



The Dominican Republic occupies two-thirds of the island of Hispaniola, which it shares with Haiti and which lies between the Caribbean Sea and the Atlantic Ocean. The Dominican Republic covers an area of 48,442 km². It has a tropical climate, with high temperatures and humidity and average annual precipitation of 2,098 ml. The country is vulnerable to natural disasters, especially hurricanes and tropical storms. Its capital is Santo Domingo, and its administrative/political divisions include the National District, where the capital is located, and 31 provinces, with 154 municipalities and 204 municipal districts.

The Dominican Republic's population density is 203 inhabitants per km². It enjoys a stable democracy; the Partido de Liberación Dominicana (Dominican Liberation Party) has been in office for the last two terms (2004–2008 and 2008–2012).

In terms of social protection, the country has recently undertaken reforms to the social security system in order to improve access to health services and pensions for 40% of the population.

Lower birth and fertility rates in recent years have reduced the dependency ratio, thus launching the country's "demographic bonus," a period that will create opportunities for development if economic and social policies succeed in reducing social inequalities.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

In 2004, poverty indicators reached their peak level for the two decades up to that time, with general poverty at an estimated 43% of the population and 15.9% estimated to be living in extreme poverty. Since 2004, there has been a gradual decline in those rates, with poverty falling to 33.8% in 2010.

One of the principal poverty reduction strategies is based on the Solidarity Program, which involves monetary transfers subject to conditions that encourage school attendance and improved nutrition in the home.

Illiteracy in the population 10 years old and above fell from 15% in 1996 to 10.7% in 2007. Meanwhile, there was a major increase in the coverage of primary education, with the percentage of boys and girls finishing primary school rising from 23.2% in 1990 to 75.8% in 2009.

THE ENVIRONMENT AND HUMAN SECURITY

In 2007, drinking water coverage through the public network was 75.6% overall, though it was only 52.2% in the rural sector while urban areas had coverage of 81.3%. The final disposal of municipal solid waste took the form of open-air dumps in 57% of the country's municipalities.

The earthquake that hit Haiti in January of 2010 caused minor damage in 20 educational facilities and 2 hospitals in the Dominican Republic. The response of solidarity with Haitians on the part of the Dominican

Selected basic indicators, Dominican Republic, 2004–2010.

Indicator	Value
Population 2010 (millions)	9.9
Poverty rate (%) (2010)	33.8
Literacy rate (%) (2007)	89.3
Life expectancy at birth (years) (2010)	72.8
General mortality rate (per 1,000 population) (2004)	6.3
Infant mortality rate (per 1,000 live births) (2010)	27.8
Maternal mortality rate (per 100,000 live births) (2009)	133.4
Physicians per 1,000 population (2008)	1.3
Hospital beds per 1,000 population (2009)	1.0
DPT3 immunization coverage (%) (2010)	88.0
Births attended by trained birth personnel (%) (2007)	97.8

people led to immediate care in border hospitals for half a million injured persons, as well as assistance for thousands of displaced persons. The cost of the care provided to Haitian citizens was estimated at US\$ 27.7 million.

HEALTH CONDITIONS AND TRENDS

In 2007, reported deaths from communicable diseases were 50% below their 2000 level. No cases of polio, measles, or rubella were reported. Malaria is endemic in the country, but the number of cases fell from 3,525 in 2006 to 1,643 in 2010, with the large majority (75%) of cases occurring among the rural and marginalized urban populations.

The annual incidence of tuberculosis declined from 88.8 per 100,000 population in 2006 to 40.9 per 100,000 in 2010. The prevalence of HIV has remained stable. In 2009, the estimated prevalence was 0.85% in the population between 15 and 49 years of age. Since antiretroviral therapy started in 2004, mortality from AIDS has fallen, from 3.2 deaths per 100,000 population in 2005 to 2.1 per 100,000 in 2009.

Between 2006 and 2010, the prevalence of low birthweight fell from 10.8% to 7.0%.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The present challenges and principal strategies for changing the health situation in the Dominican

Vice-Ministry Establishes Quality Assurance

As part of the process of health sector reform, Provision 0010 of August 2008 created the Vice-Ministry of Quality Assurance in order to facilitate, regulate, and establish standards for operations involving health services, laboratories, blood banks, and drugs, as well as provide for audits of these services. The initiative was designed with the goal of strengthening the leadership role of the Ministry of Public Health.

A national quality policy is currently being developed based on four guidelines. The first is to strengthen the national system that certifies and accredits providers of health services. The second is to consolidate the system so as to ensure access to and the quality of drugs, food, water, and health technology. This is connected with the third point, which is to preserve the quality of the environment, with an emphasis on the quality of water and food and on the proper disposal of household and institutional wastes. The fourth element calls for citizens' participation in claiming and exercising oversight of the quality of the health-related services and products that they receive. It is this last goal, of active participation by the citizenry, that is the basis for the new paradigm of patient care that the country's health authority is promoting.

Republic are addressed in the country's 10-Year Health Plan 2006–2015, which was developed between 2003 and 2006 through the National Health Council, with wide-ranging national participation.

Since 2009, leadership functions have been strengthened with the creation of the Vice-Ministry of Quality Assurance and the establishment of a leadership roundtable that includes all the vice-ministers and

directors of programs, who discuss and recommend proposals addressing various issues.

In 2009, the Ministry of Public Health created a national program to address chronic, noncommunicable diseases. Its principal objectives are to promote health, prevent and control these diseases and their risk factors, and establish a reliable surveillance system.

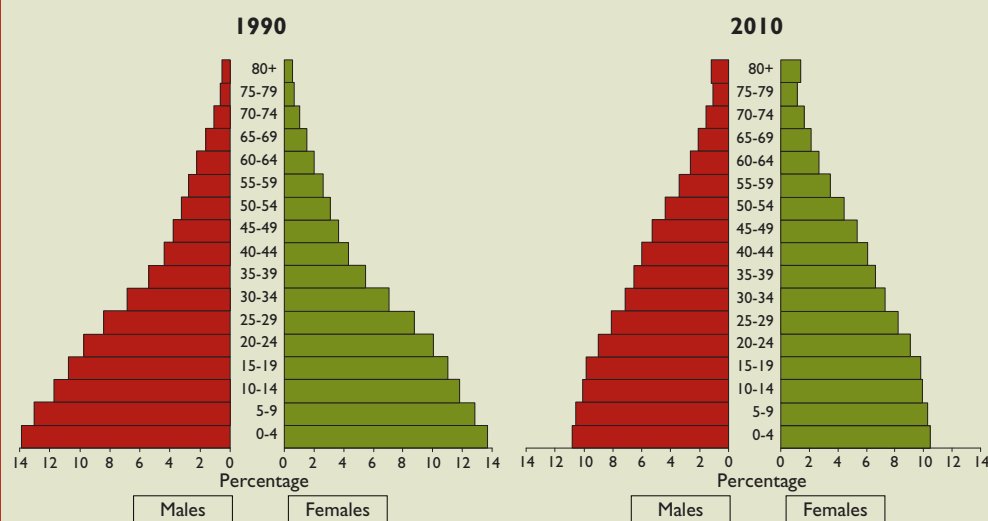
In 2008, national health spending was approximately US\$ 560 million, or 5.5% of the gross domestic product (GDP). Public spending accounted for 33.9% of this, as compared with 28.7% in 2004. Of total drug expenditure, approximately US\$ 400 million (67%) was out-of-pocket spending by households. As a percentage of GDP, public spending on health rose from 2.1% in 2006 to 2.4% in 2008.

In November of 2010, the Ministry of Public Health had 56,000 employees, of whom 71.5% were women. The geographical distribution of physicians and nurses is quite uneven, with them being concentrated in the more economically developed cities. Between 2006 and 2010, the number of physicians increased by 19.2%, reaching 16,000 in 2010.

The public-sector drug procurement system is centralized and is handled by the Essential Medicines Program and the Logistical Support Center. Under the agreement that the government signed with the PAHO Strategic Fund in 2005, the country participates in the joint purchasing of drugs (including antiretrovirals) and other strategic health inputs.

The care network has continued to improve, and generally provides access at a short distance, reachable by travel measured on the order of minutes, for the majority of the population.

Population structure, by age and sex, Dominican Republic, 1990 and 2010.



KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Dominican Republic's PAHO/WHO Center for Information and Knowledge Management contains the country's most complete collection of public health materials. It functions as the public health field's technical memory, often providing information that facilitates continuity in the sector's processes and initiatives.

Various initiatives are in place to facilitate access to national and international biomedical information for health workers. There are Internet rooms in hospitals, provincial health offices, offices covering specific health areas, and other institutions in the sector. This program is facilitated by the Dominican Institute of Telecommunications through an agreement with the Ministry of Public Health. There are video conferencing rooms in a hospital network in the northern part of the country, as well as at universities and in other public and private health institutions.

MAIN CHALLENGES AND PROSPECTS

There are inequalities in conditions that constitute health determinants for the population. In general, the share of the national income that the poorest segments of the population receive is very low, and improvements in the distribution are not in evidence. Over the 2000–2009 period, the poorest quintile of the population received only between 3.2% and 4.3% of the national income.

Over the last two decades, unemployment has averaged 16.4%, but it has been much higher among women (28%) than among men (10%). In the second half of 2009, unemployment was 14.4% overall (23.0% for women and 9.8% for men).

Gaps in the drinking water supply persist. For the poorest quintile of the population, coverage was 55% in 2007, while coverage for the highest-income quintile was 87%. Only 11% of the urban population has continuous drinking water service. In 2009, the index of water potability at the national level was 28.3%, the average percentage of chlorination 26.5%, and the average percentage of fecal coliforms 48.1%.

There are health problems in specific groups that, despite control efforts, still resist improvement, especially in the area of maternal and child health. Major reduction of infant mortality has not been achieved in the last decade. The rate was 30.0 per 1,000 live births in 2000, and it was 27.8 per 1,000 in 2010. Maternal mortality continues to be high, at 133 deaths per 100,000 live births, which is far from the goal of 46.9 maternal deaths per 100,000 live births called for as a Millennium Development Goal target.

Chronic diseases were on the rise during the 2006–2010 period. Diseases of the circulatory system were the main cause of mortality in large segments of the

population, accounting for 36.5% of all reported deaths in 2007, with external causes following (at 15.4%), and neoplasms in third place (15.3%). The total cases of neoplasms reported in 2006, 2007, and 2008 were 1,927, 1,801, and 2,017, respectively.

In 2007, the estimated prevalence of hypertension in adults was 16.8%. And, according to a study of cardiovascular risk factors, 75% of the persons with hypertension were not following any treatment. The prevalence of diabetes increased from 5.5% in 2007 to 15.5% in 2011. Also notable is the considerable increase in homicide as an external cause of death, given that it increased from 8.1 per 100,000 population during the 2000–2004 period to 22.6 per 100,000 in 2009.

To address the need for consolidating the quality assurance functions for which the Vice-Ministry of Quality Assurance and the leadership roundtable were created, the hope is to strengthen leadership, a goal that is particularly relevant in the context of decentralization.

The quality of care is affected by problems with clinical and administrative management on the part of providers, by lack of personnel controls and oversight, and by a limited level of empowerment for institutions. As of 2010, transformation of the national health system's services and institutions was still under way in order to bring them in line with their new functions under the General Health Act and the Dominican Social Security System Act, which date from 2001.

Health-related scientific output is quite limited. Little research is done, what is done is of poor quality, and only limited funds are allocated to support this work. Moreover, the information available is generally not drawn on for decision-making—a situation that hardly encourages scientific output.

The major challenges addressed in the Ten-Year Health Plan 2006–2015 are to overcome the accumulated social debt and social and gender inequities evident in the country's health situation, to ensure the prevention and control of priority health problems and risks, and to expand the various functions and components of the national health system on the basis of rights and social and gender equity, with citizen participation.

Moreover, everything possible should be done to improve the quality of health services, since despite the existence of a service network that allows geographical access in minutes, problems of various kinds compromise the quality of care.