

***UNESCO REVIEW OF HIGHER EDUCATION INSTITUTIONS'  
RESPONSES TO HIV AND AIDS***

**DOMINICAN REPUBLIC - The Case of Pontificia Universidad  
Católica Madre y Maestra, Santiago campus**

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The findings, interpretations, and conclusions expressed in this paper are those of the authors and do not necessarily reflect the views of UNESCO.

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## Summary

The population of the Dominican Republic is approximately 8.5 million with children under age fifteen representing 33% of the total population. Regarding HIV/AIDS, with an average adult prevalence of 2.3%, the Caribbean is the second-most affected region in the world after sub-Saharan Africa.

National Dominican levels of HIV/AIDS prevalence were reported to be 1% in the 15 to 49 age range, meaning roughly 50,000 persons were living with HIV/AIDS in 2002. Prevalence levels are slightly higher among men, at 1.1%, than women (0.9%). Other estimates of persons living with HIV/AIDS range from 88,000 to 120,000 nationwide.

There are no specific national policies for the nation's response against HIV/AIDS. Mostly, there has been a diverse set of actions that could be called "implicit policies" such as: growth in the number of people and institutions working on HIV/AIDS; implementation of legislation that supports the civil and human rights of Persons Living With HIV/AIDS (PLWHA); establishment of action plans; mobilising funds to improve the response; integrating treatment procedures and selection of actions with reduced expenses.

Within this context, in the last General Report on Tertiary Education published in 2002, there were 304,081 persons involved in 90 centres of Tertiary education (40 institutions, 50 university extensions) including professors, students and employees and administrative personnel. This represents 3.4% of the total national population. The actual coverage (2002) of the Tertiary Education Sector is 3,208 per 100,000 inhabitants, higher than in previous years. Still, the student population represents a mere 11% of the 2.6 million students at pre-college levels.

Pontificia Universidad Católica Madre y Maestra (PUCMM), campus Santiago, localized in the city of Santiago (at the heart of the country), has 7,213 students inscribed in the last period 2004-2005; 60% of which are women. Since its foundation Madre y Maestra has tried to develop and maintain a realistic view of the future in the Republic.

The university has been a pioneer of introducing new careers needed for development and adopted new ways of academic administration from universities in the United States, Europe and Latin America. Following this trend, it has now undertaken the task of evaluate the response of the institution to the HIV/AIDS epidemic, here presented.

## Acronyms

ASO	Organización de Estados Americanos - OEA
COPRESIDA	Presidential Council on HIV/AIDS
DR	Dominican Republic
ENDESA	Encuesta Demográfica y de Salud (ENDESA)
GDP	Gross Domestic Product
ENP	Estrategic National Plan (PEN)
IEC	Information, Education and Communication
IFCU	International Federation of Catholic Universities
KAP	Knowledge, Attitudes and Practices
MSM	Men who have Sex with Men
MTCT	Maternal Child Transmission
NGO	Non Governmental Organization
PAHO	Pan-American Health Organization
PLWHA	People Living With HIV/AIDS
PUCMM	Pontificia Universidad Católica Madre y Maestra
RED/PAV	Red Nacional de Prueba y Asesoría
REDOVIH	Red de personas que viven con VIH/SIDA
STI	Sexually Transmitted Infection
UADS	Universidad Autónoma de Santo Domingo
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization
WHR	World Health Report

## Introduction

Young people today are the “AIDS generation”: they have never known a world without HIV or AIDS. But young people today also ignore or at best misunderstand the impact and scale of this disease. Often, basic issues about safety are overlooked.

Adult HIV prevalence rates in the Caribbean are rising, despite measures taken at the country level. HIV prevalence rose from 2.1% at the end of 2000 to 2.2% at the end of 2001 and 2.3% at the end of 2004. These may seem like modest increases, but they represent an increase from 390,000 to 420,000 persons infected in 2001 alone, and 440,000 in 2004.<sup>1</sup>

Dominican Republic has a notably young population—61% of the population is aged from 15 to 24 years. The Joint United Nations Programme on HIV/AIDS (UNAIDS) reports that more than half of new HIV infections occur in this age range, which makes the promotion of preventive measures include risk-reductive behaviours important at the national level and, in particular, in places where youngsters interact on a daily basis, such as university campuses.<sup>2</sup>

There is evidence that college students in the Dominican Republic have heard about sexually transmitted diseases (STIs), HIV and AIDS. They have also heard about modes of transmission, possible preventive measures, and more or less about the causes of these diseases. But they do not seem to take this knowledge and apply it to their lives.

Instead, there is evidence that youth are adopting risky sexual practices. More than 70% of college students at Pontificia Universidad Católica Madre y Maestra (PUCMM) report being sexually active.<sup>1</sup> This clearly influences their attitude toward HIV/AIDS but does not seem to be leading to risk reductive behaviours. Condom use, peer influence, sense of vulnerability, monogamy and skills of conduct are known to be key elements to reduce high risk behaviours, so the strategies involved must take this on account, but students do not seem to perceive the risk.

There is need for a structured, organised university response with specific objectives. This should include integration of HIV-related information into the core curricula of conferences, classes, and videos on sexual education in all the faculties, with particular emphasis on the Engineering Sciences. This should include information about the nature of the disease and its consequences, how to prevent HIV infection, and treatment options. HIV/AIDS must be put in focus since there is no cure or vaccine against it at the moment, and because the major general population at risk is young people aged 15 to 24 years old—the university age population.

The work presented here is a serious, honest, evaluation of PUCMM's institutional response to date. There are strengths as well as weakness in its response—further efforts are needed to scale up and deepen the positive aspects and address the negative ones.

## A. National Context of HIV/AIDS

The Dominican Republic shares the island of Quisqueya (or Hispaniola) in the Caribbean with Haiti. Hispaniola is the second largest island in the Caribbean, covering a territory of 77,914 km<sup>2</sup> of which 2/3 are occupied by Dominican Republic (48,730 km<sup>2</sup>). The island was inhabited first by Tainos Arahucos aborigines when the Spaniards arrived for the first time in 1492. Later, Spaniards brought African slaves for agricultural reasons, a fact that explains the peculiar ethnic mixture of people living today, called the *criollos*.

### Demographic and Health Situation

The population of the Dominican Republic is approximately 8.5 million with children under fifteen representing 33% of the total population<sup>2</sup> (See Table 1).<sup>1</sup> More than 65% live in urban areas, 76% are *criollos*, 16% are white, and 11% are black.

Age	% of total population	Male	Female
<15	33.3	1,502,062	1,435,135
15-64	61.4	2,767,880	2,658,861
65+	5.3	219,230	250,466

*Source:* CIA. The World Factbook, 2004  
*Note:* With a median age of 23.7 years (male 23.5 and female 23.9), the country has a predominantly young population (2004 estimates) and a slightly more male than female population (1.03 male/female).

Life Expectancy at Birth for the total population is: 67 years for men and 70 years for women with a median range of 69 years.<sup>3</sup> WHO's 2004 World Health Report (WHR) found slightly different figures, 65 years for men and 72 years for women.

The calculated Population Growth Rate is 1.33% with a Birth Rate of 23.6 births per 1,000 populations. The Dominican Republic has a great proportion (99%) of pregnant women who receive professional maternal health care in their home or at a clinic, among the highest in the Caribbean and Latin America.<sup>4,5,6</sup> But at the same time, the child mortality per 1,000 is 37 males and 30 females. The Infant Mortality Rate (IMR) according to the Population Reference Bureau (PRB) is 31 per 1,000 live births –the second highest among the Caribbean after Haiti.<sup>7</sup>

Adult mortality per 1,000 living was 256 male to 183 female<sup>8</sup> which again is a surprise given the high percentage reported of maternal attention. According to the Pan American Health Organization (PAHO), the five principal causes to seek medical attention in the DR are Acute Respiratory Infections, acute diarrhoea, high arterial tension, pregnancy and dermatological conditions.

### Economic and Social Situation

The country's economy has traditionally depended on the sugar cane industry, although the tourism industry and export processing zones have become central to the country's development strategy over the past two decades along with the economic support provided by Dominicans who live outside the country (an estimated 1 to 1.5 million persons).<sup>9</sup>

<sup>1</sup> Note: Population estimates differ. For example, the CIA's World Factbook reports 8,833,634 while the World Health Organization's World Health Report estimates 8,616,000.

The Dominican Republic is a Caribbean representative democracy that enjoyed Gross Domestic Product (GDP) growth of more than 7% until 1998. Since then, growth subsequently plummeted (GDP, real growth rate: -0.7% in 2003 plus an inflation rate of more than 40 %) <sup>10</sup> as part of the global economic slowdown, reduced tourism, a major local bank fraud and probably as a secondary effect due to reduced limited growth in the US economy, which happens to be the source of 87% of export revenues. More than that, a needed International Monetary Fund (IMF) loan was slowed due to the government lack of compliance to stipulated terms.

The economy growth that the country experienced did not lead to an increase in the country's investment in its health sector. Public expenditure on health as a percentage of GDP remained roughly constant, at around 1.5 from 1991 to 2001. <sup>11</sup> Although data from the WHR 2004 based in the latest information available from the country (2001) revealed 6.1% of total health expenditure as percentage of GDP. Other socio economic measures are better suited to judge the level of quality of life, and hence of health, within the country <sup>12</sup>:

- 56% of population below the income poverty line;
- 19% of homes live in extreme poverty;
- 35% of the Dominican people do not have access to basic services such as potable water, with strong lines of difference between urban and rural area (in rural areas, 54% of the population have no access);
- 10% of the population does not have connection to sewage systems;
- 90% or more of the local industry throw their residual, contaminated water into underground or superficial natural waters or sewage systems, without previous treatment.

These figures are different from those in UNDPs HDR 2005 <sup>13, 14</sup> (see Table 2), But still represent a measure to judge the level of health.

**Table 2. Human Poverty Index in the Dominican Republic**

Location	(HPI-1) Human Poverty Index World %	Probability at birth of no surviving to age 40 (30% of cohort)	Illiteracy rate, adults	Population without access to improved water
DR	26 13.7	14.6%	15.6%	14.0%
Latin America and the Caribbean	15 11.3	10.3%	12.3%	13.6%

Source: As cited in El Caribe Newspaper, May 19, 2005. <sup>15</sup>

These findings made difficult to evaluate the GDP per capita of \$6,000 reported in 2003, quite in contrast with the composition by sector: agriculture 10.7%; industry 31.5% and services 57.8% also estimated in 2003. <sup>16</sup> More probably, what this reflects is a marked income inequality: the poorest half of the population have been reported to receive less than one-fifth, while the richest 10% enjoys nearly 40% of national income. This would also be observed in the fact that Dominican Republic is the country with the highest reported growth in the last 50 years in Latin America and the Caribbean, while at the same time occupying the second place in the list of countries having least advanced in terms of human development and levels of income per capita. <sup>17</sup> And this is extremely important when the projected populations at year 2025 are taken into account: 2,713,186 both sexes' ages 15 to 34 years (females 1,102,885) with a higher number of males (507,416 above) (see Annex 3).



## HIV/AIDS in the Country

The first AIDS case in the DR was diagnosed in 1983. Initially, the greatest number of reported cases was among Men who have Sex with Men (MSM) and sex workers of both sexes. Today, heterosexual transmission predominates (associated with commercial sex), prevention efforts reported appear to have stabilized HIV prevalence among 15-24 years olds in the city capital of Santo Domingo. One important consideration is the number of males age 15 to 49: 2,354,800 of which 90,434 reach military age annually (being 18 years the established age for voluntary military service)<sup>18</sup> so this is a group that needs to be monitored carefully.

With an average adult prevalence of 2.3%, the Caribbean is the second-most affected region in the world<sup>19</sup> after sub-Saharan Africa. HIV prevalence in the Dominican Republic accounts for the third place in the Caribbean, after Haiti and Bahamas.<sup>20</sup> Together, DR and Haiti account for 85% of HIV/AIDS cases in the Caribbean.<sup>21</sup>

Government sources of HIV/AIDS estimate that 1% of the adult (aged 15 to 49) population is infected with HIV, meaning roughly 50,000 persons were reportedly living with HIV/AIDS in 2002.<sup>22,23</sup> HIV prevalence was found to be slightly higher in adult men (1.1%) than in adult women (0.9%).<sup>24</sup> Other estimates of persons living with HIV/AIDS goes from 88,000 to 120,000 at the national level.<sup>25,26</sup> Some government officials estimate that by 2025, 29,000 Dominicans will have AIDS and 141,000 persons would be infected by HIV.<sup>27</sup>

The World Bank reports a national prevalence of 1.7% (while other sources point to 2.6%) and official figures published by UNAIDS at the end of 2004 indicate that the illness is deeply rooted in the Caribbean with 440,000 adult and children living with AIDS, 53,000 newly infected adult and children and 35,000 adult and children deaths due to HIV/AIDS.<sup>28</sup> (see Table 3).

**Table 3. Country profile, HIV/AIDS**

Total Population (2001)	8,507,000*
HIV prevalence (% ages 15-49) (2003)	1.7 (0.9-3.0)**
Adult HIV prevalence (2002)	1 %*
Orphans or at risk of becoming orphans	58,000 Dominican children aged 0 to 14*
HIV seroprevalence risk: most at risk for infection (sex workers and clients, patients seeking treatment for STIs, others)	4.6 % / 7.5 % (urban areas / non-urban areas)
HIV seroprevalence risk: at low risk for infection (pregnant women, blood donors, others)	1.2 % / 3.1 % (urban areas / non-urban areas)

\*USAID Bureau for Global Health

\*\*Human Development Indicators.

Seemingly lower national prevalence might disguise serious, localized epidemics as for example in areas of *bateyes* (sugar cane little towns) where the prevalence varies widely (see Table 4).<sup>29</sup> Bateyes are small villages with high level of Haitian immigration and who traditionally are held responsible for the spread of infection. They are located near tourism sites, sugar cane fields and around export processing zones. Recently there has been concern for the high prevalence detected in the *bateyes*.<sup>30</sup>

However, according to the Encuesta Demográfica y de Salud (ENDESA) (DHS) 2002, Health Regions within the country with higher prevalence are V (mostly sugar cane fields, at the very opposite of Haiti), VII (close to the frontier) y II (north part of the country, away from the frontier) (see Annex 9). In these Regions there is predominance of tourism, sugar cane industry and export processing zones. But located inside the island, not in the Dominican border with Haiti, it is indeed a contradiction to the common beliefs respect Haitians.

**Table 4. PREVALENCIA DE VIH SEGUN GRUPOS DE EDAD NACIONAL Y BATEYES (HIV Prevalence, age groups (national / bateyes))**

Age group	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59
<b>National, W</b>	0.4	1,1	1.2	1.2	0.6	0.8	1.6		
<b>National, M</b>	0.2	0.6	1.2	2.7	1.2	1.1	1.7		
<b>Batey, W</b>	1.3	8.1	4.7	8.8	5.9	5.6	2.4		
<b>Batey, M</b>	0.6	3.1	2.7	7.4	6.4	12.1	5.4	6.8	6.8

Source: ENDESA (DHS) 2002. W= women; M= men

Having peaked at 3% in 1995, HIV prevalence among pregnant women in the 15 to 24 age group in the city capital has fallen to less than 1%. Increased condom use and fewer sexual partners appear to have been factors according to governmental agencies.

HIV prevalence among female sex workers remains high, however. In urban areas, HIV prevalence rates as high as 12% has been measured among female sex workers, pointing to the need to expand and sustain prevention efforts.

In addition, little is known about HIV patterns among MSM - a potentially important facet of the country's epidemic although some sentinel anonymous surveys suggests 15% in this group. In summary, 75.7% of new cases reported are from heterosexual populations.

Perinatal transmission accounted 2 percent, intravenous drug abuse 4.1% (especially among Dominican residents who travel frequently between US and the DR).

Cases related to blood contaminated transfusions represented 5.5 percent during the years 1993 to 1997, reduced to 1.2 from 1998 to 2003.<sup>31</sup>

At the end of 2003, there were 15,446 People Living with HIV/AIDS (PLWHA) (7,180 full AIDS cases). Approximately 79.6% of HIV/AIDS cases belong to the 15 to 44 years old age group; 62.9% males with male/female ratio of 1.7/1 Some sources suspects there is more than 50% lack of notification (sanitary personnel fail to notify the authorities) in the whole country.<sup>32</sup>

Little is known about children and HIV/AIDS. There are several institutions that work with orphans but only la Casa Rosada (the Pink House) accepts children who are HIV/AIDS positive. Currently, 1,136 children in the city capital are living with HIV/AIDS of whom 200 are under antiretroviral treatment.<sup>33</sup> Epidemiological surveys at the end of 2003 estimate 5,120 children HIV positive<sup>34</sup>

AIDS-related deaths in the Caribbean sum 36,000 persons. In the DR there were some 7,290 deaths for 2003.<sup>35</sup> Estimates at the end of 2003 suggest more than 78,000 deaths by the end of 2005 in DR alone, 29,000 individuals in AIDS stage and more than 141,000 HIV positives..<sup>36</sup>

## National Response

The Presidential Committee on HIV/AIDS was created in August 24, 2000, with the specific purpose to provide information regarding this disease. On January 8, 2001, it was created the Presidential Council on HIV/AIDS (Consejo Nacional del SIDA, COPRESIDA) with the aim to bring together all the principal sectors of the nation, with a strong political support, against the disease. COPRESIDA has nine representatives from different sectors: the Armed Forces, non governmental organizations (NGOs), the private sector, networks of persons living with HIV/AIDS and is chaired by a presidential appointee (see Table 5).

**Table 5. COPRESIDA Members**

<b>Public Sector</b>
1. Secretariat of Public Health and Social Assistance (President)
2. Directorate of the Dominican Institute of Social Security (Vice-president)
3. Technical Secretariat of the Presidency of the Nation
4. Education Secretariat
5. Secretariat of Tertiary Education, Science and Technology
6. Directorate from the Health Corps of the Armed Forces and the National Police
<b>Private Sector</b>
7. President of the Private Business National Council
<b>NGOs Sector</b>
8. President of the Non Governmental Organizations Coalition against AIDS
<b>Networks of Persons living with HIV/AIDS</b>
9. Elected Representative of Persons Living with HIV/AIDS

COPRESIDA has had difficulty developing the structure required due to limited resources. The government only has provided a small budget and mostly is supported by external finances provided by the World Bank.<sup>37</sup>

Legally, the Council should meet once every two months; however, the Committee only met once in 2002, twice on 2003 and once in the first six months of 2004. Besides, the titular members often do not attend but their substitutes, who do not have enough authority for decision making or for real institution commitment, so the process suffers in all.

There are no specific national policies related to HIV/AIDS.<sup>38</sup> Mostly, there has been a diverse set of actions that could be called "implicit policies" such as:

- a) Unification of the highest possible number of people labouring in the field and of the different social institutions involved
- b) Establishment of legal mechanisms to protect the civil and human rights of people living with HIV/AIDS, like AIDS-related legislation (Law 55-93, see Annex 1.)
- c) Establishment of multiannual plans to set course of actions
- d) Localizing and helping to improve response actions
- e) Integral structuring of treatment procedures at clinical levels
- f) Selection of actions with reduced expenses

The Dominican Republic is trying to implement a National Strategic Plan for the years 2000-2010 (Plan Estratégico Nacional – PEN) to coordinate a strategic response including prevention, mitigation, and treatment measures. This plan aims to provide treatment to an estimated 8,000 persons by 2010. In order to accomplish actions outlined in the plan, the country requires higher quality information; best ways to obtain information and a unified work on specific indicators. Dominican Republic is in the process of structuring national accounts on HIV/AIDS that would permit evaluation of financial resources and accounting matters.<sup>39</sup>

Also integral to the plan are HIV/AIDS and STI Information, Education and Communication (IECs) campaigns, targeted to vulnerable groups and the general population, aimed at reducing casual sex, sex with multiple partners, and increasing condom use among young people.

Due to concern about prevalence in Haiti and immigration, STI/HIV/AIDS prevention and care in the *bateyes* began with the Sugar State Council (Consejo Estatal del Azúcar -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 Vicini (the main private sector sugar industry whose territory includes 23 *bateyes*) signed an agreement.

As part of the national response, in 1999 DR started programs aimed at reduction of vertical transmission in two maternity hospitals at the Santo Domingo; today has spread to the whole country. Since 2002 also started a counselling programme through the Red Nacional de Prueba y Asesoría RED/PAV (National Network on Counselling and Testing Program) with the financial and technical support of a Non Governmental Organization (NGO) and USAID; they opened about a 100 offices in the whole country. Initiating ARV treatment in 2002, 721 are reported to be enrolled in 2003.<sup>40</sup>

In monitoring resource flows it has been easier to collect information on several kinds of organizations like multilateral agencies, foundations and non governmental organizations than to obtain reliable budget information on domestic outlays. For example, the so called Report on Progress about Monitoring and Follow-up, UNGASS indicators, April 28, 2003 [online] offered little help to this end.<sup>41</sup>

### **Civil Society response**

The NGOs provide a good example in the prevention and treatment of the epidemic. They are actively involved in policies, in promotion of behaviour changes and in the production of educational material. The first NGO working in HIV-related issues started in 1986 (Patronato de Lucha contra el SIDA) and by 2005 there were more than 50, six of them working exclusively on AIDS. Most (30 organizations) belong to the National Coalition against HIV/AIDS which was formed in 1997 (see Annex 5).

As a whole, they are doing great work, a fact recognized by people living with HIV/AIDS. But sad to say, some of them have fallen into practices of corruption and some are just “nominal” (no one knows exactly what kind of work they do or what kind of management have been given to their budget). Concerned has been raised by serious parties about the effectiveness of these NGOs.

### **International support for the response**

Organized efforts against HIV/AIDS depends heavily in the good will of international agencies to support and strengthen implementation of the Strategic National Plan and the Dominican Republic HIV/AIDS Prevention and Control Project (total cost US\$30 million) initiated in February 2002 under the World Bank-financed 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.

The Clinton Foundation and its partner, Columbia University's Mailman School of Public Health, have worked closely with private and public sector institutions to develop a comprehensive plan to ensure access to antiretroviral treatment and ongoing care for people living with HIV/AIDS, while strengthening health systems. Developed in partnership with the Presidential Council on HIV/AIDS (COPRESIDA), the General Directorate Office of the Government Against Sexually Transmitted Infections and AIDS (DIGECITSS) and several local NGOs and patient advocacy groups (CONECTA, CEPROSH, REDOVIH), the plan builds upon the many HIV/AIDS prevention efforts currently underway. Along with expanding the care and treatment options available to people living with HIV/AIDS, the plan aims to enhance public awareness surrounding testing and treatment

availability, build a national training centre for health and management professionals, and implement a comprehensive monitoring, tracking and logistics system of patients and treatments.

USAID programmes help to prevent the spread of HIV/AIDS and to improve primary health care services. Specifically, USAID is enhancing access to and use of preventive and basic care services for STIs and HIV/AIDS among vulnerable, infected and affected groups. Helping to achieve sustainable, effective reproductive health and family planning services provided by both public and private sectors and increasing the use of selected, effective child survival interventions through improved access to quality immunization services and rural community potable water systems. Additionally, USAID's efforts also work to increase the efficiency and equity of basic health care services at the local level and improve the environment for health policy reform since the last decade.

There are several networks of PLWHA that do extensive work among vulnerable groups. The Network of People Living with HIV/AIDS (Red de personas que viven con VIH/SIDA, REDOVIIH) is an organization oriented to provide legal and emotional support, promoting empowerment and respect of human rights of PLWHA. It began in 1997 and has more than 2,000 affiliated persons.

REDOVIIH has international impact, several of its members have positioned in the Caribbean Network of PLWHA, the Women Council in HIV/AIDS and the Global Network of PLWHA. REDOVIIH is responsible for the legal demand against the DR presented in the Human Rights Inter American Court, dependent of the ASO (American States Organization, Organización de Estados Americanos -OEA), demand that virtually opened the door to integral socio medical attention and the antiretroviral treatment.

Recently, another network created is the Solidary Alliance Fight against HIV/AIDS (ASOLSIDA, Alianza Solidaria en la Lucha contra VIH/SIDA) and also there is Amigos Siempre Amigos (ASA, Friends Always Friends) (See Annex 6).

## B. Impact of HIV on the Higher Education Sector

### Introduction

In the last General Report on Tertiary Education published in 2002,<sup>42</sup> there were 304,081 persons involved in 90 centres of Tertiary Education (40 major institutions, 50 university “extensions” or subsidiary of the major ones) including professors, students and employees and administrative personnel (3.4% of the total national population).

Of interest, 286,134 were students; 10,415 professors and 7,532 personnel, with a student/teacher ratio of 39.4 to 1. The adult literacy rate (adults over age 15) was 82% but the level of university education was 15% for people aged 17 to 25 (down slightly from 15% in 1998).

The student population was divided as follows: gender, 183,749 women (60 percent) and 120,332 male (40 percent) (See Table 6). Of interest, average age for professors is 41 (37 to 48 years old, 18 different institutions), 58 percent male, 42 percent female. This raises concern but it has not been studied respect HIV/AIDS impact on the education sector.

There is a progressive growth in the number of enrolled students since 1994 above all expectations: the **average annual growth is 14.7 percent** and the total is an impressive 32.4 percent since 1994 (2002 estimates).<sup>43</sup>

Population	Size	Gender M / F	Age 17-25 years	26-40 years	>40 years	Average Age
Students	286,134	120,332 (40%) / 183,749 (60%)	75%	19%	6%	
Professors	10,415	58% / 42%				41 years
Personnel	7,532					
TOTAL	304,081					

Source: General Report on Tertiary education in the Dominican Republic, 2002 (Informe General sobre la Educación Superior en República Dominicana).

There is only one public university in the country (UNIVERSIDAD AUTONOMA DE SANTO DOMINGO -UASD). All others, including 39 major centres, are private. The State Secretariat of Tertiary education, Science and Technology (Secretaría de Estado de Educación Superior, Ciencia y Tecnología, SEEBAC) is the official organism responsible for regulations and coordination of tertiary education.<sup>44</sup>

Tertiary education has a progressive urban tendency, more evident in the higher tertiary levels. By 2002, 155,000 students (54.2 percent) studied in the city of Santo Domingo, 12 percent in the city of Santiago and 33.8 percent across several urban schools spread in the country. There has been a constant increment on the number of women albeit still there is an estimated 51 percent total male per 49 percent total female population.<sup>45</sup>

The actual coverage (2002) in the Tertiary education Sector is 3,208 per 100,000 inhabitants, higher than previous years. Still, the actual student population represents a mere 11% of the 2.6 million students at pre-university levels enrolled in 2002.<sup>46</sup>

## Pontificia Universidad Católica Madre y Maestra (PUCMM)<sup>47</sup>

The Pontificia Universidad Católica Madre y Maestra (PUCMM)'s Santiago campus, located in the city of Santiago (at the heart of the country, estimated population 1 million inhabitants), has an area of 778,687 m<sup>2</sup> distributed as the Table 7 shows:

**Table 7: Structure of the Pontificia Universidad Católica Madre y Maestra, Santiago campus**

INFRASTRUCTURE	SANTIAGO Campus
Total area	1,200,000 m <sup>2</sup>
Gardens, rest zones	300,000 m <sup>2</sup>
Sport areas	67,000 m <sup>2</sup>
Parking lots	3,468 m <sup>2</sup>
Buildings	38
Classrooms	140
Cafeteria	3
Library	1
Laboratories	62

**Source:** Quality of life in a university. Colloquium on Concepts and Alternatives of Quality of Life held at the Centro de Investigación para la Prevención Integral, PUCMM. R Peralta, April 22, 2005. (Personal Communication)

Located in the south of the city, adjacent to the main road from Santo Domingo –DR capital- PUCMM is accessible by private or public transportation. PUCMM is one of the principal private Tertiary Education institutions in the country, with 7,213 students enrolled in the last period 2004-2005, 60 per cent of whom are women.

The University was founded on September 9, 1962 under the sponsorship of the Catholic Church.<sup>48</sup> In 1966 PUCMM initiated collaborative efforts with UCMM/AID/Saint Louis University for the training and specialize of its academic and administrative personnel. In 1968 through the United Nations Special Fund it began the Engineers Programs.

In 1971 PUCMM began new campuses in Bonao and Puerto Plata (cities in Dominican Republic) and in 1981 began the Recinto Santo Tomás de Aquino campus in the city capital Santo Domingo which in 1985 opened the Business Studies and Services Centre (CEYSE) and later the College of Business Studies that works there.

In 1992 PUCMM at campus Santiago began the Colegio Juan XXIII, for pre-university students and in 1993 began the Tertiary Education for Adults Program (Programa de Educación Superior para Adultos, PROESA) in the areas of Law and Business Administration.<sup>49</sup>

PUCMM has a beautiful landscape that combines the tranquillity of a garden with the sobriety of its buildings. Santiago is the main campus, grouped in a nuclear fashion: first, Administrative and General Services and Computer Centre; second, buildings for teaching services with the Library at its centre; thirdly, sports installations; and in four place an area destined for future growth.

PUCMM is governed by a Chancellor and a Director's Board, who are overseen by the Dominican Episcopate Conference. Financial and administrative matters are deal with by the Vice-Chancellor on Financial Administration, who oversees upon several departments, whose heads form the respective Council.<sup>50</sup>

All of the curricular, co-curricular and research activities are coordinated by the Academic Vice-Chancellor, with the help of several Internal Committees, most important the Academic Council.

Four major faculties depend from the Vice-Chancellor, each with a Dean and Directors of Department that act as Faculty Council:

- a) Social and Humanities Sciences Faculty,
- b) Social and Administrative Sciences Faculty,
- c) Engineer Sciences Faculty,
- d) Health Sciences Faculty,

Postgraduate and Master degrees in campus Santiago are coordinated by a Dean.

Since 1967, more than 37,000 students have now graduated from PUCMM.<sup>51</sup>

### **Impact of HIV/AIDS in the national Education Sector**

E. Antonio de Moya, from the Universidad Nacional Autónoma de Santo Domingo analyzes and evaluate manifestations of Dominican adolescents' sexuality and the impact of research on public policies about sexuality in a very recent investigation.<sup>52</sup> Thirty-nine Dominican studies are reviewed, including theses, dissertations and scientific journal articles (see Annex 11). Of these, nine studies analyze Tertiary Education students (see Annex 12).

Seven studies from 1992 to 2004 are Knowledge, Attitudes and Practices studies (KAP). If ENDESA 2002 is taken in account, 7,865 adolescents have been evaluated (3,382 specifically Tertiary Education students, 390 of them from the Cibao Region where Santiago is located). ENDESA 2002 reveals an HIV prevalence of 0.3% in the population aged 15 to 19.<sup>53</sup>

Antonio de Moya concludes that "difficulties for insertion in the formal labor market and lack of family and school support are prominent. Masculinity is a problem for young men's social validation and pregnancy is experienced as part of the onset of a casual relationship often doomed to failure. The social response to the threat of HIV/AIDS has been positive according to most studies. Condom use is becoming increasingly independent from notions of distrust or unfaithfulness among single adolescents. In conclusion, despite the vigor of research, its impact on public policies, preventive programs and strategies has been relatively meager".<sup>54</sup>

According to the International Institute of Superior Education in Latin America and the Caribbean (IESALC), the net enrollment ratio of high school (pre-university) students is 53% (2002 estimates).<sup>55</sup>

**Table 8. IESALC. Educational data for Dominican Republic.**

✦ **Official Name:** Dominican Republic  
✦ **Territorial Area:** 48.442 km<sup>2</sup>

#### **Educational Data:**

- ✦ **Population:** 8.840.000 (2002 estimates)
- ✦ **Population - age 5-14 (% of total):** 22,4
- ✦ **Population - age 15-19 (% of total):** 10,0
- ✦ **Years of compulsory school:** 10
- ✦ **Net enrolment ratio-primary education:** 87,4
- ✦ **Net enrolment ratio-secondary education:** 52,7
- ✦ **Illiteracy ratio in adults:** 17,6



Please recall that Dominican Republic is approximately 8.5 million with children under fifteen representing 33 percent of the total population.<sup>56</sup> Children began Secondary Education (ninth grade) at age 13.5 as a median. This raises concern, in a recent investigation conducted by the National Drug Council (Consejo Nacional de Drogas –CND), 67% of 5,075 secondary students (8<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> grade students) consume alcohol. The study was conducted in the Santo Domingo metropolitan area, in 46 public schools and 15 private ones.<sup>57</sup> The study reveals also abuse of



sedatives (15%), smoking (15%) and stimulants (9%). An important aspect is the younger age at which drug consumption has been initiated, between 12 to 15 years with a median age of 13.

PUCMM through the Centre of Integral Prevention, Formation and Investigation sponsored by the International Federation of Catholic Universities (Federación Internacional de Universidades Católicas, FIUC), conducted research from 1998 to 2000 to investigate the profile of adolescents in the city of Santiago. 350 adolescents were studied to assess their beliefs on sexuality, STIs (including HIV/AIDS), drugs, family relationships, gangs, etc. The study concluded that 96.6% of the city adolescents had knowledge of HIV/AIDS, but only 46.4% associated it with sexuality or sexual behaviour and 3.7% admitted being infected.<sup>58</sup>

Worried about HIV/AIDS in the DR, and not knowing how this disease impacts its own community or what to do about it, PUCMM has now undertaken the task of evaluate its own institution.

### C. Institutional Response at PUCMM

PUCMM is a Tertiary institution adhered to the International Federation of Catholic Universities, it has a moral environment from the beginnings and since its foundation Madre y Maestra has tried to develop and maintain a realistic view of life in the Republic. PUCMM is a private institution, without profit intentions, dedicated to teaching, investigation and community service. PUCMM promotes academic excellence, and the harmonious synthesis of reason, science, culture and life with the Christian faith.<sup>59</sup>

As an institution of Tertiary Education, PUCMM must engage with the world in which she lives, break the silence about HIV/AIDS within its walls and recognize its responsibility to her own community and of the society. Not all university authorities are convinced that they should be playing a role in a complex disease such as HIV/AIDS. Financial and other resource constraints make it difficult to motivate HIV/AIDS as an institutional university priority.

But universities educate and train sexually active young adults, unlike most of the school system, and PUCMM is no exception to the rule.<sup>60</sup>

#### Methods

Methods employed in this review include: interviews with students, Staff, Faculty and Administrative personnel, review of documents and Library database in order to obtain the best information and assessment possible. No information was found on HIV infections; the university seems to have been isolated so far. Therefore, the number of people infected, absenteeism, student withdrawals, stigma or discrimination of students and staff, AIDS related deaths, replacements for staff who have died and fiscal costs, etc. has not been recorded. There is no formal documentation on the impact of HIV/AIDS on PUCMM.

No information is collected on HIV-related student withdrawals. According to the Planning Director of the university, most students' withdrawals are related to difficulties in paying school fees.<sup>61</sup> Notably, 40 percent of the student population work while in school to cover their fees.<sup>62</sup>

Anecdotal evidence suggests that some staff members may have been infected or affected by HIV/AIDS, but these cases were mentioned as past occurrences. One person talked about a former professor infected with HIV/AIDS that subsequently died "*but that was several years ago*" she said. Another recalled an administrative secretary who had a relative with HIV/AIDS and was greatly affected by this to the point of missing some days at work, but also "*that happened some time ago, don't remember precisely*". All of the people agree and the opinion was unanimous among students, staff and Faculty personnel that, if the need were to arise, "*the university would surely implement major changes to contain the infection*".

Interestingly, the national situation of HIV/AIDS is not perceived as a threat to the institution right now. Please recall that the Caribbean is the second-most affected region in the world after sub-Saharan Africa. The economic impact of this regional situation has not been put on perspective at the local level. In brief, since the university authorities do not seem aware of the socioeconomic consequences of HIV/AIDS, measures to counterattack these consequences have not been put in place.

#### Stigma and Discrimination

The Haitian students interviewed on campus, from several faculties, expressed slight resentment against Dominicans because of academic matters but not related to colour or any other sign of discrimination.<sup>63, 64</sup> In general, foreign and Dominican students agree on the perceived quality of education ("*it is good*" said the majority of all students on campus), but medical students showed deep interest and even suggested to press on the Medicine Department to include HIV/AIDS in their curriculum while they were being interviewed. All of the students interviewed on campus thought it

would be appropriate to include “*some class or classes about sexual matters on their first year of university*”.

PUCMM has a Students’ Health Centre service, located almost in the middle of campus. The Health Centre offers service to everyone and none of the students interviewed on campus resented any sign of discrimination in the services provided. In fact, due to the peculiar ethnic mixture of the criollos (none is entirely black or white: criollos have a new skin colour, the “Indio colour”) Dominican society is not characterized as being discriminative to other people. Criollos are friendly people.

There is reportedly little demand at the Students Health Centre for HIV/AIDS information. A female staff member could recall two recently occasions in which two students, both foreign, assisted to the clinic because they were worried about having HIV/AIDS. These students were referred to private health care professionals outside the institution and the outcome of the investigation is not known to the staff, nor was it possible to identify them to follow up.

### **The Institutional response**

Since it is a religious institution, PUCMM stress priority upon abstinence. The university has an open mind though, the institution does not oppose and in fact promotes prevention interventions measures.

#### **a) Efforts to reduce student vulnerability**

One of the Deans acknowledged the implementation of specific measures like 24 hours vigilance on campus (there is a group of watchman, paid by the university). But students live outside campus. Those students foreign to Santiago usually get in small numbers (four, maybe five or six) to hire an apartment or a house for living. There are no statistics of how many live this way. Others live in pension apartments that have proliferated around the university.

#### **b) Policy**

Although the university does not have a specific or formal institutional policy yet, there is movement underground that prepares its development. Recently (May 2005), the government and PUCMM signed an agreement for the co-administration of several peripheral public clinics in the city that belong to the public health system.

Currently, in the first clinic co-administered by the university (San Juan XXIII General Clinic Centre), services provided include pre and post test counselling programmes to those patients who get tested, services for pregnant women living with HIV to avoid MTCT including administration of Nevirapine and elective Caesarean sections.

PUCMM agreed about one year ago to co-administer the San Juan XXIII Clinic Centre as a way to evaluate the feasibility of a broader health plan to the community that includes HIV/AIDS information, prevention, counselling and treatment. Today PUCMM and the government have further extended the plan to four general clinics.

Inside the university, several Heads of Department interviewed for this review said that “*there did not seem to be a demand for the implementation of a policy on HIV/AIDS*”. In another Faculty, the Head of a Department where students are directly involved with patients and in risk of contamination, said that even though there is no policy, it “*would personally help a student or staff out if accidental contamination were to occur*”. However there are no facilities at the place to the discharge of used syringes or needles and when specifically questioned, the person admitted not knowing about preventive measures on HIV/AIDS.

Interestingly, in the Students Health Centre and also Faculty members in the Orientation Department insisted on students’ referral to either public or private institutions that “*could offer*

*specialized help*” but when questioned admitted they suggest so because they do not know what to do.

Very few people (one authority, two teachers in the Medicine Department) acknowledged “*there could be some HIV+ students out there*” (in campus).

Currently there is no formal policy or actions implemented toward a policy inside the university. The issue has not been considered a priority so there is no budget assigned either. In fact, there is no budget for HIV-related activities; the university does not receive any financial assistance for them.

### **c) Non formal education**

PUCMM allows participation of international parties such as WHO and PAHO to organize activities once a year approximately. The university lets others do the job of speaking about HIV/AIDS probably because of religious matters. This duality could either help to prevent or facilitate the spread of HIV/AIDS, because it depends on external means and the way they are presented.

Throughout the academic calendar there are various awareness-raising activities, in which the Faculty of Health Sciences and international and local organizations join forces to inform the student body. But what tends to happen according to the students interviewed is that those who attend are students within the Health Department itself.

### **d) Formal education**

Since 2003 PUCMM introduced in the core curriculum common to all students, a class to first year ones about drug abuse, alcohol, HIV/AIDS, physical and health aspects in general. The class name is Academic Orientation; however, there is only one class given the first day of university and all the topics are addressed then.

This august (2005), for the first time the Students’ Dean together with the Centre for Integral Prevention, Formation and Investigation has prepared a group of students peers to give Academic Orientation as a week course instead of a class. The peer group intends to work as monitors informing, training and supervising upon new admitted students. The peer group is composed by 20 medical students who received an intensive course on HIV/AIDS, STIs, alcohol consumption, drug abuse, psychological skills and nutrition.<sup>65</sup>

### **Leadership on HIV/AIDS**

Dominican Republic carries serious health problems including high levels of malnutrition, instability in the prevalence of infectious diseases and high levels of infant and maternal mortality. At the same time, epidemiological data reveal threats of new infectious diseases.<sup>66,67</sup> In its efforts to reduce these problems, the government has previously made agreements with different parties at the national level. The main goal of the agreements with public and private institutions has been to provide continuity and support of the actions taken against the problematic, once international financing sources are over.

PUCMM is part of the private education sector that as an agreement with the government through COPRESIDA (see Annex 8). All of the agreements have a liaison officer between the institutions and COPRESIDA (the institutions being the ones listed). At the Secretariat of Tertiary education, Science and Technology, the Head of the Registry Department at PUCMM is the liaison officer. As part of the agreements COPRESIDA must provide the necessary economic, training and logistics resources to the institutions. These actions are financed by the World Bank at present time. However, as individual institution PUCMM has not received any funds to implement actions on HIV/AIDS inside the university. It is COPRESIDA who receives direct funding and training, not the university.

Dr. Alberto Fiallo, appointed Executive Director of COPRESIDA since August 2004 is trying to change the situation with the new agreement recently signed (May 2005) with PUCMM for the co-administration of peripheral public clinics in the city, already mentioned in the policy section. PUCMM is developing a new model of attention that includes pre and post test counselling programmes to those patients who get tested and services for pregnant women living with HIV to avoid MTCT. Dr. Fiallo express "there is a sub registry of HIV/AIDS cases in the country, some years ago people were indifferent...but now is a generalized epidemic accepted by everyone".<sup>68</sup>

As a private institution PUCMM has no professors' union. However, all of the persons consulted (about 50, professors and administrative personnel, male and female) were happy and expressed relief that "*finally the subject [HIV/AIDS] was officially addressed*", an others manifested "*the time has come*" and were eager to talk about HIV/AIDS openly.

There has been commitment in an indirect way at the Social and Humanities Faculty to address the wellness and or the behaviour and lifestyle of students at the university. In 2003, the Centre for Integral Prevention, Formation and Investigation who are conducting research programmes on Quality of Life since 1991, published results on the profile of adolescents in the city of Santiago.<sup>69</sup> 350 adolescents (in general, not necessarily students) were studied to assess their beliefs on sexuality, STDs (including HIV), drugs, family relationships, gangs, etc. The study concluded that 96.6% of the city adolescents had knowledge of HIV/AIDS, but only 46.4% associated it with sexuality or sexual behaviour and **3.7% admitted being infected**.<sup>70</sup> The Centre is sponsored by the International Federation of Catholic Universities (Federación Internacional de Universidades Católicas, FIUC). It has international standards on research.<sup>71</sup>

The need for educational activities was evident and soon was taken into effect so the Centre promoted (and in fact established) in January 2003 a one-year Post Graduate Course for professors to enable them to provide prevention education on sexuality and other human aspects to the university students. The course lasted only one year once finished due to lack of continuity in funds (December 2003). This year (2005) the Centre has reactivated its project with the aim to educate university students instead of professors so they might become monitors to their peers.<sup>72</sup> Meanwhile it is conducting a research on the quality of life on campus.

In addition, some activities are carried out to inform the university's population. These initiatives involve the Health Science departments and international institutions like WHO, PAHO and the Lyons Club. Activities consist of general statistical-epidemiological, biological, contamination-propagation, and preventive measures.

Also, the university has acted as medium for institutions like WHO, PAHO, COPRESIDA and REDOVH, to bring forth useful information of the field. These entities plan conferences that are usually aimed to those directly involved with medical studies, it tends to leave out the remainder of university population. While the activities are positive because the Health Department students are kept in close contact with up-to-date information, it may be redundant in this specific subset because it is also the population that usually knows more about the epidemic. Departments like Engineering, Telecommunications, Architecture, etc., tend to be forgotten, leaving a gap in the staff and students information and knowledge.

The university along with the local Rotary and the Lyons Club promote and facilitate information process in a more general sense amongst the staff and student body.

In some instances, civil institutions like REDOVH have been directly involved in conferences. This network of people living with HIV/AIDS acts as a support system for those infected, in the activities some persons gave personal testimony of their experiences (e.g. how were infected, emotional personal response, their family's response, about personal stigma and discrimination, etc.).

## **HIV/AIDS Education**

University staff in general lack training on HIV/AIDS, even staff assigned to teach courses in the Medicine and Dentistry Departments are not trained to do so. The institution does not have itself a Coordination or Committee on HIV/AIDS.

In the Medicine Department, the curriculum is structured in modules. Each module consists of several medical disciplines that simultaneously try to provide a different perspective on a special subject. The section on Virus, for example, cuts across several modules (on Maternal Care, Child Care, for example) and in general is evaluated by students as “*good, to very good*”. The materials cover topics in general medical terms.

In the module called “Biologic Rheumatic Disease” taught to third year medical students, the professor introduced for the first time in the Immunology section (June 2004) a class on the epidemiological, serological, biological and clinical manifestations of HIV/AIDS. The class was well received by the students and generated a lot of interest.<sup>73</sup>

In the modules related to Mental Health and Reproduction and Women’s Psychology the professor devotes two classes (sometimes three) to human sexuality aspects, some very basic notions about safety and prevention. But as the professor noted “*I did it mostly on my own, for the sake of the students, because there is no extra payment at all*”. This professor also provides a class on sexology, a prerequisite for medical students but not for psychology ones, more oriented to psychopathology.

This calendar year (Aug 2004 - Aug 2005) the Medicine Department has been rebuilding the students’ curriculum. Briefly, medical education is divided in two sections: the Basic Science Level and the Clinical Science Level. The concept of modular education in the Basic Level disappears, and now every medical discipline would be taught independently. Clinical Sciences continues to have a modular educational concept. The reformed curriculum begins August 2005 and includes aspects of prevention, detection and treatment of preventable diseases like HIV/AIDS. However, courses usually consist of the biological-clinical-treatment aspect, without the psychological aspect (such as decision-making and problem-solving, stress management and coping, and communication and negotiation skills).

There is no integration of HIV/AIDS in the curriculum of other faculties. But all first year students receive a general class on human sexuality (very general, some students said). PUCMM has a core curriculum common to the entire student population in their first year of admittance.

## **Non-formal HIV/AIDS Education**

The university has plenty of resources: access to the internet, a well equipped teleconference room, library, a lot of billboards; access to specially designed networks that provide insights in journals, letters, investigations, etc., of a broad kind of interests (to the entire university population, not only medical).

The office of the Students’ Dean (who happens to be a psychiatrist) is located at the Students Centre and so is the Health Centre where they periodically promote posters, videos, plays, etc., on health and other topics in general. Since 1990 the university has been involved with four more international universities to actively promote health about drug consumption.

## **Research**

The university promotes investigation in general, not HIV/AIDS specifically. It is a member of the International Federation of Catholic Universities (FIUC). This federation creates investigational programs and themes for the different institutions that are part of it. The universities then conduct research in the subjects recommended by the FIUC. However, there is an open door to the

supervision by teachers of thesis works about topics that would be interesting students or the teachers themselves. Thesis works are prerequisite to obtain a Licentiate degree at the university.

PUCMM has a Professoriate Programmes Centre, in general dedicated to augment teaching skills of the professor's body, training on research methodology, training on computer skills and how to apply this knowledge to the classroom.<sup>74</sup> Professors are encouraged to serve as Official and/or Methodological Advisors of the students' thesis works but usually professors do not go forward and publish results because there are no discernible incentives to do it.

PUCMM is now establishing a web page and is elaborating guidelines to publish in the internet. PUCMM is part of the Association of Caribbean Universities and Research Institutes (UNICA).

There has been a slow work done with respect to the knowledge, attitudes, beliefs and practices on behavioural and lifestyles in general of the student's body as a whole; not specifically related to HIV/AIDS:

- a) April 2001, about Knowledge, Attitudes and Practices on reproduction and sexual health; a comparative study between 4<sup>th</sup> and 10<sup>th</sup> semester medical students at the PUCMM.<sup>75</sup> Due to more school time past and experience, the 10<sup>th</sup> semester students did much better than the 4<sup>th</sup> respect information and knowledge. (Thesis work).
- b) October 2004, Knowledge, Beliefs, Attitudes and Sexual Practices related to sexually transmitted infections (STIs) and HIV/AIDS among college students at PUCMM in Santiago, Dominican Republic.<sup>76</sup> (Thesis work). All the students enrolled for the first semester of the calendar year 2004-2005. From a total population of 7,213 were excluded 2,022 because either were postgraduate or first time admission students or simply refused to participate. The universe of the study totalled 5,191 students distributed among four major faculties. From that group were randomly selected the number of students to be analyzed, according to pre-established statistic formulas. The questionnaire consisted of 28 pre codified, closed, items: 16 for multiple selection, 9 with alternatives, 3 dichotomy. A) To evaluate Knowledge: concept of STDs (item 1), which STDs (item 2), prevention (item 3), general knowledge on STDs (item 4, 5), related risks and practices of transmission STDs (item 6), modes of transmission (item 7). Each question had a known pre codified value. B) Beliefs (item 8). C) Sexual Practice (items 9 to 18). D) Attitude (items 19 to 28). Likert scale was used to evaluate attitudes; briefly, measures the subject reaction against items presented as affirmative assumptions or judiciary statements; each point has a numerical value.

### **Research on HIV/AIDS**

The investigations presented are placed in the main Library database (see Annex 13). For some of them only exists the reference. In general, thesis works are accessible and the investigational committee of each faculty encourages extensive background data before accepting an investigation proposal. Some research findings are presented and/or published in local journals and conferences.

In total there are 16 thesis works registered but only 13 were accessible. 9 of the 13 thesis are from the Health Sciences Faculty (seven from Medicine and two from Dentistry Departments). The 3 remaining are from the Social Sciences Faculty (Law Department). There seems to be a tendency for more medical than social thesis works, but probably reflects the low level of knowledge and information of the university population, or the lack of programmes to stimulate this kind of research. It is striking that not even one thesis is referred to psychological aspects of HIV/AIDS.

### **HIV/AIDS Programmes and Services**

The Students Health Centre is open to the entire university community. Staff clinic is trained to attend issues like headaches, stress, gastro-enteric complaints, common respiratory symptoms, etc. According to staff, every time a student has a general health problem the staff clinic also talks about some preventive measures, but if a more serious problem is detected the students are referred to

either public or private health facilities were their problems could be better addressed. Recall that the staff clinic is not specifically trained for HIV/AIDS issues.

Being a religious institution, the stressed response about sex is placed on abstinence, but nevertheless the university is open to external influences. However, since the students' population lives outside of campus, and there is no budget whatsoever related to HIV/AIDS or STIs, the university does not supervise students' private behaviour nor has medical/psychological services on these issues.

One of the main problems being fought since 2004 is the prevention of alcoholism, particularly at Medicine and Engineering Faculties. The Students' Dean (who is a Psychiatrist) together with the Centre for Integral Prevention, Formation and Investigation has a programme on this and periodically has conferences, uses posters, has counselling sessions, has courses on drama and music and dance groups trying to awake a response in the whole students' community. However, there are no statistics available.

The Dean started an orientation program in 2004, aimed at first year students, covering academic, social and personal topics. Respect HIV/AIDS, however, the person who delivers had no special training, the handout used was taken from the US Department of Health and Human Services and albeit the HIV/AIDS epidemic was addressed along with others STIs, all the topics were covered in one class. At present (2005) there are no services available for the rest of the students' population.

Professors reportedly only use the Health Centre for employment-related procedures, including a requisite physical exam and the completion of a medical history form. The Health Centre does not have laboratory facilities, and as such, the university does not require viral tests (HIV, Hepatitis C or B). Staff is encouraged to undertake these exams, but this information is not required by the university.



#### **D. Lessons learned**

1. For the first time the university undertakes the task of evaluate the impact of HIV/AIDS on itself. After the first draft of this report was presented to the university authorities, PUCMM practically initiated the agreement with the government about the management of the public health peripheral clinics and extend it to COPRESIDA. This includes prevention, attention, counseling, treatment and nutritional needs of HIV/AIDS patients, with the potential to amplify the coverage to a regional level.
2. Leader by the rector of the university himself, it has established a network to implement the above programs in and outside the university.
3. Health Sciences Faculty is in the process of evaluating the curriculum contents of the Medicine Department. They are now studying how to integrate best the teaching of HIV/AIDS and other STIs and also provide skills on prevention and communication.
4. The university needs to develop a more widespread approach to the entire community and engage students from Social Communications, for example, to put in practice their skills in a campaign designed specifically for HIV/AIDS. Engineers and Architecture could help design a mobile health information clinic inside campus.
5. This year (2005) the Student's Dean Office works on training of a peer monitor group to teach and help new admitted students how to cope with their university life. Originally, first year students received one class but this august 2005 the interventions have been scaled up. The pilot group of 20 students began capacitating in July 2005 on STIs, HIV/AIDS, alcoholism and drug abuse with the specific purpose to provide orientation, teach classes, serve as guides and monitors to students of recent admission to the university.

### E. Recommendations for Action

One would expect that a university this size would have comprehended the magnitude of a disease like HIV/AIDS. The HIV/AIDS pandemic is now more than two decades old, has taken greatest toll on the economy as a nation and society, yet the university do not seem aware of the impact. The response to HIV/AIDS has been centred on the need to “teach HIV/AIDS” at best, with the belief that’s all that is necessary.

The authors suggest the following recommendations, based on observed strengths and weakness.

OBSERVED WEAKNESS	ACTIONS SUGGESTED
1. Poor Understanding of the impact of HIV/AIDS impact	There is frank need to establish and develop a cadre of trained teachers with specific purposes about HIV/AIDS. Extend the core curriculum taught to first year students with more time devoted and inclusion of PLWHA. Discuss social issue, not just from a medical point of view but invite other disciplines as well. Include continue programmes on KAPs for older students and include administrative and staff personnel from the entire community. Promote research, thesis works, from social and psychological areas, not just medical.
2. Need for integration of HIV/AIDS into the curriculum	Integration between what is teaching at the university and the work that is done at the peripheral clinic San Juan XXIII. Peripheral clinics can have a Social Sciences area too, devoted to students of Psychology and Education and even Law, to help ordinary people and to put in practice students skills.
3. No specific university policy	Assurance that every person at the university knows about HIV/AIDS, how to protect themselves, what are the security standards for disposable materials, what are the first steps to do in case of contamination (especially in high risk places). Assurance of dignified institutional behaviour towards people living with HIV/AIDS (students, teachers, administrative, others). Inclusion of programmes and services in the university annual budget.
4. Limited HIV/AIDS educational methodology	Involvement of peers to work as monitors, first teaching them the psycho-social skills needed to educate others, to be supportive if that is the case and to know where to referred students for good care. Assurance of a continued group of students with deep knowledge on STIs/HIV/AIDS, and related issues that could develop lines of research and be able to work in an interdisciplinary way (not just multidisciplinary).
5. Students' Dean activities	There is need of specific programmes and services on HIV/AIDS, alcoholism, drug abuse, abortion (not yet even discussed openly). Inclusion of costs and services in the annual

	university budget.
6. Centre on Integral Prevention, Formation and Investigation activities	Inclusion of costs and services in the annual university budget. Search for international grants on HIV/AIDS research, epidemiology, education, and so on. Total support for their research on Quality on Life in and out of the university campus. Include socialization of research to Secondary Education Schools.
7. Leadership on HIV/AIDS	Develop of a committed, effective and informed leadership willing to design the structures and agreements needed, to adequate resources. Close collaboration trough the liaison officer of PUCMM with the Secretariat of Superior Education and with COPRESIDA directly. Academic institutions need to position themselves as the national resource for carrying out policy oriented research. PUCMM has to reach in and out to pre-university students and coordinate efforts on the subject.
8. Health Sciences Faculty	Needs to play a major role of collaboration, education and training of its sectors. Previous research suggests superficiality of knowledge. There are many false concepts and ignorance about the scale, modes of transmission and real impact of the infection. More studies are needed on the subject because the university population is in constant change.
9. Students Health Centre	Use as an effective tool for information and education on a daily basis. Needs to play a major role in a specific university network with clear objectives and action prevention plans respect HIV/AIDS and STIs, alcoholism, smoking, drug abuse, stress, etc. Continued fun activities like plays, music and dance, conferences, etc. to attract young people of different departments, given by professionals or by PLWHA.
10. Social Sciences Faculty	Provide information about the real impact of the Law for HIV/AIDS at local level, national level, on the labour workplace, on the fulfilment of rights and duties of persons living with AIDS. Assurance of a bioethical framework for the research to be conducted on HIV/AIDS and possible for the entire university. Provide courses for teachers and students peers on psychology and issues related about stigma and discrimination. Work closely with the Centre on Integral Prevention towards effective promotion of HIV/AIDS behaviour changes in the community, especially adolescents less than 15 years old.
11. Accountability	Stress the importance of monitoring and evaluation as a culture. Dominicans tends to promise but afterwards... nobody knows.

	Authorities need to pay close attention to investigations already done: what if 70% of students are sexually active? What if they think HIV can be transmitted through the air (or mosquitoes, by the way)?
12. Continuity of actions	Develop a policy on the importance of ongoing activities, rather than one time or one semester courses or events.
13. Women's special vulnerabilities.	Recall that 60 percent of the students' population is women. Stress the importance of saying "no" to unwanted sex. Establish effective ways of information and prevention measures. Establish a telephonic "help line" at least during daylight hours.

OBSERVED STRENGTHS	ACTIONS SUGGESTED
1. Religious Institution	Needs to be encouraged, recalling its philosophy and basic objectives. Provide basic training and knowledge in theological disciplines. Provide basic training in certain pastoral and counselling skills. Enhance effective leadership in the church and community. Provide opportunity for the study of contemporary issues from a religious perspective like faith and culture, in coordination with the International Federation of Catholic Universities. Realize and take advantage of the potential to really affect the knowledge, attitudes and skills of people towards matters related to HIV/AIDS. Facilitate programmes of awareness, care and support of people living with HIV/AIDS.
2. Existence of a pre-university school on its campus (Colegio San Juan XXIII).	Establish a network with other pre-university schools and promote visits, collaboration, and assistance to conferences, information and prevention measures about HIV/AIDS, alcoholism, smoking and drug abuse.
3. The adopted agreement to co-administrate peripheral clinics signed with the government.	Provide legal framework and economic support to develop a deep change in the Dominican Health System respect HIV/AIDS and related issues.
4. Be one of the principal private Tertiary Education Institution.	Work to an integrative vision from different statements within the PUCMM in an interdisciplinary approach (Mental Health, Organizational Psychology, Curriculum specialists, and more), and the will to benefit future generations. Stress close collaboration trough the liaison officer with the Secretariat of Tertiary education but also with COPRESIDA directly. Position itself as one of the national resources for carrying out policy oriented research.

	Establish direct partnership with other Caribbean universities on HIV/AIDS and related issues.
5. Be a leader.	Through the National Association of Ex Students from PUCMM, stress the need of a response in society and capture of major human and economical resources. Work in the establishment of specific strategies on behavioural change, building capacity, health care provision, surveillance, research and government support for control and prevention of the infection in the country.
6. PUCMM Board of Directors	Direct their position as heads of the main business at local and national levels and awaken conscience of the impact of HIV/AIDS at the workplace besides education.
7. Centre of Integral Prevention, Formation and Investigation	Assign a specific budget for HIV/AIDS research. Strengthen the link to other universities through the International Federation of Catholic Universities. Maintain up-to-date information on how the epidemic is affecting education and what education's response is, with findings from impact studies being used in educational planning relevant to the Caribbean. Re-enact courses for teachers and professors on Quality of Life.

The Millennium Developmental Goals (MDGs) have been proposed by the United Nations Organization with the specific purpose of HIV/AIDS eradication. But as Antonio de Moya says on his Call for Action: the people of Santo Domingo, the government, the local citizen, the business, and in fact the **entire inhabitants of the Hispaniola Island** need to be involved in the fight against HIV/AIDS (see Annex 7). Universities may well contribute with the formation of human resources, social and publicity campaigns to educate society, and so on. But he is right when states that there must be collaborative efforts between Haiti and the DR to fight HIV as an Island, not as separate countries, and in this sense, universities can contribute with the first step.

#### ANNEX 1: LAW 55-93 (HIV/AIDS)

Dominican Republic Law No. 55-93 of 31 December 1993 establishing the notification of public health authorities of all matters relating to living or deceased persons who have been infected with the HIV virus. (*Gaceta Oficial*, Vol. 143, No. 9875, 31 January 1994, pp. 55-65.)

## **CHAPTER I. DIAGNOSIS**

**Article 1.** The national or regional public health authorities must be notified of the detection of the presence of HIV or the diagnosis of AIDS in any person, alive or dead.

**Article 2.** The performance of tests for the diagnosis of HIV infection is prohibited, except in the following cases:

- a) When the physician has a clinical and/or epidemiological suspicion of HIV infection, after the authorization of the patient.
- b) Upon the request of an interested party who has a medical order.
- c) When a person is about to donate blood or human organs.
- d) In the course of epidemiological research studies that are voluntary (with the prior authorization of the patient) or that are anonymous and not linked to information that provides personal identification.

Blood transfusion without the required screening for HIV and viral hepatitis is also prohibited.

**Article 3.** Tests for the diagnosis of HIV are not to be carried out:

- a) For work-related purposes, such as a requirement for entry into employment or a condition for remaining in employment.
- b) For purposes relating to health care: when the patient's care is conditioned on the results of the test.

**Article 4.** In the case of persons who test seropositive for the detection of HIV or who have AIDS, the institution where the patient requests medical care is to provide integral care services in accordance with his or her needs

**Article 5.** Institutions that offer health services are to provide counselling and emotional support services with personnel trained and qualified to inform patients about their serological condition.

**Article 6.** Information related to all cases in which the diagnosis is seropositive for HIV is of a strictly confidential character.

## **CHAPTER II. PREVENTION**

**Article 7.** Prevention is the most important instrument for the control of HIV infection. It is to be promoted by all institutions in the country, public as well as private, governmental (GOs) and non-governmental (NGOs).

**Article 8.** The provision of sexual education, in accordance with the educational level that is appropriate, shall be instituted in all primary schools, secondary schools, and centres of higher education, public as well as private. To this end, the State Secretariat of Education, Fine Arts, and Religion (SEEBAC) and the National Council of Higher Education (CONES) shall adopt the measures that they believe to be pertinent for creating and/or strengthening programmes and training teaching staff.

The State Secretariat of Education, Fine Arts, and Religion (SEEBAC), in coordination with SESPAS, is to include information about sexually transmitted diseases (STDs) and AIDS in sexual education plans referred to in this Article.

**Article 9.** The General Directorate of Telecommunications, in coordination with SESPAS and SEEBAC, shall distribute messages, free of charge, in the mass media. The messages shall be

directed at giving the public guidance on the prevention of sexually transmitted diseases (STDs) and AIDS.

**Article 10.** SESPAS shall establish communication and education policies on STDs and AIDS that are sufficiently based on a scientific approach to the subject.

**Article 11.** With the Dominican Institute of Social Security (IDSS), the Armed Forces (FFAA), the National Police (PN), and other public and private institutions that deal with health services, SESPAS shall coordinate courses for the personnel working in these services. The purpose shall be to educate and train such personnel on aspects of health promotion, prevention of STDs and AIDS, biosecurity, and integral care for patients with HIV or AIDS.

**Article 12.** In coordination with union offices, the State Secretariat of Labour shall promote to employees and owners in all public and private enterprises that operate in the country necessary information, education, and communication on the means of transmission and prevention of STDs and AIDS. SESPAS shall provide the required assistance as to the content of this information, education, and communication, which, for this purpose, is supported by the State Secretariat of Labour.

**Article 13.** With the technical assistance of SESPAS, the State Enterprise Corporation (CORDE) and the Administrative Secretariat of the Presidency shall promote to all public employees adequate information, education, and communication on ways of preventing STDs and AIDS.

**Article 14.** With the technical aid of SESPAS, the Secretariat of State for Tourism shall promote to hotel personnel and personnel in similar activities, as well as tourists, a plan of information, education, and communication designed to prevent the spread of STDs and AIDS.

**Article 15.** The reuse of syringes, needles, equipment, and other disposable or discardable materials is prohibited in all health establishments, public as well as private.

The above provision encompasses non-discardable syringes and needles when these are used in places lacking equipment, devices, or personnel to ensure their effective sterilization.

**Article 16.** Establishments such as private rooms, hotels, motels, etc., that provide beds, are to place a minimum of two contraceptive sheaths or condoms in a visible place, without the client being required to ask for them.

**Article 17.** SESPAS shall adopt measures to exempt from the payment of duties male and female condoms, gloves, masks, and glasses used by health personnel in relation to biosecurity standards for the prevention of STDs and AIDS.

**Article 18.** SESPAS shall prepare a list of medicines and/or vaccines that have demonstrated effectiveness in the treatment of HIV infection/AIDS so that they may be exempted from the payment of duties.

### **CHAPTER III. RIGHTS AND DUTIES**

**Article 19.** In coordination with similar institutions, SESPAS shall issue a regulation that contains ethical, technical, and inter-institutional definitions and procedures for the application of this Law.

**Article 20.** Institutions, public as well as private, that provide health services are obligated to provide without any discrimination integral care to persons infected with HIV and persons with AIDS, respecting their dignity and adhering to ethical, technical-administrative, and legal standards.

**Article 21.** When it is proven through laboratory tests that a person is a carrier of HIV, this person is to inform his or her physician of persons who have been his or her sexual contacts and is to inform these persons of his or her seropositive status.

*Paragraph I:* In cases in which the seropositive person does not want or is unable to inform his or her sexual contacts personally of his or her serological condition, this person may delegate the communication with sexual contacts to the physician and/or professional who is caring for him or her.

*Paragraph II:* In cases in which all efforts to comply with the provisions of this Article have been exhausted and the patient refuses to proceed in the manner provided, the physician and/or professional treating the case may inform SESPAS in order to establish a means of communicating to the patient's sexual contacts the risk to which they have been exposed.

**Article 22.** Workers or employees who are seropositive for HIV are not obligated to inform their employers of their serological condition.

**Article 23.** Persons deprived of their liberty are to be treated as any other person and may not be subjected to required tests to detect HIV infection, except for the purposes of proof in a legal action.

**Article 24.** Infected children and adolescents and the children of infected mothers or fathers, regardless of whether they are carriers of HIV, or not, may not be denied, for this reason, entrance to public or private educational centres or be prevented from remaining there; nor may they be discriminated against for any reason.

**Article 25.** Persons diagnosed as carriers of HIV/AIDS antibodies may not donate blood, semen, breast-milk, organs, or anatomical parts.

**Article 26.** All persons who know of their seropositive status for HIV are to communicate their serological condition to persons with whom they are going to establish sexual relations, in order to obtain the informed consent of those persons.

**Article 27.** Any laboratory or blood bank engaged in carrying out tests for the detection of HIV antibodies, or any other measure for diagnosing the presence of HIV are, in addition to being registered with SESPAS, to notify the state institution of the results of these tests.

**Article 28.** All laboratories, blood banks, and health care centres are required to dispose of their sanitary waste according to the biosecurity standards that SESPAS establishes.

**Article 29.** Laboratories, blood banks, and health care centres are to provide conditions and training to personnel who handle sanitary waste so that such personnel are protected from infection by HIV or other infectious-contagious illnesses.

**Article 30.** Therapeutic research on humans, especially research carried out on persons who are HIV positive or who have AIDS, shall be subject to the Helsinki Declaration issued by the World Medical Assembly, so long as no specific legal provisions on the subject exist.

*Paragraph:* SESPAS shall promote research designed to achieve a greater understanding of how to prevent and control HIV infection/AIDS and shall prepare a corresponding regulation for the ethical regulation of research on and treatment of persons who are seropositive or who have AIDS.

#### **CHAPTER IV. SANCTIONS**

**Article 31.** Persons who deliberately violate Articles 25 and 26 of this Law, or who, by means of blood, needles, syringes, or other instruments infected with HIV, or by means of a sexual crime ("*violación sexual*") or seduction, try to infect another person, shall be punished with the penalties provided for in the Penal Code.

**Article 32.** Violation of Articles 15 and 16 of this Law shall be punished with a fine of five thousand pesos (DR\$5,000.00).



**Article 33.** Violation of Article 23 of this Law shall be punished with a fine of DR\$10,000.00 (ten thousand pesos) and shall give rise before the Tribunal of First Instance to claims for damages against the person who arranged for the tests referred to.

**Article 34.** Violation of Article 4 of this Law shall be punished with a fine of DR\$30,000.00 (thirty thousand pesos) to DR\$100,000.00 (one hundred thousand pesos), regardless of claims for damages based on this violation.

**Article 35.** In cases in which the violation of Article 2 of this Law consists of the marketing of blood, breast-milk, semen, or anatomical organs without prior screening for HIV and Viral Hepatitis, the laboratory or institution that has carried out this marketing shall be closed for six (6) months and a fine of DR\$30,000.00 (thirty thousand pesos) to DR\$100,000.00 (one hundred thousand pesos) shall be imposed on the institution, as well as a term of correctional institutionalization ("*prisión correccional*") of six (6) months to two (2) years on the responsible person.

**Article 36.** Violation of Article 3(a) of this Law as it relates to remaining in or entry into employment shall be punished with a fine of DR\$30,000.00 (thirty thousand pesos) to DR\$100,000.00 (one hundred thousand pesos) and with the payment of one year's salary to the employee, regardless of the payments established by the Labour Code and other labour laws of the country for cases of unjustified dismissal.

**Article 37.** Violation of Article 30 shall be determined by an Ethics Committee designated for that purpose by SESPAS under regulations in force. This Committee shall apply appropriate punishment, including the transfer of the violators to the ordinary courts.

**Article 38.** Civil actions that are brought on the basis of this Law shall be handled and decided by the Court of First Instance of the domicile of the defendant or of the place where the infraction occurred, observing the ordinary rules of procedure.

**Article 39.** For the purposes of this law, the following definitions are adopted:

*Integral Care:* The combination of preventative-assistance services that are provided to a person in order to satisfy the necessities that his or her condition of health requires.

*AIDS Case:* Each person infected with HIV who presents signs and symptoms directly associated with that infection.

*Serological Condition:* The situation of an individual in relation to the positive or negative result of a confirming diagnostic test for this infection.

*Confidentiality:* Confidentiality is understood to be the discretion that each and every member of a health team is to maintain with respect to an individual's state of health, when they know about it by reason of suspicion of HIV infection, study, or care for the illness.

*Counselling and Emotional Support:* The combination of activities carried out by personnel trained and qualified to give information, education, advice, and support to patients, their families, and community with respect to HIV infection and AIDS. Based on risk, they try to identify and attend to those behaviours that constitute factors that affect the attitudes of the people and groups mentioned above or that represent a potential risk to others.

*Contagion:* Transmission of HIV infection to a susceptible individual, through direct or indirect contact.

*Contamination:* The presence of HIV in persons, objects, or products.

*Discrimination:* Attitudes or practices that affect the development of the normal activities of a person or group of persons within the context of society, family, employment, or care or that reject or exclude these persons because of suspicion or confirmation that they are infected with HIV.

*HIV Infection:* The replication of HIV in an individual, with the consequent immune system response.

*Infected:* An individual who tests serologically positive specifically for HIV.

*Immunodeficiency:* Failure of an individual's immune system to produce a response to the presence of foreign biological agents or substances.

*Biological Material:* All tissue, fluid, or secretions of human or animal origin that are susceptible to contamination or that cause contamination.

*Universal Methods of Biosecurity:* The combination of standards, recommendations, and precautions designed to prevent the risk of harm to or contamination of persons due to physical, chemical, or biological agents.

*Prevention:* Adoption of appropriate measures designed to prevent the risk of harm, contamination, or contagion.

*Tests For The Diagnosis of HIV Infection:* Serological examinations that indicate HIV infection in an individual. They may be *presumptive* (when their results, in case of reactivity, require confirmation by another laboratory procedure) or *confirmative* (serological examinations of high specificity that confirm HIV infection).

*Indiscriminate Diagnostic Test:* A serological examination carried out on an individual, group, or community, without taking into consideration clinical or epidemiological criteria.

*Seropositive:* An individual with a positive confirmatory diagnostic test for HIV infection.

*Acquired Immunodeficiency Syndrome (AIDS):* The combination of symptoms and signs produced by an individual's compromised immune system as a consequence of HIV infection.

## ANNEX 2: General Facts Related to HIV/AIDS

### DURING 2003:

- 14,000 people were newly infected with HIV each day
- 4.8 million people were newly infected with HIV
- 2.9 million people died due to HIV/AIDS
- Over 1 million people in Asia and the Pacific acquired HIV
- The Caribbean had the highest adult HIV rates in the world outside of sub-Saharan Africa
- The number of people living with HIV rose to 1.3 million in Eastern Europe
- Of this number, more than 80% were under the age of 30
- 70% of people living with HIV/AIDS worldwide were in Sub-Saharan Africa
- This region has less than 11% of the world's population
- Nearly 50% of all new adult HIV infections occurred in people ages 15 to 24
- In Southeast Asia, only 2% of those in need received AIDS home-based care
- In developing countries worldwide, only 7% of those in need had access to ARV treatment

Source: <http://www.unaids.org/bangkok2004/report.html>

### AT THE END OF 2003:

- 37.8 million people were living with HIV/AIDS
- Almost 50% of adults infected with HIV/AIDS worldwide were women

Source: <http://www.unaids.org/bangkok2004/report.html>

### Estimated HIV/AIDS prevalence and deaths due to AIDS in Latin America and the Caribbean, end 2003

Country	Living with HIV/AIDS			Deaths due to AIDS during 2003
	Women	Children	Total	
Bahamas	2,500	<200	5,600	<200
Barbados	800	<200	2,500	<200
Cuba	1,100	*	3,300	<200
Dominican Republic	23,000	2,200	88,000	7,900
Haiti	150,000	19,000	280,000	24,000
Jamaica	10,000	<500	22,000	900
Trinidad and Tobago	14,000	700	29,000	1,900
<b>Total</b>	<b>200,000</b>	<b>22,000</b>	<b>430,000</b>	<b>35,000</b>

\* Insufficient data

Source: Avert.org [online] at <http://www.avert.org/aidslatinamerica.htm> (retrieved May 10, 005).

Note: the above figures are estimates and are made with a large degree of uncertainty. For example, HIV prevalence in Haiti is estimated to be between 120,000 and 600,000; the figure for Barbados lies in the range of 700-9,200.

### ANNEX 3. Population in the Dominican Republic by Sex and Age Group, 2000-2025

	2000	2005	2010	2015	2020	2025
	3781575	4255669	4728754	5171752	5560827	<b>5884653</b>
<b>Both sexes</b>						
<10	100695	90061	77880	65926	55260	45102
10 - 14	331551	357986	358807	351364	341576	335296
<b>15 - 19</b>	<b>518243</b>	<b>553814</b>	<b>617277</b>	<b>637564</b>	<b>642602</b>	<b>642444</b>
<b>20 - 24</b>	<b>536734</b>	<b>572312</b>	<b>607425</b>	<b>673146</b>	<b>690364</b>	<b>690711</b>
<b>25 - 29</b>	<b>520935</b>	<b>544911</b>	<b>580142</b>	<b>614896</b>	<b>681115</b>	<b>697539</b>
<b>30 - 34</b>	<b>461499</b>	<b>520351</b>	<b>544575</b>	<b>580192</b>	<b>615489</b>	<b>682492</b>
35 - 39	368575	457741	516511	540751	576393	611865
40 - 44	281585	360143	447060	503971	526910	560971
45 - 49	215144	267842	341741	423115	475500	495458
50 - 54	156298	195647	242455	307961	379446	424129
55 - 59	115336	133710	166041	204003	256749	313272
60 - 64	79600	91980	105544	129659	157374	195401
65 - 69	54560	57638	65821	74465	89977	107121
70 - 74	24701	33715	35380	40007	44640	52991
75 - 79	16119	17820	22093	24735	27431	29861
80+						
Total	2567188	2832274	3087149	3316748	3507929	3654752
<b>Males</b>						
<10	63262	55882	47615	39556	32350	25489
10 - 14	223609	238159	234870	226311	216413	208975
<b>15 - 19</b>	<b>332261</b>	<b>343889</b>	<b>374466</b>	<b>377185</b>	<b>371144</b>	<b>362468</b>
<b>20 - 24</b>	<b>352651</b>	<b>367972</b>	<b>380799</b>	<b>414889</b>	<b>417517</b>	<b>410220</b>
<b>25 - 29</b>	<b>349400</b>	<b>357676</b>	<b>373170</b>	<b>386112</b>	<b>420956</b>	<b>423434</b>
<b>30 - 34</b>	<b>311683</b>	<b>343188</b>	<b>351442</b>	<b>366825</b>	<b>379666</b>	<b>414179</b>
35 - 39	251355	304025	334859	342899	357888	370357
40 - 44	195668	243586	294672	324476	332071	346358
45 - 49	152632	185776	230985	278982	306560	312971
50 - 54	113026	138911	168616	209025	251569	275270
55 - 59	85886	98276	120447	145693	179864	215403
60 - 64	60938	70102	79848	97347	116984	143319
65 - 69	42968	44798	51167	57747	69600	82485
70 - 74	19456	26476	27510	31239	34944	41609
75 - 79	12393	13558	16683	18462	20404	22216
80+						
Total	1214387	1423395	1641605	1855004	2052898	2229901

	2000	2005	2010	2015	2020	2025
<b>Females</b>						
<10	37433	34178	30265	26370	22911	19613
10 - 14	107943	119827	123937	125053	125163	126321
<b>15 - 19</b>	<b>185982</b>	<b>209925</b>	<b>242811</b>	<b>260379</b>	<b>271458</b>	<b>279976</b>
<b>20 - 24</b>	<b>184083</b>	<b>204340</b>	<b>226627</b>	<b>258257</b>	<b>272847</b>	<b>280491</b>
<b>25 - 29</b>	<b>171535</b>	<b>187235</b>	<b>206971</b>	<b>228784</b>	<b>260160</b>	<b>274105</b>
<b>30 - 34</b>	<b>149815</b>	<b>177163</b>	<b>193133</b>	<b>213367</b>	<b>235823</b>	<b>268313</b>
35 - 39	117220	153716	181652	197852	218505	241508
40 - 44	85917	116557	152388	179495	194839	214613
45 - 49	62513	82065	110756	144132	168940	182488
50 - 54	43272	56736	73839	98936	127877	148859
55 - 59	29450	35434	45593	58310	76886	97869
60 - 64	18662	21878	25696	32312	40390	52082
65 - 69	11592	12840	14654	16717	20378	24636
70 - 74	5245	7239	7871	8768	9697	11383
75 - 79	3726	4262	5410	6273	7026	7644
80 +						

**Source:** Dr. Bienvenido Veras. Epidemiologist; Hospital Regional Universitario José Ma. Cabral y Báez; Santiago, República Dominicana. (Personal Communication).

#### ANNEX 4: Persons interviewed at the PUCMM

Person interviewed	Position at the PUCMM
Víctor Castellanos	Director, Law Department
Sergio Díaz	Director, Juan XXIII General Clinic Centre
Maritza Mejía	Professor, Mental Health, Reproduction
Ana Margarita Hache	Director, Professor's Programs
José Joaquín Zouain	Dean, Students
Mercedes Estrella	Director, Students' Health Centre
Daniel Rivera	Director, Medicine Department at HSF
Rosa Argelia Gómez	Director, Dentistry Department at HSF
Reyna Peralta	Director, Planning Office
Lilliam de Brens	Dean, Social and Humanities Science Faculty
Ynmaculada Torres	Professor, Social and Humanities
Administrative Personnel	From campus
Students	From campus
Watchmen	From campus
Bárbara Fernández	Professor, Academic Orientation
	Professors, Health Sciences
	Professors, Gynaecology and Obstetrics
Berta Taveras	Orientation Department
Leovigildo	Main Library
Maintenance Personnel	From campus
Other Personnel	From campus

## **ANNEX 5: Institutions engaging in agreements with COPRESIDA**

- Secretaría de Estado de Salud Pública (SESPAS)
- Dirección General de Control e Infecciones de Transmisión Sexual y SIDA de la SESPAS (DIGECITSS)
- Secretaría de Estado de Educación (SEE)
- Secretaría de Estado de Educación Superior, Ciencia y Tecnología (SEESCYT)
- Secretaría de Estado de la Mujer (SEM)
- Secretaría de Estado de la Juventud (SEJ)
- Secretaría de Estado de Trabajo (SET)
- Secretaría de Estado de Turismo
- Secretaría de Estado de las Fuerzas Armadas
- Instituto Dominicano de Seguros Sociales (IDSS)
- Consejo Estatal del Azúcar (CEA)
- Instituto Nacional de la Vivienda (INAVI)
- Policía Nacional (PN)
- Dirección General de la Defensa Civil (DGDC)
- Procuraduría General de la República (PGR)
- Dirección General de Prisiones
- Cruz Roja Dominicana (CRD)
- Coalición ONG-SIDA
- Universidad Nacional Evangélica (UNEV)
- Iglesias Evangélicas y Cristianas (PROSOLIDARIDAD)
- Pastoral Juvenil
- Confederación Patronal de la República Dominicana (COPARDOM)
- Asociación Nacional de Hoteles y Restaurantes (ASONAHORES)
- Casa Vicini-IDDI
- Instituto de Formación Técnica Profesional (INFOTEP)
- Grupo Punta Cana
- Consejo Nacional de la Unidad Sindical (CNUS)
- Comité Olímpico Dominicano (COD)
- Unión Nacional de Colegios Privados Laicos (UNACOPRIL)

## ANNEX 6: National Civil Society Coalitions Working on HIV/AIDS

Organization name	Contact Person	Contact Information	Target Population	Programmes
Coalición de organizaciones no gubernamentales del área de vih/sida de la república dominicana (coalición ONG SIDA)	Dr. Ramon Portes Carrasco <i>Presidente</i>  Irene López S. <i>Directora ejecutiva</i>	Calle ortega y gassette, plaza de la salud, edf. Cedersha, segundo piso, suite 204, Santo Domingo, República Dominicana Tel.: 566-6151 Fax:732-0782 email: <a href="mailto:coalicion.sida@verizon.net.do">coalicion.sida@verizon.net.do</a> <a href="mailto:info@coalicionongsida.org">info@coalicionongsida.org</a>	ONGSIDA tomadores de decisión (decision- and policy makers)	- Abogacía y gestión política - Gestión de recursos, técnicos y financieros
Colectiva y salud mujer	Sergia Galvan Ortega	c/Jose Gabriel Garcia #501, ciudad nueva, Santo Domingo, República Dominicana Tel.: 682-3128 Fax:682-9041 e-mail: <a href="mailto:colec.mujer@verizon.net.do">colec.mujer@verizon.net.do</a>	mujeres jóvenes (young women)	- Servicios de salud sexual y reproductiva, medicina natural y apoyo emocional, programa de acción política en defensa de las mujeres, derechos sexuales y reproductivos - Juventud y derechos sexuales - Derechos reproductivos - Capacitación para la igualdad y equidad de genero
Centro de promoción de la atención integral a la infancia (PROINFANCIA)	Lic. Tanya Medrano	Antonio de la maza #5, primer piso, zona universitaria, Santo Domingo, República Dominicana Tel.:533-5140 Fax:289-0001 email: <a href="mailto:tmedrano@aed.org">tmedrano@aed.org</a> <a href="mailto:proinfancia@verizon.net.do">proinfancia@verizon.net.do</a>	niños vulnerables por vih/sida (children made vulnerable by HIV/AIDS)	- educación salud integral - Apoyo psicosocial - Movilización comunitaria - Programa pide un deseo
Amigos siempre amigos (ASA)	Leonardo Sanchez	galvan #11, gazcue 2do.piso, sto dgo republica dominicana Tel.:689-8529 Fax:689-8695 email: <a href="mailto:asainc@verizon.net.do">asainc@verizon.net.do</a> <a href="mailto:sanchezleonardo@hotmail.com">sanchezleonardo@hotmail.com</a>	hombres que tienen sexo con otros hombres (men who have sex with men)	- proyecto alto al sida - Servicios socio-sip comunitario - Consejería y apoyo emocional
Asociación dominicana de planificación familiar (ADOPLAFAM)	Ramon Portes Carrasco	c/ Juan Sanchez Ramirez #46, zona universitaria, Santo Domingo, República Dominicana Tel.:238-5604 Fax:238-5611 email: <a href="mailto:adoplafam@tricom.net.do">adoplafam@tricom.net.do</a> <a href="mailto:adoplafam@verizon.net.do">adoplafam@verizon.net.do</a>	adolescentes (adolescents)  hombres en riesgo (men at risk)  población bateyana (batey population)	- prevención VIH/sida para adolescentes - consejería pre y post prueba VIH y sida - atención y apoyo comunitario a pvs - distribución de condones a nivel comunitario
Instituto de desarrollo integral (IDDI)	David Luther	c/ Luis F. Thomen #654, Santo Domingo, República Dominicana Tel.:689-0123	jóvenes y población bateyana (youngsters and batey)	- bateyes frente al sida - Proyecto de



		Fax:412-8496 email: <a href="mailto:iddi@verizon.net.do">iddi@verizon.net.do</a> <a href="mailto:info@iddi.org">info@iddi.org</a>	population)	reduccion de; vih/sida en los bateyes azucareros
Fundacion salud y bienestar, (FUSABI)	Dr. Cesar Jesurum  Lic. Cruz Felix Batista	av. Maximo gomez esq. Jose contreras , plaza royal l-507, Santo Domingo, Republica Dominicana Tel.:686-5168 686-5925 Fax:221-3887 email: <a href="mailto:fusabi@verizon.net.do">fusabi@verizon.net.do</a>	700 familias 16 bateyes	programa de prevencion en vih-sida Bateyes sanos monte plata
Fundacion dominicana y accion social (PROPAS)	Dra. Silvana Gomez h.	c/antonio de la maza #20, sto. Dgo. Republica dominicana c/ luz celeste lara #53, elias piña Tel.: 221-7352 Fax:686-5845 email: <a href="mailto:fundc.propas@verizon.net.do">fundc.propas@verizon.net.do</a>	mujeres en edad reproductiva, niños ,niñas y adolescentes (women of reproductive age) (boys, girls and adolescents)	salud integral Educacion Produccion
Cordinadora de animacion sociocultural (CASCO)	Lic. Elizardo Puello	c/ profesor esteban suazo #15, res. Las antillas, sto. Dgo. Republica dominicana Tel.: 534-9514 534-9517 Fax: 534-9623 email: <a href="mailto:casco@verizon.net.do">casco@verizon.net.do</a>	jovenes (youngsters)  Lideres comunitarios autoridades locales (community leaders; local authorities)  Padres, madres de los beneficiarios (parents of the beneficiaries)	municipalidad jovenes en bateyes Jovenes en barrios Jovenes en la frontera Erradicacion del trabajo infantil
Instituto de desarrollo y salud integral (IDESUI)	Dr. Nelson Moreno Ceballos	c/ francisco nuñez fabian , edif. #35, 2da. Planta, villa consuelo, sto. Dgo. Republica dominicana Tel.:536-6935 Fax:536-7135 email: <a href="mailto:indesui@verizon.net.do">indesui@verizon.net.do</a>	poblacion en general (general population)	programas educativos con niños, adolescentes, padres, madres y docentes
Instituto dominicano de estudios virologicos (IDEV)	Ellen Koening	c/ benito moncion #253, gazcue, sto. dgo. Republica dominicana tel: 688-8666 Fax:688-8596 email: <a href="mailto:idev@verizon.net.do">idev@verizon.net.do</a>	asistencia a personas que viven con vih/sida (asistance to PLWHAs)  informacion capacitacion a profesionales de la salud y a la comunidad en general (information, training for health professionals and the general public)	-manejo ambulatorio -medicina domiciliaaria - Investigacion y ensayos clinicos - Capacitacion a personal de salud - Entrenamientos para eatudiantes de medicina y medicos - Educacion para pacientes - Fuente de referencia para manejo de haart
Instituto dominicano de apoyo a la juventud (INDAJOVEN)	Rafael Felix	av. Prolongacion venezuela #22, 2da. Planta, sto. Dgo. Republica dominicana Tel.: 788-3191 email: <a href="mailto:indajoven@hotmail.com">indajoven@hotmail.com</a>	desarrolla conjuntos de acciones de prevencion del vih en comunidades (actions on prevention at the community level)	programa de educacion y acompañamiento a jovenes para la accion contra vih/sida
Movimiento de mujeres dominico-haitianas, (MUDHA)	Sonia Pierre	c/pedro a. Lluberres #1, gazcue, sto. Dgo. Republica dominicana Tel.:689-3532 Fax: 689-3532	poblacion dominicana de ascendencia haitiana e inmigrantes que viven en los bateyes	-educacion comunitaria - Encuentros con lideres religiosos,

		email: <a href="mailto:mudha@hotmail.com">mudha@hotmail.com</a> <a href="mailto:mudha@verizon.net.do">mudha@verizon.net.do</a>	(Dominican people with Haitian ancestry; immigrants at bateyes)	curanderos
Educadores unidos del cibao (EDUDELC)	Rafael Cruz	c/ edf. Gubernamental pte. Ant. Guzman fernandez, 6ta. Planta, sto. Dgo. Republica dominicana Tel.:583-3042 email: <a href="mailto:educ.unidos@verizon.net.do">educ.unidos@verizon.net.do</a>	adolescentes de la provincia de santiago organizaciones comunitarias barriales, en el area de la salud (teenagers in santiago)	prevencion del vih/sida
Accion comunitaria por el progreso, inc (ACOPRO)	Juan A.Popotter	av. Los restauradores #26, bo. Centro, sabana perdida, sto. Dgo. Republica dominicana Tel.:590-8570 Fax:590-8130 email: <a href="mailto:acopro@verizon.net.do">acopro@verizon.net.do</a>	programas relativos a la salud preventiva y curativa en beneficio de los mas necesitados (health care, prevention of poor people)	programas fijos de vacunacion - Consultas y clinicos - Boticas populares - Apoyo emocional - Sala de atencion y apoyo a personas con vih/sida - Progra de nutricion a huerfanos y familias con vih/sida
Centro de investigacion y apoyo cultural, inc (CIAC)	Josefina Padilla	c/ 19 de marzo #405, zona colonial, sto. Dgo. Republica dominicana Tel.: 926-7391 Fax:221-5234 email: <a href="mailto:progciac@hotmail.com">progciac@hotmail.com</a>		
Asociacion dominicana pro-bienestar de la familia (PROFAMILIA)	Magaly Caram	c/socorro sanchez #60, sto. Dgo. Republica dominicana Tel.: 689-0141 Fax:686-8276 email: <a href="mailto:profamilia@verizon.net.do">profamilia@verizon.net.do</a>	prevencion de vih/sida en adolescentes y jovenes (prevention in adolescents and young people)  Trabajo con tomadores de decision y forjadores de opinion  (promoting decision and opinion leaders)	- expansion de los programas de atencion a salud sexual y reproductiva con adolescentes y jovenes - Optimizar vinculos de prevencion en vih/sida - Educacion para la prevencion, grupos de alto riesgo en adolescentes y jovenes escolarizados
Red de personas que viven con vih/sida (REDOVIH)	Ramon Acevedo  Dulce Almonte	av. 27 de febrero #352 entre churchil y defillo edf. Desiree, sto. Dgo. Republica dominicana Tel.:472-6973 email: <a href="mailto:redovih@verizon.net.do">redovih@verizon.net.do</a>	sensibilizacion dirigida a tomadores de decisiones, forjadores de opinion y personal de salud (sensibilization to decision and opinion leaders, health care personnel)  lecs dirigidas a mujeres viviendo con vih/sida (iecs to women living with hiv/aids)  Embarazadas (pregnant women)  Apoyo emocional a personas que viven con el	formacion de grupos de autoapoyo - Derechos humanos - Acceso a arv

			vih/sida (emotional support to plwhas)	
Centro de orientacion e investigacion integral (COIN)	Lic. Santo Rosario	c/ anibal de espinosa #352, villas agricolas, sto. Dgo. Republica dominicana Tel.:681-1515 Fax:245-4336 email: <a href="mailto:coin@verizon.com.do">coin@verizon.com.do</a>	acciones de iec y promocion de los derechos humanos de trabajadores/as sexuales e industriales, mujeres migrantes (sex workers human rights; migrant women workers)  Atencion a its  Investigaciones, capacitaciones a personal de salud its  Mensajeras de salud (health care promoters)  consejeria pre y post prueba (counseling pre and post test)	prevencion mujeres migrantes - Prevision trabajadoras sexuales - Sida y lugar de trabajo - Derechos humanos - Servicios de salud - Investigacion
Centro de educacion para el desarrollo comunitario (CEPAC)	Luis Ellis	c/ guillen #47, san luis, sto dgo. Republica dominicana Tel.: 236-2359 Fax:22236-2382 email: <a href="mailto:mariano05@tricon.net">mariano05@tricon.net</a>	poblacion bateyes (batey population)	prevencion - Programa formacion de multiplicadores voluntarios, prevencion its/vih/sida
Grupo de investigacion para la accion cultural (GRIPAC)	Elvis Soto	c/ luis reyes acosta #418, esq. Duarte, villa maria, sto. Dgo. Republica dominicana Tel.: 536-3305 email: <a href="mailto:elvissoto@hotmail.com">elvissoto@hotmail.com</a>	acciones de iec dirigidas a jovenes, mujeres, y niños (iecs actions to young people, children and women)	red comunitaria para la prevencion - jornadas de prevencion en barrios marginados  prevencion de vih/sida its en el ambito municipal
Grupo clara	Inma Mendoza	c/ rodriguez arison, esq. Margarita meers, centro sanitario puerto plata sto. Dgo. Republica dominicana Tel.:586-1435 Fax:320-7614 email: <a href="mailto:pclara@verizon.net.do">pclara@verizon.net.do</a> <a href="mailto:pclara@latinmail.com">pclara@latinmail.com</a>	apoyo emocional a personas viviendo con vih/sida (emocional support to plwhas)	talleres basicos en vih/sida - Reuniones de apoyo a personas positivas - Apoyo emocional a personas viviendo con vih/sida
Centro de salud fundacion activo 20-30	Rosa Sanchez De Canela	c/federico velasquez esq. Albert thomas, sto. Dgo. Republica dominicana Tel.:684-0082 Fax:5368275 email: <a href="mailto:factivo2030@verizon.net.do">factivo2030@verizon.net.do</a>	atencion a casos vih  Apoyo emocional a persons con vih/sida  (health care, emocional support) pruebas de labouratorios publico en general, en especial a mujeres (labouratory tests) operativos medicos (medical attention)	prevencion, educacion y consejeria en vih/sida - Pre y post prueba deteccion de vih/sida - Centro de dia (trabajo comunitaria)

Instituto de accion comunitaria (IDAC)	Antonio Florian	c/ benigno filomeno rojas , #313, zona universitaria, sto. Dgo, republica Tel.:689-9306 Fax:412-8496 email: <a href="mailto:idad@tricom.net">idad@tricom.net</a> <a href="mailto:idadin@tricom.net">idadin@tricom.net</a>	Movilizacion y prevencion de vih/sida en mujeres, jovenes de ambos sexos y comites de desarrollo (prevention, development comités)  capacitacion en its en bateyes azucareros (capacitating)	- bateyes frente al sida - proyecto de salud sexual y reproductiva en 7 bateyes de san pedro de macoris - proyecto en 4 bateyes de san jose de los llanos - Proyecto conectando los bateyes a la salud integral y la prevencion de its/vih/sida
Mujeres en desarrollo (MUDE)	Rosa Rita Alvarez	c/ juan tomas mejia y cotes, esq. Paso de las palmas #2, arroyo hondo, sto. Dgo. Republica dominicana Tel.:563-8111 Fax:567-0752 email: <a href="mailto:mude@verizon.net.do">mude@verizon.net.do</a> <a href="mailto:mudedom@verizon.net.do">mudedom@verizon.net.do</a>	iec con adolescentes, padres y madres	- acceso de la poblacion rural a servicios de salud sexual y reproductiva - Proyecto desarrollo integral para la mujer de la zona fronteriza y su familia - Formacion de fondo de credito para la salud - Trabajo con adolescentes para reducir la incidencia del its/vih/sida
Movimiento sociocultural de trabajadores haitianos (mosctha)	Joseph Serubin	c/ juan erazo #39, villa juana, sto. Dgo. Republica dominicana Tel.:687-2318 Fax:221-8371 email <a href="mailto:mosctha@verizon.net.do">mosctha@verizon.net.do</a>	poblacion bateyes e inmigrantes haitianos y poblacion vulnerable frontera, barahona , elias piña  (bateyes population, people living at the haitianf-dominican border)	- salud vih/sida - planificacion familia - Capacitacion para promotres
Centro de promocion y solidaridad humana (CEPROSH)	Dr. Bayardo Gomez	c/ san felipe #7, puerto plata sto. Dgo. Republica dominicana Tel.:586-8987 Fax: 320-7614 email: <a href="mailto:ceprosh@verizon.net.do">ceprosh@verizon.net.do</a> <a href="mailto:comite.sida@verizon.net.do">comite.sida@verizon.net.do</a>	trabajadoras sexuales (sex workers)  Jovenes y adolescentes, niños vulnerables y madres embarazadas	- proyecto avancemos - Redes juveniles y adolescentes - Accion integral niños infectados y madres embarazadas grupo clara

Movimiento de mujeres unidas (MODEMU)	Yeni Arias	c/ 16 de agosto, edf. 203, sto. Dgo. Republica dominicana Tel.:689-6767 email: <a href="mailto:modemu@verizon.net.do">modemu@verizon.net.do</a>	prevencion de vih/sida en trabajadoras sexuales (prevention on sex workers)	<ul style="list-style-type: none"> <li>- prevencion/ sida e its apoyo emocional a mujeres con vih</li> <li>- Capacitaciones para optar por otro trabajo</li> <li>- Derechos y ley de proteccion de mujeres apoyo legal</li> </ul>
Vision mundial	Claudia Doñe	c/ cesar nicolás penson #80, esq. Angel perdomo, gazcue, sto. Dgo. Republica dominicana telf:221-8715 Fax:221-8109 email: <a href="mailto:vmundial@verizon.net.do">vmundial@verizon.net.do</a>	suroeste del pais. Guaricano sabana perdida villa altagracia (southwest of the dr)	<ul style="list-style-type: none"> <li>- programas de educación salud vih/sida,</li> <li>- Desarrollo economico,</li> <li>- Defensoria</li> <li>- Emergencia</li> </ul>
Comisión de trabajo ecumenico dominicano, (COTEDO)	Aramis Reyes inc	C/ rosa duarte#45, 2do. Piso, esq. Av. Francia, gazcue. Santo domingo, república dominicana Tel.:687-0049 Fax:682-8076 email: <a href="mailto:cotedo@verizon.net.do">cotedo@verizon.net.do</a>	Población en general (general population)	<ul style="list-style-type: none"> <li>- VIH/SIDA</li> <li>- Tres proyectos salud, comunitaria y saneamiento ambiental</li> </ul>

## ANNEX 7. Millenium Development Goals: A Call for Action.

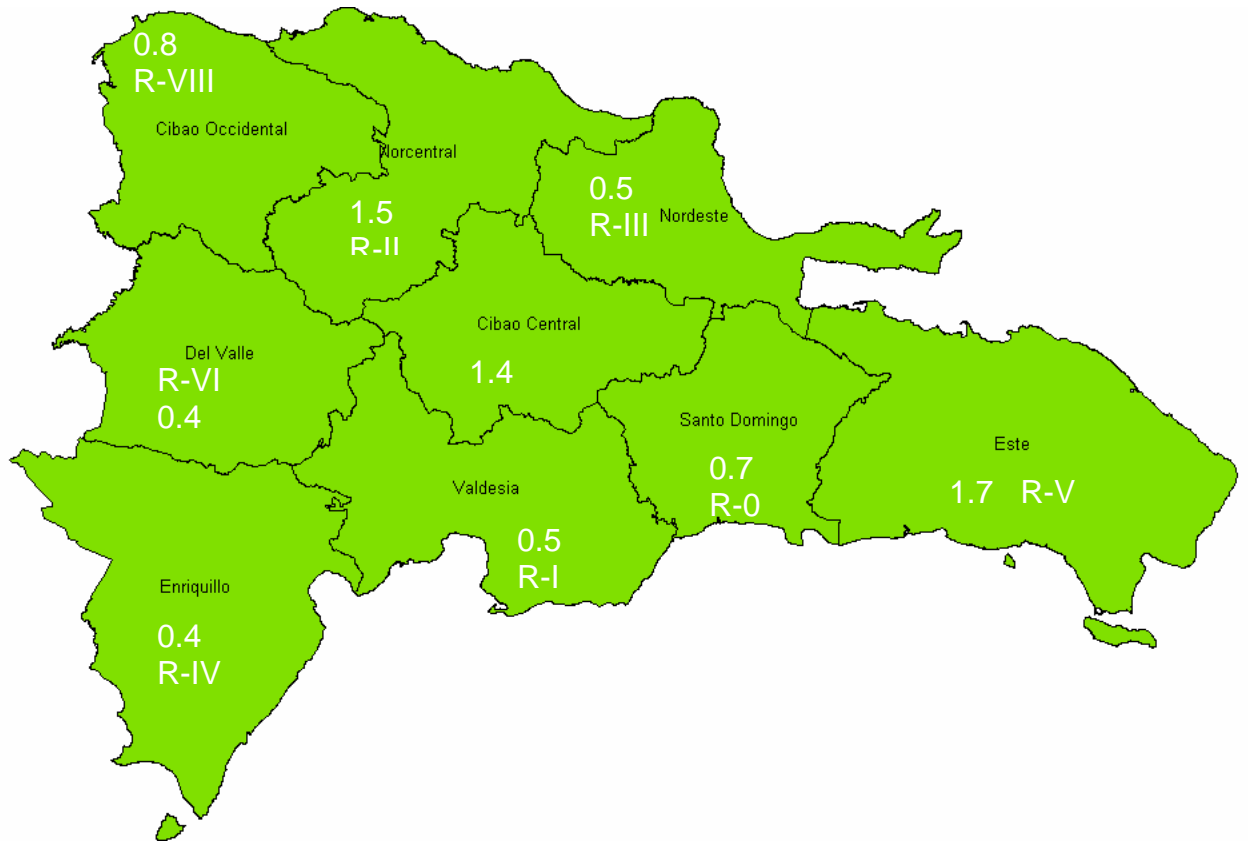
E. Antonio de Moya, MA, MPH  
Comunidad Epistémica VIH/SIDA Dominicana  
Santo Domingo, 9 de junio, 2005

- *The Millennium Development Goals (MDG) in essence are a call for action, a challenge for intelligence and creative imagination.*
- *They should be the instrument for the socio cultural and organizational change.*
- *They can only be reached through a deep transformation in the conception of how health and services are carried out and provided.*
- *They should not be only a government affair, but that of the entire population; they constitute an urgency for the People, not just the government.*
- *If People do not learn or are not empowered, the MDGs will be just another empty slogan of international organizations.*
- *Mass media communications are the salt of the MDGs, the ideal instrument to awaken public opinion around MDGs.*
- *If we have been able –as People- to domesticate HIV/AIDS, as it is suggested according to ENDESA Plus 2002 and epidemiological and sentinel studies, in the next 10 years we should be able to conquer it, learning to live with it.*
- *What the MDGs mean is that weakness and detected deficiencies in the Dominican society are beginning to be confronted today; for example, weak statistical analysis capacity and its relation to action can be overcome in relative short time if we have an intelligent policy on human resources, their creation and formation.*
- *Trying to reach the MDGs as a mere country and not as an island is senseless. Haiti's viability means viability of every inhabitant of the island.*
- *We need to propose to reach the MDGs as countries by 2012 and as an island by 2015, and work together day after day in that direction.*
- *Los objetivos de desarrollo del milenio (ODM) son simplemente un llamado a la acción, un desafío a la inteligencia y a la imaginación creativa.*
- *Los ODM deben ser la herramienta por excelencia para la gestión del cambio organizacional y sociocultural.*
- *Los ODM sólo podrán ser alcanzados a través de una transformación profunda en la concepción de la gestión de la salud y la prestación de servicios.*
- *Los ODM no pueden ser únicamente un compromiso del Gobierno, sino de toda la población: son un asunto urgente de Pueblo, no sólo de Gobierno.*
- *Si la población no interioriza como suyos, es decir, se apropia, de los ODM, estos no pasarán de ser una nueva consigna fuera de las organizaciones internacionales.*
- *Los medios de comunicación social son la sal de los ODM, el instrumento idóneo para galvanizar la opinión pública en torno a los ODM.*
- *Si en 20 años hemos sido capaces, como Pueblo, de comenzar a domeñar el VIH/SIDA, como sugieren ENDESA Plus 2002 y los estudios epidemiológicos y de vigilancia centinela, en los próximos 10 años debemos terminar de vencerlo, aprendiendo a vivir con él.*
- *Los ODM significan únicamente que las debilidades y deficiencias detectadas en la sociedad dominicana comienzan a ser enfrentadas hoy mismo; por ejemplo, la debilidad en la capacidad de análisis estadístico y su vinculación a la acción, puede superarse en tiempo record con una política inteligente de formación de los recursos humanos mínimos para resolverla.*
- *Intentar alcanzar los ODM como País y no como Isla no tiene sentido. La viabilidad de Haití es la viabilidad de cada habitante de la Isla.*
- *Debemos proponernos alcanzar los ODM como país en 2012 y como Isla en 2015, trabajando día a día en esa dirección.*

## **ANNEX 8. Tertiary Education Institutions related to COPRESIDA**

1. Universidad apec (UNAPEC);
2. Instituto tecnologico del cibao oriental (ITECO);
3. Universidad central del este (UCE);
4. Universidad autonoma de santo domingo (UASD);
5. Pontificia universidad catolica madre y maestra (PUCMM);
6. Universidad nacional pedro henriquez ureña, (UNPHU)
7. Instituto tecnológico de santo domingo, (INTEC)
8. Instituto nacional de ciencias exactas, (INCE)
9. Universidad dominicana, O & m
10. Universidad tecnológica de santiago, (UTESA)
11. Universidad catolica nordestana, (UCNE)
12. Universidad iberoamericana, (UNIBE)
13. Universidad adventista dominicana, (UNAD)
14. Universidad interamericana, (UNICA)
15. Universidad catolica santo domingo, (UCSD)
16. Universidad tecnológica del sur, (UTESUR)
17. Instituto cultural dominico americano, (ICDA)
18. Instituto de psicología industrial
19. Instituto dominicano de tecnología, (IDT)
20. Universidad eugenio maria de hostos, (UNIREHMOS)
21. Universidad central dominicana de estudios profesionales, (UCDEP)
22. Universidad odontológica dominicana, (UOD)
23. Instituto mercy jacquez
24. Instituto superior de agricultura, (ISA)
25. Universidad nacional evangelica, (UNEV)
26. Universidad tecnológica del cibao, (UTECl)
27. Universidad federico henriquez y carvajal, (UFHEC)
28. Universidad de la tercera edad, (UTE)
29. Universidad abierta para adultos, (UAPA)
30. Universidad del caribe, (UNICARIBE)
31. Universidad experimental felix adam, (UNEFA)
32. Universidad agroforestal fernando arturo de meriño, (UAFAM)
33. Academia naval de la marina de guerra
34. Academia militar batalla de las carreras
35. Instituto superior de psicología industrial dominicana
36. Universidad dominico americana, (UDA)
37. Instituto dominicano de tecnología
38. Instituto politécnico loyola, (IPL)
39. Instituto catolico tecnologico de barahona, (ICATEBA)
40. Instituto nacional de formación magisterial
41. Escuela nacional de la magistratura

**ANNEX 9. ENDESA 2002**  
Dominican Republic DHS 2002  
HIV prevalence by Health Region





## ANNEX 10. Santiago province in the Dominican Republic



<http://images.google.com/imgres?imgurl=http://juancardenes.tripod.com/DominicanMap.jpg&imgrefurl=http://juancardenes.tripod.com/MapsSantiago.html&h=269&w=411&sz=48&tbnid=S3mQLwDDiGMJ:&tbnh=79&tbnw=121&hl=es&start=6&prev=/images%3Fq%3Dsantiago%2Bdominican%2BrepUBLIC%2Bmaps%26svnum%3D10%26hl%3Des%26lr%3D%26rls%3DGGLG,GGLG:2005-33,GGLG:en>

## ANNEX 11. Sexuality: Adolescents in the Dominican Republic.

Source: E. Antonio de Moya, UASD

Referencia	Participantes: Descripción Reclutamiento	Instrumentos y	Procedimiento	Análisis	Resultados
Álvarez 1983	Estudios previos.	Matriz analítica.	Análisis de la situación.	Cualitativo	Expulsión del hogar si salen embarazadas.

Reynoso 1984	Adolescentes de ambos sexos, muestreo por conveniencia	urbanos	Cuestionario	Encuesta tipo CAP <sup>ii</sup> .	Cuantitativo	La primera unión conyugal de las féminas ocurría alrededor de los 17 años, y cerca de 1/5 de los nacimientos ocurría en <20 años.
Vásquez, Ruiz & De Moya 1991	76 menores en explotación sexual, bola de nieve <sup>iii</sup>		Cuestionario	Encuesta tipo CAP	Cuantitativo	Tres de cada 10 participantes habían practicado el sexo anal receptivo por dinero.
Díaz & González 1992	Estudiantes varones de 11-19 años de Santo Domingo, muestreo por conveniencia		Cuestionario	Encuesta tipo CAP	Cuantitativo	Dos terceras partes habían usado condones.
García et al. 1992	1,200 estudiantes escuela superior, aleatoria; 30 adolescentes de alto riesgo, muestreo por conveniencia		Cuestionario y guía de preguntas	Encuesta tipo CAP y grupos focales	Cualitativo y cuantitativo	Una tercera parte de los varones adolescentes urbanos se había iniciado sexualmente.
Luciano 1992	Estudios sobre adolescentes femeninas.		Matrices analíticas	Análisis de la situación.	Cualitativo	La presencia de relaciones sexuales paralelas a las de su unión, le permite al varón fortalecer su virilidad.
Ramírez, Mejía & Lara 1993	Adolescentes de 11-19 años en el Cibao, muestreo por conveniencia		Cuestionario	Encuesta tipo CAP	Cuantitativo	Exhiben altas tasas de desempleo.
Best et al. 1994	160 estudiantes escuela superior Cibao, muestra aleatoria		Cuestionario	Encuesta tipo CAP	Cuantitativo	La mitad de los varones se había iniciado antes de los 16 años; 2/3 partes de los iniciados sabían cómo usar el condón y lo habían usado.
Grimán et al. 1994	130 estudiantes escuela superior Cibao, muestra aleatoria		Cuestionario	Encuesta tipo CAP	Cuantitativo	Dos terceras partes de los varones iniciados, sabían cómo usar el condón y lo habían usado alguna vez.

Referencia	Participantes: Descripción y Reclutamiento	Instrumentos	Procedimiento	Análisis	Resultados
Rosario & Pareja 1995	Múltiples encuentros sociales y situaciones, bola de nieve	Testimonios grabados, entrevistas no estructuradas	Narrativa sobre actores/as y dinámica de la industria del sexo	Cualitativo	La República Dominicana, Brasil, Tailandia y Filipinas son los principales exportadores de trabajadoras sexuales en el planeta.
Walter et al. 1995	Adolescentes urbanos/as, muestra	Cuestionario	Entrevistas semi-	Cuantitativo	El principal factor de riesgo para la iniciación sexual

<sup>ii</sup> Conocimientos, actitudes y prácticas

<sup>iii</sup> Se refiere al proceso mediante el cual un/a participante menciona a otro/a para incluirle en el estudio.

	aleatoria		estructuradas			temprana es la creencia de que involucrarse en ésta es común y aceptable entre sus iguales.
De Moya & García 1996	Múltiples encuentros casuales, muestreo por conveniencia	Guías de observación y preguntas.	Observación participante y entrevistas etnográficas	Cualitativo		La madre desarrolla la función de la vigilancia del modelo hegemónico de la masculinidad.
Krohn-Hansen 1996	Múltiples encuentros comunitarios rurales, bola de nieve.	Guías de observación y preguntas	Observación participante y entrevistas etnográficas	Cualitativo		Los dos problemas de legitimación del varón dominicano son: ser confundido con una mujer, o ser confundido con una persona de origen haitiano.
Vargas 1998	Grupos de adolescentes en comunidades obreras, bola de nieve	Guía de observación y preguntas	Observación participante y entrevistas etnográficas	Cualitativo		Ausencia de noviazgo en adolescentes de clase obrera. El embarazo se percibe como consecuencia natural de la unión fugaz.
De Moya et al. 1998	24 testigos de casos de SIDA, bola de nieve	Guías de preguntas	Entrevistas semi-estructuradas	Cualitativo		Adolescentes "amanerados" o "afeminados" son violados para "confirmar" su homosexualidad.
Vizcaino 1998	160 estudiantes universidad privada, muestra aleatoria	Cuestionario	Encuesta tipo CAP	Cuantitativo		Excelente poder de discriminación sobre el riesgo de prácticas sexuales y el uso del condón, aunque las relaciones con una sola pareja eran vistas como más seguras.
De Moya & García 1999	36 trabajadores sexuales, muestreo por conveniencia	Guías de preguntas, bola de nieve	Entrevistas semi-estructuradas	Cualitativo		La bisexualidad se desestigmatiza a través del intercambio de sexo por dinero.

Referencia	Participantes: Descripción y Reclutamiento	Instrumentos	Procedimiento	Análisis	Resultados
Batista & Espinal 1999	120 estudiantes universitarios/as UASD/SD, muestreo por conveniencia	Cuestionario	Encuesta tipo Conocimientos, Actitudes y Prácticas (CAP).	Cuantitativo	En los varones la infidelidad no necesariamente está asociada a la sexualidad. En las féminas hay formas de justificarla
Bisonó et al.	100 estudiantes	Cuestionario	Encuesta tipo	Cuantitativo	Algunas adolescentes

1999	escuela Cibao, aleatoria	superior muestra		CAP		creían que podían quedar embarazadas al practicar sexo oral a sus novios.
Lerebours et al. 1999	50 educadores/as de pares, todos/as	adolescentes de	Cuestionario	Evaluación de instrucción impartida	Cuantitativo	La iniciación sexual temprana disminuyó en un 10%, mientras el uso del condón aumentó en el sexo femenino.
Gómez 1999	Adolescentes jóvenes urbanos, Santo Domingo, muestreo por conveniencia	y	Cuestionario	Encuesta tipo CAP	Cuantitativo	Género y escolaridad son los principales determinantes del riesgo adolescente.
Lara & Martínez 2000	18 personas de tres generaciones, en una comunidad rural, muestra aleatoria		Guía de preguntas	Entrevistas semi-estructuradas	Cualitativo	La mayoría de las creencias y prácticas relativas a la sexualidad se han mantenido relativamente intactas en ambos sexos.
PROFAMILIA 2000	50 educadores/as de pares, universo	adolescentes de	Cuestionario	Evaluación de intervención educativa.	Cuantitativo	La percepción del riesgo personal VIH/SIDA aumentó de un 5% a un 58%.
Epstein et al. 2001	Adolescentes jóvenes varones dominicanos en Nueva York, muestra aleatoria	y	Cuestionario	Encuesta tipo CAP	Cuantitativo	El uso de alcohol está asociado a la sexualidad del varón, pero no con su compañera estable.
Rubin 2001	180 adolescentes de clase popular, de 15-17 años, muestra aleatoria	de	Cuestionario	Encuesta tipo CAP	Cuantitativo	Las barreras al uso del condón fueron la confianza en la pareja, el género y las relaciones de poder entre los géneros.
ENDESA 2002	4482 adolescentes de 15-19 años, muestra aleatoria	de	Cuestionario	Encuesta nacional	Cuantitativo	El uso del condón se ha generalizado entre las personas adolescentes. Prevalencia VIH 0.3%.

Referencia	Participantes: Descripción Reclutamiento	y	Instrumentos	Procedimiento	Análisis	Resultados
Cáceres et al. 2003	118 menores en explotación sexual, Santo Domingo y Puerto Plata, bola de nieve		Cuestionario y guías de observación y preguntas	Encuesta tipo CAP y observación participante	Cuantitativo y cualitativo	Estos/as adolescentes carecen de protección familiar, escolar y laboral.
Cáceres et al. 2003	60 jóvenes de alto riesgo, Santo Domingo,		Guías de preguntas	Grupos focales	Cualitativo	Adolescentes gay y haitianos muestran niveles altos de

	muestreo por conveniencia	por				riesgo de VIH.
De Moya 2003	Múltiples casuales, por conveniencia	encuentros por	Guías de observación y preguntas.	Observación participe y entrevistas etnográficas	Cualitativo	En la cultura de la casa, la masculinidad se apoya en la <i>hombría</i> , mientras en la cultura de la calle se apoya en la <i>virilidad</i> .
López & Marcúñez 2003	24 madres de adolescentes en clases media y baja, muestreo por conveniencia		Guía de preguntas	Entrevistas semi-estructuradas	Cualitativo	En las clases media y popular el varón no debe tener "manerismos" femeninos.
OIT 2003	Estudios en 5 países centroamericanos y RD		Cuestionario	Comparación entre países	Cualitativo	El país ocupa una posición intermedia en explotación sexual de menores respecto a Centro América.
Padilla 2003	240 trabajadores sexuales, bola de nieve		Guías de observación y preguntas	Observación participe y entrevistas profundas	Cualitativo	Contradicción, discreción, clandestinidad y ambigüedad en trabajadores sexuales homoeróticos.
Reinoso 2003	12 adolescentes de clase popular, zona semi-rural, muestreo por conveniencia		Guías de preguntas, mapas comunitarios	Observación participe y entrevistas etnográficas	Cualitativo	Las féminas tenían como un tema tabú las <i>maniguas</i> o violaciones en grupo.
Morillo & Báez 2004	12 hombres gay universitarios, bola de nieve		Guías de preguntas, diarios	Entrevistas profundas, registro de conductas	Cualitativo	Las relaciones homosexuales sólo difieren de las heterosexuales en la composición de género de las parejas.
Suero et al. 2004	1500 estudiantes universitarios/as, muestra aleatoria		Cuestionario	Encuesta tipo CAP	Cuantitativo	El uso del condón va dejando de ser sinónimo de desconfianza o infidelidad.

Referencia	Participantes: Descripción y Reclutamiento	Instrumentos	Procedimiento	Análisis	Resultados
Coalición ONGs SIDA/UNICEF 2005	Materiales educativos para adolescentes producidos en el país	Guías de validación.	Análisis de contenido.	Cualitativo	Los materiales educativos para adolescentes son culturalmente válidos, amigables y efectivos..
Domínguez (en prensa)	Grupo pequeño de jóvenes dominicanos	Guía de preguntas	Observación participe y	Cualitativo	Ocultan su orientación sexual cuando visitan a sus

		homosexuales o bisexuales que residen en Nueva York, bola de nieve		entrevistas etnográficas.		parientes en Dominicana.
Medina (en prensa)	(en)	Estudios sobre sexualidad adolescente realizados en RD	Matrices analíticas, guías de preguntas	Revisión de literatura y entrevistas profundas	Cualitativo	Varones de menores ingresos se incorporan tempranamente al trabajo informal. Las féminas se insertan en industrias libres de impuestos, y en el servicio doméstico o sexual.

Source: E. Antonio de Moya. Sexuality: Adolescents in the Dominican Republic.

**ANNEX 12. Sexuality: Adolescents in the Dominican Republic. Tertiary Education Students.**

Reference	Participants: Description and Recruitment	Instruments	Procedures	Analysis	Results
1. García et al. 1992	1,200 Higher Education students, at random; 30 high-risk adolescents, convenience sampling	Questionnaire and pre-established set of questions	KAP investigation and focal groups	Cualitative and cuantitative	One third of adolescents' urban males had had sex.
2. Best et al. 1994	160 Higher Education School Cibao , random sampling	Questionnaire	KAP investigation	Cuantitative	Half of males had begun sex before age 16. Two thirds' of them knew how to use condom and they had done so.
3. Grimán et al. 1994	130 Higher Education School Cibao , random sampling	Questionnaire	KAP investigation	Cuantitative	Two thirds' of sex initiated males knew how to use condom and they had done so.
4. Vizcaíno 1998	160 Higher Education students, private, at random;	Questionnaire	KAP investigation	Cuantitative	Excelent discrimination on sexual practice risks and use of condom. But one partner relationship seen as more secure.
5. Batista & Espinal 1999	120 Higher Education students, public, UASD/SD, convenience sampling	Questionnaire	KAP investigation	Cuantitative	In males, infidelity is not necessarily linked to sexuality. In females, there are ways to justify infidelity.
6. Bisonó et al. 1999	100 Higher Education School Cibao , random sampling	Questionnaire	KAP investigation	Cuantitative	Some female adolescents believed they can get pregnant when practicing oral sex with their boyfriend.
7. ENDESA 2002	4482 adolescents aged 15 to 19, random sampling	Questionnaire	National Inquiry	Cuantitative	Condom use is more generalizad in adolescents. HIV prevalence detected is 0.3%
8. Morillo & Báez 2004	12 gay university men, snow ball (bola de nieve)	Questions guides, personal diaries	Deep interviews, behaviour registry	Cualitative	Homosexual relationships differ from heterosexuals

					only in the gender composition partner.
9. Suero et al. 2004	1500 Higher Education students, random sampling,	Questionnaire	KAP investigation	Cuantitative	Condom use is less associated to distrust or infidelity.

Source: E. Antonio de Moya. Sexuality: Adolescents in the Dominican Republic.



### ANNEX 13. Research on HIV/AIDS at the PUCMM

Date	Title	Faculty
1. June 1986 - March 1987	Presence of Anti-HTLV-III Antibodies in Haitian residents natives in the bateyes of the sugar mill Good Hope in Esperanza, Dominican Republic. Cartagena EF, et al.	Health Sciences Faculty, Medicine Department.  Thesis work for Licentiate degree on Medicine.
2. 1994	AIDS: legal considerations towards a juridical arranging respect type of crime. Kings Inoa ED.	Social Sciences Faculty, Law Department.  Thesis work for Licentiate degree on Law.
3. 1996-1997	Effectiveness of disinfectants in dentistry instruments used in patients infected by infectious transmissible processes (AIDS, Hepatitis B and Tuberculosis). Hospital Regional Universitario José Maria Cabral y Báez, Santiago, Dominican Republic. Arias R, Delgado E, Almánzar D.	Health Sciences Faculty, Dentistry Department.  Thesis work for Licentiate degree on Dentistry.
4. Unable to find	AIDS: a comparison between the scientific and popular knowledge. Olive NA, Grullón VM, Crisóstomo E.	Unable to find more data
5. Unable to find	Knowledge and preventive practices on the Acquired Immunodeficiency Syndrome (AIDS) in the province of Santiago. Cabreja HT, et al	Unable to find more data
6. January - April 1997	Attitudes toward HIV+ patients and levels of knowledge about AIDS of Health personnel at the Department of Internal Medicine in the Hospital Regional Universitario José Maria Cabral y Báez, Santiago, Dominican Republic. Carretero-Morilla L, et al.	Health Sciences Faculty, Medicine Department.  Thesis work for Licentiate degree on Medicine.
7. 1997	AIDS and civil responsibility in medical relations. Espaillat LI, Ortiz CM.	Social Sciences Faculty, Law Department.  Thesis work for Licentiate degree on Law.
8. September - December, 1998	Level of knowledge, attitudes and practices related to STDs and AIDS in students of public and deprived schools in the	Health Sciences Faculty, Medicine Department.  Thesis work for Licentiate

	city of Santiago. Valdez F, et al	degree on Medicine.
9. Unable to find	Level of knowledge and attitudes of the teachers / experts of the District 06-04 of Basic Education at La Vega, DR with regard to AIDS. Custodio Guerrero P.	Unable to find more data
10. April 2001	Knowledge, Attitudes and Practices on reproduction and sexual health; a comparative study between 4 <sup>th</sup> and 10 <sup>th</sup> semester medical students at the PUCMM. Jiménez M, Almonte H, Camejo D, Bisonó B, Núñez M	Health Sciences Faculty, Medicine Department.  Thesis work for Licentiate degree on Medicine.
11. 2003	Law 55-93 on AIDS and its application in the Dominican Republic. Castro ML.	Social Sciences Faculty, Law Department. Thesis work for Licentiate degree on Law.
12. December 2003 - April 2004	More frequent findings in cranium scanners done in patients with HIV+ who present neurological manifestations, admitted to an internal medicine unit in the Hospital Regional Universitario José María Cabral y Báez. Abukarma AF	Health Sciences Faculty, Medicine Department.  Thesis work for Specialist degree on Radiology.
13. January - March, 2003	Ophthalmologic findings in HIV (+) patients in Hospital Regional Universitario José María Cabral y Báez, Santiago, Dominican Republic. Rodríguez R, Grullón L.	Health Sciences Faculty, Medicine Department. Thesis work for Specialist degree on Ophthalmology.
14. February, 2004	Mouth manifestations in HIV/AIDS patients aged 0-14 years at the Xiomara Báez Foundation, Santo Domingo. Cruz-Marries M.	Health Sciences Faculty, Dentistry Department.  Thesis work for Licentiate degree on Dentistry.
15. October 2004	Levels of T CD4 <sup>+</sup> lymphocytes and clinical manifestations in Dominican HIV <sup>+</sup> patients seen for the first time at a medical service. Garcia C, Wu L, Olivo J, Morel J, Veras L.	Health Sciences Faculty, Medicine Department.  Thesis work for Licentiate degree on Medicine.
16. October 2004	Knowledge, Beliefs, Attitudes and Sexual Practices related to sexually transmitted infections (STIs) and HIV/AIDS among college students at PUCMM in Santiago, Brea FA, Castillo MA, Domínguez F, et al.	Health Sciences Faculty, Medicine Department.  Thesis work for Licentiate degree on Medicine.

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