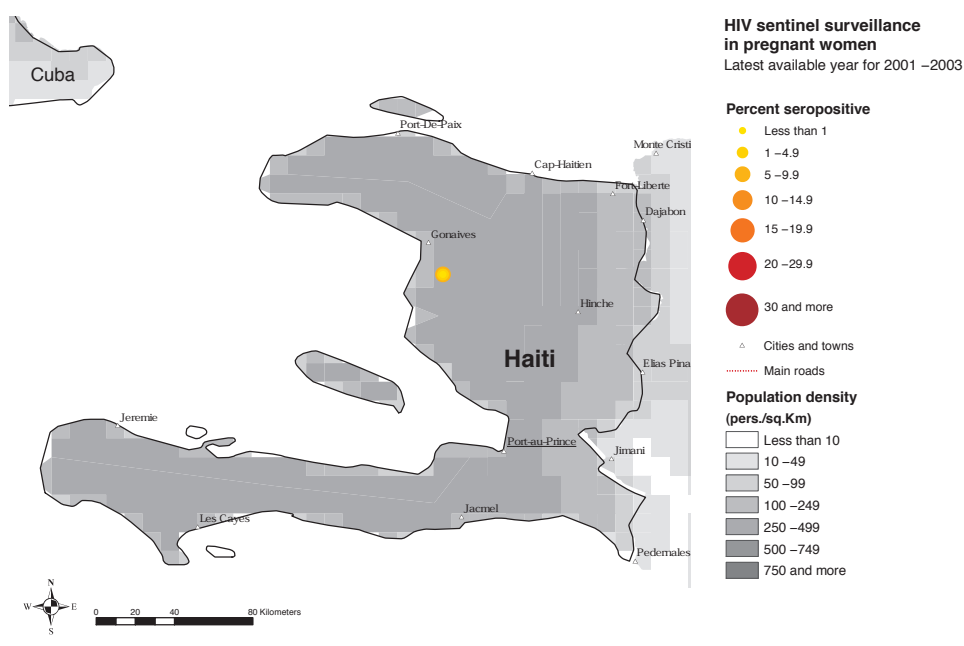


WHO estimate of number of people requiring treatment – end 2005: 40 000

Antiretroviral therapy target declared by country: 5 000–10 000 by the end of 2004



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	8.4	United Nations
Population in urban areas (%)	2003	37.2	United Nations
Life expectancy at birth (years)	2002	50.1	WHO
Gross domestic product per capita (US\$)	2001	431	United Nations
Government budget spent on health care (%)	2001	14.1	WHO
Per capita expenditure on health (US\$)	2001	22	WHO
Human Development Index	2001	0.467	UNDP

3. Situation analysis

- Epidemic level and trend and gender data.** Haiti, with a population of 8 million, has the highest HIV prevalence rates in Latin America and the Caribbean. It faces the worst AIDS epidemic outside Africa. Haiti is confronting a generalized epidemic fuelled by endemic poverty with high illiteracy rates, inadequate health and social services that are further weakened by chronic political instability such as the social and political events of 2003–2004, high internal migration rates and a high prevalence of sexually transmitted infections. HIV infection rates may no longer be rising and may potentially be declining in some areas; however, strong caution should be exercised in interpreting these data because the available information is limited.
- Major vulnerable and affected groups.** The epidemic began in the late 1970s and has spread widely throughout Haiti. The most common mode of transmission is heterosexual contact, with women comprising half the people living with HIV/AIDS. An estimated 4000 cases of mother-to-child transmission occurred during 2003. AIDS is the leading cause of death among adult women and has orphaned more than 200 000 children. Young people and people living in urban areas are particularly affected. The rate in some regions may be three times the national rate.
- Policy on HIV testing and treatment.** Among the strategies for the comprehensive management of people living with HIV/AIDS, the HIV/AIDS National Strategic Plan for 2002–2006 emphasizes care and treatment as critical strategies as well as rapidly scaling up voluntary counselling and testing.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	2.5–11.9%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	120 000–600 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	8902	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	1 370	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	40 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	28%	WHO

- Antiretroviral therapy: first-line drug regimen, cost per person per year.** National norms and guidelines are currently being developed. Highly active antiretroviral therapy is available from two nongovernmental organizations (the Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) and Zanmi Lasanté), in coordination with the Ministry of Public Health and Population. Various first-line regimens are in use: zidovudine + lamivudine + efavirenz or zidovudine + lamivudine + nevirapine and stavudine + lamivudine + nevirapine. UNAIDS estimates that the annual cost per person is about US\$ 720 for first-line regimens and from US\$ 900 to US\$ 1920 for second-line regimens. Generic drugs are available, but access to generics is limited by weaknesses in the global supply management system.
- Assessment of overall health sector response and capacity.** To date, only 6% of the estimated number of people living with HIV/AIDS who need treatment are receiving highly active antiretroviral therapy. The social and political events of 2003–2004 worsened the existing inadequacy of health sector response and capacity. Strengthening the health sector is thus critical for scaling up antiretroviral therapy.
- Critical issues and major challenges.** Treatment is incompletely integrated into the existing health system and services, especially in tuberculosis and antenatal settings. The various initiatives and activities related to care need to be coordinated better. Tools, treatment protocols and models of service delivery are not standardized. Access to voluntary counselling and testing services is limited, especially among pregnant women and youth in high-prevalence areas. HIV/AIDS care and management has insufficient qualified human resources. The comprehensive supply management of drugs and diagnostics is fragmented. Monitoring and evaluation systems urgently need to be strengthened.



4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 20 000 people in 2005 is between US\$ 58 million and US\$ 62 million.
- Commitments from the Global Fund to Fight AIDS, Tuberculosis and Malaria are expected to provide about US\$ 4 million for scaling up antiretroviral therapy for 2004–2005. Haiti is also receiving strong support from the United States President's Emergency Plan for AIDS Relief, with estimated commitments of more than US\$ 41.6 million to fund treatment during 2004–2005.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Haiti to reach 20 000 people by 2005 is between US\$ 9 million and US\$ 13.4 million.

5. Antiretroviral therapy coverage

- Haiti's total antiretroviral therapy need in 2005 is estimated to be 40 000 people, and the WHO "3 by 5" treatment target is 20 000 people by the end of 2005 (based on 50% of need). The government has declared a national treatment target of 5000–10 000 people by the end of 2004, and the United States President's Emergency Plan for AIDS Relief plans to treat 25 000 people by the end of 2007.
- Total antiretroviral therapy provision during 2003 was estimated to be 1370, primarily through private sector involvement. Haiti's Round 1 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria is expected to provide antiretroviral therapy to more than 1200 people living with HIV/AIDS and is expected to extend highly active antiretroviral therapy coverage to 30% of the need by 2007.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Public Health and Population provides leadership, and the UCC (Unité de coordination centrale) under the Ministry takes technical responsibility. The UCC also provides leadership in policy, implementation and coordination. Political instability is weakening national leadership, but the Ministry of Public Health and Population receives growing support from the United States Agency for International Development. The United States President's Emergency Plan for AIDS Relief and the United States Centers for Disease Control and Prevention support financial management. The Ministry along with WHO provides leadership in activities to strengthen the health system, but these activities suffer from a lack of coordination.
- *Antiretroviral therapy service delivery.* Several nongovernmental organizations play an important role in reaching to vulnerable populations. The United States Agency for International Development facilitates all activities conducted by United States partners through the United States President's Emergency Plan for AIDS Relief. Family Health International provides clinical training. Nongovernmental organizations supporting scaling up antiretroviral therapy include GHESKIO and Médecins du Monde, which are active in preventing mother-to-child transmission. Additionally, several bilateral partners (including France and Canada) support activities relevant to scaling up antiretroviral therapy. UNICEF also works in antenatal settings. In 1998, Partners in Health began providing highly active antiretroviral therapy to a small number of its patients with advanced AIDS under directly observed therapy. The Red Cross is contributing to expanding access to safe blood and blood products.
- *Community mobilization.* UNAIDS and WHO provide leadership in capacity-building for people living with HIV/AIDS, supported by a number of nongovernmental organizations including Concern Worldwide, GHESKIO and the Clinton Foundation. Other nongovernmental organizations including Population Services International and PLAN International provide leadership in programme communication activities, with support from UNICEF and WHO. Partners in Health has been working in Haiti for 15 years on tuberculosis and AIDS and has been providing HIV education in Haiti since 1986. Population Services International has been active in Haiti for 12 years in social marketing of condoms and contraceptives and in communication on behaviour change. CARE has managed mitigation programmes for several years in the southern part of Haiti, including community care and support for people living with HIV/AIDS and their families.
- *Strategic information.* The UCC, the United States Centers for Disease Control and Prevention and WHO provide leadership in monitoring systems, but systems have not yet been standardized. Information management activities are generally led by GHESKIO, the United States Centers for Disease Control and Prevention, UCC and WHO.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Providing assistance in developing the HIV/AIDS National Strategic Plan for 2002–2006 and supporting activities related to strengthening the health system and developing guidelines
- Supporting capacity-building among people living with HIV/AIDS, developing a nutrition project, developing monitoring and surveillance systems and strengthening in-country information management activities.

Key areas for WHO support in the future

- Establishing a "3 by 5" Country Officer in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Providing support to projects among the population infected or affected by HIV/AIDS to generate financial resources and strengthen community participation
- Supporting five administrative health units with antiretroviral therapy and coordinating and facilitating activities for sharing lessons learned

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer. The recruitment of an international "3 by 5" Country Officer is currently underway.
- Additional staffing needs identified include both an international expert and a national expert with backgrounds in HIV/AIDS to support the Ministry of Public Health and Population.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Haiti and the WHO Regional Office for the Americas.

