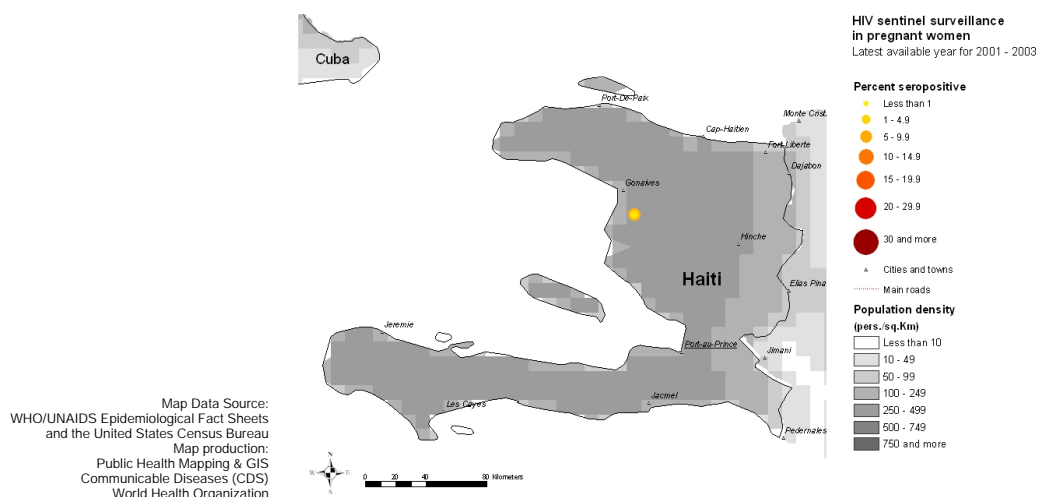


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 34 000
 Antiretroviral therapy target declared by country: 9200 by the end of 2005

34 000



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	8.4	United Nations
Population in urban areas (%)	2005	38.8	United Nations
Life expectancy at birth (years)	2003	53	WHO
Gross domestic product per capita (US\$)	2002	384	United Nations
Government budget spent on health care (%)	2002	23.8	WHO
Per capita expenditure on health (US\$)	2002	29	WHO
Human Development Index	2003	0.475	UNDP

[°] = Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

^{**} = Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* Demographic and Health Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	2.5 - 11.9%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	120 000 - 600 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Aug 2005	5 572	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	34 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2005	85	Ministry of Public Health and Population
HIV testing and counselling sites: number of people tested at all sites	Sep 2005	94 000	Institut Haïtien de l'Enfance
Knowledge of HIV prevention methods (15-24 years)% - female [°]	2000	15	DHS*
Knowledge of HIV prevention methods (15-24 years)% - male [°]	2000	28	DHS*
Reported condom use at last higher risk sex (15-24 years)% - female ^{**}	2000	19	DHS*
Reported condom use at last higher risk sex (15-24 years)% - male ^{**}	2000	30	DHS*

3. Situation analysis

Epidemic level and trend and gender data

Haiti has the highest prevalence of HIV infection in Latin America and the Caribbean. It faces the worst AIDS epidemic outside Africa and bears the greatest burden of HIV in the Western Hemisphere. The epidemic began in the late 1970s and has spread widely throughout the country. Today Haiti faces a generalized epidemic fuelled by endemic poverty, high illiteracy rates and inadequate health and social services that have been further weakened by chronic political instability, high internal migration rates and a high prevalence of sexually transmitted infections. The prevalence of HIV/AIDS among adults was estimated to be between 2.5% and 11.9% in 2003. An estimated 280 000 adults and children were living with HIV/AIDS at the end of 2003, and an estimated 24 000 adults and children died from AIDS during 2003. Analysis of the causes of death, which started when hospital death certificates began to be collected in 1997, shows that AIDS is the leading cause of death in the country. The high prevalence of HIV/AIDS has also aggravated the tuberculosis epidemic. HIV seroprevalence surveys of pregnant women indicate rates of 6.0% in 1993, 5.9% in 1996, 4.5% in 2000 and 2.9% in 2003. HIV infection rates may no longer be rising and may potentially be declining in some areas; however, these data should be interpreted cautiously because limited information is available.

Major vulnerable and affected groups

The most common mode of transmission is heterosexual contact, with women comprising half the people living with HIV/AIDS. An estimated 4000 cases of mother-to-child transmission occurred during 2003. AIDS is the leading cause of death among adult women and has orphaned more than 200 000 children. Young people and people living in urban areas are especially affected. The rate in some urban areas is believed to be three times the national rate. Police officers and other personnel of the uniformed services are also considered to be at a high risk of infection. The preliminary results of a survey in 2004 to determine drug use and HIV/AIDS infection rates among former soldiers entering into police service found that 30% of the soldiers tested were HIV positive.

Policy on HIV testing and treatment

The HIV/AIDS National Strategic Plan for 2002-2006 emphasizes care and treatment as well as rapidly scaling up voluntary counselling and testing as critical strategies for comprehensively managing the HIV/AIDS epidemic. Public and private hospitals and clinics throughout the country provide voluntary counselling and testing services. Treatment guidelines exist but need to be revised and standardized. Treatment is provided in 18 centres, and efforts are underway to expand the number of centres gradually.

Antiretroviral therapy: first-line drug regimen, cost per person per year

National norms and guidelines for antiretroviral therapy exist but need to be revised. Despite the existing norms, various first-line regimens are in use: zidovudine + lamivudine + efavirenz (or nevirapine) and stavudine + lamivudine + nevirapine as well as many second-line regimens. Drugs are provided mainly through the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The cost of the first-line drug regimen is about US\$ 200 per person per year.

Assessment of overall health sector response and capacity



Commitment to fight HIV/AIDS exists, but political and economic instability in recent years have stalled Haiti's efforts to address the epidemic and worsened the existing inadequacy of health sector response and capacity. The National Commission to Fight HIV/AIDS, a joint public-private organization, was established in 1989 under the leadership of the Ministry of Public Health and Population to coordinate the country's response to the epidemic. It was reorganized in 2001 under the leadership of the First Lady to coordinate the national multisectoral response, but is currently not operational. An interim HIV/AIDS strategic plan for 2001-2002 was developed in 2000, and the HIV/AIDS National Strategic Plan for 2002-2006 was developed in 2002 to strengthen the national response to the epidemic. It focuses on preventing HIV/AIDS and sexually transmitted infection, preventing mother-to-child transmission, ensuring blood safety and providing care and support for people living with HIV/AIDS. Haiti is a member of the Pan-Caribbean Partnership against HIV/AIDS launched in February 2001 to strengthen collaboration among countries in the region and to link resources of governments and the international community with those of civil society under the leadership of the Caribbean Community Secretariat (CARICOM). The Partnership has also been engaged in negotiating affordable prices for antiretroviral drugs in the Caribbean. Political commitment, strong and successful public-private partnerships and effective management of funds have been important factors contributing to the likely recent stabilization in HIV prevalence rates.

Critical issues and major challenges

Poverty and poor living conditions limit access to health services. Knowledge of HIV and how to prevent transmission is limited, and people living with HIV/AIDS and their families face stigma and discrimination. There is a shortage of health facilities and services, especially in rural areas. Strengthening the health sector is critical for scaling up HIV/AIDS prevention, care and treatment. Tools, treatment protocols and models of service delivery are not standardized. Access to voluntary counselling and testing services is limited, especially among pregnant women and youth in high-prevalence areas. HIV/AIDS care and management has insufficient qualified human resources. The comprehensive supply management of drugs and diagnostics is fragmented. Epidemiological surveillance and monitoring and evaluation systems urgently need to be strengthened. Coordination among various initiatives needs to be improved.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 27.9 million and US\$ 28.3 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 20 000 people in 2005.
- Haiti submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria with a total funding request of US\$ 66.9 million, to provide additional resources for HIV/AIDS prevention, care and treatment programmes. As of November 2005, US\$ 34.8 million had been disbursed for implementation of activities. In 2005, Haiti successfully submitted a proposal to the Global Fund in Round 5, with a total funding request of US\$ 49.9 million, and two-year approved funding of US\$ 19.2 million.
- Haiti is a beneficiary of the United States President's Emergency Plan for AIDS Relief. Under the Emergency Plan, Haiti received more than US\$ 28 million in fiscal year 2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In fiscal year 2005, the United States committed close to US\$ 52.4 million to support Haiti's fight against HIV/AIDS.
- Multilateral and bilateral partners and nongovernmental organizations also support various HIV/AIDS programmes in the country.

5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Haiti's total antiretroviral therapy need to be 40 000 people, and the WHO "3 by 5" treatment target was calculated as 20 000 people by the end of 2005 (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that Haiti's total treatment need had risen to 34 000 people.
- Antiretroviral therapy in Haiti has been primarily provided through private initiatives. Two nongovernmental organizations - the Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) and Partners in Health in collaboration with the Zanmi Lasanté clinics - have been providing antiretroviral therapy free of charge since the late 1990s in coordination with the Ministry of Public Health and Population.
- In December 2004, the Immaculate Conception Hospital in Cayes began delivering antiretroviral therapy to 17 people living with HIV/AIDS with support from the United States President's Emergency Plan for AIDS Relief, Family Health International and the French Cooperation, making it the first public hospital in the country to provide such services. Since then, Family Health International, Management Sciences for Health and many other partners have provided support for about 15 additional public and private sites to deliver antiretroviral therapy. As of November 2005, 18 centres were providing antiretroviral therapy in the country.
- In September 2004, 2829 people were reported to be receiving antiretroviral therapy in Haiti. In March 2005, 3919 people were receiving antiretroviral therapy, and in August 2005, the number was estimated to be 5572.
- The national treatment target for 2005 was set at 9200 people, of which 3650 were expected to receive treatment via the Global Fund grants, and the remaining with support from the United States President's Emergency Plan for AIDS Relief. The United States President's Emergency Plan for AIDS Relief in Haiti has committed to provide treatment for 3900 people by July 2006 and Catholic Relief Services, with direct funding from the United States President's Emergency Plan for AIDS Relief in the United States, has committed to provide treatment to 2000 people. For the year 2006, the total treatment target for Haiti is set at 14 700 people. In 2005, 12 nongovernmental organizations and agencies received funds from both the Global Fund and the United States Emergency Plan for AIDS Relief. This number is expected to increase to 16 in 2006, creating difficulty in detecting duplication in counting the total number of people receiving treatment.
- Haiti's Round 1 grant from the Global Fund is intended to provide antiretroviral therapy coverage to 30% of those in need by 2007. The Round 5 proposal foresees treatment for 10 000 people by 2011, with an estimated additional 15 000 to be funded by the United States President's Emergency Plan for AIDS Relief.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of Public Health and Population provides leadership, and the AIDS Coordination Unit under the Ministry takes technical responsibility for the country's response to the epidemic. The AIDS Coordination Unit also provides leadership in developing policy, implementation and coordination. The National Commission to Fight HIV/AIDS coordinates the multisectoral response. The Ministry of Public Health and Population receives support from the United States Agency for International Development in planning and management. The United States President's Emergency Plan for AIDS Relief and the United States Centers for Disease Control and Prevention support financial management. UNAIDS also provides support for planning. The Ministry along with WHO provides leadership in activities to strengthen the health system.

Service delivery

The Ministry of Public Health and Population provides overall leadership in delivering HIV/AIDS prevention, care and treatment services. The private sector is an important actor in providing health services in Haiti. Several nongovernmental organizations also provide support to the Ministry and play an important role in reaching out to vulnerable populations. The United States Agency for International Development facilitates all activities conducted by United States partners through the United States President's Emergency Plan for AIDS Relief, including preventing mother-to-child transmission, promoting condom use for specific groups, developing behaviour change communication strategies, expanding voluntary counselling and testing services and providing antiretroviral therapy. GHESKIO, in partnership with the Ministry of Health, is providing training in integrated HIV prevention and care services to public and private health centres in each of Haiti's 10 health departments. Partners in Health, JHPIEGO and I-Tech also support clinical training. GHESKIO and Partners in Health-Zanmi Lasanté, as well as a number of other institutions, support voluntary counselling and testing integrated with health services, including providing antiretroviral therapy. The Catholic Relief Services consortium provides care, including antiretroviral drugs, to a number of institutions belonging to the Catholic network. UNICEF also works in antenatal settings. MARCH, a health foundation, provides support for preventing mother-to-child transmission and preventing HIV transmission among young women. In addition, several bilateral partners (including France and Canada) support activities relevant to scaling up antiretroviral therapy. The National Red Cross Society is contributing to expanding access to safe blood.

Community mobilization

UNAIDS and the United Nations Population Fund provide leadership in capacity-building for people living with HIV/AIDS, supported by a number of nongovernmental organizations including Concern Worldwide, GHESKIO and the William J. Clinton Foundation. Other nongovernmental organizations, including Population Services International and PLAN International, provide leadership in programme communication activities with support from UNICEF. Partners in Health has been working in Haiti for 15 years on tuberculosis and HIV/AIDS and has been providing HIV education in Haiti since 1986. Population Services International has been active in Haiti for 12 years in the social marketing of condoms and contraceptives and in communication on behaviour change. CARE has managed mitigation programmes for several years in southern Haiti, including community care and support for people living with HIV/AIDS and their families. The United States Agency for International Development provides support to programmes for HIV/AIDS orphans and vulnerable children. Catholic Relief Services provides community care and support for people living with HIV/AIDS, including providing small loans, community saving plans and food aid to families affected by the epidemic. The World Food Programme runs a food programme for people living with HIV/AIDS in three departments.

Strategic information

The AIDS Coordination Unit, the United States Centers for Disease Control and Prevention and WHO provide leadership in monitoring systems, but systems have not yet been standardized, and coordinating the many partners involved is a challenge. The Institut Haïtien de l'Enfance has the mandate for national management of information on HIV care and treatment, including monitoring the number of people receiving antiretroviral drugs (funded by the United States President's Emergency Plan for AIDS Relief). UNAIDS and WHO are advocating for a single nationwide system.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Providing assistance in developing the HIV/AIDS National Strategic Plan for 2002-2006 and supporting activities related to strengthening the health system
- Providing assistance in developing and reviewing normative guidelines, including guidelines for preventing mother-to-child transmission
- Supporting the development of monitoring and surveillance systems and strengthening in-country activities related to information management
- Establishing an HIV/AIDS country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Providing continued technical support to the national AIDS Coordination Unit
- Providing advocacy and support for decentralization of HIV services and improving the quality of care
- Providing support for training health workers by adapting the WHO Integrated Management of Adult and Adolescent Illness strategy
- Providing support for integration of tuberculosis and HIV programmes and scaling up tuberculosis and HIV interventions
- Providing support for projects among the population infected or affected by HIV/AIDS to generate financial resources and strengthen community participation

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include an international HIV/AIDS Country Officer, one National Programme Officer and one National Programme Officer focusing on tuberculosis.
- Additional staffing needs identified include both an international expert and a national expert in HIV/AIDS to support the Ministry of Public Health and Population.