HELPING HAITI REBUILD ITS AIDS RESPONSE

2010
On 12 January 2010, a magnitude 7.0 earthquake struck Haiti, killing an estimated 217 000 people, injuring approximately 300 000 and displacing over 1 million, according to the United Nations Office for the Coordination of Humanitarian Affairs. An estimated half a million people have been forced to leave the capital, Port-au-Prince, and migrate to other departments not directly affected by the quake.

It is critical that the global response comprehensively addresses the needs of the people of Haiti. However, given the severity of the HIV epidemic in Haiti before the earthquake, it is imperative that HIV be effectively integrated within the humanitarian response in the acute emergency phase as well as in the reconstruction and development response.

In order to ensure that Haiti reaches its goals for universal access to HIV prevention, treatment, care and support, it is also important that the HIV response to this disaster applies best practices based on evidence and grounded in human rights.

The purpose of this paper is to provide a situational analysis both pre- and post-earthquake—however, gaps in strategic information and data are acute. This paper also sets out broad parameters for what Haiti will likely need. The resultant plan covers the immediate and intermediate actions required. UNAIDS will support Haiti in rebuilding its AIDS response. The UNAIDS Secretariat will continue its leadership role in bringing together policy, best practice and coordination of the AIDS response in Haiti, as part of the overall humanitarian and reconstruction framework.
Many partners have worked with the Government of Haiti over the past years to develop the AIDS response. It is important to reinforce coordination structures at this time to reduce duplication and overlaps in programming. Coordination structures are required for, and are an essential component of, the seven priority actions proposed in this paper.

Recommendations: seven priority actions to meet the immediate, intermediate and longer-term needs

The seven priority areas for action identified below are based on assessments conducted by the Ministry of Public Health and Population and UNAIDS between late January and early February 2010. These assessments will need to be supplemented with evidence gathered during the Post-disaster Needs Assessment, employing rapid assessment tools in field visits and interviews with national health authorities, leaders of associations of people living with HIV and civil society organizations. The seven priority actions identified are:

1. **Rebuild health systems.** Ensure that the national AIDS response is fully integrated in Haiti’s health system in the departments of Ouest, Sud-Est and les Nippes in order to support antiretroviral therapy, the prevention of mother-to-child transmission, tuberculosis treatment, blood safety programmes, treatment for sexually transmitted infections and HIV surveillance and case reporting.

2. **Protect displaced people from HIV.** Build a comprehensive response to HIV to address the immediate needs of displaced people living in camps and the over half a million people who migrated from affected to non-affected departments of the country.

3. **Rebuild the national network of people living with HIV.** Ensure that a sustainable civil society response thrives and that human rights, care, support and impact mitigation programmes are restored.

4. **Support social protection measures.** Put in place programmes and policies to reduce vulnerabilities and strengthen the capacity of communities to cope. Given the potential for escalating violence in this situation, women and children need the means to protect themselves and be protected from violence and abuse.

5. **Revitalize HIV prevention programmes.** Put in place new prevention measures to address the multiple new vulnerabilities in the post-disaster situation, with a focus on reaching displaced and other most vulnerable populations.

6. **Re-establish comprehensive coordination mechanisms for the AIDS response**
   Support Haiti’s national response to HIV by identifying programmatic and infrastructural development needs and ensuring that these needs are met as part of the national rebuilding process with domestic and international partners.

7. **Develop a comprehensive monitoring and evaluation mechanism.** One system is needed to demonstrate whether progress is being accomplished in responding to HIV.
Prior to the January 2010 earthquake, UNAIDS and WHO estimated that there were 120,000 people living with HIV in the country, of which 53% were women—underlining the heterosexual aspect of the epidemic. The country had an adult HIV prevalence of 2.2% and accounted for 47% of all people living with HIV in the Caribbean.

Prior to the earthquake, the Haiti AIDS response had built comprehensive and coordinated HIV prevention, treatment, care and support components. However, support for and the involvement of key populations needed additional resources in order to be scaled up. In 2006, national authorities set targets towards universal access to HIV prevention, care, treatment and support. Overall achievements included the establishment of:

- Sixty-eight sites in the country providing antiretroviral therapy.
- One hundred and seventeen prevention of mother-to-child transmission of HIV sites.
- Strong civil society network of people living with HIV, composed of 15 associations.
- A national monitoring and evaluation unit and patient tracking system (an electronic medical records system for people living with HIV).
- A national HIV programme monitoring system.
- Regular demographic and health household surveys, which included HIV data collection.

The 2007 UNAIDS/WHO estimates show that the country had 22% prevention of mother-to-child transmission coverage and 41% antiretroviral therapy coverage. About 13,000 people were on antiretroviral therapy in 2007, but it is estimated that 24,000 people were on treatment in 2009. The projected number of people living with HIV in need of antiretroviral therapy has now grown to an estimated 32,000 people. With an observed increasing trend of HIV among pregnant women, more children will be born to HIV-positive mothers.

National coordination efforts, supported by the UNAIDS Secretariat, the Cosponsors and other development partners, have received significant financial support from the US President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) during the past several years. However, this financial support needs to be managed efficiently by implementing evidence-informed programmes aimed at reducing the number of new HIV infections, improving the life of people living with HIV and reducing the number of children born with HIV.

The national response to HIV was implemented largely by national and international nongovernmental organizations, including Partners in Health, Groupe Haïtien d’Etudes du Sarcome de Kaposi et des Infections Opportunistes (GESKIO), Médecins sans Frontières, Institut Haïtien de l’Enfance, the Clinton Foundation, Centre de Développement et Sante, Volontaires d’Haïti and Plan International. This work has been backstopped by the United Nations, which had a large political stabilization and humanitarian force in the country.
There has been a concentration of effort on antiretroviral therapy and prevention of mother-to-child transmission programmes, to the detriment of the provision of prevention services.

**POST-EARTHQUAKE SITUATIONAL ANALYSIS**

The progress achieved by Haiti’s AIDS response is under serious threat. While acknowledging critical gaps in strategic information, it is clear from field visits by the joint Ministry of Public Health and Population and UNAIDS team to 13 prevention of mother-to-child transmission sites, 15 antiretroviral therapy sites and 14 associations of people living with HIV that the destruction of health and support infrastructure in both the governmental and nongovernmental sectors is extensive. The Ministry of Public Health and Population building itself, the National AIDS Programme building and many hospitals and health centres have been partially or completely destroyed. Additionally, the infrastructure of Haiti’s 15 associations of people living with HIV has been severely damaged. Health service staff have also been affected. No official data exist on lives lost in the health sector, but in the majority of institutions visited by the joint team staff moral is low.

Currently, Haiti is experiencing a critical interruption of HIV services and programmes in the most affected departments of Ouest, Sud-Est and les Nippes. Prior to the earthquake, the majority of service providers operated in these three departments serving the majority of people living with HIV.

In the three departments there were:

- About 57% of the total number of people living with HIV in Haiti—68 000 people.
- Fifty-five per cent of the antiretroviral therapy sites.
- Forty-nine per cent of all prevention of mother-to-child transmission sites.
- Sixty-six per cent of new tuberculosis patients diagnosed with the disease.

Although the full extent of the damage is unknown, all UN agencies, including UNAIDS, have lost part or all of their office infrastructure and equipment. Nongovernmental organizations located in the three departments have also suffered damage to their facilities.
The international community will need to support Haiti in its efforts to rebuild its national response to AIDS. This will require major donor support from PEPFAR, the Global Fund and other bilateral and multilateral donors. The UN will be required to support country efforts to coordinate the contribution of government, civil society and other multisectoral partners inside and outside the AIDS response.

The newly established National Working Group on HIV has four arms to collect strategic information for action concerning: (i) people living with HIV; (ii) displaced populations in camps; (iii) displaced populations in other departments; and (iv) surveillance among health facilities. This working group could be used as the mechanism for the assessment of the impact of the earthquake and to re-programme existing and new resources.

There is a clear understanding among all key players that the post-disaster situation has to be tackled differently in order for the country to continue to move towards universal access to HIV prevention, care, treatment and support. Working with and through the humanitarian response is an essential first step to secure external support towards that end.

Priority areas for action were identified, based on assessments conducted by the Ministry of Public Health and Population and UNAIDS between 24 January and 2 February.

These actions are essential not only to rebuild the response to where it was before the disaster but also to address the significant social determinants and vulnerabilities created by the changed post-disaster environment that may exacerbate the spread of HIV.

The strategic information gathered by the four subgroups will be supplemented by the data and information gathered for the Post-disaster Needs Assessment and will help to guide country partners in rebuilding the AIDS response. The Post-disaster Needs Assessment is under preparation and will integrate HIV as a cross-cutting issue.
**KEY ACTIONS AND RATIONALE**

1. **REBUILD HEALTH SYSTEMS.** Ensure that the health sector components of the AIDS response are fully integrated in Haiti’s health system in order to support antiretroviral therapy, the prevention of mother-to-child transmission, tuberculosis treatment, blood safety programmes, treatment for sexually transmitted infections and HIV surveillance and case reporting.

   **RATIONALE**
   The earthquake has had a devastating effect on the health infrastructure in the three most affected departments, Ouest, Sud-Est and les Nippes, which host the majority of the institutions supporting HIV programmes and services.

   Health centres and hospitals have been destroyed or seriously damaged. HIV services and programmes in many instances were disrupted temporarily, for a period of up to two weeks. Programmes are resuming slowly, but in the majority of cases people are not accessing services. The Ministry of Public Health and Population and UNAIDS estimated that fewer than 40% of people living with HIV have accessed antiretroviral therapy sites. HIV services are in many instances provided in the yards of health centres or hospitals, under a tent in some cases.

   Stock-outs are occurring for antiretroviral and tuberculosis drugs. The logistical management and distribution of other drugs used for prophylactic treatment is poor in many instances. In many institutions, hygienic conditions and medical waste management are problematic. There is a need to move quickly to restore health systems to support HIV, tuberculosis and sexually transmitted infection programmes and services. Surveillance with a focus on reported new cases of HIV infection will provide a greater understanding of where new infections are coming from and will help to implement interventions immediately.

2. **PROTECT DISPLACED PEOPLE FROM HIV.** Build a comprehensive response to HIV in order to address the specific and immediate needs of displaced people living in camps and people displaced from affected departments.
RATIONAL

More than 1 million people have lost their housing in the three departments affected by the earthquake and are living in 700 camps or with host families. National authorities estimate that over 500,000 people have moved from earthquake-affected areas to other departments, mainly rural areas with inadequate infrastructure and services. Displaced populations are exposed to multiple vulnerabilities, including gender-based violence, sexual exploitation and transactional sex. Strategic information provided by the subgroup on camps and displaced populations and other information from different sources can be used to guide actions. Based on this information, the National AIDS Programme could invite nongovernmental and civil society organizations to develop and submit comprehensive plans of action to respond to HIV issues in camps and among internally displaced populations. Displaced populations in camps and other departments need to be connected to health-care institutions that can provide HIV services under national standards. Health-care services should be strengthened in other departments in order to address the increased demand they face.

REBUILD THE NATIONAL NETWORK OF PEOPLE LIVING WITH HIV. Ensure that a sustainable civil society response thrives and that human rights, care, support and impact mitigation programmes are restored.

RATIONAL

The national HIV response in Haiti had built a strong network of people living with HIV as an important mechanism to provide care and support. There is a crucial need to restore the national network to achieve a greater
involvement of people living with HIV in the national response, especially in the rebuilding period, so that they can provide urgent programme design and implementation, including in peer orientation, peer education, needs assessment, adherence to treatment and reaching out to other vulnerable groups, such as men who have sex with men and sex workers.

In collaboration with the leadership of the platform of people living with HIV and UNAIDS and its Cosponsors, the National Working Group on HIV should be able to use strategic information collected by the subgroups and other sources. The 15 associations of people living with HIV will need to be strengthened, and their skills, capacity and basic infrastructure need to be built.

4 SUPPORT SOCIAL PROTECTION MEASURES. Programmes and policies to reduce vulnerabilities and to strengthen the capacity of communities are needed. Given the potential for escalating violence in this situation, women and children particularly need the means to protect themselves and be protected from violence and abuse.

RATIONALITY

The massive earthquake that struck three departments of Haiti devastated housing and family coping mechanisms, making people extremely vulnerable. There is a need to advocate for practices and policies that can diminish people’s exposure to further risk, including HIV and tuberculosis and other diseases.

5 REVITALIZE HIV PREVENTION PROGRAMMES. With more than 1 million people living in camps it is essential that new approaches be designed to prevent HIV transmission. New strategies are needed to reach out to displaced populations with effective ways and means of preventing the spread of HIV.

RATIONALITY

In periods after a disaster it is well established that the sex trade, sexual exploitation and sexual violence increase. It is therefore important for a country with a generalized HIV epidemic like Haiti that the international community support the country to put in place measures that could help people to protect themselves against HIV transmission. If not, the potential of a new spread of HIV is a real threat. In collaboration with the international community and working with nongovernmental organizations, civil society organizations and the mass media, the National AIDS Programme and its partners could develop creative strategies to reach out to populations in camps or displaced to other departments of the country. Innovative approaches to facilitate access to condoms and other protective measures for these populations, as well as post-exposure prophylaxis kits, will be needed.
RE-ESTABLISH COMPREHENSIVE COORDINATION MECHANISMS FOR THE AIDS RESPONSE.

This will support Haiti’s national response to HIV by identifying programmatic and infrastructural development needs and ensuring that these needs are met as part of the national rebuilding process with domestic and international partners.

RATIONAL

The rebuilding of the national response will require not only technical coordination of activities but also coordination with other sectors that support the programmatic response. Rebuilding of health centres and replacement of health service human resources lost during the earthquake, laboratory infrastructure and other infrastructure that were supporting the national response to HIV, such as counselling centres, will be needed. This will require a comprehensive coordination mechanism to ensure that infrastructure and networks to support the implementation of programmes in the devastated three departments, as well as the rest of the country, are restored. This comprehensive mechanism is urgently needed to help to avoid duplication and replication of activities, to ensure the efficiency and effectiveness of the response.

While continuing to coordinate the programmatic response to HIV, the National Working Group on HIV/Presidential Commission on Health will need to work with other key sectors assessing and developing plans to restore infrastructure and human resources within the Ministry of Public Health and Population and other public, private and nongovernmental sectors.

International partners should work together to strengthen the coordination effort by assisting national authorities to develop clear terms of reference, using the available strategic information on the situation. Such support could help to develop one comprehensive coordination mechanism, allowing it to rapidly provide oversight on existing programmatic activities and reach out to other sectors involved in population issues, restoration of health facilities and human resources needs assessments, the provision of shelters and the protection of human rights.
DEVELOP A COMPREHENSIVE MONITORING AND EVALUATION MECHANISM. One system is needed to demonstrate progress being accomplished in responding to HIV.

RATIONALE

The humanitarian response to the earthquake in Haiti has been massive—the international community has mobilized resources to assist Haiti rebuild itself. It is important that the rebuilding process introduce measurable outcomes that help to track what progress is being accomplished in the general rebuilding process and specifically in the area of HIV, which has been a threat to public health in Haiti for the past three decades. Using the existing monitoring and evaluation mechanisms of the PEPFAR programmes, the Global Fund process and UNAIDS technical support, the national monitoring and evaluation system under the leadership of the National AIDS Programme should use strategic information to monitor the progress being accomplished after the earthquake of 12 January 2010.

CONCLUSION

In conclusion, to rebuild its national response Haiti will need the support of the international community and a financial support of US$ 70 million immediately for the next six months to ensure that HIV programmes will continue and new programmes for the displaced population will be implemented. This estimated budget is based on the national AIDS spending assessment of 2006 and the projected expenditure for 2009. This estimate may grow during the next phase because of the rebuilding of the health infrastructure and systems.

There is a need for a new National Strategic Plan 2010–2015, which should be based on the existing plan for 2006–2012 and should take into consideration the new realities.