

LOCAL HEALTH RESEARCH

PART

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AIDS and Haiti

- AIDS Epidemic Statistics in St. Marc Haiti:** According to Dr. Charles Patrick Almazor, PIH: The prevalence rate of HIV in Haiti is currently estimated at 2.2%. In St. Marc, the rate is double that-closer to 4-4.5% of the population. In St. Marc there are 15 new HIV+ patients every month. About 20-30% of HIV+ Haitians have developed AIDS.
- According to the Feb. 2010 report for St. Marc:** There were 6 new HIV+ patients out of the 700 people who were tested. 15 patients in St. Marc were started on costly ARVs (new AIDS cases; i.e. their CD4 counts became low enough to warrant treatment).
- AIDS Statistics FEBS' Clients:** Out of FEBS 494 clients, 88% have AIDS and are under ARV treatment. The other 12% do not use ARVs but also do not have full blown AIDS. Last month there were 4 new clients with AIDS.
- According to FEBS:** The Bas Artibonite Valley of Artibonite has the highest rate of infection in Haiti. From April 2008 to March 2009 a public health authority-sponsored HIV-testing campaign tested 40,522 in Artibonite; of these, 3,627 people tested positive, for a seroprevalence rate of 8.98%, double that of Haiti's overall prevalence. This extrapolates to 35,600 persons presently infected in Bas Artibonite. Stigma towards the disease is high and 79% of persons living with HIV/AIDS (PLWHA) face severe difficulties in securing access to housing. For example, death rates among homeless PLWHA are 5 times that of housed PLWHA. In 2008, hurricanes in Haiti killed 793 people, left 1 million homeless (vii), and caused many to live in deteriorating shelters. Research shows that sub-standard housing increases the risk of opportunistic illnesses among PLWHA.



- Haitian Perspective:** According to Loune Viaud - Director of Strategic Planning and Operations, Partners in Health, Haiti: In general, the health sector in Haiti recognizes that securing adequate housing for PLWHA is an effective prevention strategy. By stabilizing this community, ARCHIVE would be helping ensure the community does not infect others through both medicinal and psychosocial support. According to FEBS, health and housing go hand in hand for hope for PLWHA, especially in regards to those co-infected with TB or develop AIDS. Many FEBS clients-about 1/3 of their 700 total-struggle to secure adequate housing. These persons are now either relying on family or friends (resulting in overcrowded homes) or are out on the streets. Often women are compromising their sexuality in order to secure adequate shelter and food. Undoubtedly, this poses a large burden on the community and places everybody at risk, and underlines the urgency that in order to help PLWHA and to help stop the epidemic, better housing must be delivered.