



## SELECTED BASIC INDICATORS

1990–2015

	1990 value	Value and year	Change (%)
<b>Gross national income by purchasing power parity</b> (PPP, US\$ per capita)	...	<b>820</b> (2014)	...
<b>Human development index</b>	<b>0.408</b>	<b>0.483</b> (2013)	<b>18.6</b>
<b>Mean years of schooling</b>	<b>2.7</b>	...	...
<b>Improved drinking-water source coverage (%)</b>	<b>62.0</b>	<b>58.0</b> (2015)	<b>-6.5</b>
<b>Improved sanitation coverage (%)</b>	<b>18.0</b>	<b>28.0</b> (2015)	<b>55.6</b>
<b>Life expectancy at birth</b> (years)	<b>54.5</b>	<b>63.4</b> (2013)	<b>16.4</b>
<b>Infant mortality</b> (per 1,000 live births)	<b>100.2</b>	<b>59.0</b> (2013)	<b>-41.1</b>
<b>Maternal mortality</b> (per 100,000 live births)	...	<b>157.0</b> (2013)	...
<b>TB incidence</b> (per 100,000 population)	<b>250.0</b>	<b>149.5</b> (2013)	<b>-40.2</b>
<b>TB mortality</b> (per 100,000 population)	<b>50.0</b>	<b>26.0</b> (2013)	<b>-48.0</b>
<b>Measles immunization coverage (%)</b>	<b>73.0</b>	<b>64.0</b> (2015)	<b>-12.3</b>
<b>Births attended by trained personnel (%)</b>	...	<b>50.0</b> (2015)	...



<b>1990 population</b> (millions)	<b>7.1</b>
<b>2015 population</b> (millions)	<b>10.9</b>
<b>Change (%)</b>	<b>53.7</b>

Haiti occupies the western third of the island of Hispaniola—which it shares with the Dominican Republic—and has a land mass of some 27,750 km<sup>2</sup>. Administratively, the country is divided into 10 departments, 42 arrondissements (similar to districts), 140 communes, and 570 communal sections. The two official languages are French and Haitian Creole, the latter of which is more commonly spoken.

Between 1990 and 2015, the population grew by 53.7%—reaching 10,911,819 inhabitants in 2015—and maintained an expansive structure, although growth was slower in the under-30 age group. The urban population is 51%. For the period 2015–2020, life expectancy at birth is estimated at 64.2 years.

The evolution of basic indicators between 1990 and 2015 generally reflects progress, although with limited economic, social, and health care development. Haiti's Gini coefficient was 0.66 in 2012.

In 2014, the gross national income (GNI) per capita was US\$ 820.



## SOCIAL DETERMINANTS OF HEALTH

Haiti exhibits significant social and health inequalities, which continue to rise; there is a striking difference between Port-au-Prince—the capital—and rural areas.

More than 6 million people live below the poverty line of US\$ 2.0 a day. Between 2002 and 2012, the number of people living in extreme poverty was reduced from 31% to 24%, but some 2.5 million people still cannot cover their basic food needs. Employment often fails to provide sufficient income to escape poverty, since 45% of people with jobs live on less than US\$ 1.25 a day.

Haiti imports three times more than it exports, and its most important resources are remittances from the Haitian diaspora, estimated at US\$ 2.1 billion in 2015.

The country is prone to natural disasters (earthquakes, hurricanes) and suffers from serious soil erosion, which has a negative impact on the economy. Soil, water, and air quality have been steadily deteriorating, especially over the past three decades.

Water resources are insufficient to meet the population's needs, especially those of the poorest groups. Furthermore, drinking water intended for human consumption is often contaminated, due to uncontrolled urbanization and the invasion of areas containing sources of drinking water.

In 2000, only 36% of the population had access to potable water, and 21% had access to basic sanitation. In 2015, improved drinking-water coverage had risen to 57.5% nationwide (62.8% in urban areas and 17.6% in rural areas), and health care coverage to 28%.

In 2012, 79% of men and 74% of women could read and write, and 66% had finished primary school. Less than 10% of the population had completed secondary or higher education. A high percentage of students—67%—attended private schools, because the majority of schools are not State-run.

In 2012, the homicide rate was estimated at 10.2 deaths per 100,000 population. Domestic violence is common in Haiti. In 2012, 28% of women aged 15-49 reported that they had experienced physical violence since the age of 15, and 13% stated that they had been sexually abused at some point in their lives.

The earthquake that ravaged Haiti in 2010 caused more than 200,000 deaths, as well as major damage to the national infrastructure. The hurricanes of 2012 and 2016 caused severe damage in some parts of the country, as well, with a loss of human lives and the destruction of infrastructure, houses, trees, crops, and livestock.

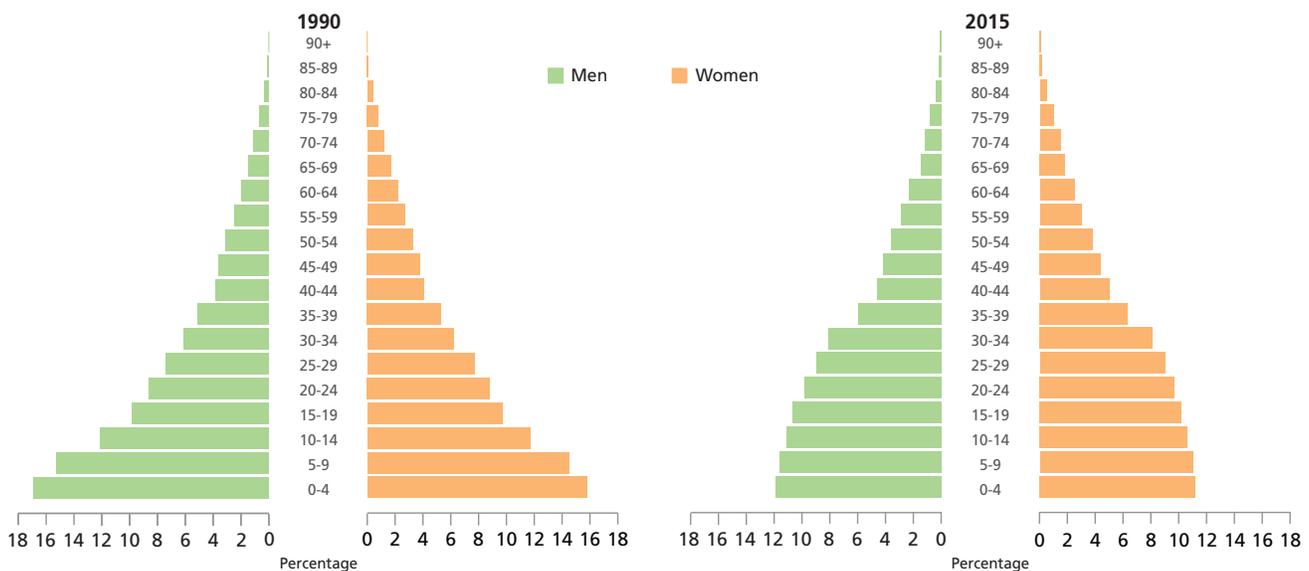
The poorest households spend almost three-quarters of their total income on food, and households with higher incomes still spend more than half.

Internal migration is constant, and in 2015 more than half of the population lived in an urban area. There is also a great deal of emigration, estimated at 751,245 in 2015. It is believed that remittances from Haitians residing abroad provide 35% of the gross domestic product (GDP).

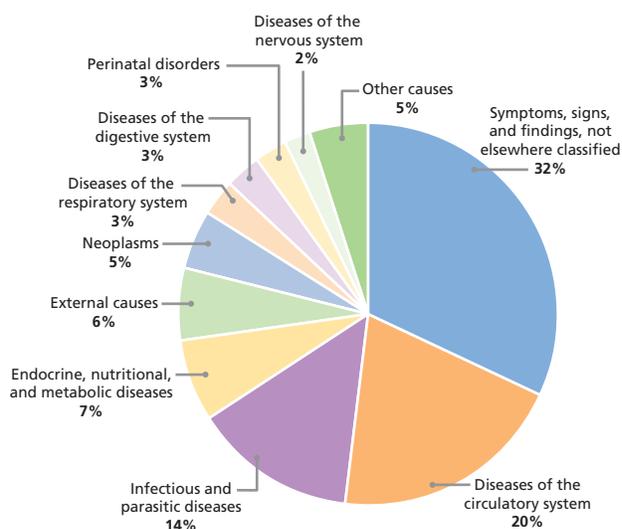
## HEALTH SITUATION AND THE HEALTH SYSTEM

The maternal mortality rate reported by the country was estimated at 157 deaths per 100,000 live births in 2013. According to World Health Organization (WHO) estimates, the

### Distribution of the population by age and sex, Haiti, 1990 and 2015



## Proportional mortality (% of all deaths, all ages, both sexes), 2004



maternal mortality ratio fell from an estimated 630 deaths per 100,000 live births in 2005-2006 to 380 per 100,000 in 2013. Regardless of the differences in methodology and calculations, there has been a marked reduction in this indicator.

Trained health personnel attended 50.0% of births in 2015. In 2013, only 43% of health care institutions offered any maternity services, and 10% offered cesarean sections.

Between 1990 and 2012, the mortality rate for children under 5 fell from 156 to 88 per 1,000 live births, and infant mortality from 122 to 59 per 1,000 live births. Mortality is higher in the children of mothers with a lower educational and economic level.

Between 1990 and 2015, the crude death rate fell from 13.1 to 8.2 deaths per 1,000 population. Available data on cause of death is scarce, due to incomplete and inaccurate record-keeping. In 2004, it was estimated that 32% of deaths were due to ill-defined causes, and 20% to diseases of the circulatory system.

The cholera epidemic in Haiti began during the last quarter of 2010 and has since become endemic, with 36,045 cases reported in 2015. The chikungunya virus appeared in 2014, and almost 70,000 presumptive cases were reported that year. In the first 10 months of 2015, 3,036 cases of Zika virus were reported.

Lymphatic filariasis is endemic in Haiti. Malaria is also, with outbreaks after the rainy season. However, confirmed annual cases fell from 37,799 in 2010 to 17,583 in 2015.

Although the Expanded Immunization Program's coverage has grown in recent years, it is still limited. In 2014 the elimination of measles, rubella, and congenital rubella was verified.

Prevalence of infection with the human immunodeficiency virus (HIV) is 2.2% in the population aged 15-49. The national HIV response has intensified in recent years, and incidence of the infection continues to decline, dropping by 27% between 2004 and 2014. Between 2008 and 2014, the annual number of deaths from AIDS more than halved (from 7,800 deaths to 3,800).

In 2015, 16,431 cases of tuberculosis were reported. Mortality from TB was estimated at 25 per 100,000 population in 2012.

Between 1995 and 2012, the prevalence of chronic childhood malnutrition was reduced from 38.1% to 21.9%. Acute malnutrition declined from 9.4% to 5.1%, and underweight fell from 27.5% to 11.4%. Anemia was detected in 65% of children aged 6-59 months in 2012, as well as in 49% of women of childbearing age.

The National Health Policy (2012) charts Government health actions for the next 25 years, and the 2012-2022 Master Plan for Health establishes such priorities as institutional strengthening, service delivery, health care for priority health problems, disaster management, health and sanitation, and environmental protection.

The formal health services network consists of 10 health departments and 42 health district units, with more than 900 institutions (38% public, 42% private, and 20% mixed).

The first level has some 800 first- and second-level health centers, and 45 community referral hospitals. The second level has 10 departmental hospitals, while the third level has university hospitals and some specialized centers.

The private sector plays a major role, especially in the metropolitan areas. It includes nonprofit and for-profit institutions, and its linkage with the public sector is limited. Traditional medicine is widely used.

The proportion of GDP corresponding to total health expenditure rose from 5.3% in 1995 to 9.4% in 2013. Total health expenditure per capita in 1995 was less than US\$ 100, rising to US\$ 229 in 2014.

In 2014, 34.8% of direct health expenditure came from households, a situation that indicates a lack of financial protection against health risks. In 2012, two out of three poor patients did not consult health professionals, for financial reasons.

A total of 23,344 health professionals were registered in 2016. For every 10,000 inhabitants, there are 1.4 physicians and 1.8 nurses in the public sector, with 1 physician and 2.1 nurses in the private sector. The availability of these professionals is unequal across the departments.

## ACHIEVEMENTS, CHALLENGES, AND OUTLOOK

Since 1990, the country has made progress in its health situation, the most notable being a reduction in maternal and child mortality and an increase in vaccination coverage.

Among the main challenges, the most significant are the vulnerability of the physical and human environment, lack of access to quality health services, the prevention and control of chronic noncommunicable diseases, and the health sector's capacity to respond to disasters and health emergencies.

Haiti's Ministry of Health has developed the Master Plan for Health to guide health service management throughout the country.

Human resources for health remains a major challenge for Haiti; the country has no policy for human resources in health.

With the creation of the Single National Health Information System, the Ministry of Health is working to harmonize data production, maintain reliable and comprehensive information about the health status of the population, and meet partners' information needs.

It is necessary to determine the most efficient and effective priority interventions, considering the country's real capacity for financing and implementing the strategies identified and for improving the coordination of interventions.

Funds earmarked for the health sector in the national budget should be increased to ensure the sustainability of programs and the effective development of social protection strategies.



### ADDITIONAL POINTS

After the 2010 earthquake, the Ministry of Health developed a new community health care model aimed at increasing access to services. Its structure is based on a primary care strategy and an integrated health services network. This model was launched as a pilot project in the community of Carrefour.

Using an operational perspective, the first-level health institutions were coordinated into a network, a municipal health committee was set up, and multipurpose community workers were recruited and trained. They were then sent into the community with the responsibility of acting within a well-defined territory and target population.

A family health team, comprising a physician and two nurses, has ensured planning and supervision of the activities of these community workers, which include identifying and conducting a detailed census of the population under their charge, home visits, disease prevention and health promotion, and weekly work in the health institution network.

The positive impact of implementing this model in Carrefour was seen in the marked improvement in immunization coverage for children under 1 year and an increase in family planning consultations and institutional delivery care. The Ministry of Health is therefore expanding this model to other municipalities.