



## Dominican Republic



This map is an approximation of actual country borders

The Dominican Republic has a total land area of 48 511 km<sup>2</sup> and occupies two-thirds of the Island of Hispaniola, which it shares with the Republic of Haiti. The country is a democratic republic with three branches of government: Legislative, Executive, and Judicial.

Poverty in the country is highly heterogeneous, with the greatest concentration of households and people living in poverty found in the provinces of Santo Domingo, Santiago, San Cristóbal, and the National District. The provinces with highest percentage of people living in poverty are Elías Piña, Bahoruco, Monte Plata, San Juan, Independencia, and Seibo. The Dominican Republic is one of the countries of the Hemisphere with the highest disparities in income distribution. In 2002, even before the economic crisis, the wealthiest 20% of the population received 53% of the country's gross income, while the most disadvantaged 40% of the population received only 14%.

### HEALTH & DEVELOPMENT

In 2002, public health expenditure represented 1.9% of GDP, decreasing to 1.7% in 2003, and to 1.2% in 2004, which explains the country's high out-of-pocket expenditures in health. According to the *World Health Statistics 2006*, out-of-pocket expenditure in the Dominican Republic accounted for 70.8% of private health expenditure and 47.9% of the total health expenditure. In 2002, national per capita health expenditure was US\$191. According to the Ministry of Public Health and Social Welfare (SESPAS, as per its acronym in Spanish), however, the per capita expenditure was only US\$40, which stands in sharp contrast to the household average of US\$93 and the total private expenditure of US\$131 per person. The Dominican Republic's per capita health expenditure is higher than that of Guatemala, Nicaragua, El Salvador, Bolivia, and Paraguay.

The maternal mortality rate has not declined as expected; this, despite the fact that 76% of the population has access to health services located less than 2 km from their home, that the percentage of prenatal care is high (98.5%, with an average of four prenatal check-ups per pregnant woman), that pregnant women are generally conditioned to seek prenatal care services, and that the percentage of hospital deliveries is high, at 97%. Accordingly, these facts are indicative of weaknesses in the quality of prenatal care, delivery care, and care during the perinatal period.

Infant mortality is declining at the expense of postneonatal mortality, while neonatal mortality remains stable, attributable to poor quality care in delivery and the perinatal period. Mortality in children under 5 is also on the decline.

Land area	48 511 km <sup>2</sup>
Total population (2006) <sup>1</sup>	8 562 541
% rural population (2005) <sup>2</sup>	36.4
% population under 15 (2005) <sup>2</sup>	33.24
% annual growth rate (2005) <sup>2</sup>	1.8
Crude birth rate per 1000 pop. (2005) <sup>2</sup>	23.3
Crude death rate per 1000 pop. (2005) <sup>2</sup>	5.7
Life expectancy at birth in years (2005) <sup>2</sup>	70.0
Per capita GDP in US\$ (2005) <sup>3</sup>	7890.1
Total health expenditure per capita (2002) <sup>4</sup>	191.0
Public health expenditure as a % of GDP (2003) <sup>4</sup>	2.3
Human Development Index (2004) <sup>5</sup>	94
% population with potable water coverage (2000) <sup>6</sup>	48
% population with sanitation services coverage (2000) <sup>6</sup>	20

#### Sources:

<sup>1</sup> 2002 census data.

<sup>2</sup> National Planning Office (ONAPLAN) data. National population projections (1990-2025).

<sup>3</sup> Preliminary data, available at:

[www.bancentral.gov.do](http://www.bancentral.gov.do)

<sup>4</sup> UNDP. Human Development Report 2004

<sup>5</sup> UNDP. Human Development Report 2006

<sup>6</sup> PAHO. Regional evaluation of water and sewer services

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Costing exercise on the Millennium Development Goals (MDGs) and its impact on national plans and budgets.</li> <li>The perception of Primary Health Care (PHC) as a priority strategy for renewing and strengthening the health sector integrated into the political agenda at the highest level, together with the Zero Tolerance Mobilization strategy.</li> <li>The country has external cooperation resources for undertaking health, environment, water, and sanitation projects.</li> <li>Strategic Agenda and Critical Roadmap in place with financing for health sector reform to support institutional development, improve health programs and services, and extend social protection in health through the social security system.</li> <li>New external cooperation instruments and strategies available (e.g., CCA/UNDAF, SWAPs, PRSPs)</li> <li>National Health Authority clearly interested in developing evaluation, analytical, and leadership strengthening processes.</li> <li>Reactivation of the 10-year National Health Plan, using a methodology of broad participation under SESPAS leadership.</li> <li>Dominican Republic-Haiti binational Tuberculosis plan in place, with financing secured and approved by the authorities of both countries.</li> </ul>	<ul style="list-style-type: none"> <li>Achieve greater investment for public health expenditure and optimizing its use.</li> <li>Prioritize health interventions in the different regions and among vulnerable groups, including the population living in extreme poverty, and thus improving health care quality and access.</li> <li>Develop and implement healthy public policies. Advocate, encourage, promote and achieve multisectoral interventions for promoting health, reducing poverty, and expanding opportunities for development.</li> <li>Support for keeping the MDGs on the political agenda, for implementing MDG interventions, and for their monitoring and evaluation at the different levels.</li> <li>Prioritize sex education and information for adolescents and young people, with a view to encouraging them to adopt healthy behaviors.</li> <li>Prioritize the development of human resources and advocate for health career implementation.</li> <li>Prioritize quality prenatal care, delivery care, and care in the perinatal period.</li> <li>Support implementation of the strategy of universal access in HIV/AIDS treatment.</li> <li>Build on the achievements of public health programs for the prevention and control of communicable and vaccine-preventable diseases.</li> <li>Develop strategies for a Dominican Republic-Haiti binational response to controlling primary communicable diseases.</li> <li>Develop the quality and coverage of environmental, water, and sanitation services.</li> <li>Implement the General Health Information System, giving priority to the vital statistics subsystem.</li> <li>Support leadership strengthening and the new National Health Authority concept.</li> <li>Implement the National Quality Assurance Plan.</li> <li>Implement the National Pharmaceutical Policy.</li> <li>Develop initiatives for generating, disseminating, and sharing health knowledge as scientific evidence for decision-making.</li> </ul>



## PARTNERS & EXTERNAL COOPERATION

In the Dominican Republic, international organizations offer financing from reimbursable and nonreimbursable sources in the form of donations, specific contributions, and technical cooperation. This cooperation is provided in one of two ways: bilaterally, through agreements with other countries or international nonprofit organizations; or through multilateral cooperation with international public institutions or the financial, specialized, and/or regional agencies of the United Nations system, *inter alia*. Working through the Ministry of Public Health and Social Welfare (SESPAS), international organizations contribute nonreimbursable resources through 19 specific projects and areas, totaling RD\$659,851,861 (€ 2,915,000 or US\$3,031,000) for the period 2003- 2011. Generally, these organizations and agencies face a daunting challenge in terms of achieving the Millennium Development Goals by 2015.

## PAHO/WHO STRATEGIC AGENDA (2007-2011)

The strategic cooperation agenda consists of the following elements:

The strategic lines of action (SLAs) form the basis of the technical cooperation response for addressing aspects of the unfinished agenda in health and confronting new challenges.

The critical lines of action (CLAs) form the pillars of support for implementing the strategic lines of action and sustaining the progress made.

The context is defined by the most relevant frameworks of national action and external cooperation in health; its elements are as follows:

### SLA 1: Healthy Public Policies, Governance, and Information and Knowledge Management

Objective: To strengthen public institutions, governance in health and health leadership, and national capacity to develop policies and strategies for promoting social protection in health with equity and equal opportunities, and ensuring a gender and rights focus, as well as accountability.

### SLA 2: Health Systems and Services and Social Protection

Objective: To help reform the health services and health institutions of the National Health System, in accordance with the new functions mandated by the General Health Law and the Law Establishing the Dominican Social Security System.

### SLA 3: Human Security and Sustainable Development

Objective: To strengthen national capacity in health protection and in the prevention and control of the social and environmental determinants that undermine human security and sustainable development, whether under normal circumstances, emergencies, or disasters.

### SLA 4: Public Health Surveillance for Evidence-based Decision-making

Objective: To strengthen the institutional capacity of SESPAS to perform its policy and regulatory functions associated with the development of the Comprehensive Health Information System and to ensure the quality and timeliness of its data; to bolster the development and systematization of data and information management as critical inputs for enhancing health intelligence and decision-making.

### SLA5: Health System Capacity to Respond to Family and Community Needs

Objective: To strengthen national capacity in the implementation of strategies based on scientific evidence through a family- and community-based approach; one that contributes to disease prevention and mortality reduction throughout the life cycle. Accordingly, it will incorporate gender and equity considerations in order to improve the quality of life for families, emphasizing synergistic action between all phases of the life cycle.

**Critical lines of action (CLAs):** 1) Institutional development and transparency; 2) Human resources development; 3) Continuous quality improvement; 4) Management and analysis of health information for decision-making; and 5) Primary health care (PHC) strategy.

The elements of the context identified are PHC, the MDGs, the Country Cooperation Assessment/United Nations Assistance Framework (CCA/UNDAF), existing legislation, and the 10-year National Health Plan.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/dom/>  
Country office web site <http://www.dor.ops-oms.org/>

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