



Pan American Health Organization

Regional Office of the
World Health Organization

The Haiti Crisis: Health Risks

Context

The intensifying socio-political crisis in Haiti is having a negative impact on the health of the Haitian population. Haiti has the highest infant and maternal mortality, the worst malnutrition and the worst AIDS situation in the Americas. The general mortality rate was 1057 per 100,000 population during the 1995-2000 period, also the highest in the Americas. A quarter of the children suffer from chronic malnutrition, 3 to 6% of acute malnutrition. About 15% of newborns have a low birth weight. Acute respiratory infections and diarrheas cause half of the deaths in children under 5 years of age. There are complications in a quarter of the deliveries. The coverage of services is very low: 40% of the population has no real access to basic health care, 76% of deliveries are made by non-qualified personnel, more than half of the population has no access to drugs, and only half of the children are vaccinated.

The current intensification of the crisis is accompanied by an increase of the violence, particularly during confrontations between opposing gangs. The international press has reported approximately 70 deaths since the beginning of the crisis. However, the humanitarian situation evolves according to the local situation. Insecurity is highest in Artibonite and Centre, but all the departments (regions) are affected by the crisis, and often isolated by roadblocks from the capital and its supply centers. There are demonstrations, occasionally violent, in the capital.

To face this complex crisis and to respond to its mandate of defense of the public's health, the PAHO/WHO Representation initiated a dialogue between the main partners in health in the country, in coordination with the United Nations system, the country's health authorities, the bi- and multi-lateral cooperation agencies and Non-Governmental Organizations.

A Health Sector Emergency Cell was established to ensure the best possible cohesion in the definition, planning, management and execution of the actions to face this crisis.

Critical elements for the health sector

1. Disregard for the health institutions' neutrality and immunity

Several hospitals were the target of violence. Patients were assaulted in some institutions and the staff providing care is worried about exercising their duties safely. In some health institutions, the staff does not report for work on the day of demonstrations. Some of the patients in need of emergency care do not go to hospitals anymore for fear of violence. The Port-au-Prince University Hospital, one of the main hospitals in the country, has been almost at a standstill for weeks, for lack of personnel.

2. Supply difficulties in health institutions

It is increasingly difficult to supply hospitals with drugs, medical surgical consumables, water, propane gas, and diesel. Stocks of drugs are not renewed in peripheral warehouses located in zones of difficult access. As a result, emergency care and other essential services are not guaranteed.

3. Precariousness of the access to care

Certain hospitals strongly decreased their activities due to the lack of equipment and human resources. Most of those remaining operational are private institutions with limited access for the financially needy. Emergency care has also become the privilege of private institutions and access for the poorest is compromised. It has been reported that in some areas, home care has replaced hospitalization for those avoiding hospitals. Problems for routing the injured and sick patients to hospitals are becoming more acute, particularly in the department of Artibonite due to the lack of ambulances.

4. Risk of a destabilization of the already weak health care system

Difficulties of access to certain zones complicate or impede vaccination activities. These pockets of non-vaccination may affect national vaccination efforts and heighten the risk of a recrudescence of outbreaks of vaccine-preventable diseases. There has not been any notified case of measles or polio for two years and this absence of cases could be threatened by an interruption of vaccinations.

Certain blood transfusion centers set up in different areas of the country had to stop their activities, in particular in the zones of highest tensions where they are most needed.

The national programs for tuberculosis and HIV/AIDS have reported difficulties in the follow-up of patients and fear an acceleration of drug resistance in the long run. In Artibonite, a group of patients receiving anti-retroviral drugs had to suspend their treatment due to a lack of access to the supplying institutions.

5. Increase of emergencies linked to violence

The care of the injured saturates the existing capacity of emergency services. There have been reports of cases of unattended obstetrical emergencies. On the other hand, some institutions suspect an increase in the incidence of rape. Most of the victims are not informed about the measures to take in those circumstances and do not have access to preventive treatments.

6. Focalization of the media on the crisis

The mass media report almost exclusively on the political information and assign very little space to the other categories of information. Health messages in support of disease prevention and control programs have become much less apparent. This is a problem since prevention seems to loosen in times of crisis and the media coverage of these issues should be accentuated.

7. Deterioration of the potable water installations

Most hospitals are old, badly maintained buildings with decrepit water installations. Hydraulic pumps are often out of order for lack of electricity. The cities most affected by the violence, Gonaives and Cap-Haïtien, are supplied water through an electrical pumping

system, and those two cities have been out of electricity for several weeks. The water distributed by the public institutions is only chlorinated in Port-au-Prince.

8. Lack of precise information

The health effects of the crisis are not documented properly due to a failing routine health information system and difficulties of access to zones most exposed to the violence. This lack of information is a major obstacle to the elaboration of a response adapted to the needs arising from the crisis.

9. Necessity of a coordination of interventions

The sudden rise of a multiplicity of speakers to face the emergency situation requires a coordination and follow-up mechanism in the health sector.