfer the competencies and supervisory tools of the NTCP.

Table 9. Estimated annual budget for capacity building of SRS to provide supervision of the TB program (US\$)

2019	2020	2021	Total	2022	Source
\$ 64,367.85	\$ 40,358.64	\$ 16,869.91	\$ 121,596.41	\$ -	PEU/GF

Goal / Supervision deconcentrated to SRS: At the end of the transition period there will be a team in SRS with the ability to supervise the provision of TB prevention, diagnosis and treatment services and with financial resources to carry out these tasks.

Support for audits of service provision: Audits of the deconcentrated governing bodies (DPS / DAS) to ensure compliance with national standards and the quality of customer service are not systematically carried out due to the lack of instruments, operating procedures and financing for transportation expenses. The transfer of these functions to the DPS / DAS complies with the mandates of the health sector reform and has the potential to save resources due to the proximity between the entities that audits and the audited entity.

13. Adjustment of audit manuals and procedures: With GF resources, the manuals and procedures for the audits that DPS / DAS must perform on health service providers will be reviewed and adjusted.

14. Resources for audits by DPS / DPA: In coordination with the administrative departments of the MOPH and the DPS / DAS, efforts will be made to include in their annual budget request an increase that covers the recurrent expenditure of supervision of health services from the leading role of the DPS and DAS. Table 10 presents the estimated budget during the transition for the different funding sources.

Table 10. Estimated annual budget for auditing of DPA/DAS TB Service delivery by funding source (USD)

2019	2020	2021	Total	2022	Source
\$ 22,468.99	\$ 29,958.66	\$ 44,937.99	\$ 97,365.64	\$ 37,448.32	MOH
\$ 74,896.65	\$ 46,960.20	-	\$ 121,856.84	-	PEU/GF

15. DPS / DAS Training: NTCP technicians will review and adjust audit manuals and procedures and train DPS / DAS personnel in their routine application. Table 11 presents the estimated budget for the training of the DPS and DAS during the transition.

Table 11. Estimated annual budget for capacity building in auditing of DPS/DAS for TB services (US\$)

2019	2020	2021	Total	2022	Source
\$ 145,944.26	\$ 91,507.05	\$ -	\$ 237,451.30	\$ -	PEU/GF

Goal / Decentralized Audits by DPS / DAS: At the end of the transition period, there will be a team in the SRS with the capacity to audit the provision of TB prevention, diagnosis and treatment services and with financial resources to carry out these tasks.

Support for personnel training: The training of personnel responsible for the tasks of prevention, diagnosis and treatment of TB is financed, virtually in its entirety, with GF resources. Training in new technical procedures, refresher training and the training of new personnel are fundamental to the control of TB.

16. Training of personnel responsible for the prevention, diagnosis and treatment of TB: During the first months of the transition phase, staff training will continue, following face-to-face methodologies used to date. It is estimated that by 2019, the SNS, through the SRS, will allocate an initial, small budget for this activity, increasing annually. Table 12 presents the estimated budget for training in services during the transition and by funding sources.

Table 12. Estimated annual Budget for capacity building of technical staff that performs TB prevention, diagnostic and treatment (US\$)

2019	2020	2021	Total	2022	Source
\$ 9,750.97	\$ 24,377.42	\$ 24,377.42	\$ 58,505.81	\$ 43,879.36	SRS/SNS
\$ 48,754.84	\$ 10,189.76	\$ -	\$ 58,944.60	\$ -	PEU/GF

17. Development and implementation of distance training modules: With the financial assistance of the GF, distance training modules will be developed for those topics that lend themselves to this methodology. Table 13 presents the PEU / GF budget for the development of the distance training platform during the transition.

Table 13. Estimated annual budget for distance learning modules (US\$)

2019	2020	2021	Total	2022	Source
\$ 96,800.00	\$ -	\$ -	\$ 96,800.00	\$ -	PEU/GF

18. Development of a training certification system: With the financial assistance of the GF, an online training certification system will be developed, which will accompany the distance training modules. The NTCP will keep electronic records of certified personnel. The certification and recertification of the personnel will be a requirement to fulfill their functions. With funds from the TP allocation, IT equipment will be purchased to maintain records in the NTCP. Table 14 presents the budget of the PEU / GF for the development of the certification system during the transition.

Table 14. Estimated annual budget for the development of training certification systems (US\$)

2019	2020	2021	Total	2022	Source
\$ 34,000.00	\$ 21,318.00	0	\$ 55,318.00	\$ -	PEU/GF

19. Resources for training platform maintenance: The NTCP will be responsible for administration of the electronic distance education platform. The NTCP must provide in its regular budget staff resources and staff time for the administration of the platform. Table 15 presents the budget estimated by MOPH for the maintenance of the distance training and certification platform.

Table 15. Estimated annual budget for the maintenance of the distance training and certification platform (US\$)

2019	2020	2021	Total	2022	Source
0	\$ 38,720.00	\$ 38,720.00	\$ 77,440.00	\$ 38,720.00	MOH

Goal / Staff trained through domestic resources: Before the end of the transition phase, there will be a distance training and certification system in place. There will be financial resources in the regular budget to ensure the maintenance and administration of the electronic platform.

Support for patient food incentives: The provision of food to low-income patients in treatment is an incentive to maintain adherence to treatment and to prevent adverse effects of drugs. The food hampers are financed in their entirety with GF resources.

20. Acquisition and distribution of food bags by SRs: During the first months of the transition phase, the GF will continue financing food hampers for patients in treatment, with the support of SRs that have assumed their distribution.

21. MOPH-PROSOLI partnership agreement: The Solidarity Program (PROSOLI) of the Vice Presidency of the Republic is able to include patients in TB treatment in their conditional transfer program. The GF will financially support the necessary steps for the signing of an agreement between the MOH and PROSOLI that will formalize this initiative.

22. Financial assistance by PROSOLI: Immediately after signing the agreement, PROSOLI will provide vouchers to beneficiaries determined by the MOPH. Continued patient eligibility for the food vouchers will be conditioned to adherence to treatment. Table 16 presents the estimated budget for the acquisition of food vouchers during the transition and the different sources of financing. It is estimated that, starting in 2020, PROSOLI will assume a proportion of the patients as part of the beneficiaries of the feeding program and by 2022 it will have to be fully financed with resources from PROSOLI.

Table 16. Estimated annual budget for the acquisition and distribution of food vouchers (US\$)

2019	2020	2021	Total	2022	Source
\$ 59,237.30	\$ 37,141.79	\$ 15,525.27	\$ 111,904.36		PEU/GF
0	\$ 23,694.92	\$ 35,542.38	\$ 59,237.30	\$ 53,313.57	PROSOLI

23. Monitoring PROSOLI beneficiaries by NTCP: The MOPH / NTCP will establish a monitoring system for patient food incentives. Beneficiary lists submitted to PROSOLI by MOPH will be periodically updated, in consideration of patient income, expenses, and adherence to treatment. Table 17 shows the estimated budget of the MOPH and PEU for the monitoring of beneficiaries in PROSOLI. It is estimated that with GF resources, activities will be financed only during the first two years of the transition; while it is estimated that the MOH should allocate resources from year 1 of the transition.

Table 17. Estimated annual Budget for monitoring and reporting by NTCP of PROSOLI beneficiaries (US\$)

2019	2020	2021	Total	2022	Source
\$ 12,206.17	\$ 16,274.89	\$ 24,412.33	\$ 52,893.38	\$ 36,618.50	MOH
\$ 40,687.22	\$ 25,510.89		\$ 66,198.10		PEU/GF

Goal / Patients with food support during TB treatment: Before concluding the FT, patients in TB treatment selected by the NTCP will receive dietary treatment by PROSOLI.

TB / HIV: Includes detection, treatment and clinical follow-up activities for patients with TB / HIV coinfection. The activities will emphasize coordination between the respective programs.

24. Implementation of an integrated model in 11 provinces: TB / HIV coinfection is one of the main causes of low treatment success and mortality rates. Recently, an integrated TB-HIV-service delivery model was tested in Puerto Plata that showed positive impacts on the indicators. With GF resources, this model will be replicated in 11 priority provinces during the transition phase

25. Continued financing for expansion of the TB-HIV service delivery model and monitoring: The MOPH / NTCP and the SRS will allocate the necessary resources after the transition period to allow for the extension of this model to non-prioritized provinces. Table 18 presents the estimated budget for the implementation and expansion of the reference and counter-referral model of patients with TB and HIV coinfection. It is estimated that during the Years 1 and 2 of the transition grant, the PEU, with GF resources will, implement this strategy in 11 provinces. Starting in 2020 (year 2 of the transition) it is estimated that the SNS through the SRS will start incorporating the necessary funds within its budget for the continued expansion and implementation to the rest of provinces thereafter. GF support for the expansion will end in 2021.

Table 18. Estimated annual Budget for the implementation and expansion of a reference and counter-reference model of patients co-infected with TB and HIV (US\$)

2019	2020	2021	Total	2022	Source
\$ 180,000.00	\$ 150,000.00		\$ 330,000.00		PEU/GF
	\$ 90,000.00	\$ 180,000.00	\$ 270,000.00	\$ 180,000.00	SRS/SNS

Goal / TB-HIV service delivery model expanded to non-priority provinces and supported with domestic resources: Once the transition phase is completed, the integrated model for the care of patients with TB / HIV will be extended to the remaining provinces, with domestic resources through the SNS and SNS.

TB / MDR: Includes activities specifically aimed at patients diagnosed with TB who are found to be resistant to one or more 1st line drugs. The proposed activities emphasize the need to ensure appropriate diagnosis and treatment, based on sensitivity tests.

26. Acquisition of seven GeneXpert systems: During the first months of the transition phase, seven GeneXpert systems will be acquired with GF resources. Distribution of the systems will be done in a manner that increases patient access to diagnosis, decreases sample transportation costs and results, and maintains recurrent spending on reagents. Table 19 presents the estimated budget for the acquisition of the seven GeneXpert systems through GF support.

Table 19. Estimated annual budget for the acquisition of GeneXpert systems during the transition (US\$)

2019	2020	2021	Total	2022	Source
\$ 145,950.00			\$ 145,950.00	\$ -	PEU/GF

27. Financing of GeneXpert reagents: Currently all GeneXpert cartridges are financed by the GF (approximately US \$ 70,000.00 / year). The GF will continue to finance these tests during the first year of the transition phase.

28. Continued financing for GeneXpert reagents: For year 1 and 2 of the transition it is estimated that the PEU / GF will provide the country with these inputs. While for 2019 it is estimated that the MOH will allocate a proportion of the cost of the reagents to be acquired with national funds and from 2020 resources will increase each year until 2022, which should be fully assumed.

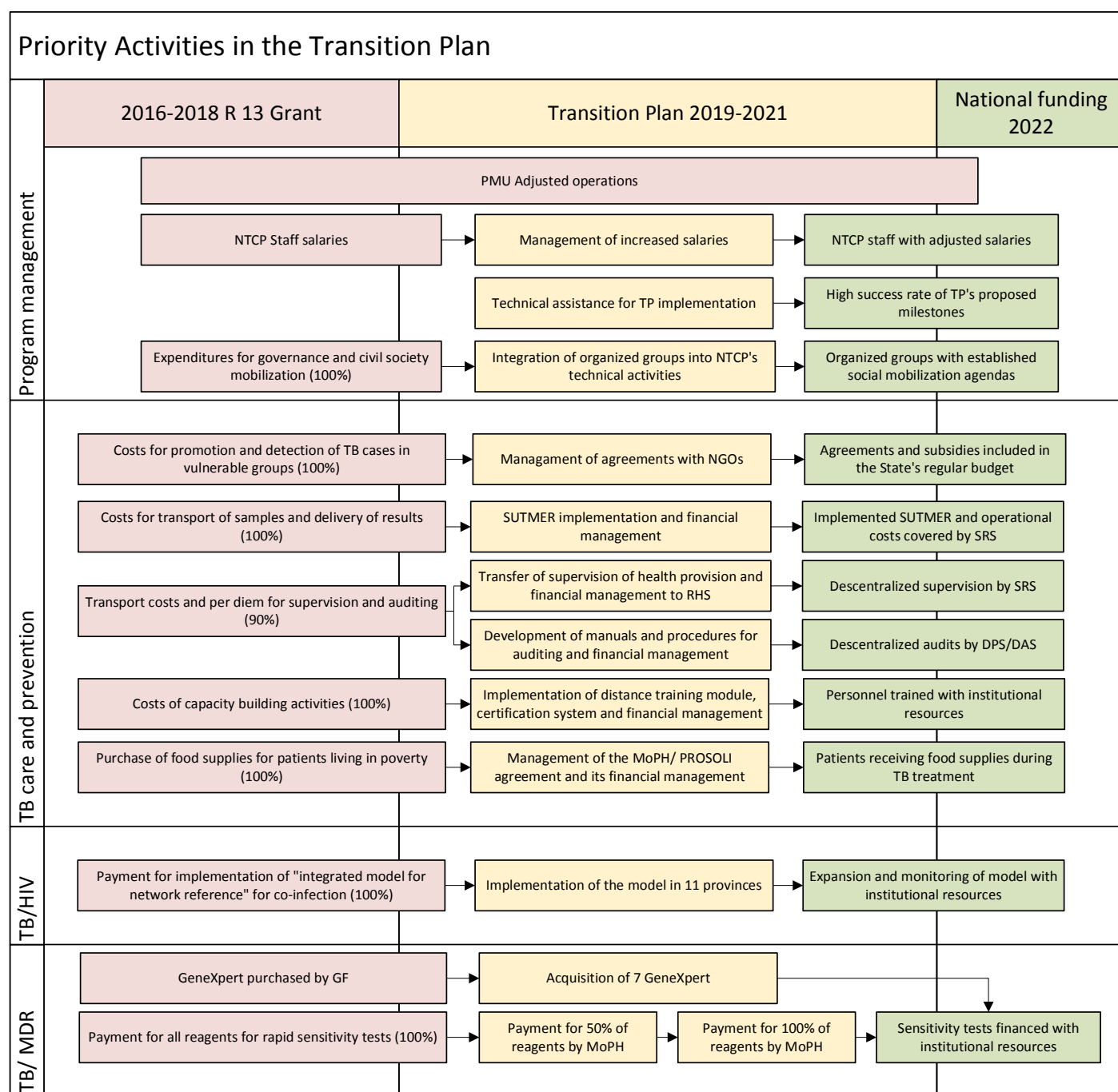
Table 20. Estimated annual budget for the acquisition of GeneXpert reagents (US\$)

2019	2020	2021	Total	2022	Source
\$ 17,024.00	\$ 42,560.00	\$ 85,120.00	\$ 144,704.00	\$ 85,120.00	MOH
\$ 85,120.00	\$ 25,536.00		\$ 110,656.00		PEU/GF

Goal / GeneXpert reagents financed with domestic resources: Before the end of the transition phase, all GeneXpert reagents/cartridges will be financed through domestic resources.

The following chart (figure 4) summarizes the activities proposed in the TP and the situation before and after the TP for each of them.

Figure 4. Summary of proposed activities in the TP



Note: The percentages indicate the approximate proportion of resources that is financed by the GF.

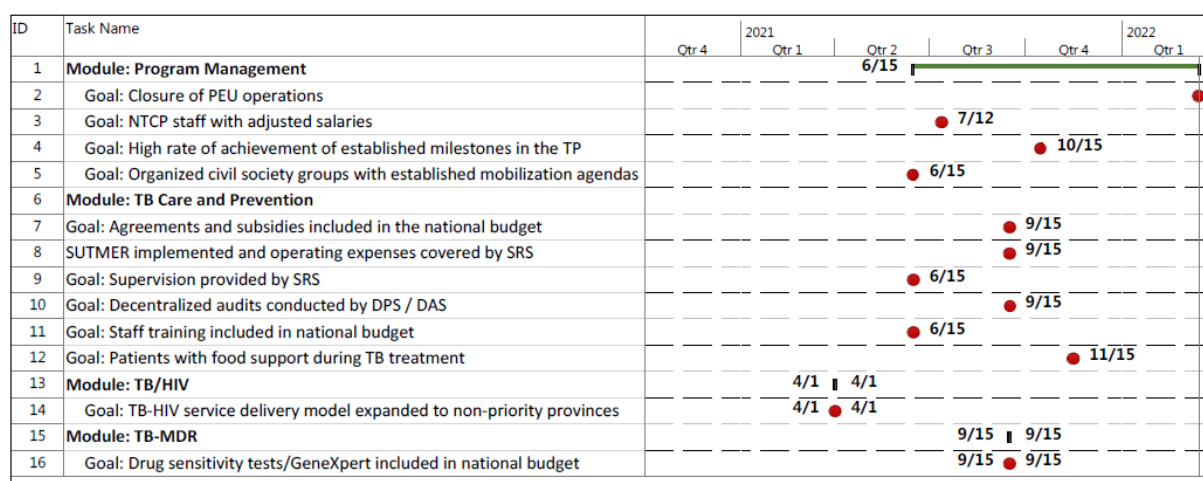
6. Timeline for implementation

The activities should begin in the 1st quarter of the first year of the transition grant to ensure sufficient time for completion of all planned activities. Some activities could begin in 2018, taking advantage of the FY 2019 national budget and reprogramming of resources under the current GF (2016-2018) grant, but these were not considered in the budget estimates of the TP.

It is estimated that the *continuation activities* will last 12-24 months (2019 -2020), after which the efforts to ensure national financing should have been exhausted. The *investment activities* (in teams and to save resources) will last 12-18 months from the start of the transition grant and *administrative procedures* to ensure public financing will last 30 months to take advantage of a last opportunity to lobby for additional resources in May-June 2021.

Figure 5 presents an illustrative timetable indicating that most of the milestones for a complete and effective transition should be reached at the beginning of the third quarter of 2021. The complete schedule is presented in Annex 2.

Figure 5. Timeline for implementation



7. Estimated budget and financial management for the transition

The allocation amount approved by the GF is US \$ 4.4 million (equivalent to RD \$ 215 million), for a period of three years. According to the proposed implementation plan, 58% (US \$ 2.5 million) must be executed during the first year, 30% (US \$ 1.3 million) during the second year and 12% (US \$ 537 thousand) during the third year. As suggested in the previous sections, it is expected that that country will progressively increase domestic financing.

The TB Care and Prevention module (includes detection, supervision, training, transportation of samples and food) would account for the majority, 43%, of the transition grant budget, followed by: Program Management (30%), TB / HIV (7%) and TB / MDR (6%). Technical assistance to support execution of the Transition Plan accounts for an estimated 14% of the budget. Approximately 35% of the resources would be oriented to the continuation of prioritized activities during the first months of the grant and the rest (65%) to ensure the transition to financing with national resources (Table 21).

Table 21. Estimated budget by module of the GF TP grant (US\$)³

Component	2019	2020	2021	Total	%
TB Care & Prevention	1,116,025	618,674	176,893	1,911,592	43%
Program management	668,579	347,957	308,686	1,325,222	30%
TB/HIV	180,000	150,000	-	330,000	7%
TB-MDR	231,070	25,536	-	256,606	6%
Technical assistance	377,394	170,791	52,037	600,222	14%
Grand total	2,573,068	1,312,958	537,616	4,423,642	100%

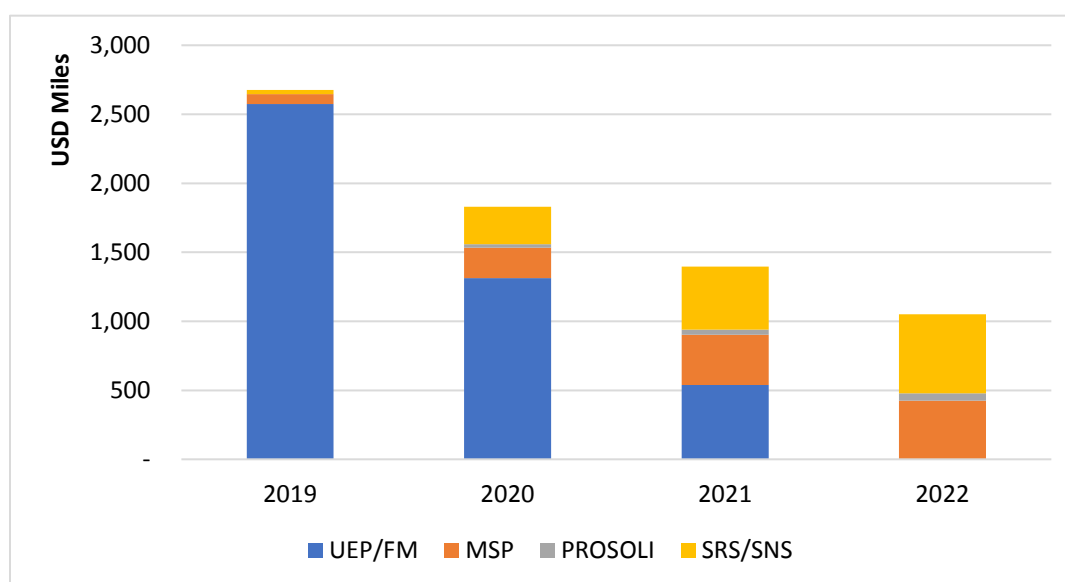
Table 22 presents the budget by component. The largest components are program management, sample transport, technical assistance and training. In Annex 3, the budget of the detailed transition is presented by financing source and by year.

Table 22. Estimated budget breakdown of the GF TP grant (US\$)

Activities financed only by PEU/GF	2019	2020	2021	Total	%
Program management (PEU and NTCP)	668,579	347,957	308,686	1,325,222	30%
Transportation of samples and results	322,249	202,050	84,457	608,757	14%
Technical assistance for TP implementation	377,394	170,791	52,037	600,222	14%
Capacity building DPS/DAS and SRS	389,867	163,373	16,870	570,110	13%
Promotion and detection	179,503	112,548	47,045	339,096	8%
TB/HIV	180,000	150,000		330,000	7%
TB-MDR	231,070	25,536		256,606	6%
Supervision	124,481	78,050	12,995	215,526	5%
Food for patients	99,925	62,653	15,525	178,102	4%
Gran total	2,573,068	1,312,958	537,616	4,423,642	100%

According to the budgetary estimates made for the TP, over the 3 year period domestic expenditure will increase to: US \$ 103,000 (RD \$ 5.0 million) for 2019; US \$ 517,000 (RD \$ 25.2 million) for 2020 and US \$ 858,000 (RD \$ 41.9 million) in 2021. As of 2022, the budget from public sources is estimated to reach US \$ 1.0 million (RD \$ 51.2 million) (Figure 6).

³ Categories may not completely align with Global Fund budget guidance

Figure 6. Increase in public share of TB control costs during transition phase

Domestic sources of financing over the three year period are expected to come from: MOPH, US \$ 853,000 (equivalent to RD \$ 41 million); PROSOLI, US \$ 112,000 (equivalent to RD \$ 5.4 million) and SNS / SRS, US \$ 1.3 million (equivalent RD \$ 76.3 million). The total resources estimated by public sources during the transition period is US \$ 2.5 million (equivalent to RD \$ 123.5 million) (Table 23).

Table 23. Domestic sources of funding that should be mobilized for the transition (USD)

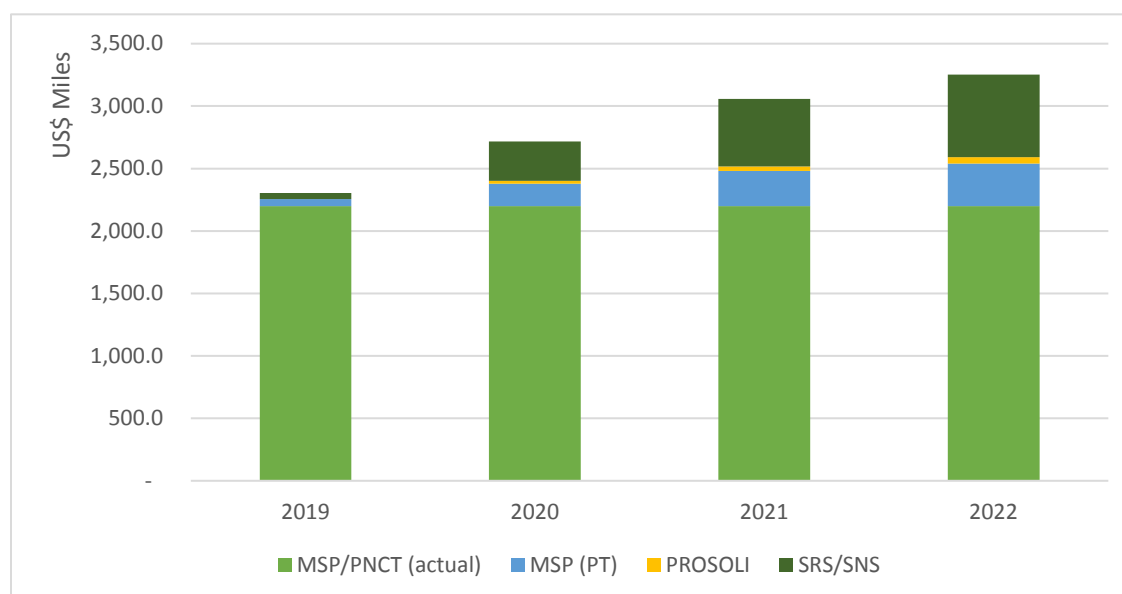
	PEU/GF	MOH	PROSOLI	SRS/SNS	Total
2019	2,573,067	56,198	-	47,283	2,676,550
2020	1,312,958	178,277	23,694	315,795	1,830,726
2021	537,616	280,341	35,542	542,764	1,396,264
2022	-	338,909	53,314	658,941	1,051,163

The NTCP budget has not increased during recent years, maintaining a budget of approximately US \$ 2.2 million (equivalent to RD \$ 107 million) per year. The implementation of this TP requires increases in national spending to offset declines in GF support. According to the suggested activities, increases by public sources would include, among others, increases to the MOPH budget for the NTCP, the SRS / SNS, and additional allocations -if necessary- to cover unconditional PROSOLI transfers and subsidies to NGOs.

The typical annual increase for the MOPH budget is equivalent to 5%. To achieve the TP, the MOPH must increase annual budgets significantly more - 2019 US \$ 56,000 (equivalent to RD \$ 2.7 million); 2020 US \$ 178,000 (equivalent to RD \$ 8.6 million); 2021 US \$ 380,000 (equivalent to RD \$ 13.6 million); and 2022 US \$ 338,000 (equivalent to 16.5 million).

By 2022, US \$ 1.05 million is required from all public sources, corresponding to approximately 23% of the amount approved by the GF for the transition grant (figure 7).

Figure 7. Required public funding increased over the NTCP budget during the transition phase and 2022 (\$US)



8. Other funding sources

This TP considers the most viable sources of financing in the short term to support the prioritized activities. In parallel, and with a view to the incorporation of additional interventions for the control of TB, other funding sources should be considered:

- > **Coverage of medicines and diagnostic supplies by Social Security:** There is a proposal, supported by USAID, to include financing of key medicines and supplies within the Social Security program. If the technical and political efforts are successful, the purchase of anti-tuberculosis drugs and diagnostic supplies should follow the same channels.
- > **Provision of technical assistance by international agencies:** International agencies (i.e. PAHO, UNAIDS) can support specific technical assistance suggested in this TP. It will be up to the MOH / NTCP to identify and request assistance over the medium-term plan (this TP can serve as a reference), so that they can be included in the annual budgets of the agencies.
- > **Provision of funds from other public sources:** In addition to those suggested in this PT (SRS, PROSOLI), sources outside the health sector should be explored. The Ministry of Tourism, for example, may be interested in contributing to the control of a disease in localities that are popular with tourists.
- > **Provision of funds from private sources:** Similarly, the corporate social responsibility programs of private corporations could support some activities, particularly those related to health promotion and prevention of illness among hotel workers, for example.

9. Monitoring and Evaluation

Given that the prioritized activities are a continuation of those that have been financed by the GF so far, the indicators to monitor and evaluate progress in implementation and impact will be the

same as those used in the previous grants. Table 24 shows the impact, outcome and coverage indicators currently in place.

Table 24. Indicators proposed for the TP

Type	Code	Indicator Discription
Impact	TB I-3	TB I-3: TB mortality rate (for every 100,000 people)
Impact	TB I-4	TB I-4: Prevalence of TB RR-TB and/or MDR-TB in new TB cases: Proportion of new TB cases with TB-RR and/or MDR-TB.
Outcome	TB O-4	TB O-4: Success rate in MDR-TB treatment: Percentage of bacteriologically confirmed rifampicin resistant/multi-drug resistant TB (TB-RR y/o TB-MR) that have been successfully treated.
Outcome	TB O-5	TB O-5: Anti-TB Treatment coverage: Percentage of new cases and notified/treated relapses divided by the number of estimated TB cases in the same year (including all forms of TB that are bacteriologically confirmed and clinically diagnosed)
Coverage	TCP-1	TCP-1: Number of notified TB cases (including all forms of TB that are bacteriologically confirmed and clinically diagnosed) including new cases and relapses.
Coverage	TCP-2	TCP-2: Treatment success rate- all forms: Percentage of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) successfully treated (cured plus treatment completed) among all forms of TB cases registered for treatment during a specified period
Coverage	MDR TB-2	MDR TB-2: Number of TB cases with Rifampicin-resistant (RR-TB) and/or MDR-TB notified
Coverage	MDR TB-3	MDR TB-3: Number of cases with TB-RR and/or MDR-TB that initiated second line treatment

In addition, the introduction of indicators to monitor progress in the implementation of transition activities and the transfer of financial responsibility to national sources should be considered. Among others, those included in Table 25 can be considered. Annex 1 shows the correlation of the proposed activities with the GF and TP monitoring indicators.

Tabla 25. Suggested indicators for monitoring of the Transition Plan

Indicator	Description
Percentage of budget increases that resulted in a larger allocation, in relation to the previous year	Number of budgetary requirements managed / major allocations included in the state income and expenditure budget x 100
Percentage of milestones / goals achieved by the TP	Number of goals included in the TP / goals actually achieved according to an independent evaluation x 100
Public funding budget (MOH, PROSOLI and SRS/SNS) increased for TB control	Amount of the budget (in US \$) above the base budget (2018) increased for the control of TB, and as a result of the efforts included in the PT

10. Administration

The PEU will be responsible for the financial management of this TP. Given the demands imposed by its implementation, it is suggested that the management of the TP be carried out by a dedicated full-time team. It is critical that capacity is built within the NTCP. There should be progressive transfer of technical management from the PEU to NTCP, such as development of terms of reference for technical assistance, approvals for hiring and purchases, and the convening of technical and political meetings. During the course of the grant, the CCM must act as an oversight body to implement and monitor the TP.

Annex 1. Activities, deadlines, goals and monitoring indicators of the TP

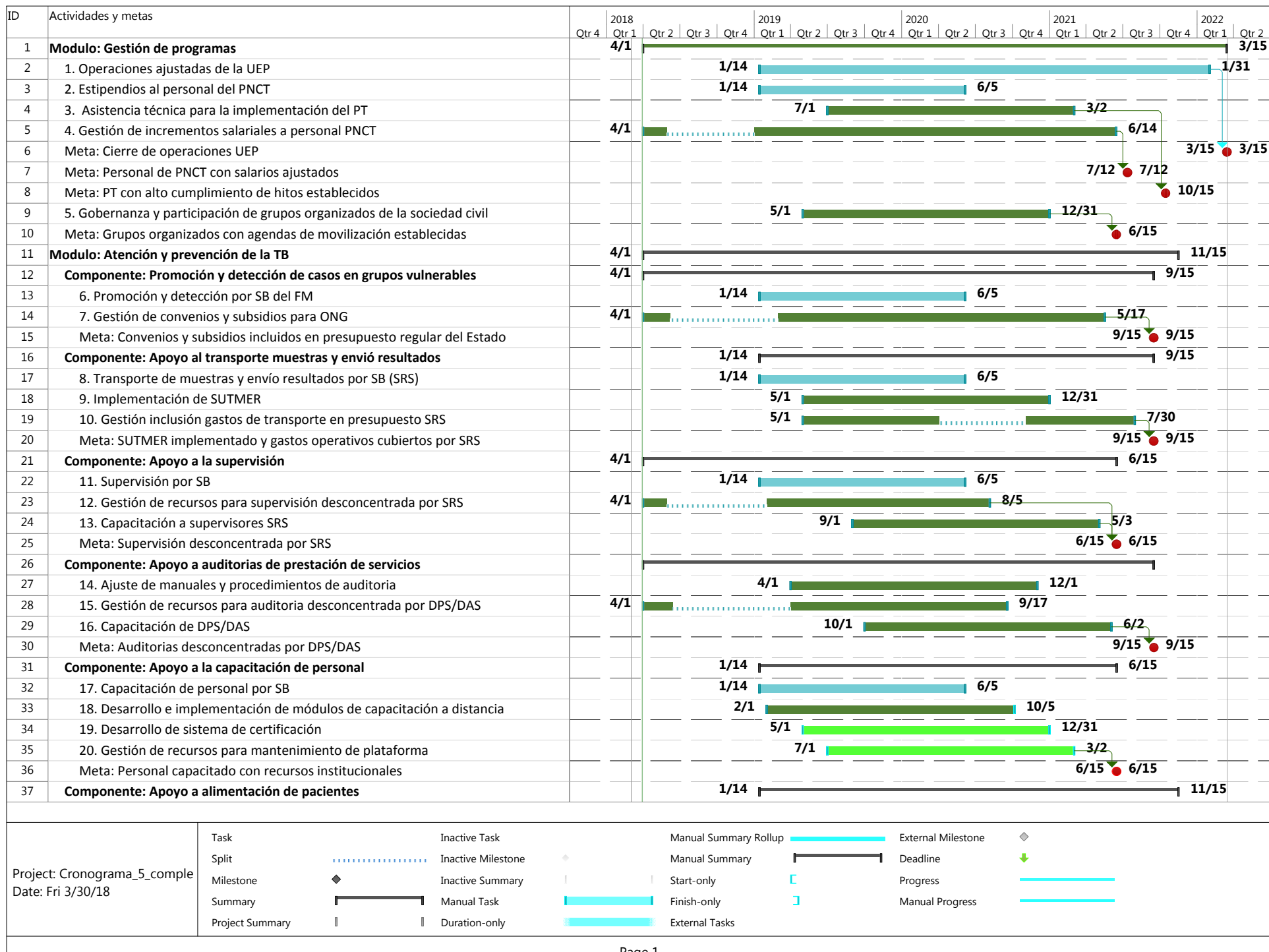
Componente y actividad	Inicio	Fin	Indicador del desempeño del programa (Subvenciones GF)	Indicador propuesto PT	Meta PT	Medios de verificación
1. Gestión del programa						
1.1. Operaciones ajustadas de la PEU	enero 2019	diciembre 2021	Impacto: TB I-3: Tasa de mortalidad de la TB (por cada 100.000 habitantes) TB I-4: Prevalencia de TB RR-TB y/o MDR-TB entre los nuevos casos de TB: Proporción de casos nuevos de TB con TB-RR y / o MDR-TB.	% de cumplimiento de las actividades programas en el plan de transición	PEU con el plan de transición ejecutado al 2021	Informes regulares y de cierre del programa del GF conforme a la solicitud de financiamiento
1.2. Apoyo a gestión técnica del NTCP (Salarios)	enero 2019	enero 2021		% de personal del NTCP con salarios ajustados a la escala salarial del MOH	Personal de NTCP con salarios ajustados	Documento oficial de Recursos Humanos del MOH con la acción de personal indicando el ajuste y escala salarial
1.3. Asistencia técnica para la implementación del PT	enero 2019	agosto 2021		% de personal del NTCP con salarios ajustados a la escala salarial del MOH	Asistencias técnicas implementadas y finalizadas	Informes de consultoría para cada uno de los productos solicitados en apoyo al PT
1.4. Gobernanza y participación de grupos organizados de la sociedad civil	enero 2019	julio 2019		% de Organizaciones No Gubernamentales participantes en reuniones técnicas convocadas por el NTCP	Grupos organizados con agendas de movilización establecidas	Actas de reuniones con las ONG y el Programa Nacional de TB
2. Atención y prevención de la TB						
2.1. Promoción y detección de casos en grupos vulnerables						
2.1.1. Promoción y detección por Sub-beneficiarios del GF (sistema actual)	enero 2019	marzo 2021	TB O-5: Cobertura del tratamiento anti-TB: Porcentaje de casos nuevos y recaídas notificados y tratados entre el número de casos estimados de TB incidentes en el mismo año (todas las formas de TB confirmadas bacteriológicamente y clínicamente diagnosticadas) TCP-1: Número de casos notificados de TB de todas las formas (confirmados bacteriológicamente y clínicamente diagnosticados) Incluye casos nuevos y recaídas.	% de Organizaciones No Gubernamentales con convenios de gestión con el MOH para la promoción y detección de casos	Convenios y subsidios incluidos en presupuesto regular del Estado/ MOH	Convenios firmados y presupuestos anuales aprobados por el MOH y Hacienda
2.1.2. Gestión de convenios y subsidios para ONG	enero 2019	junio 2021				
2.2. Apoyo al transporte muestras y envió resultados						
2.2.1. Transporte de muestras y envío resultados por SB (SRS) (sistema actual)	enero 2019	Marzo 2020	TCP-2: Porcentaje de casos de TB de todas las formas, confirmados bacteriológicamente y con diagnóstico clínico que se han tratado con	Monto y % de incremento de recursos para transporte de	SUTMER implementado y gastos operativos cubiertos por SRS/SNS	Reportes de monitoreo del transporte de muestras por SRS

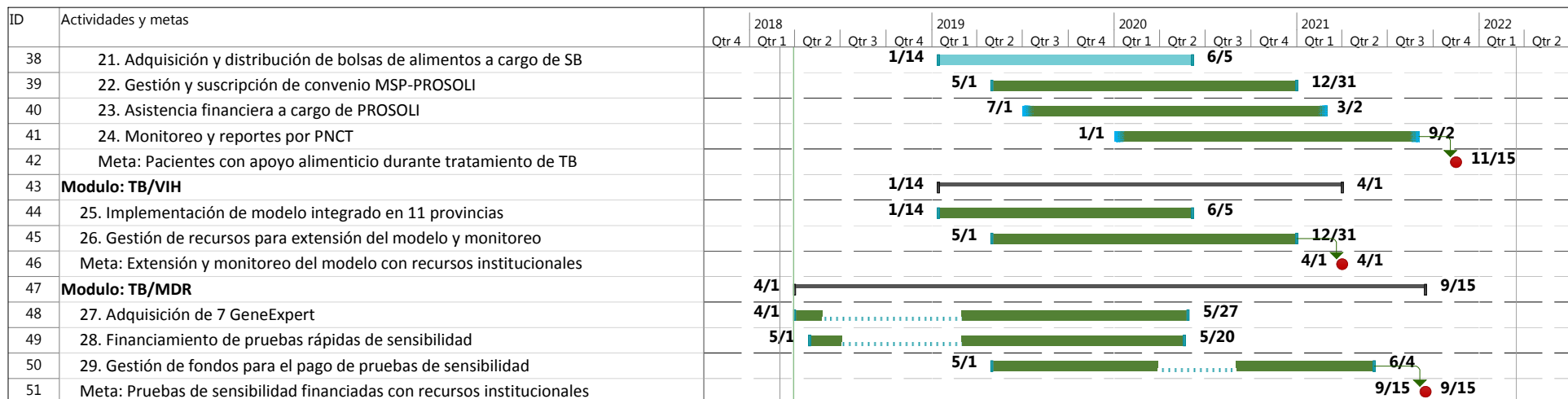
Componente y actividad	Inicio	Fin	Indicador del desempeño del programa (Subvenciones GF)	Indicador propuesto PT	Meta PT	Medios de verificación
2.2.2. Implementación del SUTMER	Junio 2019	diciembre 2020	éxito (curado más tratamiento terminado) entre todos los casos registrados para tratamiento, casos nuevos recaídas.	muestras incluidos en el presupuesto del SNS y SRS		
2.2.3. Gestión de inclusión gastos de transporte en presupuesto SRS	Marzo 2020	diciembre 2020			Presupuesto para el transporte de muestras incluido en los planes operativos del SNS y SRS	Reportes de ejecución presupuestaria con el gasto en transporte de muestras por SRS
2.3. Apoyo a la supervisión						
2.3.1. Supervisión por SRS	marzo de 2019	diciembre 2020	TB O-5: Cobertura del tratamiento anti-TB: Porcentaje de casos nuevos y recaídas notificados y tratados entre el número de casos estimados de TB incidentes en el mismo año (todas las formas de TB confirmadas bacteriológicamente y clínicamente diagnosticadas)	Número y % de SRS que supervisan la prestación de servicios de TB de acuerdo con las normativas establecidas	Supervisión descentralizada por SRS	Reportes de supervisión por cada SRS de la prestación de servicios de TB
2.3.2. Gestión de recursos para supervisión descentralizada por SRS	Marzo 2020	diciembre 2020		Monto y % de incremento de recursos financieros asignados para supervisión de programas (incluyendo TB) a los SRS	Presupuesto para la supervisión de programas incluido en los planes operativos del SNS y SRS	Reportes de ejecución presupuestaria con el gasto supervisión en TB por SRS
2.3.3. Capacitación a supervisores SRS	junio 2019	diciembre 2020		Número y % de personal de los SRS capacitados en la supervisión de la prestación de servicios para el programa de TB	Personal de los SRS capacitados	Reportes técnicos del personal de los SRS capacitados en la supervisión de la prestación de servicios de TB
2.4. Apoyo a auditorías de prestación de servicios						
2.4.1. Ajuste de manuales y procedimientos de auditoría (supervisión)	abril 2019	enero 2020	TB O-5: Cobertura del tratamiento anti-TB: Porcentaje de casos nuevos y recaídas notificados y tratados entre el número de casos estimados de TB incidentes en el mismo año (todas las formas de TB confirmadas bacteriológicamente y clínicamente diagnosticadas)	Manuales y guías para las auditorías de las DPS y DAS al programa de TB a nivel local	Manuales y guías para las auditorías de las DPS y DAS al programa de TB a nivel local elaboradas	Manuales y guías elaboradas
2.4.2. Gestión de recursos para auditoría desconcentrada por DPS/DAS	Marzo 2020	diciembre 2020		Monto y % de incremento de recursos financieros asignados para auditoría de programas (incluyendo TB) de las DPS y DAS	Presupuesto para las auditorías de programas incluido en los planes operativos de las DPS/ DAS	Reportes de ejecución presupuestaria con el gasto para auditorías en TB por DPS/DAS
2.4.3. Capacitación de DPS/DAS	octubre 2019	junio 2021		Número y % de personal de las DPS y DAS capacitados en la auditoría del programa de TB	Personal de las DPS y DAS capacitados	Reportes técnicos del personal de las DPS y DAS capacitados en la auditoría del programa de TB
2.5. Apoyo a la capacitación de personal						
2.5.1. Capacitación del personal responsable de las tareas de prevención, diagnóstico y tratamiento de la TB en los servicios	abril 2019	diciembre 2020	TB O-5: Cobertura del tratamiento anti-TB: Porcentaje de casos nuevos y recaídas notificados y tratados entre el número de casos estimados de TB incidentes en el mismo año (todas las formas de TB confirmadas)	Número y % de personal técnico capacitados en prevención, diagnóstico y tratamiento de la TB en los servicios	Personal de los servicios capacitados	Reportes técnicos del personal capacitados en prevención, diagnóstico y tratamiento de la TB en los servicios

Componente y actividad	Inicio	Fin	Indicador del desempeño del programa (Subvenciones GF)	Indicador propuesto PT	Meta PT	Medios de verificación
2.5.2. Desarrollo e implementación de módulos de capacitación a distancia	abril 2019	diciembre 2020	bacteriológicamente y clínicamente diagnosticadas) TCP-1: Número de casos notificados de TB de todas las formas (confirmados bacteriológicamente y clínicamente diagnosticados) Incluye casos nuevos y recaídas.	Programa modular de capacitación y certificación a distancia desarrollado y en funcionamiento	Programa modular de capacitación y certificación a distancia implementado	Reporte técnico y certificaciones del personal capacitado
2.5.3. Desarrollo de sistema de certificación	mayo 2019	diciembre 2020				
2.5.4. Gestión de recursos para mantenimiento de plataforma	Marzo 2020	diciembre 2020		Monto y % de incremento de recursos para de capacitación en prevención, diagnóstico y tratamiento de la TB incluidos en el presupuesto del SRS	Presupuesto para capacitación en prevención, diagnóstico y tratamiento de la TB incluido en los planes operativos del SNS y SRS	Reportes de ejecución presupuestaria con el gasto en capacitación en prevención, diagnóstico y tratamiento de la TB por SRS
2.6. Apoyo a alimentación de pacientes						
2.6.1. Adquisición y distribución de bolsas de alimentos	marzo 2019	diciembre 2020	TCP-2: Porcentaje de casos de TB de todas las formas, confirmados bacteriológicamente y con diagnóstico clínico que se han tratado con éxito (curado más tratamiento terminado) entre todos los casos registrados para tratamiento, casos nuevos recaídas.	Número y % de pacientes con TB beneficiarios del programa de alimentación de PROSOLI	Pacientes con apoyo alimenticio durante tratamiento de TB	Reporte técnico del PROSOLI con los beneficiarios con TB incluidos en el programa y activos
2.6.2. Gestión y suscripción de convenio MOH-PROSOLI	Marzo 2019	junio 2019				
2.6.3. Asistencia financiera a cargo de PROSOLI	Marzo 2020	diciembre 2021				
2.6.4. Monitoreo y reportes por NTCP	Marzo 2020	diciembre 2021				Reportes técnicos de monitoreo del programa de TB para verificar el apoyo a alimentación de PROSOLI
2.7. TB/HIV						
2.7.1. Implementación de modelo integrado en 11 provincias (Una provincia cada trimestre)	julio 2019	junio 2020	TCP-2: Porcentaje de casos de TB de todas las formas, confirmados bacteriológicamente y con diagnóstico clínico que se han tratado con éxito (curado más tratamiento terminado) entre todos los casos registrados para tratamiento, casos nuevos recaídas.	Número y % de provincias que implementan el modelo de atención para la referencia y contrarreferencia de usuarios con coinfección TB y HIV	Extensión y monitoreo del modelo con recursos institucionales del MOH y SNS	Reporte técnico del programa de TB y SRS con la implementación del modelo por provincias
2.7.2. Gestión de recursos para extensión del modelo y monitoreo	Marzo 2020	diciembre 2020		Monto y % de incremento de recursos financieros asignados por el SNS y SRS para implementar el modelo de atención para la referencia y contrarreferencia de usuarios con coinfección TB y HIV	Presupuesto para la implementación del modelo incluido en los planes operativos del SNS y SRS	Reportes de ejecución presupuestaria con el gasto en la implementación del modelo por SRS
2.8. TB/MDR						
2.8.1. Adquisición de 7 GeneXpert	marzo 2019	diciembre 2019	TB O-4: Tasa de éxito del tratamiento MDR-TB: Porcentaje de casos de TB fármaco-	Monto y % de incremento de recursos financieros asignados	Pruebas de sensibilidad financiadas con recursos	Reportes de ejecución presupuestaria con el gasto en

Componente y actividad	Inicio	Fin	Indicador del desempeño del programa (Subvenciones GF)	Indicador propuesto PT	Meta PT	Medios de verificación
2.8.2. Gestión de fondos para el pago de pruebas de sensibilidad	marzo 2020	diciembre 2020	resistente confirmados bacteriológicamente (TB-RR y/o TB-MR) que se han tratado con éxito.	por el SNS y para la adquisición de las pruebas de sensibilidad	nacionales a través del SNS/SRS	la adquisición de las pruebas por el SNS y SRS
2.8.3. Financiamiento de pruebas rápidas de sensibilidad	Marzo 2020	diciembre 2020	MDR TB-2: Número de casos de TB resistente a la rifampicina y/o TB multi-resistente notificados. MDR TB-3: Número de casos con TB-RR y / o MDR-TB que iniciaron el tratamiento de segunda línea.			

Annex 2. Transition Workplan





Project: Cronograma_5_comple
Date: Fri 3/30/18

Task		Inactive Task		Inactive Milestone		Inactive Summary		Manual Task		Manual Summary Rollup		External Milestone	
Split		Inactive Milestone		Inactive Summary		Manual Task		Manual Summary		External Milestone		Deadline	
Milestone		Inactive Milestone		Inactive Summary		Manual Task		Manual Summary		External Milestone		Deadline	
Summary		Inactive Summary		Manual Task		Manual Summary		Manual Task		External Milestone		Deadline	
Project Summary		Duration-only		Manual Task		Manual Summary		Manual Task		External Milestone		Deadline	

Annex 3. Detailed Budget

Componente-Intervención	Actividades	2019	Fuente de financiamiento 2019	2020	Fuente de financiamiento 2020	2021	Fuente de financiamiento 2021	2022	Fuente de financiamiento 2022
Gestión programa	Operaciones de la PEU	560,963	PEU/GF	280,481.30	PEU/GF	280,481.30	PEU/GF	-	
Gestión programa	Apoyo a gestión técnica del NTCP	107,616	PEU/GF	67,475.53	PEU/GF	28,204.77	PEU/GF	-	
Gestión programa	Asistencia técnica gestión de incrementos salariales a personal NTCP	35,878	PEU/GF	22,495.63	PEU/GF	-		-	
Gestión programa	Apoyo a la gestión del NTCP: Personal con salarios ajustados	21,523	MOH	21,523.30	MOH	64,569.89	MOH	64,569.89	MOH
Promoción-Detección	Promoción y detección por Sub-beneficiarios del GF	179,503	PEU/GF	112,548.13	PEU/GF	47,045.12	PEU/GF	-	
Promoción-Detección	Promoción y detección por Sub-beneficiarios del GF	-	MOH	71,801.04	MOH	107,701.56	MOH	161,552.34	MOH
Promoción-Detección	Asistencia técnica gestión de convenios y subsidios para ONG	96,799	PEU/GF	60,693.02	PEU/GF	25,369.68	PEU/GF	-	
Transporte muestras y resultados	Transporte de muestras y envío resultados por SB (SRS)	130,192	PEU/GF	81,630.28	PEU/GF	34,121.46	PEU/GF	-	
Transporte muestras y resultados	Transporte de muestras y envío resultados por SB (SRS)	13,019	SRS/SNS	52,076.73	SRS/SNS	78,115.10	SRS/SNS	117,172.65	SRS/SNS
Transporte muestras y resultados	Implementación de SUTMER	192,057.48	PEU/GF	120,420.04	PEU/GF	50,335.58	PEU/GF	-	
Transporte muestras y resultados	Implementación de SUTMER		SRS/SNS	76,822.99	SRS/SNS	115,234.49	SRS/SNS	172,851.73	SRS/SNS
Transporte muestras y resultados	Asistencia técnica gestión inclusión gastos de transporte en presupuesto SRS	48,560	PEU/GF	30,446.89	PEU/GF	12,726.80	PEU/GF	-	
Supervisión	Supervisión por Sub-beneficiarios DPS/DAS	74,897	PEU/GF	46,960.20	PEU/GF			-	
Supervisión	Supervisión por Sub-beneficiarios DPS/DAS	22,469	MOH	29,958.66	MOH	44,937.99	MOH	37,448.32	MOH
Supervisión	Asistencia técnica gestión de recursos para supervisión descentralizada por SRS	15,227	PEU/GF	9,547.04	PEU/GF	3,990.66	PEU/GF	-	
Supervisión	Capacitación a supervisores SRS	64,368	PEU/GF	40,358.64	PEU/GF	16,869.91	PEU/GF	-	
Supervisión	Supervisión descentralizada por SRS	49,585	PEU/GF	31,089.57	PEU/GF	12,995.44	PEU/GF	-	

Componente-Intervención	Actividades	2019	Fuente de financiamiento 2019	2020	Fuente de financiamiento 2020	2021	Fuente de financiamiento 2021	2022	Fuente de financiamiento 2022
Supervisión	Supervisión descentralizada por SRS	7,490	SRS/SNS	29,958.66	SRS/SNS	59,917.32	SRS/SNS	59,917.32	SRS/SNS
Supervisión	Asistencia técnica gestión de recursos para auditorías por DPS/DAS	37,965	PEU/GF	23,804.25	PEU/GF	9,950.17	PEU/GF	-	
Supervisión	Capacitación de DPS/DAS	145,944	PEU/GF	91,507.05	PEU/GF		PEU/GF	-	
Capacitación de personal	Capacitación de personal por SRS (DOTS Comunitario)	48,755	PEU/GF	10,189.76	PEU/GF		PEU/GF	-	
Capacitación de personal	Capacitación de personal por SRS (DOTS Comunitario)	9,751	SRS/SNS	24,377.42	SRS/SNS	24,377.42	SRS/SNS	43,879.36	SRS/SNS
Capacitación de personal	Desarrollo e implementación de módulos de capacitación a distancia	96,800	PEU/GF		PEU/GF		PEU/GF	-	
Capacitación de personal	Mantenimiento de plataforma y módulos de capacitación a distancia		MOH	38,720.00	MOH	38,720.00	MOH	38,720.00	MOH
Capacitación de personal	Desarrollo de sistema de certificación	34,000	PEU/GF	21,318.00	PEU/GF		PEU/GF	-	
Capacitación de personal	Asistencia técnica gestión de recursos para mantenimiento de plataforma	37,965	PEU/GF	23,804.25	PEU/GF		PEU/GF	-	
Alimentación de pacientes	Adquisición y distribución de bolsas de alimentos	59,237	PEU/GF	37,141.79	PEU/GF	15,525.27	PEU/GF	-	
Alimentación de pacientes	Adquisición y distribución de bolsas de alimentos		PROSOLI	23,694.92	PROSOLI	35,542.38	PROSOLI	53,313.57	PROSOLI
Alimentación de pacientes	Asistencia técnica gestión y suscripción de convenio MOH-PROSOLI	15,000	PEU/GF		PEU/GF		PEU/GF	-	
Alimentación de pacientes	Monitoreo y Reportes de las bolsas de alimentos por el NTCP	40,687	PEU/GF	25,510.89	PEU/GF		PEU/GF	-	
Alimentación de pacientes	Monitoreo y Reportes de las bolsas de alimentos por el NTCP	12,206	MOH	16,274.89	MOH	24,412.33	MOH	36,618.50	MOH
TB/HIV	Implementación de modelo integrado en 11 provincias	180,000	PEU/GF	150,000.00	PEU/GF		PEU/GF	-	
TB/HIV	Asistencia técnica gestión de recursos para extensión del modelo y monitoreo	45,000	PEU/GF		PEU/GF		PEU/GF	-	
TB/HIV	Extensión y monitoreo del modelo con recursos institucionales		SRS/SNS	90,000.00	SRS/SNS	180,000.00	SRS/SNS	180,000.00	SRS/SNS
TB/MDR	Adquisición de 7 GeneExpert	145,950	PEU/GF		PEU/GF		PEU/GF	-	
TB/MDR	Financiamiento de pruebas rápidas de sensibilidad	85,120	PEU/GF	25,536.00	PEU/GF		PEU/GF	-	
TB/MDR	Financiamiento de pruebas rápidas de sensibilidad	17,024	SRS/SNS	42,560.00	SRS/SNS	85,120.00	SRS/SNS	85,120.00	SRS/SNS

Componente-Intervención	Actividades	2019	Fuente de financiamiento 2019	2020	Fuente de financiamiento 2020	2021	Fuente de financiamiento 2021	2022	Fuente de financiamiento 2022
TB/MDR	Asistencia técnica gestión de fondos para el pago de pruebas de sensibilidad	45,000	PEU/GF		PEU/GF		PEU/GF	-	
	Gran total	2,676,550.07	-	1,830,726.85	-	1,396,264.63	-	1,051,163.67	-

Annex 4. Field Visit Agenda

Día	Hora	Lugar	Actividades	Temas que tratar/ Resultados	Participantes
28 de febrero	8:30:00 AM-10:00 AM	Hotel SDQ	Reunión de presentación de la Misión del GF con director del CCM, director del proyecto PEU/GF y directora del Programa Nacional de Control de la Tuberculosis (NTCP)	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Expectativas por parte de las autoridades (Conversatorio) - Elementos generales del plan de transición TB (Consultores)	Directivos y Gerentes: Dr. José Puella, Dra. Belkys Marcelino Consultores: Peter Cross, Edgar Barillas y Claudia Valdez Total de participantes: 15
	11:00:00 AM-1:30 PM	Hotel SDQ	Reunión con el equipo gerencial y técnico del receptor principal PEU/GF y NTCP	- Presentación de los avances y retos del programa financiado por GF (PEU) en el sector público y de sociedad civil - Componentes financiados por el GF y el MOH: Brecha programática y financiera (PEU/ NTCP) - Presentación de los elementos a considerar para el plan de transición (CARDNO)	Gerentes: Dr. Jose M. Puella (PEU/GF), Belkys Marcelino (NTCP) Consultores: Peter Cross y Edgar Barillas Técnicos participantes RP: En. Monitoreo, Enc. Financiero, 2 monitores de campo y técnicos seleccionados del NTCP Total de participantes: 15
	2:30:00 PM-4:30 PM	Hotel SDQ	Reunión con representantes de la Sociedad Civil y actores claves	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Perspectiva de las organizaciones de la Sociedad Civil sobre la transición del financiamiento del GF hacia fuentes públicas (Conversatorio) - Presentación de los elementos a considerar para el plan de transición (CARDNO)	Gerentes: Dr. Jose M. Puella (PEU/GF), Belkys Marcelino (NTCP) Consultores: Peter Cross y Edgar Barillas Participante: Instituciones de la Sociedad Civil: ASODEMAP, ADOPLAFAM, IDCP, MOSTHA e INSALUD Total de participantes: 20
1 de marzo	9:00:00 AM-10:30 AM	MOH	Reunión con equipo de la Dirección de Presupuesto del Ministerio de Salud Pública	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Elementos para el plan de transición de TB: CARDNO - Aportes, retos y posición del Ministerio de Salud Pública sobre un Plan de Transición TB	Directivos: Lic. Dania Guzmán, directora Consultores: Peter Cross y Edgar Barillas Participantes: Técnicos de la Dirección de Planificación Total de participantes: 5
	11:00:00 AM-1:00 PM	MOH	Reunión con equipo del NTCP del Ministerio de Salud Pública	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Presentación de las intervenciones del PEN por fuentes de financiamiento y agentes (NTCP) - Presentación del gasto del NTCP por fuentes de financiamiento y agentes (NTCP) - Elementos para el plan de transición de TB: CARDNO	Directivos: Dra. Belkys Marcelino, directora NTCP Consultores: Peter Cross y Edgar Barillas Participantes: Técnicos del NTCP y equipo para la actualización del PEN Total de participantes: 10
	2:00:00 PM-3:30 PM	MOH	Reunión con equipo del programa nacional de HIV del Ministerio de Salud Pública	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Presentación de las intervenciones junto al programa de HIV - Elementos para el plan de transición de TB: CARDNO	Directivos: Dra. Belkys Marcelino, directora NTCP y Dr. Luis Feliz Báez, DIGECITSS Consultores: Peter Cross y Edgar Barillas Participantes: Técnicos del NTCP y DIGECITSS

Día	Hora	Lugar	Actividades	Temas que tratar/ Resultados	Participantes
					Total de participantes: 10
	3:30:00 PM-4:30 PM	MOH	Reunión con equipo de PROSOLI	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Presentación de las intervenciones del programa de solidaridad del Gobierno con los pacientes con TB - Elementos para el plan de transición de TB: CARDNO	Directivos: Dra. Belkys Marcelino, directora NTCP Consultores: Peter Cross y Edgar Barillas Participantes: Altagracia Surriel Total de participantes: 6
2 de marzo	7:30:00 AM-8:30 AM	SNS	Reunión con el Servicio Nacional de Salud (SNS)	Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO)• Perspectiva sobre la transición del financiamiento del GF hacia fuentes públicas (Conversatorio)• Presentación de los elementos a considerar para el plan de transición (CARDNO)	Directivos: Lic. Channel Rosa (SNS) y Belkys Marcelino (NTCP) Consultores: Peter Cross y Edgar Barillas Participantes: Claudio Marte, Diputado del PARLACEN Total de participantes: 8
	9:00:00 AM-10:30 AM	Salón Reunión División TB	Reunión con el Diputado del PARLECE	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Perspectiva sobre la transición del financiamiento del GF hacia fuentes públicas (Conversatorio) - Presentación de los elementos a considerar para el plan de transición (CARDNO)	Directivos: Dr. Jose M. Puella (PEU/GF), Belkys Marcelino (NTCP) Consultores: Peter Cross y Edgar Barillas Participantes: Claudio Marte, Diputado del PARLACEN Total de participantes: 8
	11:00:00 AM-12:00 PM	OPS	Reunión con el equipo de Agencias de Naciones Unidas: PAHO y PNUD	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Expectativas por parte de las agencias (Conversatorio) - Líneas programáticas a las que contribuyen y el futuro del financiamiento desde sus agencias (Agencias) - Opinión sobre los avances y retos por parte del gobierno (Conversatorio) - Elementos a considerar para el plan de transición (CARDNO)	Consultores: Peter Cross y Edgar Barillas Participantes: Dr. Salas, Dr. Rodríguez OPS y Dr. Nelson Arboleda (CDC)), Total de participantes: 10
	12:30:00 AM-1:30 PM	SENASA	Reunión con Jeffrey Lizardo SENASA	- Presentación de los objetivos y resultados esperados de la Misión (GF/ CARDNO) - Perspectiva sobre la transición del financiamiento del GF hacia fuentes públicas (Conversatorio) - Presentación de los elementos a considerar para el plan de transición (CARDNO)	Consultores: Peter Cross y Edgar Barillas Participantes: Lic. Jeffrey Lizardo, SENASA Total de participantes: 4
	2:30:00 PM-4:30 PM	Restaurante	Reunión almuerzo de trabajo equipo CARDNO	- Revisión de agenda del resto de la semana (GF/ CARDNO) - Elementos a considerar para el plan de transición (CARDNO) - Análisis de las entrevistas - Discusión de los elementos prioritarios del 1er DRAFT del plan de transición	Consultores: Peter Cross, Edgar Barillas y consultora local Total de participantes: 3
3 de marzo	9:30:00 AM-3:00 PM	Hotel SDQ	Reunión de trabajo equipo CARDNO	- Revisión de agenda del resto de la semana (GF/ CARDNO) - Elementos a considerar para el plan de transición (CARDNO) - Análisis de las entrevistas	Consultores: Peter Cross, Edgar Barillas y consultora local Total de participantes: 3

Día	Hora	Lugar	Actividades	Temas que tratar/ Resultados	Participantes
				Discusión de los elementos prioritarios del 1er DRAFT del plan de transición	
5 de marzo	10:00:00 AM-1:00 PM	MOH	Reunión con equipo de la PEU y NTCP del Ministerio de Salud Publica	Validación y ajustes a los lineamientos del 1er DRAFT del Plan de Transición	Directivos: Dr. Jose M. Puello (PEU/GF), Belkys Marcelino (NTCP) Fondo Mundial: Carmen González Consultores: Peter Cross y Edgar Barillas Participantes: Técnicos del NTCP Total de participantes: 10
	3:30:00 PM-5:30 PM	Hotel Radisson	Reunión equipo PHAROS, GF, consultores plan de transición para TB	- Presentación de la Misión (GF) - Agenda de la reunión con el MCP (Consultora local) - Objetivos y resultados esperados del plan de transición de TB y plan de sostenibilidad de HIV (GF/PHAROS y Consultores TB)	Fondo Mundial: Nicholas Oliphant, Carmen González y Cristina Riboni Consultores: Diana González (PHAROS), Peter Cross (CARDNO), Edgar Barillas (CARDNO) y consultora local Instituciones locales: CONAHIVSIDA, MOH e IDCP
	7:30 PM	Restaurante	Cena de grupo: CONAHIVSIDA, IDCP, MOH, GF y consultores	Cena de grupo	Fondo Mundial: Nicholas Oliphant, Carmen González y Cristina Riboni Consultores: Diana González (PHAROS), Peter Cross (CARDNO), Edgar Barillas (CARDNO) y consultora local Participantes: 6
6 de marzo	11:00:00 AM-5:00 PM	Hotel Barceló (Antiguo Lina)	Reunión de presentación Planes de Transición de TB y Sostenibilidad de HIV a las entidades del Mecanismo Coordinador de País (MCP)	Presentación, validación y discusión del plan de transición para TB (Consultores)• Presentación de los objetivos y el plan de trabajo para la consultoría sobre sostenibilidad en HIV (PHAROS)• Acuerdos y siguientes pasos (director del MCP)	Directivos y Gerentes: Dr. Víctor Terrero, Dr. José Puello y Dr. Víctor Poe, RP/ HIV, PEU/ GF TB Fondo Mundial: Nicholas Oliphant, Carmen González y Cristina Riboni Consultores: PHAROS, consultores del plan de transición de TB y consultora local Participantes: Instituciones del MCP Total de participantes: 30
7 de marzo	9:30:00 AM-10:30 AM	CNSS	Reunión con equipo del Consejo Nacional de la Seguridad Social (CNSS)	- Presentación de los objetivos y resultados esperados de la Misión (GF/PHAROS) - Elementos para el plan de transición de HIV: PHAROS - Avances, retos y posición del CNSS sobre un plan de sostenibilidad en HIV	Directivos: Lic. Rafael Pérez Modesto, Gerente General del CNSS y Dr. Víctor Terrero, CONAHIVSIDA Fondo Mundial: Carmen González Consultores: PHAROS, consultora local y consultores TB Participantes: Técnicos del CNSS, invitados especiales SENASA y representantes de las ARS privadas. Total, de participantes: 10

Día	Hora	Lugar	Actividades	Temas que tratar/ Resultados	Participantes
	11:00:00 AM-1:00 PM	DIGEPRES	Reunión con equipo del Ministerio de Hacienda: Dirección General de Presupuesto (DIGEPRES)	› Presentación de los objetivos y resultados esperados de la Misión (GF/PHAROS) › Elementos para el plan de transición de HIV: PHAROS › Retos en sostenibilidad en HIV y financiamiento (Conversatorio)	Directivos: Lic. Luis Reyes, director, Lic. Norvin Berges, Enc. Cuentas de Salud y Dr. Víctor Terrero, CONAHIVSIDA Fondo Mundial: Carmen González Consultores: PHAROS, consultora local y consultores TB Participantes: Técnicos de la Dirección de Presupuesto Total de participantes: 8
	3:00:00 PM-5:30 PM	SISALRIL	Reunión con equipo de la Superintendencia de Salud y Riesgos Laborales (SISALRIL)	› Presentación de los objetivos y resultados esperados de la Misión (GF/PHAROS) › Elementos para el plan de transición de HIV: PHAROS › Avances, retos y posición de la SISALRIL sobre la sostenibilidad en HIV	Directivos: Dr. Pedro Luis Castellanos, Superintendente e Ing. Alejandro Moline, Coordinador Técnico y Dr. Víctor Terrero Fondo Mundial: Carmen González Consultores: PHAROS, consultora local y consultores TB Participantes: Técnicos del SISALRIL Total de participantes: 8

Annex 5. Key National Actors and Stakeholders

LISTAS DE ASISTENCIA
AGENDA DE TRABAJO MISION CARNO / ELABORACION DE UN PLAN DE TRANSICION DE TUBERCULOSIS EN LA RD

REUNION DE TRABAJO PARA PREPARACION DE PROPUESTA DE TRANSICION CON FONDO MUNDIAL-CONSULTOR NACIONAL

FECHA: 22/2/2018 • LUGAR: SALON DIVISION DE TB • HORA: 10:00AM

Nombre Completo	Cargo	Institución	Teléfono	Correo
Clara De la Cruz	Enc. M&E	MOH/DTB	849-816-9240	clara.delacruz@ministeriodesalud.gob.do
Maria Rodriguez	Encargada TB/División	MOH/DTB	829-563-6816	ma.rodriquez@ministeriodesalud.gob.do
Belkys Marcelino	Coordinadora	MOH/DTB	829-556-9494	belkys.marcelino@ministeriodesalud.gob.do
Leonardo Martin	Consultor	Oasis Prosalud	849-457-5794	leoabreu018@hotmail.com

REUNION DE PRESENTACION DE LA MISION DEL GF CON DIRECTOR DEL CCM, DIRECTOR DEL PROYECTO PEU/GF Y DIRECTORA DEL CONTROL DE LA TUBERCULOSIS (NTCP)

FECHA: 28/2/2018 • LUGAR: HOTEL BARCELO SANTO DOMINGO • HORA: 8:30AM

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REUNION CON REPRESENTANTES DE LA SOCIEDAD CIVIL Y ACTORES CLAVES / AGENDA DE TRABAJO MISION CARNO / ELABORACION DE UN PLAN DE TRANSICION DE TUBERCULOSIS EN LA RD

FECHA: 28/2/2018 • LUGAR: HOTEL BARCELO SANTO DOMINGO • HORA: 8:30AM

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**REUNION CON EQUIPO DE LA DIVISION DE TB DEL MOH/AGENDA DE TRABAJO COMISION CARNO/FONDO MUNDIAL:
ELABORACION DE UN PLAN DE TRANSICION DE TB EN LA RD**

FECHA: 01/3/2018 • LUGAR: SALON DIVISION DE TB • HORA: 11:00AM

Nombre Completo	Cargo	Institución	Teléfono	Correo
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REUNION CON EL EQUIPO DEL PROGRAMA NACIONAL DE HIV DEL MOH/AGENDA DE TRABAJO COMISION CARNO/FONDO MUNDIAL: ELABORACION DE UN PLAN DE TRANSICION DE TB EN LA RD

FECHA: 01/3/2018 • LUGAR: SALON DIVISION DE TB • HORA: 02:00PM

Nombre Completo	Cargo	Institución	Teléfono	Correo
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REUNION CON EL EQUIPO DE PROSOLI/AGENDA DE TRABAJO COMISION CARNO/FONDO MUNDIAL: ELABORACION DE UN PLAN DE TRANSICION DE TB EN LA RD

FECHA: 01/3/2018 • LUGAR: SALON DIVISION DE TB • HORA: 03:30PM

Nombre Completo	Cargo	Institución	Teléfono	Correo
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Mercedes	Encargado Salud	PROSOLI	809-723-3445	

REUNION CON DIPUTADO DEL PARCELEN/AGENDA DE TRABAJO COMISION CARNO/FONDO MUNDIAL: ELABORACION DE UN PLAN DE TRANSICION DE TB EN LA RD

FECHA: 02/3/2018 • HORA: 10:00AM

Nombre Completo	Cargo	Institución	Teléfono	Correo
Peter Cross	Presidente	IDEAS	1-978-561-1086	pcross@ideas4hlth.com
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REUNION CON EL EQUIPO DE AGENCIAS DE NACIONES UNIDAS PAHO Y PNUD/AGENDA DE TRABAJO COMISION CARNO/FONDO MUNDIAL: ELABORACION DE UN PLAN DE TRANSICION DE TB EN LA RD

FECHA: 02/3/2018

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