



DOMINICAN REPUBLIC HIV SERVICES AND SYSTEMS STRENGTHENING

OBJECTIVE

To assist the Dominican Republic health system to achieve epidemic control among Priority Populations (PP), defined as Haitian migrants and their descendents residing in the Dominican Republic (DR). USAID concentrates efforts on the effective implementation of decentralized HIV services, including community services, through the continuum of care, from prevention and identification of individuals at-risk to keeping People Living with HIV (PLHIV) on antiretroviral therapy and virally suppressed.

COUNTRY CONTEXT

Of the estimated 70,777 PLHIV in the Dominican Republic, approximately 26,316 are PPs, and the PEPFAR supported provinces contain nearly 2/3 of all priority populations. While the DR has an overall HIV prevalence of 0.9%, PP estimates indicate a prevalence between 3-5%, higher than any key population group and higher than in the overall prevalence in Haiti (2%, UNAIDS 2018). Among PPs living with HIV, only 40.7% are aware of their status, and only 17.5% are currently on treatment. In comparison, antiretroviral therapy coverage for other Dominicans living with HIV is 67.5%.

OUR WORK

USAID's project provides health services, technical assistance, and training to:

- Actively reach PPs at risk, identify their HIV status and ensure the immediate link of HIV+ individuals to antiretroviral therapy. These activities include a mix of clinic-based and community-based strategies using peers and social networks.
- Rapid initiation of antiretroviral therapy (including initiation of treatment within 24 hrs. of diagnosis) using the most effective and available drugs and multi-month dispensing (to reduce unnecessary visits to health clinics).
- Rollout of enhanced clinical and community care and case management, incentives strategies, as well as social and psychological support, at clinical sites and community, to retain PLHIV on antiretroviral therapy and reach viral load suppression. The project is implementing flexible and client-centered clinic-based services by supporting

creole-speaking health care providers and creole-speaking peer support. The project is also working to scale up telemedicine and other communication strategies.

- Address stigma and discrimination among entities that regularly interact with PPs.
- Continue responding to HIV prevention and control priorities in the DR in challenging national and global situations, including COVID-19 pandemic.

RESULTS ACHIEVED

Achieving sustained HIV epidemic control requires a multifaceted approach providing client centered differentiated service delivery strategies at clinical, community and even socioeconomic level that improves access to high quality HIV prevention, care and treatment services. This project has achieved the following results over its three years of implementation:

- Tested over 236,000 adults and children, among which over 146,000 belong to the priority population.
- Through the implementation of various outreach strategies for the target population, 7,315 new HIV positive PPs were diagnosed from October 2020 to September 2022 from a total of 10,487 new HIV positive people identified. This represents a positivity rate of 4%, which corresponds to the national HIV prevalence estimates for PPs in the DR (3% - 5%).
- Of the 10,487 people identified as HIV positive, 76% (8,006) were linked to life saving HIV care and treatment. Among PPs, the linkage rate was slightly higher with 82% linked to treatment (5,999 / 7,315).
- Developed a highly effective HIV testing strategy for identifying new cases using an enhanced peer outreach approach (EPOA) whereby active HIV patients on ART were employed to test the sexual partners of newly identified HIV cases. Known as index-EPOA, this strategy was used to test 25,134 clients, and successfully identified 1,671 HIV cases. This represents a positivity rate of 7%, which surpasses the national HIV prevalence estimates for PPs in the DR.
- Maintained and supported 22,057 patients actively on ART providing routine follow up care through medical appointments, adherence counseling, peer driven psychological and emotional support, and provision of ARV medications at facility and community level to ensure uninterrupted access to treatment for all clients.
- Guaranteed access to ARV therapy through differentiated service delivery models, including accompanied referrals of newly identified cases, community-based ARV distribution, multi-month dispensing of ARVs, flexible clinic hours, Creole and PP friendly services, treatment startup incentives, and food and transportation support, all of which have been statistically proven to facilitate retention in care and ultimately viral load suppression.

Duration: April 2019 – December 2022

Budget: \$20,058,305 (including \$562,250 non-federal cost-share)

Implementing partner name: Family Health International (FHI360)

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