The Dominican Republic has 120,000 persons living with AIDS (PLWAs), 9 times the total number of reported cases. About 20,000 people have died from AIDS in the last decade. HIV/AIDS is the leading cause of death among women of reproductive age. Prevalence is highest (5% of adults) among low-income groups that include many Haitian immigrants living in rural communities and working in sugar cane plantations. Prevalence among female commercial sex workers is about 8%, reaching 12% in some cities. Tuberculosis (TB) is the largest opportunistic infection for PLWAs. PAHO estimates that over 100 persons per 100,000 are infected with TB, versus 2.6 per 100,000 in Barbados and 4.9 per 100,000 in Jamaica. The 5,320 reported cases in the Dominican Republic are among the highest in the Latin America and Caribbean region.

Heterosexual intercourse accounts for 81 percent of HIV cases in 15-44-year olds. The 4,000 women who had prenatal checkups and tested positive for HIV/AIDS are likely to give birth to 1,300 infected children unless transmission is prevented. Underlying problems include high rates of Sexually Transmitted Infections (STIs) and high birth rates among adolescent girls and young women, and active migration between cities and the countryside, and from Haiti. Also, the Dominican Republic is a major tourist destination.

If the cost of treating patients remains constant, hospital costs will increase from US$4.8 million to US $7.4 million in 2005 (1998 US dollars). Adding anti-retroviral therapy could increase treatment costs to US$ 52.6 million in 2005, 18.2 percent of the health care budget (assuming that prices remain around US$ 1,000 per patient per year).

The Government’s response to the HIV/AIDS epidemic incorporates the following elements:

- Creating a political high-level institution by Presidential Decree—the Presidential Commission for HIV/AIDS (COPRESIDA) — reporting directly to the President and responsible for coordinating the fight against the epidemic. COPRESIDA comprises public, private, and community-based organizations.
- Dealing with HIV/AIDS from multiple perspectives—economic, social, and cultural, involving different sectors and actors through partnerships with government, private, and civil society organizations, including PLWAs.
- Innovating as the epidemic changes, strengthening and expanding successful strategies, including HIV/AIDS voluntary counseling and testing, controlling STIs, re-
ducing mother to child transmission (MTCT), and providing care and treatment for HIV infected persons who require treatment according to established guidelines.

- Focusing on the most cost-effective interventions, typically targeting the most vulnerable populations groups.

Before the project became effective, the Government had:

- promulgated Law 5593 (1995) dealing with HIV/AIDS (the only country in the region to do so);
- adopted a 2000-2004 National Strategic Plan for HIV/AIDS;
- launched HIV/AIDS and STI information, education and communication (IEC) campaigns targeted to vulnerable groups and the general population, which reduced frequency of casual sex and sex with multiple partners among young people and increased condom use;
- increased coverage of screened blood from 80 to 95 percent in 1999.

The Project

To support and strengthen implementation of the National Plan, the Dominican Republic HIV/AIDS Prevention and Control Project (total cost US$30 million) was launched in February 2002 under the World Bank-financed US$155 million Multi-Country HIV/AIDS Prevention and Control Program for the Caribbean Region. Implementation partners include: the Global Fund for HIV/AIDS, Tuberculosis and Malaria, USAID, the Clinton Foundation, PAHO/WHO, UNDP, and Partners for Health.

Initial Results of activities financed in the three project components

1: Prevention/promotion activities to reduce HIV/AIDS transmission including IEC activities and condom social marketing emphasizing vulnerable groups.

A multi-sectoral approach is ensured by participation agreements with 25 entities: 13 government ministries, 2 religious groups, 4 civil society organizations, 3 private sector groups, and 4 military and police agencies. There are already tangible results from programs implemented with six ministries, as follows:

The Labor Ministry has begun an HIV/AIDS in the Workplace Initiative (with the U.S. Labor Department) to reduce stigma and discrimination and protect human rights of PLWAs and their families, by sensitizing and training businesses and providing legal assistance to PLWAs.

The Ministry of Youth Affairs provided information, more than 20,000 condoms and instructions on their use to 7,000 young athletes, other national delegation members, and spectators at the 2003 Pan-American Games in Santo Domingo.

The Science and Technology Ministry completed “knowledge, attitudes and practices” (KAP) surveys involving 75% of university students and 85% of teachers, and trained 90% of university teachers in HIV/AIDS prevention and control.

The Ministry of Women Affairs trained community leaders and women from Provincial Women Affairs Departments on HIV prevention.

The Tourism Ministry supported establishment of a joint venture between COPRESIDA and the National Hotel and Restaurant Association (ASONAHORES), following the experience with the Punta Cana Hotel Complex, whose implementation is progressing well.

The Sex Education Program (Programa Afectivo Sexual) in the Education Ministry has introduced important changes in primary and secondary school curricula and produced high quality educational materials for teachers and students, including a manual designed by a team of sexologists, psychologists and HIV/AIDS/STI experts. The program, an example for other countries, is being implemented in 55 percent of public secondary schools: 253,361 students attend twice weekly classes under the Program; 5,713 (54%) of public secondary school teachers have been trained on HIV/AIDS/STI prevention.

Special Population Groups

Baseline KAP surveys of commercial sex workers (CSW), men who have sex with men (MSM), Haitian immigrants living in bateyes (areas around sugar cane plantations), and prisoners will provide key information for designing interventions to target these groups.
HIV/AIDS/STI prevention and care in the bateyes began with the Sugar State Council (CEA), responsible for most bateyes in the country. A civil society organization (CASCO) was hired to concentrate efforts in the bateyes. In March 2004 COPRESIDA and CASA VICCINI (the main private sector sugar industry whose territory includes 23 bateyes) signed an agreement.

Prevention of HIV Mother to Child Transmission: This program began in 1999 as a pilot in only two maternity facilities, lacking funds and political will. Since 2002, project support has extended it country-wide in all public hospitals providing maternity services and 83 percent of health centers and municipal facilities, covering about 157,000 (78%) of the estimated 200,000 pregnant women in the country each year. In 2003, 78,118 women—half of all pregnant women receiving care in public health facilities—were tested for HIV using rapid diagnostic tests; about 1,700 or 2 percent tested HIV+. Eighty four percent of the infected women and their children received the antiretroviral Nevirapine at delivery (an important achievement compared to sharp falls in Nevirapine coverage in many other countries’ programs). The other 16 percent went untreated because they arrived at the facility at the moment of delivery, drugs were unavailable, or they lacked proper registration.

Condom Social Marketing: Most of 2 million condoms purchased in 2003 were distributed. A study on use and access to condoms in Santo Domingo motels/hotels shows increased use of condoms among clients, from 18% in 1990 to 36 percent in 2003. A mass media campaign distributed 100,000 flyers (with condoms), 5,000 posters, 50 billboards (for urban passenger buses) and dozens of caps and t-shirts. A TV campaign oriented to young people aims to convince them to use condoms even with a “pareja de confianza” (partner of trust).

Strengthening tuberculosis (TB) prevention and control is part of the national response to AIDS. TB is among the top killers of PLWA, and a public health threat. Approximately 12 percent of reported AIDS cases in the Dominican Republic have fallen ill with TB, and 5 percent of TB patients have identified HIV infection. Co-morbidity is probably higher because TB patients are not systematically tested for HIV and TB screening is not routine among HIV-positive persons. USAID is supporting representative surveys of HIV among TB patients and of drug resistance. In the mid-1990s, the Dominican Republic reported the highest rates of multi-drug resistant disease among countries in the Americas surveyed.

A 2004 work plan for TB control and TB/HIV linked interventions supports expansion of the DOTS strategy in five provinces—La Altagracia, Barahona, Hato Mayor, Santiago and El Seybo, with a total population of over 2.4 million; and piloting adapted TB/HIV coordinated screening, prevention and care interventions for evaluation and subsequent national scale up.

A pilot HIV/AIDS Prevention and Control Project in Tourist Areas, the first initiative involving the private sector (the Punta Cana Group), aims to reduce the stigma of HIV/AIDS in the tourist industry, especially in the Bavaro and Punta Cana resort (whose 400 hotel rooms, luxury homes, golf course, and commercial airport attracted 1.2 million (mostly American and European) tourists in 2002). Some key prevention activities are:

- educational materials and IEC campaigns on HIV/AIDS prevention and condom use for workers and their families, including activities in Creole for illiterate and migrant Haitian workers.
- Education and prevention workshops for school professors, Parent/Teacher Associations, secondary students and Women Associations.
- With NGO support, a “100% Condom Use” program targeted to commercial sex workers.
- Workshops on developing HIV/AIDS Policies for top level managers and business professionals in the tourist sector.

2: Diagnosis, basic care and support of individuals affected by HIV/AIDS to reduce disability and death due to HIV/AIDS, reduce the reservoir of HIV/AIDS, and mitigate suffering of children orphaned by AIDS.

The HAART Treatment Program is underway. Treatment sites have been selected; a private laboratory contracted for CD4 and Viral Load Testing while waiting for equipment for
the National Public Health Laboratory; and personnel trained to administer antiretroviral treatment. With the Clinton Foundation’s initial donation of ARV drugs, 300 patients are receiving triple therapy and 500 are under follow up. It is expected that 1500 HIV-infected people will receive treatment in 2004. Establishing the Comprehensive Care Central Unit (UCAI) at the Ministry of Health (SESPAS), jointly supported by the project, USAID and the Clinton Foundation, was an important step toward scaling up ARV therapy. Columbia University, Washington University, and Puerto Rico are training staff. By 2005, 8 UCAI will offer complete care and treatment for HIV/AIDS patients country-wide, aiming to cover 20,000 patients over 5 years.

Before 2002, HIV counseling services were available at only 14 sites in the Dominican Republic. In 2002-2003A, coordinated, collaborative efforts by Fundación Genesis (a local NGO), SESPAS/DIGECITSS and COPRESIDA, supported by USAID and the project, established 100 Voluntary Counseling and Testing services in public and private sites throughout the country (63 in public hospitals, 17 in private centers and 20 in NGOs) and trained 361 counselors in basic pre- and post-test counseling.

To standardize counseling services, “National Norms for HIV/AIDS Counseling” and a “Counselor Training Guide” for counselors who will offer support services and follow-up to PLWA were developed.


Consultants have been contracted to implement HIV/AIDS surveillance using second-generation protocols including behavioral and biological surveys of high-risk groups. Geographic mapping of vulnerable groups (youth, CSW, MSM) was done in Puerto Plata, and sentinel seroprevalence surveys are underway.

Monitoring and Impact Evaluation: Criteria, indicators and methods have been streamlined within a coherent framework.

Harmonization among main donor agencies: The Global Fund, USAID, Clinton Foundation, PAHO/WHO, UNDP, UNAIDS and World Bank have a strong commitment to join efforts, share information, accept a single evaluation report instead of separate reports, and follow a Ten Year National Strategic Plan to be finalized in May 2004. A meeting in February 2004 helped define coordination and cofinancing arrangements.

Future Challenges

- Further develop the relationship between the private and public sector on HIV/AIDS activities, including cofinancing arrangements to ensure long-term sustainability of the national effort.
- Donor harmonization will require follow-up activities to further strengthen collaboration, avoid duplication, and reduce unnecessary administrative burden on the local teams.
- Strengthen collaboration among countries in the region to share their lessons learned regarding HIV/AIDS activities.

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Bank in Partnership to Provide Low-Cost AIDS Drugs

April 6, 2004—The Bank, in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF and the Clinton Foundation, today announced agreements that will make it possible for developing countries to purchase high-quality AIDS medicines at the lowest available prices. In many cases the medicines and diagnostics would cost fifty percent less than their current prices.

The agreements will pave the way for countries supported by the Global Fund, the Bank and UNICEF to gain access to drug and diagnostic prices negotiated by the Clinton Foundation.

“We regard AIDS as being the single most important issue at the moment in Africa because of the devastating effect that it has had throughout the Continent, and it is not something that is deferrable to discussions of economic or other issues,” President Jim Wolfensohn said of today’s announcement. “The emerging epidemic in Asia, Europe and Central Asia and the Caribbean is also a tremendous concern. This initiative will help to get treatment to those most in need - the world’s poorest people. The Bank is pleased to be a partner in the program and fully supports it.”

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