DOMINICAN REPUBLIC

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention-Dominican Republic (CDC DR), through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has three main goals related to HIV and tuberculosis (TB): increase detection, treatment, and retention of people living with HIV (PLHIV) to reduce mortality and HIV transmission and reach the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets to obtain epidemic control; improve the quality of HIV and TB care; and increase access to, and uptake of, HIV testing and counseling and other evidence-based interventions among key and priority populations (KP/PP). The UNAIDS 95-95-95 targets are, by 2030: 95 percent of all PLHIV will know their HIV status; 95 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 95 percent of all people receiving ART will have viral suppression.

CDC DR's key strategies include: Supporting the Government of the DR (GoDR) in the transition to Test and Start for ART initiation; implementing service delivery models that contribute to closing the treatment gap for key populations and focus clients; and addressing system-wide challenges in the national HIV response, such as viral load (VL) monitoring, supply chain management, health information management, and workforce capacity development, such as the training of laboratory staff.

PEPFAR's cornerstone approaches in the DR include: Strategically pairing local non-governmental organizations (NGOs) with public sector health facilities to foster exchanges that lead to better service quality and performance in both sectors; implementing different HIV testing and counseling modalities, including facility- and community-based index client testing, which involves identifying current and former partners and household members of PLHIV; and developing differentiated models of HIV treatment, notably through mobile clinics, to ensure that migrants and other hard-to-reach populations receive comprehensive treatment in a non-stigmatizing environment.

KEY ACTIVITIES AND ACCOMPLISHMENTS

CDC DR implements PEPFAR activities by working directly with the Ministry of Health (MOH) to foster system-wide changes and to support clinic-level activities currently focused on nine facilities and two mobile clinics in four high HIV burden provinces.

Epidemiology and Surveillance: CDC DR supports the MOH to characterize its HIV/AIDS epidemic by assisting in the development and implementation of the National HIV Patient Monitoring System (HPMS), which collects key information to describe HIV risk factors, characterizes KPs, and assesses the HIV cascade. CDC DR also supports the HIV Testing Monitoring System (HTMS), which is the first nominal HIV testing registry implemented in the country.

Laboratory Systems: CDC DR works to scale-up VL testing in all patients on ART and strengthen the quality of laboratory services to provide accurate and reliable CD4 count and VL testing. Through technical guidance and training, CDC DR supports the MOH in complying with International Health Regulations by increasing laboratory capacity, establishing a robust public health laboratory network, and improving the laboratory's role in disease surveillance. CDC DR is working with the Ministry of Health to develop a protocol for HIV recency testing and will support the implementation of a national recency pilot study.

TB/HIV: CDC DR provides technical assistance in two primary areas: Ensuring clinics accurately collect, report TB and TB/HIV co-infection data; as well as technical assistance for TPT (TB Preventive Treatment) implementation (including roll-out of 3HP regimen) and building surveillance and epidemiologic capacity through the National TB Patient Monitoring System.

CDC-DR Accomplishments:

- Developed and implemented an electronic HIV Patient Monitoring System (HPMS/FAPPS) to monitor individuals on ART.
- Applied the Test and Start strategy at the 18 sites that CDC DR supports.
- Executed a biometric patient system to monitor patients on ART across HIV care sites.
- Developed and implemented a nominal electronic HIV testing register (SIREN-P).
- Implemented the first pre-exposure prophylaxis program for men who have sex with men and female sex workers in the country and expanded to five new provinces.
- Trained more than 670 field epidemiologists at the basic and intermediate levels.

Our success is built on the backbone of science and strong partnerships.

Key Country Leadership

President:
Luis Abinader

Minister of Health:
Daniel Rivera Reyes

Chargé d'Affaires:
Robert W. Thomas

CDC/DGHT Director:
Macarena García

Country Quick Facts (worldbank.org/en/where-we-work)

Per Capita GNI:
$7,260 (2020)

Population (millions):
10.85 (2020)

Under 5 Mortality:
28/1,000 live births (2019)

Life Expectancy:
74 years (2019)

Global HIV/AIDS Epidemic (aidsinfo.unaids.org)

Estimated HIV Prevalence (Ages 15-49): 0.9% (2020)

Estimated AIDS Deaths (Age ≥15): 1,800 (2020)

Estimated Orphans Due to AIDS: 44,000 (2020)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): 37,698 (2020)

Global Tuberculosis (TB) Epidemic (who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
42/100,000 population (2019)

TB Patients with Known HIV-Status who are HIV-Positive:
25% (2019)

TB Treatment Success Rate:
76% (2018)

Estimated TB Mortality:
4/100,000 population (2019)

DGHT Country Staff: 17

Locally Employed Staff: 14
Direct Hires: 3
Fellows & Contactors: 0