

PN-ACC-639

*CIHI Country Health Profile Series*

# HAITI

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## Health Statistics Report 1996



Center for International Health Information  
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# HAITI

## Health Statistics Report

**T**his is part of a series of Country Health Profiles produced by the Center for International Health Information (CIHI). Each profile provides quantitative data on current health and demographic conditions in a developing country. Profile information is compiled from CIHI's databases and reference library and through research and analysis of other data sources.

CIHI's Health Statistics Reports are intended to provide data in a concise format for individuals and organizations involved in health sector policy and decision-making. Contact CIHI at the address on the preceding page for information on the availability of country health profiles and health statistics reports, or look for these reports on the Internet at the following address: *www.cihi.com*.

In order to enable CIHI to report the most current health and demographic data, readers are encouraged to provide any more recent or more accurate information by contacting the center directly or through USAID's Office of Health and Nutrition.

## EDITOR'S NOTES

*1. Data Notes. For definitions of indicators and commentary regarding their derivation, the reader is referred to Section II.*

*2. References & Sources. Sources in this profile are referred to by a seven-digit code. Generally, the first three letters refer to a source institution, the following two numbers refer to the year of publication or transmittal, and the final two numbers uniquely identify the individual source. A complete list of sources appears in Section III.*

*3. Comparative Graphs and Tables. Unless otherwise specified, indicator values for country groupings are median values for the countries in each aggregate grouping for which data are available. Regional groupings include: (1) Sub-Saharan Africa, which includes the 47 countries comprising USAID's Africa Region; (2) No. Africa & Mideast, which corresponds to USAID's Near East Sub-region and includes 21 countries from Morocco in the West to Afghanistan in the East; (3) Asia, which corresponds to USAID's Asia Sub-region and includes 24 developing countries from Pakistan eastward; (4) Latin Am. & Carib. which includes 46 countries of Central and South America and the Caribbean and corresponds to USAID's Latin America and Caribbean region. Income groupings are based on the classifications used by the United Nations' Human Development Report 1995, which are defined as: (1) Low -Income Countries (GNP per capita = \$696 or less), (2) Middle-Income Countries (GNP/capita \$696-\$8,625); (3) High-Income Countries (GNP/capita > \$8,625). "Developing Countries" indicators are based on 107 countries which are not regarded as "Established Market Economies" by the World Bank's World Development Report 1994.*

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## I: HEALTH & DEMOGRAPHIC OVERVIEW

### Current Demographic and Health Indicators

Demographic Indicators			
INDICATOR	VALUE	YEAR	SOURCE
Total population (000s)	7,180	1995	UNP9400
Urban percent	32	1995	UNP9400
Women ages 15-49 (000s)	1,769	1995	CAL9602
Infant mortality rate	73	1994	DHS9513
Under 5 mortality rate	131	1994	DHS9513
Maternal mortality rate	1,000	1990	UN9601
Life expectancy at birth	58	1995	UNP9400
Number of births (000s)	249	1995	CAL9603
Annual infant deaths (000s)	20	1995	CAL9604
Total fertility rate	4.8	1995	PRB9601

Child Survival Indicators			
INDICATOR	VALUE	YEAR	SOURCE
<b>Vaccination Coverage (%)</b>			
BCG	48	1994	WHE9601
DPT3	30	1994	WHE9601
Measles	24	1994	WHE9601
Polio 3	30	1994	WHE9601
TT2+	23	1994	WHE9601
DPT drop out rate	52	1994	DHS9513
<b>Oral Rehydration Therapy (%)</b>			
ORS access rate	52	1991	WHD9201
ORT use rate	31	1994	DHS9513
<b>Contraceptive Prevalence (%)</b>			
CPR, modern methods	13	1994	DHS9513
CPR, all methods	18	1994	DHS9513
<b>Nutrition (%)</b>			
Adequate nutritional status	60	1978	WHA7929
Exclusive breastfeeding	3	1994	DHS9513
Complementary feeding	86	1994	DHS9513
Continued breastfeeding	89	1994	DHS9513

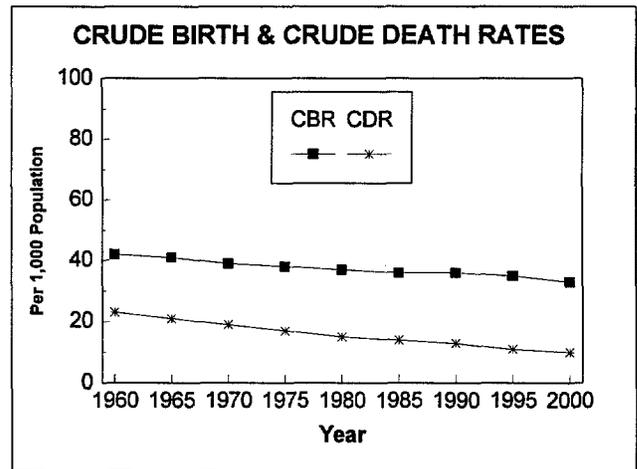
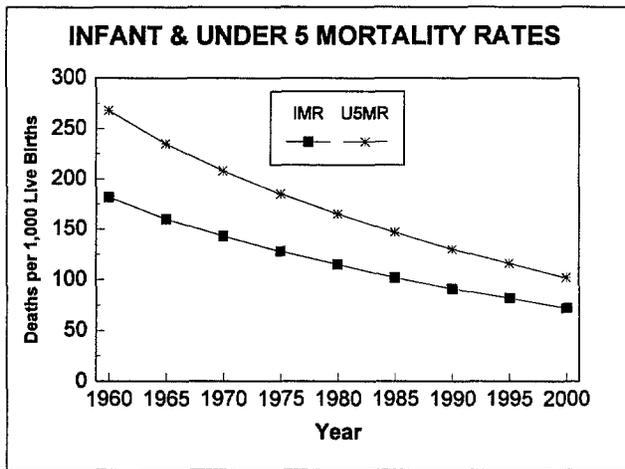
Other Health Indicators			
INDICATOR	VALUE	YEAR	SOURCE
<b>HIV Prevalence</b>			
Adults (per 100,000)	4,444	1994	WHO9601
<b>Access to Improved Water (%)</b>			
Urban	55	1991	JMP9301
Rural	33	1991	JMP9301
<b>Access to Sanitation (%)</b>			
Urban	55	1991	JMP9301
Rural	16	1991	JMP9301
<b>Delivery Conditions</b>			
Deliveries by trained attendants (%)	46	1994	DHS9513

NA=Notavailable

## Trends in Selected Demographic and Health Indicators\*

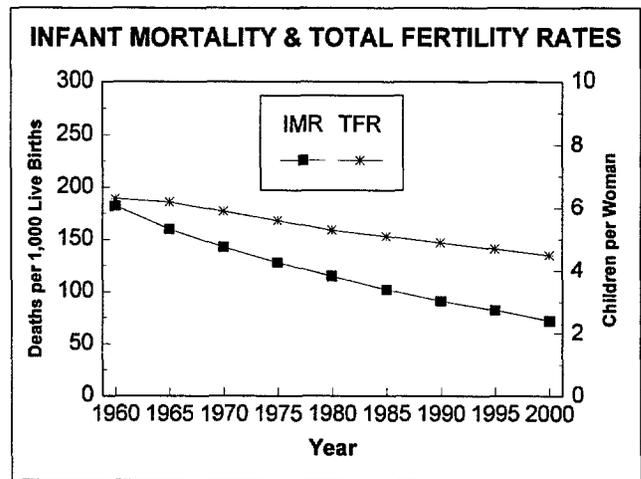
INDICATOR	1960	1965	1970	1975	1980	1985	1990	1995	2000	SOURCE
Infant Mortality Rate	182	160	143	128	115	102	91	82	72	UNP9400
Under 5 Mortality Rate	268	235	208	185	165	147	130	116	102	JEE9507
Crude Birth Rate	42	41	39	38	37	36	36	35	33	UNP9400
Crude Death Rate	23	21	19	17	15	14	13	11	10	UNP9400
Avg Annual Growth	1.7	1.7	1.7	1.7	1.8	1.9	2.0	2.1	2.1	UNP9400
Total Fertility Rate	6.3	6.2	5.9	5.6	5.3	5.1	4.9	4.7	4.5	UNP9400

\*Time series based on estimates and projections prior to 1995 Demographic and Health Survey(DHS).



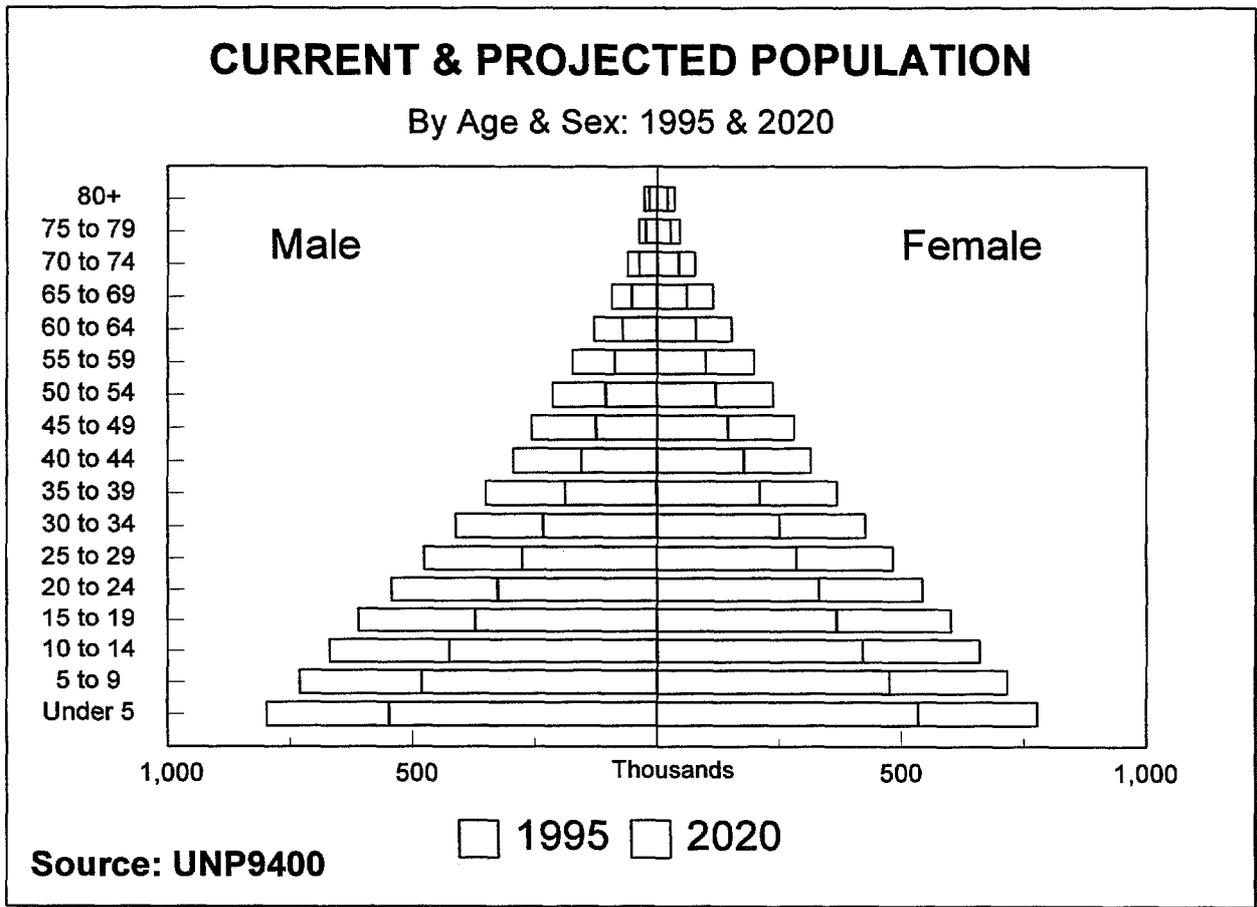
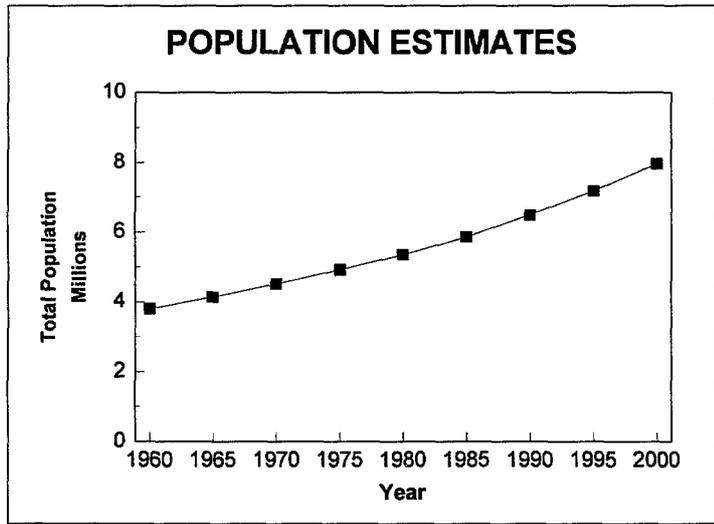
### IMR and TFR

The relationship between IMR and TFR is currently a subject under review by the scientific community. While there is not conclusive evidence that the IMR and TFR are causally linked and necessarily decline together, there is empirical evidence for suspecting that such a reinforcing relationship exists as the pattern is observable in most countries.

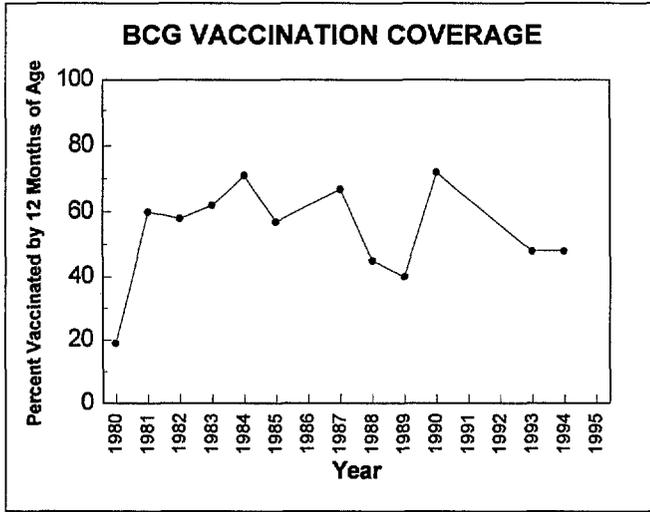


## Population Estimates/Pyramid

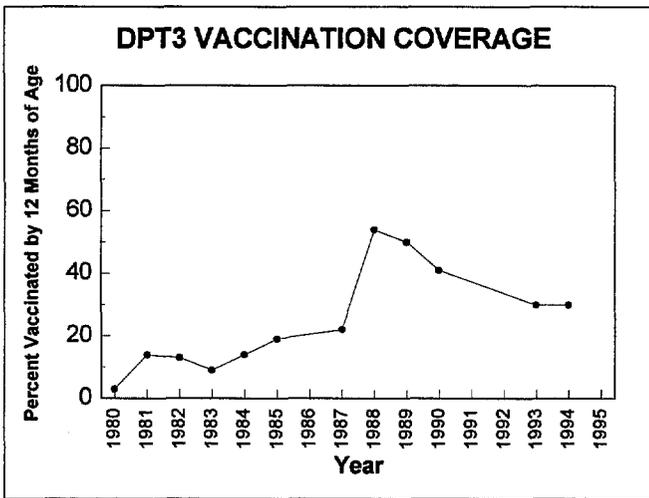
POPULATION ESTIMATES		
YEAR	VALUE	SOURCE
1960	3,804,000	UNP9400
1965	4,143,000	UNP9400
1970	4,520,000	UNP9400
1975	4,920,000	UNP9400
1980	5,353,000	UNP9400
1985	5,865,000	UNP9400
1990	6,486,000	UNP9400
1995	7,180,000	UNP9400
2000	7,959,000	UNP9400



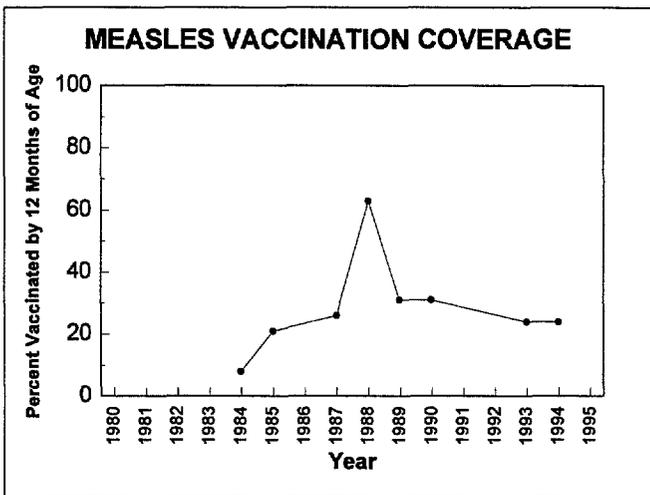
## Trends in Selected Health and Child Survival Indicators Vaccination Coverage Rates



BCG COVERAGE		
YEAR	PERCENT	SOURCE
1980	19	WHE8700
1981	60	WHE8700
1982	58	WHE8700
1983	62	WHE8700
1984	71	WHE8700
1985	57	WHE8700
1986	NA	
1987	67	IHE8901
1988	45	WHE9000
1989	40	PAH9001
1990	72	WHE9100
1991	NA	
1992	NA	
1993	48	WHE9403
1994	48	WHE9601
1995	NA	

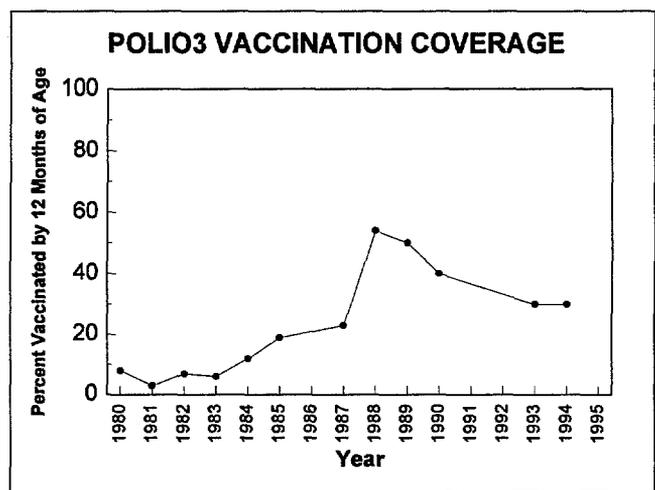


DPT3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	3	WHE8700
1981	14	WHE8700
1982	13	WHE8700
1983	9	WHE8700
1984	14	WHE8700
1985	19	WHE8700
1986	NA	
1987	22	IHE8901
1988	54	WHE9000
1989	50	PAH9001
1990	41	WHE9100
1991	NA	
1992	NA	
1993	30	WHE9403
1994	30	WHE9601
1995	NA	

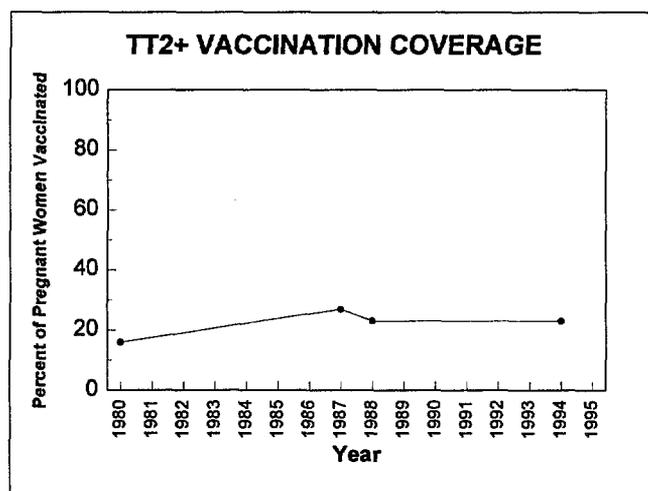


MEASLES COVERAGE		
YEAR	PERCENT	SOURCE
1980	NA	
1981	NA	
1982	NA	
1983	NA	
1984	8	WHE8700
1985	21	WHE8700
1986	NA	
1987	26	IHE8901
1988	63	WHE9000
1989	31	PAH9001
1990	31	WHE9100
1991	NA	
1992	NA	
1993	24	WHE9403
1994	24	WHE9601
1995	NA	

### Vaccination Coverage Rates, continued

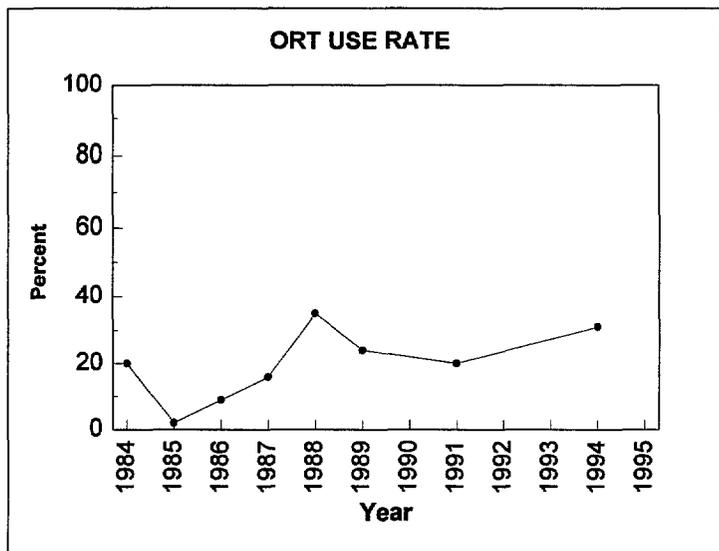


POLIO3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	8	WHE8801
1981	3	WHE8700
1982	7	WHE8700
1983	6	WHE8700
1984	12	WHE8700
1985	19	WHE8700
1986	NA	
1987	23	IHE8901
1988	54	WHE9000
1989	50	PAH9001
1990	40	WHE9100
1991	NA	
1992	NA	
1993	30	WHE9403
1994	30	WHE9601
1995	NA	



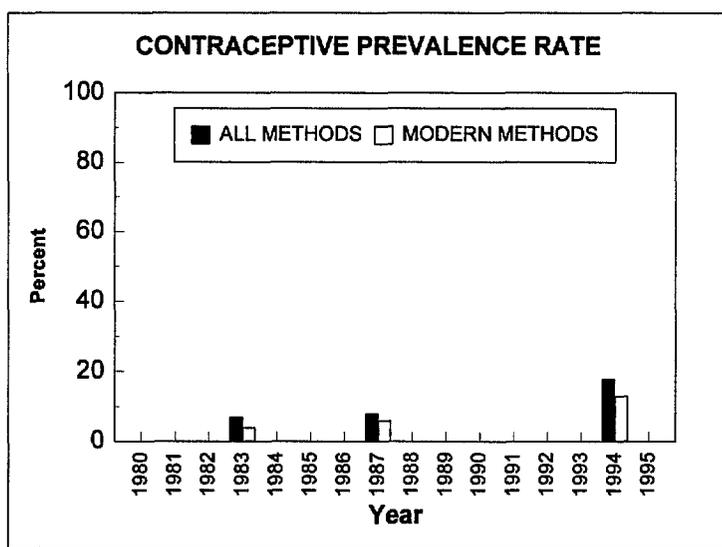
TT2+ COVERAGE		
YEAR	PERCENT	SOURCE
1980	16	WHE8700
1981	NA	
1982	NA	
1983	NA	
1984	NA	
1985	NA	
1986	NA	
1987	27	IHE8901
1988	23	WHE9000
1989	NA	
1990	NA	
1991	NA	
1992	NA	
1993	NA	
1994	23	WHE9601
1995	NA	

### ORT Use Rate



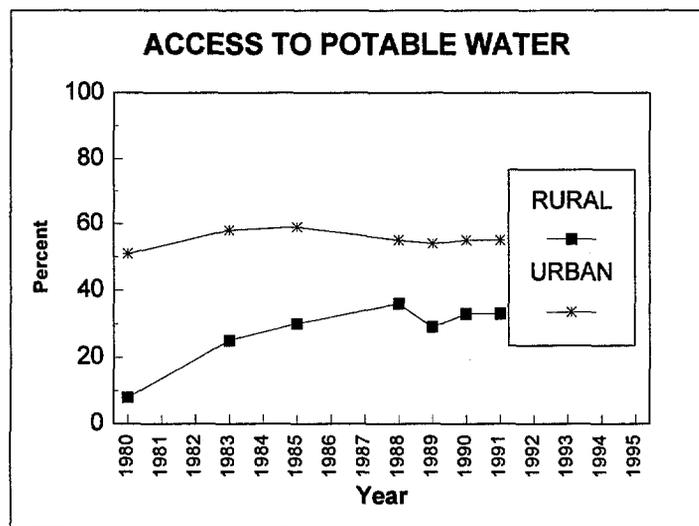
ORT USE RATE		
YEAR	PERCENT	SOURCE
1984	20	WHD8601
1985	2	WHD8700
1986	9	WHD8800
1987	16	WHD8900
1988	35	WHD9001
1989	24	WHD9100
1990	NA	
1991	20	WHD9201
1992	NA	
1993	NA	
1994	31	DHS9513
1995	NA	

### Contraceptive Prevalence Rate



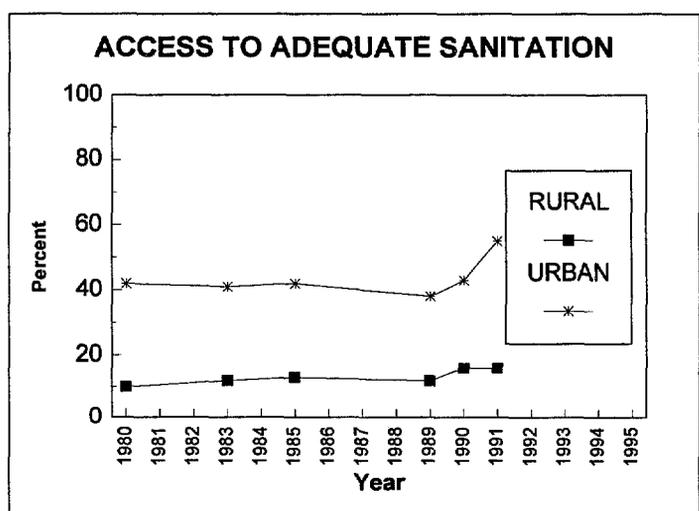
YEAR	ALL METHODS		MODERN METHODS	
	METHODS	SOURCE	METHODS	SOURCE
1980	NA		NA	
1981	NA		NA	
1982	NA		NA	
1983	7	BUC9401	4	BUC9401
1984	NA		NA	
1985	NA		NA	
1986	NA		NA	
1987	8	BUC9401	6	BUC9401
1988	NA		NA	
1989	NA		NA	
1990	NA		NA	
1991	NA		NA	
1992	NA		NA	
1993	NA		NA	
1994	18	DHS9513	13	DHS9513
1995	NA		NA	

### Access to Potable Water



YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	8	WHO9101	51	WHO9101
1981	NA		NA	
1982	NA		NA	
1983	25	WHO9101	58	WHO9101
1984	NA		NA	
1985	30	AID9201	59	AID9201
1986	NA		NA	
1987	NA		NA	
1988	36	WHO9101	55	WHO9101
1989	29	AID9201	54	AID9201
1990	33	AID9201	55	AID9201
1991	33	JMP9301	55	JMP9301
1992	NA		NA	
1993	NA		NA	
1994	NA		NA	
1995	NA		NA	

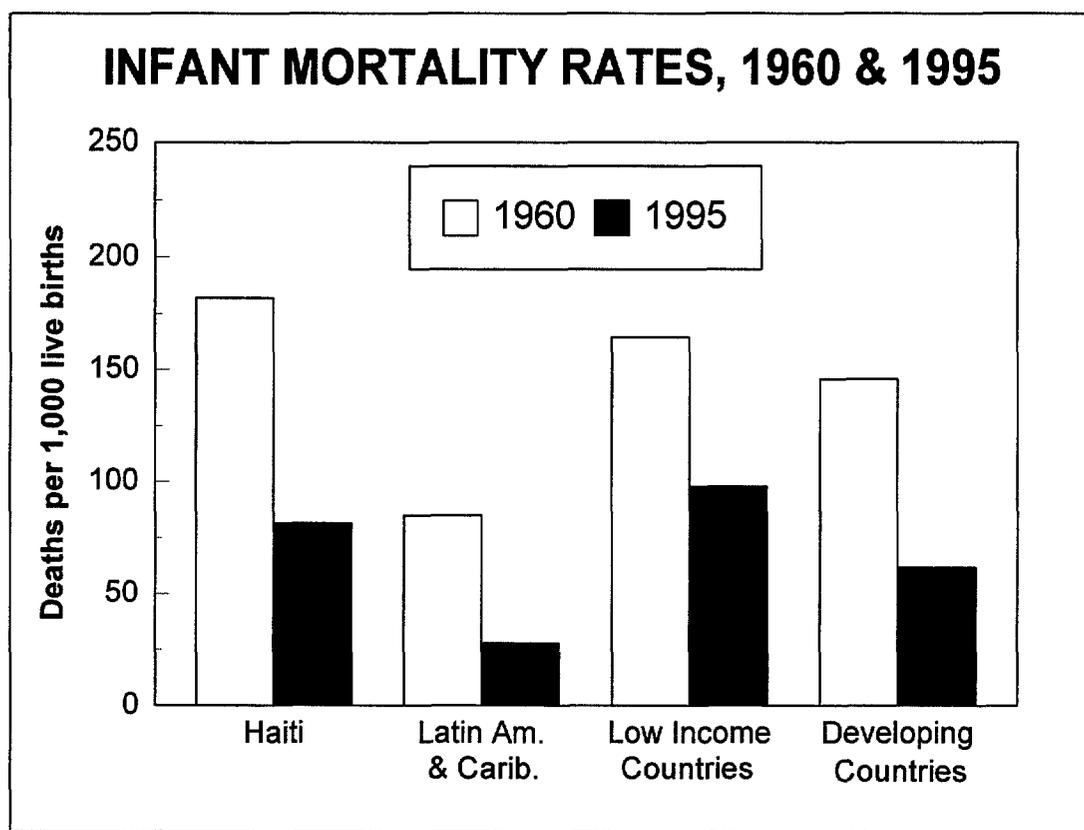
### Access to Adequate Sanitation



YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	10	WHO9101	42	WHO9101
1981	NA		NA	
1982	NA		NA	
1983	12	WHO9101	41	WHO9101
1984	NA		NA	
1985	13	AID9201	42	AID9201
1986	NA		NA	
1987	NA		NA	
1988	NA		NA	
1989	12	AID9201	38	AID9201
1990	16	AID9201	43	AID9201
1991	16	JMP9301	55	JMP9301
1992	NA		NA	
1993	NA		NA	
1994	NA		NA	
1995	NA		NA	

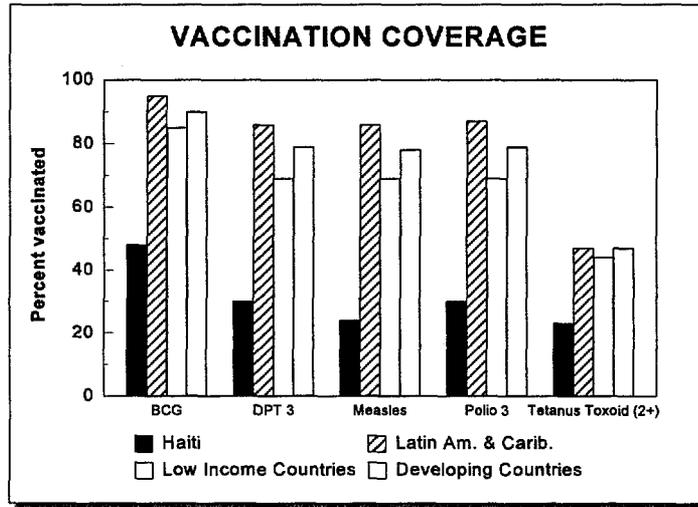
## COMPARATIVE INDICATORS

### Comparative Infant Mortality Rates



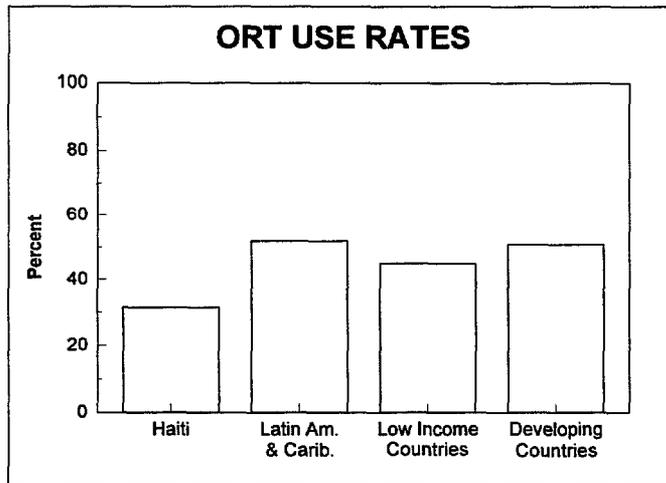
YEAR	1960	1995	Source
Haiti	182	82	UNP9400
<i>Median values for country groupings:</i>			
Latin Am. & Carib.	85	28	CAL9606
Low Income Countries	165	98	CAL9606
Developing Countries	146	62	CAL9606

### Comparative Vaccination Coverage Rates



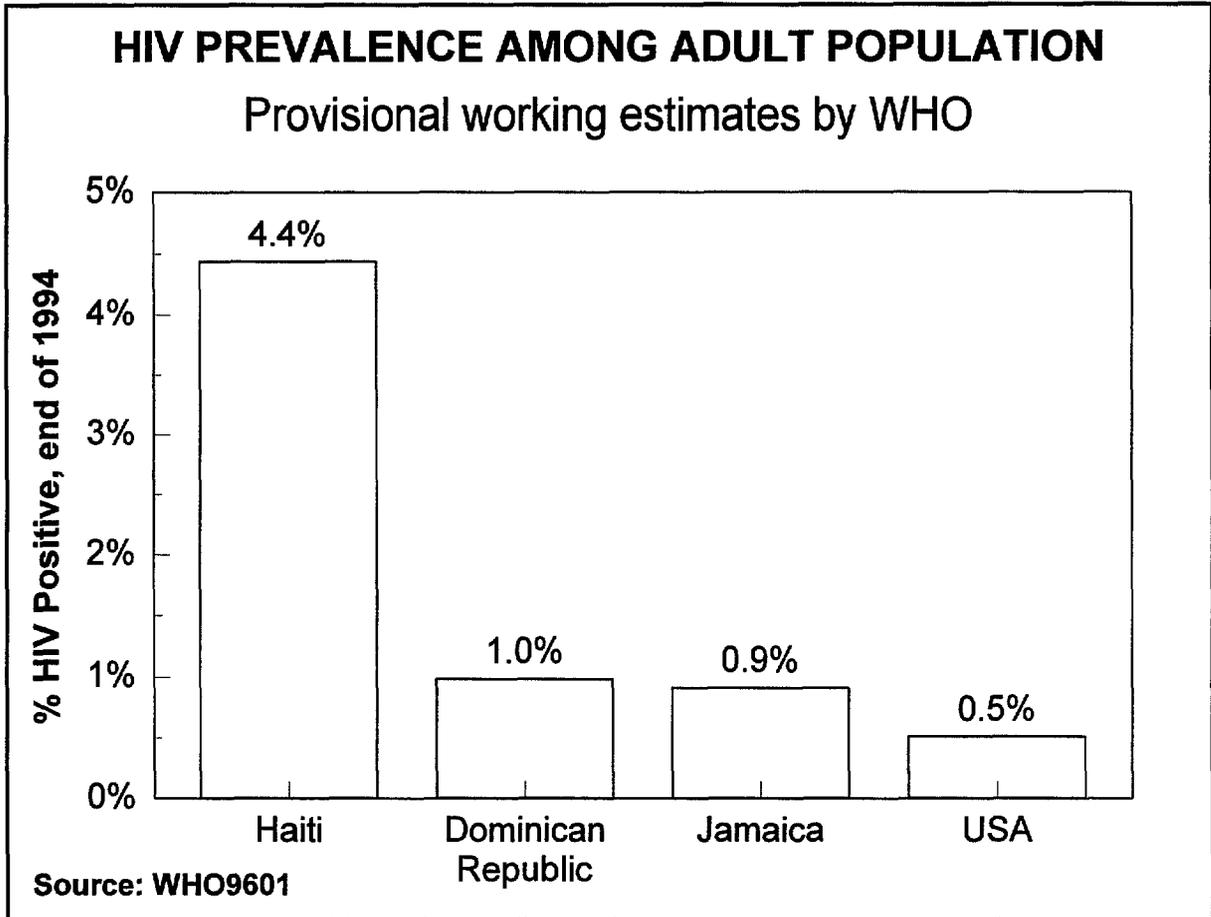
Vaccination Coverage	Haiti	Year	Source	Median values for country groupings: (CAL9606)		
				Latin Am. & Carib.	Low Income Countries	Developing Countries
BCG	48	1994	WHE9601	95	85	90
DPT 3	30	1994	WHE9601	86	69	79
Measles	24	1994	WHE9601	86	69	78
Polio 3	30	1994	WHE9601	87	69	79
Tetanus Toxoid (2+)	23	1994	WHE9601	47	44	47

### Comparative ORT Use Rates



COUNTRY	ORT USE RATE	YEAR
Haiti	31	1994
Source	DHS9513	
<b>Median values for country groupings:</b>		
Latin Am. & Carib.	52	1995
Low Income Countries	45	1995
Developing Countries	51	1995
Source	CAL9606	

### Human Immunodeficiency Virus (HIV) Prevalence Rates



## II: DATA NOTES

### *I. Note On Mortality Estimation*

Various organizations produce mortality estimates for the developing countries and regions. The three largest sources are the United Nations Population Division, the World Bank and the United States Bureau of the Census. CIHI's Health Statistics Database draws upon the work of these three larger organizations as well as other sources in order to reconcile the various estimates and provide the most reasonable current and historical estimates available.

CIHI has also created the only comprehensive time series of under-five mortality estimates for all developing countries. This has been accomplished by developing mathematical equations from empirical data that describe the relationship between infant and under-five mortality. Using these equations it is possible to make estimates of under-five mortality from infant mortality or *vice-versa*. More details regarding CIHI's methodology for specific data sets are provided in the source references.

### *II. Definitions*

#### *Demographic indicators:*

**Annual Infant Deaths:** An estimate of the number of deaths occurring to children under age one in a given year.

**Average Annual Rate of Population Growth:** An estimate of the rate at which a population is increasing (or decreasing) in a given year.

**Children Under Age 1:** Mid-year estimate of the total number of children under age one.

**Contraceptive Prevalence Rate:** Estimate of the proportion of women

aged 15 through 44 (sometimes 15 through 49) currently using a modern method of contraception. For some countries, this data is only available for women in union or married. Where sources fail to distinguish modern and traditional methods, the combined rate is shown.

**Crude Birth Rate:** An estimate of the number of live births per 1,000 population in a given year.

**Crude Death Rate:** An estimate of the number of deaths per 1,000 population in a given year.

**Infant Mortality Rate:** The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. This rate may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

**Life Expectancy At Birth:** An estimate of the average number of years a newborn can expect to live. Low life expectancies in developing countries are in large part due to high infant mortality.

**Maternal Mortality Rate (or Ratio):** Estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

**Total Population:** Mid-year estimate of total number of individuals in a country.

**Total Fertility Rate:** Estimate of the average number of children a woman

would bear during her lifetime given current age-specific fertility rates.

**Under 5 Mortality Rate:** The estimated number of children born in a given year who will die before age five per 1,000 live births in that same year. May be calculated by direct or indirect methods.

**Urban Population:** Population living in urban areas as defined according to the national definition used in the most recent population census.

#### *Child survival indicators:*

**Adequate Nutritional Status:** An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center for Health Statistics, endorsed by WHO. The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.

**Complementary Feeding:** An estimate of the proportion of infants six to nine months of age (181 days to 299 days) still breastfeeding but also receiving complementary weaning foods.

**Continued Breastfeeding:** An estimate of the proportion of children breastfed for at least one year. Values presented in this report are the proportion of children 12 to 15 months of age at the time of the survey still receiving breast milk.

**DPT Drop-out Rate:** An estimate of the proportion of living children between the ages of 12 and 23 months

who received at least one DPT vaccination but who did not receive the entire series of three vaccinations before their first birthdays.

**Exclusive Breastfeeding:** An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breast milk.

**ORS Access Rate:** An estimate of the proportion of the population under age five with reasonable access to a trained provider of oral rehydration salts who receives adequate supplies. This indicator is particularly difficult to measure and may fluctuate dramatically as various methods of estimation are devised.

**ORT Use Rate:** Estimate of the proportion of cases of diarrhea in children under five treated with **ORS and/or RHF** (a recommended home fluid). ORT use may be determined using administrative means or surveys. Administrative estimates are generally based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available; these estimates are highly sensitive to changes in estimates of the frequency of diarrhea episodes. Surveys more precisely focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

**Vaccination Coverage In Children:** Estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday (three times in the cases of polio and DPT and once for both measles and BCG). Rates are calculated in two ways: Administrative estimates are based on reports of the number of inoculations of an antigen given during a year to children who have not yet reached their first birthday divided by an estimate of the pool of children under one year of age eligible for vaccination. Survey estimates are based on samples of children between the ages of 12 and 23 months.

**Vaccination Coverage In Mothers:** Estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid (TT) during their pregnancies. A revised indicator, referred to as TT2+, is now commonly used to account for the cumulative effect of TT boosters. A woman and her baby are protected against tetanus when a mother has had only one or perhaps no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (This number varies with number received previously and the time elapsed.) Rates are computed using administrative methods or surveys.

**Other health sector indicators:**

**Access to Adequate Sanitation:** Definitions vary over time. In the past, this has been an estimate of the proportion of the population with sanitation service provided through sewer systems or individual in-house or in-compound excreta disposal facilities (latrines). After WHO changed its indicators and definitions in the late 1980s, this is now defined as the proportion with reasonable access to sanitary means of excreta and waste disposal, including outdoor latrines and composting.

**Access to Health Services:** An estimate of the proportion of the population that can reach appropriate local health services by local means of transport in no more than one hour. Recently WHO has revised its definition to the proportion of the population having treatment for common diseases and injuries and a regular supply of the essential drugs on the national list within one hour's walk or travel.

**Access to Safe Water:** Proportion of the population with reasonable access to safe water supply, including treated surface waters or untreated but uncontaminated water such as that from

springs, sanitary wells or protected boreholes. Reporting can be highly subjective. Varying definitions are used for reasonable access in urban/rural areas:

**Access to Safe Water, Urban:** Estimate of the proportion of all persons living in urban areas (defined roughly as population centers of 2,000 or more persons) who live within 200 meters of a standpipe or fountain source of water.

**Access to Safe Water, Rural:** Estimate of the proportion of all persons not living in urban areas with a source of water close enough to home that household members do not spend a disproportionate amount of time fetching water.

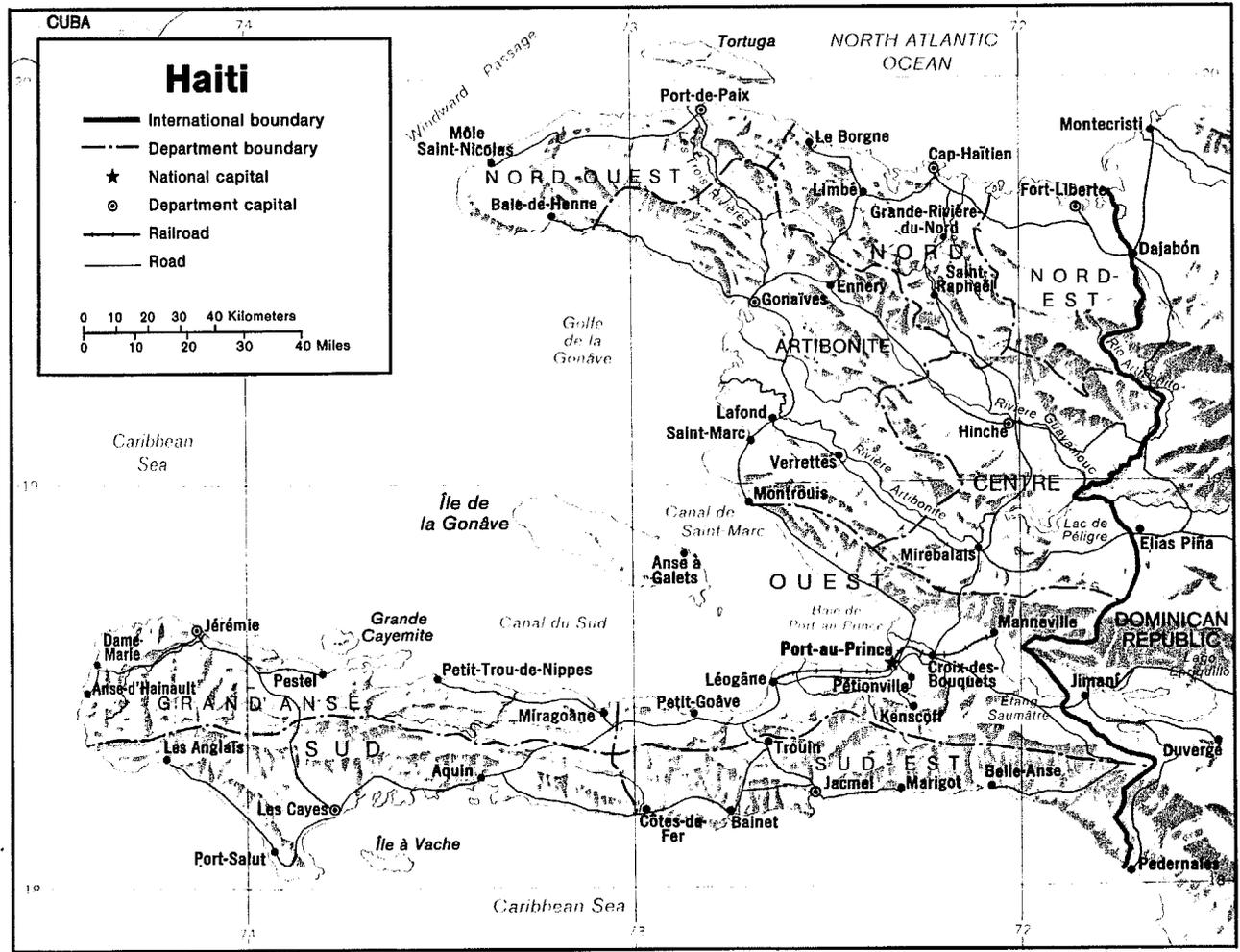
**Births Attended by Trained Personnel:** An estimate of the proportion of births attended by at least one physician, nurse, midwife, trained primary health care worker, or trained birth attendant.

**HIV Prevalence:** Estimate of the proportion of a given population infected with HIV.

### III: SOURCES

- AID9201 Water and Sanitation for Health Project, U.S. Agency for International Development. WASH Field Report No. 335: Planning For Water and Sanitation Programs in the Caribbean, February 1992.
- BUC9401 U.S. Bureau of the Census (BUCEN). International Data Base. Version dated March, 1994.
- CAL9512 Calculated medians for aggregates of countries using best available data from the CIHI Health Statistics Database.
- CAL9602 Calculations of the annual number of women in the population ages 15-49. For each country, a percentage was derived from UN data on total population and women 15-49 and the percentage was then applied to the preferred estimate of total population.
- CAL9603 Calculated number of live births to women of reproductive years (15-49) in 1995. Calculated from the population multiplied by the crude birth rate for each country.
- CAL9604 Calculated number of deaths occurring to children under the age of 1 in a given year (1995). Figures based on the number of births multiplied by the infant mortality rate.
- CAL9606 Median value for aggregate of countries. Calculated using most recent preferred indicator values for all countries in the aggregate.
- CDC8900 U.S. Centers for Disease Control and Institut Haitien de l'Enfance. 1989 Haiti National Contraceptive Prevalence Survey.
- DHS9513 Institut Haitien de l'Enfance, Petionville et Demographic and Health Surveys, Macro International Inc., Enquete Mortalite, Morbidite et Utilisation des Services (EMMUS-II), Haiti 1994. Macro International Inc., Calverton MD, Decembre 1995.
- IHE8901 Institut Haitien de l'Enfance, Ministere de la Sante Publique et de la Population, Johns Hopkins University. Survie et Sante de L'Enfant en Haiti: Resultats de L'Enquete Mortalite, Morbidite et Utilisation des Services 1987. Port-au-Prince, Haiti: Editions de L'Enfance, 1989.
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