

Crisis, health, and hope in Haiti - A dispatch from Port-au-Prince

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Due to my longstanding passion for humanitarianism and global health, I decided to do a two-month internship in Haiti as part of my public health residency. While I have been involved in public health work outside of Canada in the past, I wanted to do something that was more structured, academically and professionally. I am writing these words from Port-au-Prince, Haiti.

I have been working on two projects in Haiti. The first, taking place in Port-au-Prince, is in partnership with "*le Réseau francophone international pour la promotion de la santé (RÉFIPS)*". I have been supporting the Ministry of Population and Public Health (MSPP) in planning a national school health strategy in collaboration with the Ministry of Education and Vocational Training (MENFP). My second project is with the International Health Unit of the University of Montreal and the Canadian Red Cross in Southeastern Haiti. I am evaluating a set of interventions that promote referral of pregnant women with obstetric or neonatal emergencies to healthcare providers.

As you know, Haiti is recovering from a number of natural disasters (e.g. hurricanes and earthquakes), communicable disease outbreaks such as cholera,

and socio-political turmoil. These events have weakened government structures and capacity on multiple levels, with adverse effects on population health. For example the 2012 child mortality rate was 88% while the infant mortality rate was 59%¹. The earthquake destroyed several hospitals, clinics and dispensaries and killed many healthcare providers. The workload on the surviving doctors, nurses, and other health professionals is extremely high and they work in deplorable conditions. Medical residents have also been on strike for over three weeks in order to obtain better working conditions. Basic care has not been insured for a long time thus limiting access to care. There have been many preventable deaths, with a notable case being that of a pregnant woman who died on the steps of a hospital. It is difficult for the government to respond, given the absence of an elected president for several months and the high turnover of senior public officials. Outside of the healthcare system, the situation is hardly any better. Less than half of Haiti's population has access to drinking water and 80% live below the poverty line of \$2 a day. Many schools are not officially certified and most graduates with higher education do not have work. The overall unemployment rate is about 40%.

In spite of these terrible conditions, Haiti still smiles and remains full of hope. Phenomenal efforts are being made on the part of Haitians to make their government more independent and less subject to requirements of international organizations. Past mistakes are being learned from and the current vision is one of a Haiti that sets its own priorities first, and then partners with local and international partners. Even though only 5% of the national budget is devoted to health, we dare to go beyond curative treatment and talk about prevention. Better sanitation, social security for the poor, the promotion of local products, and health promotion are part of the discourse of influential men and women in this beautiful country. Inspiration is being drawn from international models of effective health but is being adapted to the Haitian context.

In short, the optimism of the Haitians I have met is contagious and has given me encouragement to work on my two exciting projects. I will certainly learn more than I can convey here. There will be more to come in the next issue of the newsletter...!

¹ Cayemittes, M., Fatuma Busangu, M., Bizimana, J.d.D., Barrère, B., Sévère, B., Cayemittes, V. et Charles, E. (2013). Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2012. Calverton, Maryland, USA : MSPP, IHE et ICF International.