



## HIV/AIDS HEALTH PROFILE

| HIV and AIDS Estimates   |  |
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| <b>Total Population*</b>   | 9.6 million (mid-2010)                         |
| <b>Estimated Population Living with HIV/AIDS**</b>                           | 120,000 [100,000–140,000] (end 2007)           |
| <b>Adult HIV Prevalence**</b>  | 2.2% [1.9–2.5%] (end 2007)                     |
| <b>HIV Prevalence in Most-at-Risk Populations**</b>                          | Female Sex Workers: 5% (Port-au-Prince) (2007) |
| <b>Percentage of HIV-Infected People Receiving Antiretroviral Therapy***</b> | 61% (2009)                                     |

\*U.S. Census Bureau \*\*UNAIDS \*\*\*WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

With 2.2 percent of adults estimated to be HIV positive, Haiti has a generalized HIV/AIDS epidemic. It has the largest epidemic in the Caribbean, where about three-quarters of HIV-positive people live in Haiti or the Dominican Republic. First reported in 1979, HIV infections in Haiti increased until the early 1990s. Prevalence then began to decrease, particularly in urban areas. HIV prevalence among pregnant women attending antenatal clinics declined notably from 5.9 percent in 1996 to 3.1 percent in 2004. The decline, however, appears to have stabilized at 2.2 percent prevalence in recent years. The latest sentinel antenatal survey found a seroprevalence rate among pregnant women of 2.7 percent. While positive behavior changes

may be in part responsible for the overall decline, significant levels of high-risk behavior have persisted, particularly in rural areas and among young people. Overall, the negative health, economic, and social impacts of HIV/AIDS continue to be disproportionately high due to a weak health care system, extreme poverty, and AIDS-related stigma and discrimination.

Similar to other countries, there are substantial differences in the burden of the epidemic. Women are disproportionately affected, with young women ages 15 to 24 more than twice as likely to be HIV infected as young men (with prevalence rates of 1.4 percent and 0.6 percent, respectively). Regional variation is also apparent, with Nippes having the highest prevalence rates (3.8 percent among women) and the Southeast having the lowest prevalence rates (1.7 percent among women). According to a 2010 United Nations General Assembly Special Session (UNGASS) report, the age groups most affected are women ages 30 to 34 years (4.1 percent prevalence) and men ages 40 to 44 years (4.4 percent prevalence).

The majority of HIV cases reported in Haiti are due to heterosexual transmission, which is sometimes tied to formal and informal sex work. According to surveys in 2001, 2 percent of women in Haiti were involved in sex work. Moreover, surveys throughout the Caribbean have identified high rates of HIV among sex workers. Epidemiological studies on men who have sex with men (MSM) are relatively rare in the Caribbean, but available research suggests the HIV burden may be high in the Caribbean MSM population. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), in general, injecting drug users appear to play a relatively modest role in the epidemic in the Caribbean.

In terms of identifying knowledge and key risk behaviors, the few behavioral studies performed show a similarity between the situation in Haiti and those of other countries in the Caribbean. While research indicates increasing knowledge about HIV/AIDS, the percentage of young women and men ages 15 to 24 who can both correctly identify ways of preventing HIV transmission and who reject major misconceptions regarding HIV transmission remains low, at just 35 percent. Moreover, knowledge of HIV is not necessarily correlated with the adoption of safer behavior or preventive practices. For example, between 1994 and 2006, the percentages of young women and young men ages 15 to 24 who became sexually active before their 15<sup>th</sup> birthday increased from 9 to 15 percent among young women and from 17 to 43 percent among young men. During the same time period, the proportion of young men who had more than one partner in the past 12 months remained about the same, at approximately 30 percent (UNAIDS, 2008). In addition, people at high risk of exposure to HIV appear not to consistently use condoms. Just 34 percent of men and 21 percent of women ages 15 to 49 who have had more than one sexual partner in the past 12 months report using a condom during last sexual intercourse. However, condom use among this same risk group is substantially higher among young people ages 15 to 24, at 49 percent. In terms of most-at-risk populations, positive developments are appearing, with 90 percent of female sex workers



reporting using a condom with their most recent client and 73 percent of MSM reporting using a condom at their last intercourse. In addition, approximately 71 percent of sex workers and 48 percent of MSM appear to have had an HIV test and learned their results within the past 12 months (UNAIDS, 2008). Cultural attitudes related to sexuality, rape, forced first intercourse, and sexual intercourse between partners of different ages are additional HIV risk factors (UNGASS, 2010).

According to the World Health Organization (WHO), Haiti had an estimated tuberculosis (TB) incidence rate in 2008 of 250 new cases per 100,000 population. Approximately 23 percent of new TB cases in 2008 occurred among people who were HIV positive. This high percentage of co-infection poses a significant challenge to providing treatment and care for both diseases in the future.

## National Response

The Government of Haiti (GOH) is in the process of strengthening its HIV/AIDS response and intensifying efforts in prevention, care, support, and treatment. First launched by the Ministry of Public Health and Population (MSPP) in 1996, the first national strategic plan for the prevention and control of HIV/AIDS and sexually transmitted infections (STIs) aimed to reduce risk, vulnerability, and the impact of HIV/AIDS and other STIs. The latest National Multisectoral Strategic Plan was developed for five years (2008–2012) and outlines the structure of the National Commission for the Fight against AIDS and the establishment of a single system of monitoring and evaluation (M&E). Sectors involved include the MSPP, the Ministry of Social Affairs and Labor, the Department on the Condition of Women and the Rights of Women, and the Ministry of Education and Vocational Training. A plan for monitoring and evaluating the National Plan for the Fight against AIDS for 2010 to 2012, based on the National Multisectoral Strategic Plan, was also developed in 2009.

The MSPP coordinates the national plan to ensure proper planning, standardization, and M&E of activities. All stakeholders have the opportunity to participate in planning and decision making through “clusters,” which are focus groups that convene members of partner organizations according to their fields of interest, such as behavior change and community engagement, training, M&E, management, and laboratory efforts. Two major program areas – support and prevention – have been identified.

In terms of support, this area is focused on adults, children at risk or who have HIV, support for STIs in general, and support for TB-HIV co-infection. Prevention activities focus on behavior change communication is the key element, particularly regarding the rejection of risky sexual behaviors (such as unprotected sex and multiple partners), voluntary counseling and testing services, prevention of mother-to-child transmission of HIV (PMTCT) and blood and injection safety.

Each year in conjunction with World AIDS Day, the Department of Communication for Behavioral Change and Community Engagement launches a national information and awareness campaign that reflects national needs and the international theme of World Youth Day. The campaign lasts one year, with intensified efforts during key periods, including World AIDS Day, Carnival, Valentine’s Day, Memorial Day, the summer holidays, local festivals, and during disaster situations. Recent campaigns have promoted the use of maternal health services and PMTCT and have assessed the level of commitment from all sectors. The annual campaign is planned by a working group comprising representatives of major institutions and partner agencies, and implementation takes place in districts with the involvement of a departmental consultation group. Annual campaigns result in the production of various communication materials, such as brochures, audio spots, and documentaries.

Non-health interventions coordinated by the Ministry of Social Affairs and Labor and the Ministry of Education and Vocational Training have included a training curriculum for the care of orphans and vulnerable children and interventions to benefit people living with HIV/AIDS (PLWHA) by providing microcredit, employment guidance, training, and by creating advocacy groups. The Ministry of Education and Vocational Training delivers a sex education curriculum in schools tailored to different age groups. Key activities in 2009 included workshops on integrating HIV/AIDS into the health education curriculum and standardizing guidelines and modules. The Department on the Condition of Women and the Rights of Women has established the Haitian Coalition on Women and HIV/AIDS in the country’s 10 departments; institutionalized the National Consultation on Violence Against Women; provided information, communication, and awareness raising to promote nonsexist attitudes; provided shelters and created a hotline (SOS Femmes) for female victims of violence; and promoted PMTCT.

The GOH's response to the HIV/AIDS epidemic must now be balanced with management of the priorities of the post-earthquake situation. In addition to the lives lost and affected by the disaster, the GOH must also contend with the destruction of local and institutional archives of nearly all ministries involved in HIV/AIDS support. To meet UNAIDS reporting requirements, in March 2010, the MSPP coordinated with partners to share information on financial flows for AIDS spending, and data have been obtained in record time from accounting records of the largest donors, including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Canadian Government, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. To study the composite index of national policies, a questionnaire has been distributed to public officials and representatives of civil society organizations and bilateral agencies and organizations. Of 40 institutions, 30 (75 percent) have thus far completed the questionnaire.

In 2009, an estimated 61 percent of those in need of antiretroviral therapy (ART) in Haiti were receiving it (*Towards Universal Access*, 2010). An estimated 60 percent of pregnant women living with HIV received ART for PMTCT. While this number is still not satisfactory, from 2008 to 2009, there was a 24 percentage point increase in women enrolled. To continue to improve this situation, an integrated package of PMTCT, antenatal visits, and family planning activities has been developed by the Directorate of Family Health of the MSPP. In addition, a pilot phase of early diagnosis of HIV in newborns and infants was launched in 2008 and has since been extended to 20 institutions in 2009 in several departments of the South, Artibonite, West, Central, and North regions.

Haiti receives assistance from a variety of foundations, civil society groups, corporations, and international organizations, including the Global Fund. Since 2003, the Global Fund has disbursed more than \$136.3 million to Haiti, and the latest seventh-round grant of \$6.2 million aims to improve the quality of life for PLWHA, with a focus on ensuring access to treatment extends beyond the main cities. Training is being provided to four provincial directorates, and revised standards for the care of HIV-positive patients are being disseminated throughout the health care system. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide.

## **USAID Support**

Through the U.S. Agency for International Development (USAID), Haiti received \$38.96 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Haiti are implemented as part of PEPFAR. Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Efforts in Haiti have focused on prevention programming, ART, and strengthening the Government's response in prevention and treatment. HIV/AIDS activities are meant to be integrated and cross-cutting.

USAID-supported primary health care services are integrated at the health facility level so that people receive maternal and child health, family planning, HIV/AIDS, STI, and TB services as a package. At the end of 2009, 24,000 HIV-positive individuals were receiving ART. Programs providing community- and family-level support for PLWHA were expanded to all 10 regional departments. More than 59,000 children orphaned or made vulnerable by HIV/AIDS received support in the form of supplemental food, health care, immunizations, legal and social services, and school scholarships.

More than 1,400 HIV-positive persons have been diagnosed as co-infected with TB and are enrolled in TB treatment services. USG-assisted TB clinics tested 47 percent of their patients for HIV this year, a significant level compared to the national level of 18.5 percent.

Community outreach activities for HIV/AIDS prevention reached almost 1.3 million persons, contributing to awareness, knowledge, and behavior change. Prevention, counseling, and testing services were provided in formal sector workplaces, with more than 60,000 people reached by 150 trained peer coworkers who promoted HIV/AIDS prevention in the workplace.

PMTCT remains a weak component of the HIV/AIDS program in Haiti, primarily because of poor obstetric services in the national health care system and a 75 percent home childbirth rate. Of the estimated 368,000 pregnant women in the country in 2009, only 155,815 were tested for HIV. Of the 4,276 who were identified as HIV positive, only 2,443 received ART to prevent HIV transmission to their children. A new initiative actively involves fathers in the PMTCT program, addressing a critical gender bias in responsibility for child care. It is showing promising results.

HIV/AIDS programming is also being linked with other development assistance efforts. In a youth vocational training program, 120 youth have been trained as peer educators to promote HIV/AIDS prevention in their communities. Collaboration with the Ministry of Education and Vocational Training has resulted in the development of age-appropriate curriculum modules that address sexual health, HIV/AIDS prevention, gender equality, and sexual violence for the first through ninth grades. Linkages with economic growth programs have supported cash-for-work infrastructure projects in which 65 percent of workers were PLWHA and that provided 120 short-term jobs and 59,000 person-days of employment.

### **Important Links and Contacts**

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Web site: <http://www.usaid.gov/ht/>

USAID's HIV/AIDS Web site for Haiti: [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/haiti.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/haiti.html).

For more information, see USAID's HIV/AIDS Web site: [http://www.usaid.gov/our\\_work/global\\_health/aids/](http://www.usaid.gov/our_work/global_health/aids/) and the Latin American and Caribbean HIV/AIDS Initiative's Web site:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lacin.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lacin.html).

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