



2008 Country Profile: Haiti

National HIV prevalence rate among adults (ages 15-49): 2.2 percent¹
Adults and children (ages 0-49) living with HIV at the end of 2007: 120,000¹
AIDS deaths (adults and children) in 2007: 7500¹
AIDS orphans at the end of 2007: Not Available¹

Haiti is one of PEPFAR's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Under PEPFAR, Haiti received more than \$28 million in Fiscal Year (FY) 2004, nearly \$51.8 million in FY 2005, approximately \$55.6 million in FY 2006, and \$84.7 million in FY 2007 to support comprehensive HIV/AIDS prevention, treatment and care programs. PEPFAR is providing more than \$100.6 million in FY 2008.

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 (PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. The United States is changing the paradigm for development, rejecting the flawed “donor-recipient” mentality and replacing it with an ethic of true partnership. These partnerships are having a global impact and transforming the face of our world today.

Partnership to Fight HIV/AIDS

The Haitian National HIV/AIDS Strategic Plan, released in 2002, formed a foundation for the national response to HIV/AIDS. The U.S. Government (USG) response supports the national strategy by:

- Building on existing clinic- and community-based health resources, such as strong expertise in HIV clinical care, a successful national tuberculosis control program, and a broad array of community-based health programs;
- Building community networks, particularly an extensive network of faith-based organizations, to link people living with HIV/AIDS to available services and ensure antiretroviral treatment (ART) adherence;
- Supporting Centers of Excellence for ART to expand capacity for HIV/AIDS treatment and care 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 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 services; and
- Enhancing the laboratory network for the clinical sites to support the diagnosis and treatment of HIV and other associated infections.

PEPFAR Results in Haiti

# of individuals receiving antiretroviral treatment as of March 31, 2008 ¹	15,100
# of HIV-positive individuals who received care and support in FY2007 (including TB/HIV) ¹	73,200
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2007 ¹	39,900
# of pregnant women receiving HIV counseling and testing services for PMTCT since the beginning of PEPFAR ^{1,2}	269,500
# of HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of PEPFAR ^{1,3}	3,200
# of counseling and testing encounters (in settings other than PMTCT) in FY2007 ¹	310,900
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2007	773,100
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2007	895,000
# of USG condoms shipped from Calendar Year 2004 to 2007	41,267,000

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Total results combine individuals reached through downstream and upstream support. ² It is possible that some individuals were counseled and tested more than once. ³ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the four-year period, e.g. HIV positive women who were pregnant more than once.



PEPFAR Activities in Haiti

HIV/AIDS in Haiti

Haiti is the Caribbean country most affected by HIV/AIDS. The epidemic is generalized and fueled by endemic poverty and high illiteracy rates.² By the end of 2007, the national HIV prevalence among adults ages 15 to 49 was 2.2 percent.¹ In Haiti, HIV is primarily transmitted through heterosexual contact, followed by mother-to-child transmission. Half of the people living with HIV/AIDS are women.² The recent declines in HIV infection rates are most notable in urban areas, and have been attributed to significant behavioral changes, including fewer partners, delayed sexual debut, and increased condom use. Other explanations for the recent trends include AIDS-related mortality and improvements made in blood safety early in the epidemic. Continued political instability, high internal migration rates, high prevalence of sexually transmitted infections, and weakened health and social services persist as factors with potential negative impacts on the epidemic.² Antiretroviral coverage in Haiti is minimal for rural populations, people in prostitution, and men who have sex with men — ultimately reaching less than 20 percent of the people who need it.²



Challenges to PEPFAR Implementation

Haiti is the poorest country in the Western Hemisphere, with 80 percent of the population living under the poverty line and 54 percent in abject poverty. The country suffers from political, social and economic instability, in addition to recurrent natural disasters and a serious HIV/AIDS epidemic. In the Americas, Caribbean countries have the highest HIV infection levels, and among them, Haiti has the largest number of people living with HIV.³ Even so, knowledge of HIV and prevention information is limited, and people living with HIV/AIDS and their families face a considerable amount of stigma and discrimination. Access to health facilities and services is also poor, especially in rural areas.² Today, AIDS has become the leading cause of death in Haiti among adults ages 15 to 44.³ Considerable barriers remain in Haiti in the provision of quality prevention, treatment, and care services that include: the need to standardize treatment protocols and models of service delivery; poor access to voluntary counseling and testing services; a lack of clinical capacity to deliver ART; and an unreliable commodities logistics system, which cannot be counted on to ensure timely drug supplies.²

Critical Interventions for HIV/AIDS Prevention:

- In FY 2007, supported 87 service outlets providing a minimum package of services to prevent mother-to-child HIV transmission.
- In FY 2007, supported training or retraining for 15,600 individuals to provide HIV/AIDS prevention activities that promote abstinence and/or being faithful.
- Supported enhanced prevention education for high-risk and vulnerable populations such as people in prostitution, mobile workers, men who have sex with men, and uniformed workers.

Critical Interventions for HIV/AIDS Treatment:

- Collaborated with the Global Fund to Fight AIDS, Tuberculosis and Malaria to procure antiretroviral drugs. At six of the PEPFAR-supported sites, first-line regimens are procured by the Global Fund and the USG provides pediatric drugs and second- and third-line regimens. At all other sites, PEPFAR supports all antiretroviral drugs.
- In FY 2007, supported 105 laboratories with the capacity to perform HIV tests, CD4 tests and/or total lymphocyte tests.
- In FY 2007, supported training or retraining, according to national and/or international standards, of approximately 1,000 health workers in the provision of ART.
- Supported the creation of a national committee for the security of medical injections. Under this committee, three major strategic documents have been produced: the National Policy, the Norms and Standards, and the National Strategic Plan for Injection Safety.

Critical Interventions for HIV/AIDS Care:

- Supported efforts that enhanced the availability of services for the diagnosis of infections associated with HIV/AIDS, such as opportunistic infections and tuberculosis.
- Supported efforts to strengthen human capacity to provide care at ART sites. Most ART sites have psychologists trained to help reduce denial and improve adherence to treatment by people living with HIV/AIDS. Support groups for people living with HIV/AIDS have been created to provide emotional and social support to HIV-positive individuals and their families.
- Supported the expansion of services for orphans and vulnerable children focusing on community-based interventions.
- In FY 2007, supported 121 sites providing HIV counseling and testing in settings other than prevention of mother-to-child HIV transmission.

¹ UNAIDS, Report on the Global AIDS Epidemic, 2008.

² WHO, Summary Country Profile on HIV/AIDS Treatment Scale-up – Haiti, 2005.

³ United Nations Development Programme, Human Development Report, 2005.