

Dominican Republic



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	10528.4
% Population under 15 (2015)	30
% Population over 60 (2015)	9.7
Life expectancy at birth (2015)	73.9 (Both sexes) 77.1 (Female) 70.9 (Male)
Neonatal mortality rate per 1000 live births (2015)	21.7 [16.8-29.6]
Under-five mortality rate per 1000 live births (2015)	30.9 [24.1-40.4]
Maternal mortality ratio per 100 000 live births (2015)	92 [77 - 111]
% DTP3 Immunization coverage among 1-year-olds (2014)	91
% Births attended by skilled health workers (2014)	97.7
Infants exclusively breastfed for the first 6 months of life (%) (2013)	7
Density of physicians per 1000 population (2011)	1.49
Density of nurses and midwives per 1000 population (2011)	1.33
Total expenditure on health as % of GDP (2014)	4.4
General government expenditure on health as % of total government expenditure (2014)	17.4
Private expenditure on health as % of total expenditure on health (2014)	33.1
Adult (15+) literacy rate total (2007-2012)	90
Population using improved drinking-water sources (%) (2015)	81.9 (Rural) 84.7 (Total) 85.4 (Urban)
Population using improved sanitation facilities (%) (2015)	84.0 (Total) 75.7 (Rural) 86.2 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	2.2
Gender Inequality Index rank out of 155 countries (2014)	104
Human Development Index rank out of 188 countries (2014)	101

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.coc>

HEALTH SITUATION

The Dominican Republic has an area of 48,661 square kilometres and occupies approximately two thirds of the island of Hispaniola (Santo Domingo), which it shares with Haiti. The epidemiological profile is characterized by communicable diseases and chronic noncommunicable diseases, among which high blood pressure is the most prevalent. Among vector-borne diseases, the presence of the Zika virus was confirmed in January 2016 (over 4053 cases were reported by epidemiological week 24, over 600 of which were among pregnant women). The chikungunya virus has been circulating for three years and is transmitted by the same vector as Zika and dengue. Dengue and malaria are endemic in the country. All dengue serotypes have been isolated and the malaria cases are attributable to *Plasmodium falciparum*.

Maternal and neonatal mortality remain a national health priority. The main causes of maternal mortality are eclampsia, followed by sepsis and haemorrhage. Child mortality has been stable in the last 10 years, although the figures remain high, especially with respect to neonatal mortality. There is no transmission of wild poliovirus, measles or the rubella virus. Neonatal tetanus is no longer a public health problem and diphtheria is being eliminated. The Dominican Republic is among the 155 countries which switched from the trivalent oral polio vaccine (tOPV) to the new bivalent oral vaccine (bOPV), which targets two strains.

The HIV epidemic is stable and mortality has decreased in the last 10 years. Tuberculosis is an ongoing public health priority which requires bilateral coordination, due to the continuous movement of Haiti's population.

HEALTH POLICIES AND SYSTEMS

In recent years, the health system has undergone significant changes set out in a regulatory framework under the Ten-Year Health Plan (PLANDES) for 2006-2015 and the National Development Strategy. PLANDES addresses the principal challenges and strategies to transform the country's health situation. It lays out the operational plans for every component of the sector and outlines the strategies related to the Millennium Development Goals (MDG), sustainable human development, and the focus on human rights and gender equality.

The Ministry of Health directs the national health system and is represented by provincial health authorities at the subnational levels. In terms of service delivery, the health sector is being restructured according to the demarcation of functions stipulated in Act 123-15, which prescribes operational administrative decentralization of the regional health services and the Dominican Social Security Institute of the Ministry of Health, thus creating the National Health Service. Act 87-01 establishing the Dominican Social Security System defines funding sources and mechanisms to protect the population against risks in health, maternity and childhood, and occupational health risks, and to provide old-age, disability, retirement, and survivor pensions. There are three health regimes: contributory, subsidized and contributory-subsidized. Only the first two are being implemented. One of the main challenges of the social security system is to operationalize the third regime, which would cover workers in the informal sector, for example.

Although the Dominican Republic has not signed the WHO Framework Convention on Tobacco Control, Act 48-00 prohibits smoking in public or private premises enclosed by a roof, or for collective use.

COOPERATION FOR HEALTH

The national Strategy for Cooperation (ECP) was recently the subject of a mid-term audit (second half of 2015), which resulted in an addendum including various adjustments and additional approaches to coincide with the PAHO Strategic Plan for 2014-2019. International cooperation is primarily coordinated by the Vice-Ministry for International Cooperation under the Ministry of Economy, Planning and Development.

International cooperation for health development has various sources, the World Bank being the largest contributor in 2010-2011. The flow of bilateral aid and aid from the Global Fund has been continuous over the years. Official development assistance for partner countries in the period 2002-2010 was provided by Germany, Canada, the European Commission, the Republic of Korea, Spain, the United States of America, the Netherlands, Japan and the Nordic countries, among others. The United Nations provides cooperation through the United Nations Development Assistance Framework for 2012-2016, in which WHO/PAHO plays a proactive role.

WHO/PAHO COUNTRY COOPERATION STRATEGIC AGENDA (2013–2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Strengthen the national health system</p>	<ul style="list-style-type: none"> • Strengthen governance by the national health authority for the appropriate and timely management and regulation of the National Health Service. • Support efforts for broadening social security in health, with a view to achieving improved levels of coverage and more equitable access. • Ensure technical cooperation for preparing and implementing policies, plans, programmes and interministerial interventions to manage knowledge and communications, guided by the strategies and action plans for health and knowledge management approved at the 51st Directing Council and 28th Pan American Sanitary Conference • Support the development of management systems for the supply of medicines, blood and health technologies, to ensure timely access to high-quality health products.
<p>STRATEGIC PRIORITY 2: Sustainable development and environmental health</p>	<ul style="list-style-type: none"> • Protect health by creating a healthy physical and social environment conducive to sustainable human development. • Support the country in enabling individuals, families, and communities to take greater control over their health and its relationship with the environment, through advocacy, empowerment and the development of a system for strategic partnerships.
<p>STRATEGIC PRIORITY 3: Comprehensive management of health information, surveillance and analysis of health information for decision-making</p>	<ul style="list-style-type: none"> • Continue strengthening the National Epidemiological Surveillance System, which includes the national network of public health laboratories, for the purposes of detection, intervention and protection of public health. • Encourage the use of health information to analyse the health situation, linked to the decision-making process.
<p>STRATEGIC PRIORITY 4: Promote health throughout the life course</p>	<ul style="list-style-type: none"> • Support the health sector in increasing access to comprehensive and integrated services for health and nutrition, focusing on women, mothers, children, adolescents and young people at different times in the life course, and on gender and sexual and reproductive rights.
<p>STRATEGIC PRIORITY 5: Disease prevention and control</p>	<ul style="list-style-type: none"> • Support governance by the Ministry of Health in its efforts to prevent and control of endemic and epidemic-prone communicable diseases, and neglected diseases. • Promote collaboration with international cooperation agencies, local government, organized civil society, and other stakeholders, to carry out comprehensive efforts to prevent and control priority diseases and their risk factors. • Strengthen bilateral activities with Haiti to control and eliminate diseases that affect the whole island.
<p>STRATEGIC PRIORITY 6: Comprehensive management of health risks</p>	<ul style="list-style-type: none"> • Preparedness capacity-building for emergencies and disasters in the health sector • Capacity-building for health-sector response • Strengthening of mechanisms for coordination and humanitarian assistance for health in disasters

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