



The Present Context

Haiti is the poorest country in the Western hemisphere. It ranks 68th on the UNDP Human Poverty Index scale. About 65% of the population live under the national poverty line. Haiti is susceptible to hurricanes and is also at risk for earthquakes. Because of the severe deforestation throughout the island, even normal rains can cause floods in urban areas.

Haiti has been plagued by political violence for most of its history. In the last decades, as the island is an important station in drug-trafficking, corruption appears to have infiltrated society, the institutions, and the political system. The 1990s saw a worsening of poverty.

Following a 16-month embargo (June 1993-October 1994), Haiti returned to constitutional government in 1994. But the country's fortunes did not pick up, and the economic crisis culminated in 1999-2000. During this period, inflation reached an estimated 15% and the price of food increased by 10.4%. In 2004, following allegations of electoral irregularities, extra-judicial killings, torture, and brutality, a popular revolt ousted the President of the Republic. Infrastructure and systems are almost totally collapsed and Haiti has the worst health indicators of the Americas: the highest infant and maternal mortality rates, the highest malnutrition rates, and the highest number of persons living with HIV/AIDS.

Crisis involving: Part of the Population

Millennium Development Goals in Haiti

Eradicate extreme poverty & hunger	Achieve universal primary education	Promote gender equality	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria etc.	Ensure environmental sustainability	Global partnership for development
Lagging	On track	...	Far behind	Far behind	...

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report. 2002

Main Public Health Issues and Concerns

Health Status

- Infant mortality increased from 73.8 per 1,000 live births in 1996 to 80.3 in 2000. The rise is associated with increased poverty, deficiencies in the health system and the impact of the AIDS epidemic.
- In 1999, the leading causes of death for infants and children were acute diarrhoeal diseases (12.1%), infections of the perinatal period (10.2%), malnutrition (9.1%) and acute respiratory infections (6.9%).
- HIV/AIDS adult prevalence rate in Haiti is estimated at 5.6%. AIDS is the leading cause of death for both adolescents and adults with respectively 5.8% and 21.6% of deaths with specifically defined diagnosis. With an estimated adult HIV prevalence rate of 2.3%, the Caribbean is the second worst-affected region in the world after sub-Saharan Africa. In this perspective, Haiti is on the list of treatment scale-up of the WHO 3 by 5 Initiative.
- In 1999, the estimated prevalence of tuberculosis – the sixth most important cause of death in the country – was 114 per 100,000 populations. The AIDS epidemic has aggravated the tuberculosis situation.

Disclaimer

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- Maternal mortality rate in 2000 was 523 per 100,000 live births, a 15% increase compared to 1995. Maternal deaths are related to arterial hypertension and eclampsia, as well as complications of labour; 76% of all births occur without medical attention. The fertility rate in girls aged 15-19 years was 80/1,000 in 2000 and maternity-related problems the third cause for mortality in this age group. Violence and sexual abuse are very frequent; 70% of adolescent girls and women have been exposed to violence of some sort.
- Access to water for human consumption is a major problem. In 1999, the potable water supply system reached 47% of the population in the Port-au-Prince area, 46% in secondary cities, and 48% in rural areas.

Health System

- The health services reach between 40 and 60% of the population. It is estimated that 40% of the population relies on traditional medicine, mostly in rural areas. Only one child out of two is fully vaccinated. The network of health services observing the WHO DOTS strategy is just beginning.
- There are 371 health posts, 217 health centres and 49 hospitals. Human resources are inadequate (latest figures indicate 2.4 physicians, 1 nurse and 3.1 auxiliaries per 10,000 people) but lack of funds prevents the creation of new positions and many professionals go into private practice or emigrate.
- In 1998, there were nine recognized nursing schools. In 2000, a school for nurse-midwives opened. Since 1998, a dozen public sector hospital administrators and directors are trained every year.
- Public funds spent on health represent only 0.8% to 1% of the GDP. Most of the Ministry of Public Health and Population (MSPP) allocation (US\$ 57 million in 1999) is spent on salaries. Implementation of the investment budget, which depends largely on foreign aid, was 49% in 1999. Activities are thus slowed down or halted and morale is low.
- The health system includes the public sector (MSPP and Ministry of Social Affairs); the private for-profit sector; the mixed non-profit sector (MSPP personnel working in private institutions or NGOs); the private non-profit sector (NGOs, foundations, associations); and the traditional health system.
- Three pharmaceutical laboratories produce drugs for national use and cover 30 to 40% of the market. Eighty percent of the country's expenditure on drugs is made by the private sector. With the problems involved in regulating the sector, it is impossible to know the volume of pharmaceutical products available on the market. More than half the population does not have access to medication.
- Due to the country's political problems, there has been no recent progress in health legislation. All health system institutions are coordinated by the MSPP. In the recent past, though, the Ministry has not been able to assume leadership, as the economic embargo directed resources towards the non-profit sector.
- Nine UN agencies have offices in Haiti, six of them working in health. Other important health stakeholders are the Inter-American Development Bank, the European Union, USAID, the Canadian International Development Agency (CIDA) and France, the Netherlands and Japan. When Haiti joined the Caribbean Community, regional integration was strengthened.

Main Sector Priorities

The 2004 Flash Appeal for Haiti highlights the following priorities:

- Epidemiological surveillance – coordinating health information from different partners and establishing epidemiological surveillance systems;
- Supply of medicines and essential medical equipment – including provision of emergency first aid kits and essential medicines to clinics with a lack of stock, maintenance of vaccination coverage, and setting up a system to exempt the most destitute from the cost-recovery programme;
- Potable water supply for health centres;
- Health promotion campaigns – both for the respect of health centres and workers, ambulances, and communication networks needed for humanitarian purposes and for the protection of victims of sexual violence;
- Setting up of an emergency operating bloc and provision of logistic support to hospitals;
- Accelerated training for emergency medical staff to ensure a minimum pool of human resources;
- Coordination and monitoring of health activities including the establishment of a health crisis centre and supplies management.