

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 KP/PP; 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.

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 counselling 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 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.

TB/HIV: CDC DR provides technical assistance in three primary areas: Strengthening infection control practices in HIV clinics; ensuring clinics accurately collect and report TB and TB-HIV co-infection data; and building surveillance and epidemiologic capacity through the National TB Patient Monitoring System.

CDC-DR Accomplishments:

- Established HIV mobile clinics in Puerto Plata and the border region with Haiti (Montecristi and Dajabón Provinces).
- Developed and implemented an electronic HPMS/FAPPS to monitor individuals on ART.
- Applied the Test and Start strategy at the 11 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 DR.
- Trained >200 field epidemiologists at the basic and intermediate levels.

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

July 2019 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

Key Country Leadership

President:
Danilo Medina

Minister of Public Health:
Rafael Sanchez Cardenas

U.S. Ambassador:
Robin Bernstein

CDC/DGHT Director:
Nelson Arboleda

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

Per Capita GNI:
\$7,370 (2018)

Population (million):
10.63 (2018)

Under 5 Mortality:
30/1,000 live births (2017)

Life Expectancy:
74 years (2017)

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

Estimated HIV Prevalence
(Ages 15-49): 0.9% (2018)

Estimated AIDS Deaths
(Age ≥15): 1,100 (2018)

Estimated Orphans Due to AIDS:
42,000 (2018)

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15): 38,168 (2018)

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

Estimated TB Incidence:
45/100,000 population (2017)

TB Patients With Known HIV-
Status Who Are HIV-Positive:
25% (2017)

TB Treatment Success Rate:
75% (2016)

TB Mortality:
2.8/100,000 population (2017)

DGHT Country Staff: 17

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

