

## Country Profile — Haiti

## U.S. President's Emergency Plan for AIDS Relief

# Office of the United States Global AIDS Coordinator

Providing leadership, coordination and oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief



**HIV/AIDS** in Haiti

HIV Infected: 280,000<sup>1</sup> AIDS Deaths: 24,000<sup>1</sup>

AIDS Orphans: Not Available<sup>1</sup>

Haiti is the Caribbean country most highly affected by HIV/AIDS. Heterosexual transmission is the most common HIV/AIDS transmission vehicle, followed by mother-to-child transmission. Since the beginning of the epidemic, pregnant women visiting antenatal clinics (ANCs) have provided data to track the evolution of the disease. Three surveys of pregnant women presenting for the first time at ANCs have been conducted by, or on behalf of, the Ministry of Health (MOH). In 2003, the total number of new AIDS cases was

projected to be between 23,714 and 32,853. There are approximately 11,300 HIV-positive women delivering each year, with 3,970 more babies born infected with HIV/AIDS annually.

## U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

## **U.S. Government Response**

The Haitian National HIV/AIDS Strategic Plan (NSP), elaborated in 2002, formed a foundation for formulating the national response to HIV/AIDS. The U.S. Government (USG) response includes:

- Building on existing clinic- and community-based health interventions, such as strong expertise in HIV clinical care, a successful national tuberculosis (TB) control program and a broad array of community-based health programs.
- ♦ Building community networks, particularly the extensive network of faith-based organizations, to link persons living with HIV/AIDS to available services and ensure treatment adherence.
- Supporting Centers of Excellence for antiretroviral treatment (ART) to expand capacity for HIV/AIDS care and treatment service provision at targeted public sites in each of the 10 Haitian health departments.
- Expanding a network of satellite connections to the Centers of Excellence to permit instant communication between experienced treatment centers for review of difficult cases.
- ◆ Training staff members of health care facilities that provide prenatal, gynecological and maternity care in provision of prevention of mother-to-child HIV transmission (PMTCT) services.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (the Emergency Plan) in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations (NGOs) and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Mailing address: SA-29, 2nd Floor 2201 C Street, NW Washington, DC 20522-2920 www.state.gov/s/gac

Haiti is one of 15 focus countries of the Emergency Plan which collectively represent at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Haiti received more than \$28 million in FY2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2005, the U.S. is providing more than \$52.4 million to support Haiti's fight against HIV/AIDS.



## Emergency Plan Achievements in Haiti

### Challenges to Emergency Plan Implementation

Haiti is the poorest country in the Western Hemisphere, with 75 percent of its 8.5 million people living at or below the absolute poverty level. Considerable barriers remain in Haiti in the provision of quality antiretroviral treatment, care and support services: a very low level of public health services; a lack of clinical capacity to deliver ART; and an unreliable commodities logistics system, which cannot be relied upon to ensure timely drug supplies.

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Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through

#### **Critical Interventions for HIV/AIDS Prevention**

- Supported the Management and Resources for Community Health (MARCH) and its expansion of mobile clinics.
- Supported mobile clinics offering counseling, testing, as well as other PMTCT services.
- Supported the distribution of food as an added incentive for pregnant women to come in for antenatal care.
- Assisted MARCH in training and providing counselors and test kits at its mobile clinics. More than 5,000 pregnant women at 26 mobile clinics have been tested for HIV since July 2003.

#### **Critical Interventions for HIV/AIDS Care**

 Used accompagnateurs, individuals who visit HIVpositive women to see that they are taking their medication and provide formula to those who have already delivered, to increase monitoring and oversight of individuals receiving aid.

#### Critical Interventions for HIV/AIDS Treatment

 Helped facilitate delivery of supplies for treatment supported by various international partners, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

Number of individuals reached through downstream site-specific support includes those

Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.