



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	9.4 million (mid-2007)
Estimated Number of Adults and Children Living with HIV/AIDS**	66,000 [56,000-77,000] (end 2005)
Adult HIV Prevalence**	1.1% [0.9-1.3%] (end 2005)
HIV Prevalence in Most-At-Risk Populations**	Sex Workers: 2.4-6.5%, depending on location (2006) Sugar Cane Workers: 5-12% among <i>batey</i> (sugar cane plantation) residents (2005) MSM (Santo Domingo, Puerto Plata, Samana): 11% (2004)
Percentage of HIV-Infected People Who Need Treatment That Receive ART***	37% (end 2006)

The adult prevalence of HIV in the Dominican Republic is 1.1 percent, and UNAIDS estimates that 66,000 Dominicans are HIV-positive. Together with neighboring Haiti, it accounts for almost three-quarters of the Caribbean's HIV cases. HIV was first reported in the Dominican Republic in 1983 and spread until the mid-1990s, when prevalence started to decrease. Heterosexual intercourse is reported to be the primary form of transmission of the disease, accounting for 81 percent of HIV infections in 15- to 44-year-olds of both sexes. However, because of strong stigma against homosexuality, it is possible that the number of infections resulting from men having sex with men may be higher than listed. Currently, the epidemic appears to have stabilized.

In the Dominican Republic, HIV/AIDS is the leading cause of death among women of reproductive age, according to the World Bank. HIV prevalence in pregnant women was relatively stable for many years. However, 2005 sentinel surveillance reported HIV prevalence of more than 4.5 percent in pregnant *US

Census Bureau **UNAIDS and WHO *** WHO/UNAIDS/UNICEF Towards Universal Access, April 2007 women at two sites. In 2006, sentinel surveillance of pregnant women of all ages reported seroprevalence of 3.4 percent at four sites and 5.9 percent at one site. However, in the Santo Domingo National District, antenatal clinics have noted a decline in prevalence, probably because of a successful prevention campaign.

The country's epidemic is driven by people with multiple sex partners, younger women in union with older men, sex workers and their clients and partners, and men who have sex with men (MSM). According to the 2002 Demographic and Health Survey, 29 percent of men had sex with more than one partner in the preceding 12 months. According to UNAIDS, females under 24 years of age are twice as likely to contract HIV as their male counterparts. This is due in part to the common practice of young women establishing relationships with older men, who are more likely to have acquired HIV. A sentinel surveillance study in 2006 reported that prevalence among commercial sex workers (CSWs) is 4.1 percent (2.4 to 6.5 percent, depending on location). In some sites, the prevalence among CSWs is declining and equals that of pregnant women. For example, in Santo Domingo, prevalence in sex workers has been decreasing for the last eight years and is reaching the same level as in pregnant women nationally. This may be attributable to the successful implementation of the "100% Condom Strategy" by two nongovernmental organizations (NGOs) in several provinces. For example, one community project in Santo Domingo in 2006 demonstrated an increase in condom use among sex workers, from 75 percent to 94 percent in just 12 months. According to the 2005 World Health Organization (WHO)/UNAIDS *AIDS Epidemic Update*, a 2004 study in Puerto Plata, Samana, and Santo Domingo found that 11 percent of MSM were HIV-positive. Infection levels among sugar cane plantation workers living in communities called *bateyes* average 5 percent, with some groups as high as 12 percent.

According to WHO, the estimated incidence rate of tuberculosis (TB) in the Dominican Republic (40 cases per 100,000 people in 2005) is one of the highest in the Americas. Data on HIV-TB co-infection, albeit limited to certain areas of the country,

suggest that 6 to 11 percent of TB patients are infected with HIV. Therefore, the Dominican Republic has the potential for a burgeoning epidemic of TB along with HIV. National HIV-TB guidelines have been recently developed and HIV-TB activities have been included in national plans. While the country has introduced some HIV-TB collaborative activities (e.g., isoniazid prophylaxis for HIV-infected people and provision of antiretroviral therapy [ART]), there are no data on the number of HIV-infected TB patients receiving ART.

Factors that put the Dominican Republic at risk of a growing epidemic include early age at sexual debut, high birth rates among adolescent girls and young women, the high TB incidence, and active migration (including migration between cities and countryside, migration from Haiti, and migration to and from the United States). The Dominican Republic's popularity as a tourist destination, coupled with increasing levels of sex tourism, also contributes to the spread of HIV. These and other factors suggest the need to target interventions to young adults, provinces with a high rate of tourism, and *bateyes*.

National Response

The Government of the Dominican Republic has responded aggressively to the HIV/AIDS epidemic. Established in 2000, the Presidential Council on AIDS (COPRESIDA) coordinates the HIV/AIDS National Strategic Plan for the Prevention and Control of HIV/AIDS and STDs 2007–2015. COPRESIDA's activities include implementing public policies, providing care for those living with HIV/AIDS, promoting private sector involvement in response to the epidemic, and reducing stigma and discrimination (S&D). The Ministry of Health (MOH) implements HIV/AIDS services and diagnostic tests in the public sector. The National AIDS Program (NAP) develops HIV/AIDS-related norms, protocols, and surveillance.

- Conducting information, education, and communication campaigns
- Coordinating care and support for people living with HIV/AIDS (PLWHA)
- Reducing mother-to-child transmission
- Ensuring blood supply safety
- Monitoring and evaluating national and provincial health plans
- Distributing condoms to at-risk individuals

Since 1995, an AIDS law has made it illegal to discriminate against PLWHA. The law is unique for the region; however, enforcement is uneven and inconsistent, and S&D against PLWHA and those engaging in behaviors putting them most at risk for HIV/AIDS are common.

The government works with a number of international donors to combat HIV/AIDS, including the William J. Clinton Foundation, UNICEF, the United Nations Population Fund, the World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2004, the Dominican Republic received a second-round grant from the Global Fund to scale up HIV services throughout the country, with particular focus on vulnerable groups, including female sex workers, MSM, and migrants. With Global Fund support, the government also intends to scale up ART. The U.S. Government provides one-third of the Global Fund's budget.

USAID Support

Through the U.S. Agency for International Development (USAID), the Dominican Republic in fiscal year 2008 received \$5.7 million for essential HIV/AIDS programs and services. USAID programs in the Dominican Republic are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion in bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID, in collaboration with PEPFAR, is the lead bilateral donor in the Dominican Republic. Its efforts include supporting N implementation of prevention activities and strengthening the government's voluntary counseling and testing (VCT) and GO prevention of mother-to-child transmission (PMTCT) programs.

USAID is providing a five-year \$35 million contract to assist in

overhauling and strengthening the country's HIV/AIDS, reproductive health, and child survival programming. Areas of focus include HIV/AIDS prevention and care, VCT, pre and postnatal care, and PMTCT. The Agency also provides ongoing technical assistance to the MOH's monitoring and information systems.

The USAID 2007–2012 HIV/AIDS Strategic Overview for the Dominican Republic focuses prevention efforts on the border with Haiti and the five provinces at the easternmost end of the country, where at-risk populations are concentrated. The plan addresses HIV/AIDS prevention, care for HIV/AIDS-infected and -affected individuals, and VCT. Countrywide, USAID works with approximately 22 NGOs and faith- and community-based organizations, implementing about 40 activities. At the national level, USAID collaborates with the Ministry of Education to strengthen sex and life skills curricula and assists the NAP to develop updated PMTCT and VCT norms and protocols, a national condom policy, and expanded HIV/AIDS care services. USAID implements operations research activities in the country, including a national survey of TB drug resistance and TB-HIV co-infection. Other programs have focused on estimating the number of children who are infected with HIV/AIDS, have been orphaned by AIDS, or have mothers living with AIDS and some medical disability. USAID-supported programs achieved the following recent successes:

- Reaching more than 250,000 adolescents and youth with abstinence and being faithful messages through the annual youth and adolescent song contest
- Providing counseling and testing services to 117,000 people
- Distributing 52.2 million condoms to vulnerable populations between 2003 and 2007
- Supporting PMTCT services in 82 facilities for almost 72,000 women and their babies
- Supporting treatment for 11,552 HIV-positive patients and 7,669 orphans and vulnerable children through 18 community- and home-based care programs for children and families affected by HIV/AIDS

The U.S. Government is the largest single donor to the Dominican Republic's health sector, including its contribution to the Global Fund. As part of the U.S. Government effort to fight HIV/AIDS in the Dominican Republic, the U.S. Centers for Disease Control and Prevention (CDC) is working with the Government of the Dominican Republic to improve surveillance of the disease and laboratory services.

Important Links and Contacts

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USAID HIV/AIDS Web site for the Dominican Republic:

http://www.usaid.gov/our_work/global_health/aids/Countries/lac/dominicanrep.html

For more information, see USAID HIV/AIDS Web site http://www.usaid.gov/our_work/global_health/aids,

Latin American and Caribbean HIV/AIDS Initiative Web site http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html,

and Caribbean Regional Program Web site http://www.usaid.gov/our_work/global_health/aids/Countries/lac/caribbeanregion.html

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