



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

HAITI

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 established by the United Nations Development Programme. Haiti and the Dominican Republic have 85

percent of the HIV/AIDS cases in the Caribbean. After Brazil, Haiti has the largest number of HIV-positive persons in the Western Hemisphere, estimated at approximately 210,000. It is estimated that 30,000 Haitians would be eligible for antiretroviral therapy; however, at present only 1,712 persons receive it. Barriers include a very low level of public health services and a lack of clinical capacity to deliver antiretroviral therapy. Most Haitians do not know their serostatus and lack access to testing and other HIV/AIDS prevention, care, treatment, and support services.

HIV/AIDS Epidemic in Haiti	
HIV Prevalence in Pregnant Women (2000)	4.5%
Estimated Number of HIV-Infected People	157,710 to 275,742
Estimated Number of Individuals on Antiretroviral Therapy	1,712
Estimated Number of AIDS Orphans	200,000

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Haiti. Under the Emergency Plan, Haiti will receive \$20.3 million in 2004 to support a comprehensive treatment, prevention, and care program.

Treatment

The U.S. Government's treatment efforts will focus on improving quality of existing treatment services



to maintain adherence by continuing clients and and to increase the number of Haitians that receive antiretroviral treatment. The program will also include training outreach workers and improving pretest and posttest counseling to increase the number of Haitians receiving antiretroviral therapy. Voluntary counseling and testing and referral services will be integrated into related health services such as screening for tuberculosis and sexually transmitted infections, and antenatal and other reproductive health services. More Haitians will also be able to access antiretroviral services through the U.S. Government's efforts to strengthen laboratory capacity, improve drug and commodities logistics and management, provide clinical training to treatment providers, and improve the infrastructure of selected treatment sites.

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Map of Haiti: PCL Map Collection, University of Texas

Prevention

The Emergency Plan will build on existing programs to strengthen and expand services for prevention of mother-to-child HIV transmission and for voluntary counseling and testing. It will support effective youth-focused communication interventions by training clergy, faith- and community-based groups, and peer counselors. Further, it will reach those at heightened risk by integrating health education, screening of sexually transmitted infections, and voluntary counseling and testing, and by aggressively promoting both screening and treatment of sexually transmitted infections.

Care

U.S. Government resources will strengthen Haiti's health system by emphasizing the integration of HIV/AIDS, tuberculosis, and care and treatment for sexually transmitted infections, and by procuring drugs to prevent and treat opportunistic infections. New voluntary counseling and testing sites will be established to serve the general population, while still focusing on those at heightened risk, including youth, truckers, men who have sex with men, and sex workers. The U.S. Government's program will also strengthen the continuum of care—from voluntary counseling and testing to end-of-life care and support—by linking community-based counseling and home-based palliative care to clinic-based services through the existing network of Haitian and international community and faith-based organizations.

Other

U.S. funding will support biological and behavioral surveys that provide accurate and reliable data on: the status and trend in HIV prevalence; knowledge, attitudes, and behaviors; and the quality of reporting systems. The U.S. Government will support the procurement of medication and supplies for most of the clinical interventions, ensuring that critical drugs and commodities are available at service delivery sites. Crosscutting activities will support the expansion of in-country human capacity through development of appropriate training curricula, training skills among Haitian professionals, and training infrastructure. Local capacity will be strengthened to ensure that critical tasks and coordination of activities are accomplished.

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