

Haiti

Haiti is located on the west end of the island of Hispaniola, which it shares with the Dominican Republic. The country covers an area of some 27,700 km² (40% of the island). The government is a semi-presidential republic, but the last decade has seen great political instability, aggravated by economic crises and violence. Since 2004, the United Nations Stabilization Mission in Haiti (MINUSTAH) has strived to maintain peace and safety. The January 2010 earthquake worsened the effects of the global crisis on the country. The country's political-administrative divisions include 10 departments, 41 districts, 135 *communes* (municipalities), and 565 communal sections. The capital is Port-au-Prince.

From 2006 to 2010, Haiti continued to suffer political instability, which added to the effects of a stagnant economy, widespread poverty, and environmental degradation. Over the last two decades, the country's economic growth has been negative.

Haiti suffered a food crisis in 2008 that caused food prices to rise 80%, severely affecting the population and leading to violent protests. That same year, the country also suffered the consequences of serious hurricanes.

In this context—a fragile economic structure and impoverished living conditions—the 2010 earthquake occurred, devastating the country and its health system. Haiti has yet to recover.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Haiti's poor economic and social conditions, further deteriorated as a result of a chain of disasters and crises, made it impossible for the country to achieve any gains during the 2006–2010 period. That said, international-assistance efforts designed to help resolve the country's situation have been commendable. The active participation of the international community through various agencies, especially the United Nations Stabilization Mission in Haiti (MINUSTAH), has helped maintain order, security, and peace during political, economic, and food crises that were exacerbated by the extraordinarily devastating disasters of 2008 and 2010.

In 2006, 92% of the schools in Haiti were private and covered 80% of primary and secondary school enrollment of students.

THE ENVIRONMENT AND HUMAN SECURITY

After the 2010 earthquake, the United Nations Office for the Coordination of Humanitarian Affairs mobilized “clusters,” a coordination mechanism that is intended to organize the international response to devastating disasters into thematic areas (health, nutrition, water and sanitation, emergency shelters, for example) and is directed by the

Selected basic indicators, Haiti, 2001–2011.

Indicator	Value
Population 2010 (millions) (2010)	10.3
Poverty rate (%) (2001)	54.9
Literacy rate (%) (2003)	61.0
Life expectancy at birth (years) (2011)	62.2
General mortality rate (per 1,000 population) (2011)	8.8
Infant mortality rate (per 1,000 live births) (2006)	57.0
Maternal mortality rate (per 100,000 live births) (2006)	630.0
Physicians per 1,000 population	...
Hospital beds per 1,000 population	...
DPT3 immunization coverage (%) (2010)	68.6
Births attended by trained personnel (%) (2008)	25.0

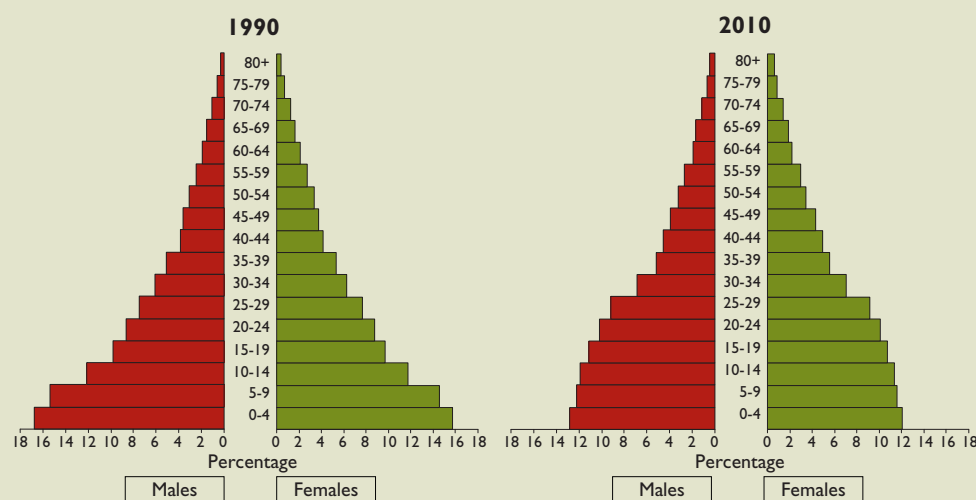
relevant UN agencies. Vast quantities of economic support poured into the country, as did resources and assistance from different international sources and countries.

HEALTH CONDITIONS AND TRENDS

In 2010, the prevalence of HIV infection in persons 15–49 years old was 2.2%. Since 2003, the outlook for HIV patients has significantly improved, given the increase in the availability of antiretroviral treatment, which rose more than 1,600% from 2003 to 2011.

A program providing free obstetric care was launched in July 2008, with support from PAHO/WHO. Thanks to this program, institutional birth coverage increased by 26.5% and health complications fell significantly in areas where the program was implemented. It was estimated that in 2006–2007 only 25% of births were attended in health facilities by trained midwives.

Population structure, by age and gender, Haiti, 1990 and 2010.



Increased Availability of HIV/AIDS Treatment in Haiti

Haiti's HIV/AIDS prospects have improved significantly since 2003, thanks to the convergence of two key support strategies—the Global Fund to Fight AIDS, Tuberculosis, and Malaria (2003) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) (2004).

The resources to target HIV/AIDS from these two funds helped to expand antiretroviral treatment coverage from 2,000 people in 2003 to almost 35,000 in 2011. According to the 2012 Global Aids Response Progress Report by the UN General Assembly Special Session on HIV/AIDS (UNGASS), an estimated 59,750 patients still need treatment.

Major challenges facing the national HIV/AIDS program include a lack of effective coordination, the inefficient use of resources, insufficient coverage, and the unsustainability of programs.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

After the 2010 earthquake, the Health Cluster in Haiti supported the initial assistance and restoration of essential health services, such as primary health care and mobile clinics, hospitals and trauma care, the patient referral system, health information management, mental health and psychosocial support, attention to disabilities, medical supplies, and early warning of communicable diseases. The Health Cluster included more than 390 national and international entities that provided essential support to ensure the population's access to health care.

Epidemiological surveillance has been a priority for the Ministry of Health. Surveillance systems are in place for vaccine-preventable diseases, HIV/AIDS, malaria, and tuberculosis. Seventy-one sentinel centers report weekly data on 23 communicable diseases. In more complex cases or larger outbreaks, the Ministry works with the Division of Epidemiology, PAHO/WHO, and other associated agencies.

PROMESS, the Program for Essential Medicines and Supplies, which was established in 1992 by PAHO/WHO, is the main distributor of essential drugs in Haiti. It has played an important role over the last two decades, especially in periods of crisis and disaster.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Ministry of Health is working in this area through the National Committee on Health Information Systems

(CONASIS), established in 2008 with the participation of several Ministry units and other organizations.

MAIN CHALLENGES AND PROSPECTS

According to 2003 data, 61% of the population 10 years old and older was literate. The net enrollment rate in primary school (for children 6–11 years old) was 60% and in secondary school it was only 41%. Significant differences exist in years of schooling according to household income: for children in the highest-income quintile, the enrollment rate in secondary school was 71%, while for those in the lowest-income quintile it was only 23%.

In recent years the country has undergone several natural disasters, which have degraded the population's health situation and continue to pose new challenges for the health system in the context of a difficult economic situation. In 2008, the country endured four hurricanes and tropical storms in a two-month period, resulting in 793 dead, 310 missing, 135,000 families left homeless, and severe material damage. In January 2010, Haiti suffered a devastating earthquake (7.0 on the Richter scale), causing more than 200,000 deaths, forcing nearly 1.5 million people to seek refuge in camps and shelters, and displacing another 500,000 to less-affected regions of the country.

Before 2010, only 10%–12% of the population had access to piped water, with only intermittent service. The earthquake caused interruption of these services in the metropolitan region of Port-au-Prince, and no statistics are available on the current situation. Before the earthquake, only 17% of the population had access to improved sanitation services.

It is estimated that more than 30% of health care centers do not have access to drinking water, and while 80% of centers have pit latrines, only half of these meet the minimum sanitation requirements.

The Expanded Program on Immunization has low coverage because of shortages of vaccines and the population's limited access to the program. In 2010, coverage for rubella and measles vaccination was 44.9%; for polio, 61.9%; and DPT3, 68.6%.

Long-standing deficiencies in availability of and access to food and the 2008 food crisis contributed to between a 2% and 5% prevalence of acute malnutrition from 2008 to 2009, and a chronic malnutrition prevalence of 18% to 32% in the same period. In 2005–2006, the prevalence of anemia in children from 6 to 59 months old was 61%, and in children 6 to 24 months old it was 75%.

Malaria has an estimated prevalence of 2%–3% in the population, presenting a serious public health problem. In 2010, 84,153 cases were reported. The national malaria eradication program is based on individual and community prevention, early detection, and treatment.

There is a high level of violence of all types (such as robbery, kidnappings, and murder), but statistics are lacking. Twenty percent of women in domestic relationships report that they have been victims of physical or sexual violence on the part of their partner.

The maternal mortality rate continues to be high, estimated at 630 deaths per 100,000 live births in 2006. The leading causes are highly avoidable (hemorrhage, eclampsia, abortion, and septicemia), and are related to low access and limitations in the health system.

In October 2010, a cholera outbreak in the Centre department quickly spread throughout the entire country. By March 2012, 532,000 cases and 7,000 deaths had been reported.

Haiti continues to be the country most affected by human rabies in the Region of the Americas, and the situation worsened after the earthquake. In response, the Ministry of Agriculture and Livestock prepared a national rabies eradication plan. Lymphatic filariasis is endemic in Haiti, with an estimated prevalence of 30% in 2002. The filariasis eradication program of the Ministry of Health expected to conclude mass drug administration throughout the country by the end of 2011.

In 2006, the estimated prevalence of diabetes mellitus in the metropolitan region of Port-au-Prince

was 4.8% in men and 8.9% in women; estimated prevalence of hypertension was 48.7% in men and 46.5% in women.

Access to health care poses an essential challenge for the country. Inadequate numbers of health centers and health professionals, added to geographic and financial barriers, limit the population's utilization of health services. Health facilities are concentrated in urban areas of Haiti. The delivery network is fragmented and coordinating mechanisms for services provided by nongovernmental organizations (NGOs) and donors are lacking. Traditional medicine plays an important role and is the initial contact sought by almost 80% of the population.

Haiti lacks both a national regulatory authority and a national policy on pharmaceutical products. This presents serious problems in controlling the prescription, production, and sale of drugs, which means that the country continues to depend on the PROMESS project.

Health information systems are poor, which has led to the lack of or inaccurate data, hindering decision-making. In response to this situation, various programs have adopted their own information systems, further eroding the capacity to have a functioning, unified health information system.

Although a significant number of international organizations provide cooperation in different health areas, Haiti needs to coordinate and integrate those efforts more effectively with the existing health system and the country's health priorities, thus advancing toward an integrated care network.