## TUBERCULOSIS PROFILE



According to the WHO Global TB Report 2006, the Dominican Republic had almost 8,000 TB cases in 2004, with an estimated incidence rate of 91 cases per 100,000 people. Between 2002 and 2004, the detection rate for sputum smear-positive (SS+) cases increased from 42 to 72 per 100,000 people, exceeding the international target of 70 percent. The National TB Control Program (NTCP) implemented Directly Observed Therapy, Short-Course (DOTS) in 1998, and has recently made progress in expanding it throughout the country. By the end of 2004, DOTS services reached 80 percent of the population, compared with 40 percent in 2002. Tohe Dominican Republic also has one of the highest rates of TB drug resistance in the Western Hemisphere, with 6.6 percent of new TB cases multidrug-resistant.

The Dominican Republic also has a serious HIV/AIDS problem, with an adult HIV seroprevalence rate of 1.2 percent. In 2004, an estimated 9.6 percent of TB patients had HIV/AIDS. As access to voluntary counseling and testing services for HIV/AIDS increases and better data become available, the detection rate of TB-HIV co-infection will likely increase.

Country population	8,767,870
Estimated number of new TB cases	7,946
Estimated TB incidence (all cases per 100,000 pop)	88
DOTS population coverage (%)	80
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop)	27
DOTS case detection rate (new SS+) (%)	72
DOTS treatment success rate in 2004 (new SS+) (%)	82.3
Estimated adult TB cases HIV+ (%)	9.6
New multidrug-resistant TB cases (%)	6.6

Note: All data are for 2004 except where noted otherwise. Source: Global Tuberculosis Control: WHO Report 2006.

## **USAID** Approach and Key Activities

USAID assistance to the Dominican Republic NTCP began in 2001. Between fiscal years 2001 and 2005, USAID funds for TB programming in the Dominican Republic averaged \$1.3 million per year. USAID is assisting DOTS expansion in seven provinces (Baoruco, La Romana, Peravia, Puerto Plata, San Cristobal, San Juan de la Maguan, and San Pedro de Macoris) and eight health areas in the national district. These 15 areas account for 67 percent of the country's TB cases. USAID's program focuses on strengthening DOTS through decentralization and better integration into primary health care services. USAID is also supporting nine nongovernmental organizations (NGOs) that provide social mobilization support for the NTCP in 145 communities and 80 sugar mill shantytowns called "bateyes." As a result, 233 community organizations and groups have been integrated; 20,818 people have been reached; and 220 health providers and 1,443 community volunteers have been trained.

USAID assistance includes support for:

- Strengthening the TB monitoring and evaluation system
- Training health personnel, including doctors, nurses, laboratory technicians, and health promoters, in the DOTS approach

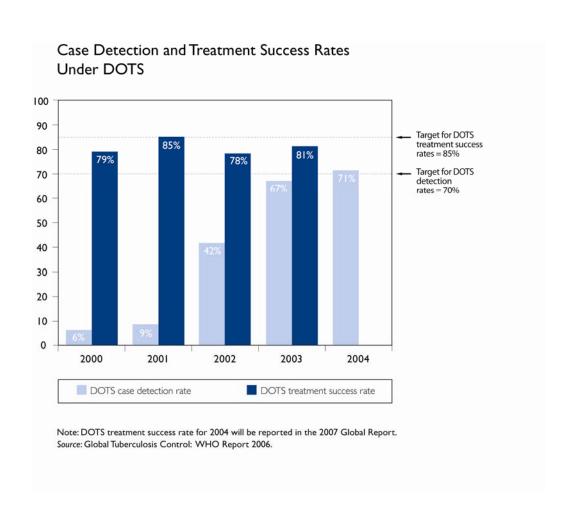
- Improving laboratory infrastructure, capacity, and quality control
- Enhancing the technical, planning, management, and supervisory capacity of the NTCP
- Strengthening TB drug management
- Developing educational materials and community education and social mobilization strategies

As part of these activities, USAID has financed the purchase of laboratory equipment and repairs, computers, and vehicles to enable supervisors to monitor program activities. Operations research activities, including a national survey of TB drug resistance and TB-HIV co-infection, are ongoing.

## **USAID Program Achievements**

USAID has contributed to substantial improvements in the NTCP's capacity to implement DOTS. Its achievements include the following:

- Increased the treatment success rate among new SS+ cases in DOTS areas from 46 percent in 2000 to 81.6
  percent in 2005
- Supported the establishment of a national reference laboratory to provide support to eight regional laboratories and a new unit for multidrug-resistant TB (MDR-TB)
- Developed and disseminated technical guidelines for smear microscopy, laboratory quality control, and biosecurity
- Provided DOTS training and orientation for more than 950 doctors, nurses, and other health workers, and trained
  more than 150 medical technologists from local, regional, and national laboratories in laboratory diagnosis of TB,
  including all aspects of sputum smear microscopy and quality control
- Developed comprehensive DOTS training manuals and developed, published, and disseminated NTCP norms for TB control
- Contributed to the successful approval of Phase II funding for the NTCP, managed by Profamilia, from the Global Fund to Fight AIDS, Tuberculosis, and Malaria
- Assisted the Dominican Republic in initiating a cross-border agreement with Haiti to ensure consistency in treatment regimens and reduce the danger of MDR-TB on Hispaniola, the island shared by the two countries



## **Partnerships**

USAID partners in TB control in the Dominican Republic include the NTCP, the Pan American Health Organization, the TB Coalition for Technical Assistance Project (TBCTA Project), and Management Sciences for Health's Rational Pharmaceutical Management Plus program.