

# Gaps in universal access to sexual and reproductive health services

Haiti's profile

#### General situation

• 2010 Total population: 10 085 214

• Population density: 385/km2

• Annual growth rate: 1.3%

- 56% with a revenue < 1 USD /day
- Youth (15-24 years): 2 117 895 (21%)
- Women of childbearing age: 2 638 482
- 1/7 girls (15 19) has given birth or was pregnant for the 1<sup>st</sup> time
- Maternal mortality ratio: 630/100 000 live births
- National AIDS prevalence: 2.2%
- unmet Family planning needs: 38%



Source: (DHS 2012),

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## Program to accelerate reduction MMR in Haiti



MOH adopted its strategy for improving maternal health services:

- Family planning
- B-EMOC network with skilled assistance for labor & delivery
- Obstetrical care free of charge
- Community based development activities
- Monitoring & evaluation

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### Mortality and Morbidity Health survey progress



	EMMUS IV 2006	EMMUS V 2012
Maternal mortality	630/100,000	350/100,000 (UN estim.)*
Hospital deliveries	25%	36%
Skilled birth attendance	26.1%	37.5%
Modern contraceptive prevalence	24.8%	31%
Adolescent fertility rate	8.4%	11.8%

Maternal mortality was not included in the DHS in 2012

### National Health policy



#### **Basic principles:**

- Universal access
- Comprehensive care
- Equity
- Quality



#### National Health Policy areas

- 1. Safe motherhood
- 2. Family planning
- 3. Post abortion care
- 4. Youth /adolescents sexual and reproductive health
- 5. Prevention and care for AIDS/STD (PMTCT)
- 6. Prevention and care of genital non infectious diseases (cervical cancer)

#### National Health Policy objectives

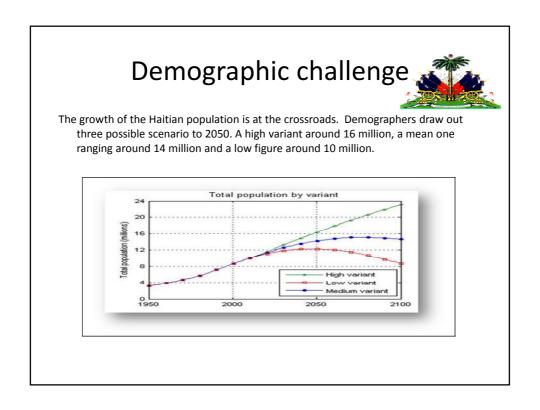


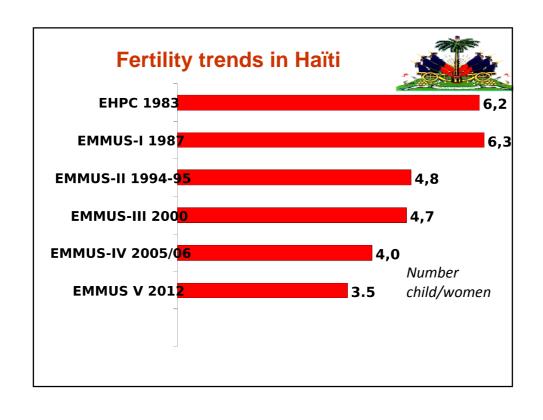
- Reduce maternal mortality By 50% by 2015
- Increase modern contraceptives use prevalence
- Eliminate vertical transmission of HIV and syphilis
- Reduce infant mortality by 50%

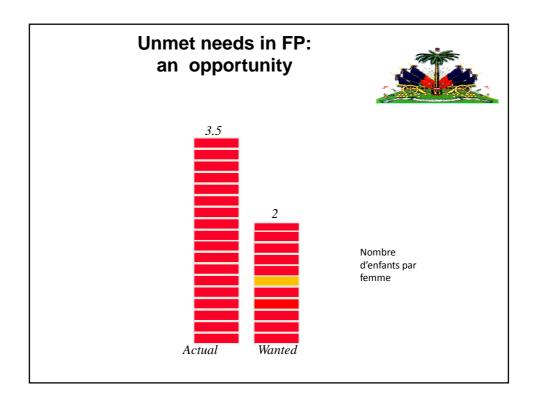
#### Program strategies



- Family Planning
- Institutional Strengthening
  - Quality Health services provided in health centers
  - Skilled personnel for deliveries
  - PMTCT services available in every EmONC
- Community organization
- Obstetrical care provided free of charge







To reduce the gaps, the Minister Of Health (MOH) has decided to launch an intense

#### **NATIONAL FAMILY PLANING CAMPAIGN**

#### Aiming to:

- Raise public awareness on this thematic
- Improve availability of PF services nationwide
- Mobilize financial resources

#### Implementation of EmONC program



- Development of an action plan
- Adaptation of the curriculum of the Midwifery school to integrate EmONC signal functions
- Publication of EmONC map
- Review of obstetrical emergency management protocols
- Development of specific tools for M&E and quality improvement

#### The gaps



- Imbalance between comprehensive care / staffing
- 49 /100 EmONC implemented
- Development of community health network
- Health financing sustainability (increase national contribution)
- HAART for 100% HIV infected pregnant women
- Youth/adolescents centered reproductive health services

#### Challenges



- Hard to reach displaced and remote population
- Poor organization of referral system
- Lack of skilled providers: 1 doctor/10,000 population;
  1nurse midwives/5000 population
- Rationalize the health mapping
- Provision of essential drugs and equipment nationwide
- Establish a unique, reliable information system
- Increase national contribution to health financing

#### Conclusion



- Haiti is seeing progress, but continued and coordinated efforts are needed to ensure access and quality of EmONC services throughout the country
  - Gaps exist in the number of adequate facilities and trained providers
  - Additional resources are needed to fill these gaps and improve maternal and neonatal health
- The government of Haiti is committed to improving comprehensive reproductive and sexual health