SEMINAR OF UNION FOR THE SCIENTIFIC STUDY OF POPULATION (IUSSP)

INTERACTIONS BETWEEN POVERTY AND HIV / AIDS

12-14 December 2005, Cape Town, South Africa

THEME :

POVERTY, PREVENTION AND TREATMENT OF THE EPIDEMIC HIV /AIDS

COMMUNICATION PRESENTED BY

CARLINE JOSEPH DUVAL

Engineer Civil, Post – Graduated in Population and Development, Student in the Program Master of Sciences in Regional and Urban Development from the Centre de Techniques de Planification et d'Économie Appliquée (CTPÉA)

DECEMBER 2005, PORT- AU - PRINCE, HAÏTI

ACKNOWLEDMENTS

The author wants to thank the Union International for the Scientific Study of Population (IUSSP) that financed her trip.

She thanks also the people who answered her questions in particular Dr Laurent Eustache, Dr Gabriel Timothé, Dr Tania Viala Syndic, Dr Andal Désir, Dr Paul Dennis Léger, Mrs. Sabine Prince, Mrs. Junelle Sylvain.

A special thank to the staffs, of Policy Project, the FNUAP, the ONU SIDA, the Center GHESKIOS, the OPS/OMS, the FOSREF, the SECO SIDA that welcomed us and provided us some documents.

The author has also a special consideration for Mr Benjamen Zanou who read her text and to Mr Joses Jean - Baptiste who helped her in translating the document in English.

The author is also glad to mention her professors, colleagues and friends, Mr. Jacques Hendry Rousseau, Mr. Emmanuel Charles, Mr. Jean Baptiste Anténord, Mr. Jean Sergo Almonord, Mrs Joselande Télémaque, Mr Joseph Jacques Jean Jacques, Mr. Remy Gardy H.,

We cannot forget also the Directing Staff of CTPEA and his family.

To all those that she/it didn't mention but that encouraged it, she wants to tell them thank you.

Because, without you this research would not have can be achieved.

SUMMARY

ACKNOWLEDMENTS 2
LIST OF FIGURES 4
LIST OF PICTURES 5
LIST OF THE ABREVIATIONS 6
INRODUCTION 7
THEORETICAL AND CONCEPTUAL FRAMEWORK 10
Theoretical lighting 10
HYPOTHESIS 11
METHODOLOGY 11
RESULTS 12
FIRST PART: THE REPORT BETWEEN POVERTY LEVEL, TRANSMISSION AND HIV/AIDS PROPAGATION IN HAITI 12
1.- Epidemic magnitude 12
2.-Poverty and transmission 13
3.- Poverty and propagation 16
PART II: CLASSIFICATION OF TRANSMISSION MODES AND TRANSMISSION FACTORS IN HAITI 19
1.- THE TRANSMISSION WAYS CLASSIFICATION 19
Symbol 20
2.- THE TRANSMISSION FACTORS IN HAITI 21
THIRD PART : PRIORITIES ON HIV AIDS PREVENTION IN HAITI 27
1.- PRIORITIES ORDER 27
2.-PRATICAL NECESSITIES 28
2.1.- Necessity to continue research in view of a better knowledge of the epidemic magnitude 28
2.2.Necessity to develop and improve the protection and to educate Haitian youngsters. 28
DICUSSION 28
CONCLUSION 29
BIBLIOGRAPHY 31

LIST OF FIGURES

1.- Haiti poverty Map……..……..…….. 9
2.-Evolution of the HIV prevalence in Haiti since 1982……..…….. 9
3.-Annual income in gourds of ménages considering the type incomes and the sex of the helping source……15
4.- HIV prevalence among female commercial sex in Haiti (in %) 1985-2004……..…17
5.- HIV prevalence among pregnant women in Haiti (in %) 1993-2004……..…17
6.- HIV prevalence among female blood donors (25-40 years old) in the metropolitan area of Port-au-Prince (in %) 1986-1990……..…...18
7.-Distribution of the HIV prevalence among pregnant women in prenatal visit according to the site (2003-2004)…….……..…18
8.- HIV prevalence among pregnant women those living in urban area and semi –urban area or rural (1993-2004)……..19
9.-Process of the transmission……..…… .21
10.- Knowledge of the HIV AIDS by the women……...…… .25
11.-Use of condoms by 15-24 years old women, menages, sentry sites, 25-49 years old women, female commercial sex workers and migrating people in 2003…..……..……26
11.- Proportion of man and woman having made the HIV test in the 9 geographical departments of Haiti……..……...……27
12.- Funeral going to the Port-Au-Prince cemetery …… …….……30

LIST OF PICTURES

1.- Working age people according to sex, age group and residence area in % …..…….. 15

2.- Transmission modes in (%) and mode exposition to the risk in Haiti…… .20

3.- Percentage of man having accepted some specific measures that the men can take when the woman or partner refuses some sexual intercourse…….….. 22

4.- Distribution of women that declared to have undergone physical violence since the age of 15 years by their husband or ex - husband according to the matrimonial state……..…... 23

5.- Proportion of women having suffered violence according to the age group…… .23

6.- Proportion of woman having suffered violence according to their residential zone……23

LIST OF THE ABREVIATIONS

AID / USAID : Agency for International Development
AMP : Aire Métropolitaine de Port - au –Prince
CERA : Centre de Recherche Appliquée
CHREPROF :Centre Haïtien de Recherches et d'Action pour la Promotion de la Femme
CTPEA : Centre de Techniques de Planification et d'Économie Appliquée
DHS : Demographics and Health Surveys
EBCM : Enquête Budget Consommation des Ménages
ECVH : Enquête sur les conditions de vie en Haïti.
EMMUS III : Enquête Mortalité, Morbidité et Utilisation des services
FNUAP : Fonds des Nations Unies pour la Population
FOSREF :Fondation pour la Santé de la reproductive et l'Éducation Familiale
GHESKIO : Groupe Haïtien d'Étude du Sarcome de Kaposi et des Infections Opportunistes.
IHE : Institut Haïtien de l'Enfance
IHSI : Institut Haïtien de Statistique et d'Informatique
MPCE : Ministère de la Planification et de la Coopération Externe
MSPP : Ministère de la Santé Publique et de la Population
OMS/WHO : Organisation Mondiale de la Santé /World Health Organization
OPS/ PAOH : Organisation panaméricaine de la Santé/Pan-American Organization of Health
PEA : Population Économiquement Active/ Economically Active population
HIV : Virus of the Human Immunodeficiencency

INRODUCTION

Haiti is a country facing poverty and infection to the HIV / AIDS. More than half of the population is living below the line of extreme poverty of one US dollar per person and per day, and about the three quarters below the poverty line of two dollars (Fig 1).
The AIDS, listed toward the years 80 and whose first registered case carries up in 1978, has been spilled quickly through the national territory. According to the evaluations of the WHO in 2004, around 400 000 people live with the HIV / AIDS in Haiti and the prevalence is 6.1% of the population.[1] Women and young people constitute the most vulnerable categories to the transmission.

The cities are the main homes of the epidemic. The dynamism of the descended prevalence shows a positive evolution of the epidemic with a maximum in 1994 and then the curve decreased and get stabilization toward the years 2000. (Fig 2)

The results of the two investigations achieved by the Center GHESKIO on the prevalence of the various groups of the population in 1986 and 1992, revealed that in the interval of 7 years the rates of crescents were from 6 to 8% for Port-Au-Prince and 2 to 4% for rural areas.[2]

The surveillance of blood donors in the blood Transfusion Center in Port-au-Prince confirms a decrease of the prevalence that is due to the improvement of donors criteria applied since 1992.[3]

As for the investigations done on the Haitian by the CDC (Centers heart Disease Control) in the population of the refugees in Guantanamo in 1992, the prevalence was of 7%. [4]

Beside that, the surveys concerning the pregnant women showed a reduction of the prevalence and the feminization of the illness. The survey conducted by GHESKIO Center in the State University Hospital (HUEH) and in another motherhood center estimates the prevalence among women up to 8% in 1992. [5]

The results of the survey on sexual behaviors achieved in May and June 2003 in the population of 15-24 years youngster living in parental households, the young of the street, the women aged of 25 to 49 years, the migrants, the sex workers, the public vehicles drivers and gay community, show that all participants of the survey are aware of the illness. However, less than half has a complete and correct knowledge of the illness;

[1] OMS.2004. *Haïti : la santé à la une*, Représentation OPS/OMS, Revue annuelle des activités, vol 1. Port-au-Prince p 8
[2] Unité de Coordination et de Contrôle du Programme de lutte contre les IST VIH SIDA/ Assistance de Policy Project. Mars 2005.*Analyse secondaire des études de sérosurveillance par méthode sentinelle de la prévalence du VIH chez les femmes enceintes en Haïti entre 1993 et 2004*. Port-au-Prince p 5
[3] Ibidem
[4] Ibidem
[5] Ibidem

less than 1% don't know the protective means again HIV transmission from mother to the child. Rare are those who said having undergone a HIV detection test voluntarily. A third are abstainers; gays are several partners; less than a quarter used condom, 20% told to have a characteristic sign of IST and finally up to 50% said to having had a characteristic sign of IST and having searched for a treatment in a health center. [6]

More recently, the secondary analysis of HIV prevalence studies by sentry method for women conducted from 1993 to 2004 confirms the decrease of the prevalence observed among pregnant women. Indeed this survey describes the evolution of the HIV prevalence among women during years 1993 to 2004 according to their residence zone and the group of age in scattered sites. The HIV prevalence for those women enclosed during the years 1993, 1996, 2000 and 2004 are respectively 6.2%, 5.9%, 4.5 and 3.19%. The survey shows a negative evolution of the prevalence for pregnant women living in urban area, but the gaps remain important if the woman is in semi-urban or rural area. Moreover, when considering the age criteria, the prevalence is weaker if the pregnant woman is under 25 years but greater if the woman is above 25.

However, it is necessary to underline the higher level of HIV not reported cases that makes data not accurate or not reflecting the reality.

Few studies on HIV prevalence in Haiti is not always available. It is clear on the other hand that poverty stays a serious problem in the Haitian society. Unfortunately we have to acknowledge the fact that no study was carried out on those related themes: ' ' Poverty, and Epidemic of the HIV AIDS ' '.

It won't be possible to develop exhaustively in this document such a complex topic as the interaction between poverty and AIDS in Haiti. However, in an attempt to find out some results, we are interested in people aged from 15 to 49 years, living in the urban zones of Haiti, a particular accent will be put on the women and the young aged from 15 to 29 years. One question will emerge in our study: What is the impact of poverty on the sexual behavior in Haiti?

This introduction explains the exploratory character of our communication that is an attempt to contribute to the prevention of the epidemic of the HIV / AIDS in Haiti. More precisely in this paper we will stress those issues:

- The epidemic magnitude and notably among Haitian youngsters.
- The inventory of the multiple transmission factors of the pandemic.
- The impact of poverty on the sexual behavior in Haiti.

The following steps are susceptible to help drafting some answers to this specific research question. That is the subject of the following pages.

[6] Centre d'Évaluation et de Recherche Appliquée (CERA) et Institut Haïtien de l'Enfance (IHE).2003. *RAPPORT DE SYNTHESE, VIH / SIDA, Enquêtes de Surveillance des Comportements Haïti 2003*. Port - au – Prince. pp 9-10

FIGURE 1
Haiti Poverty Map

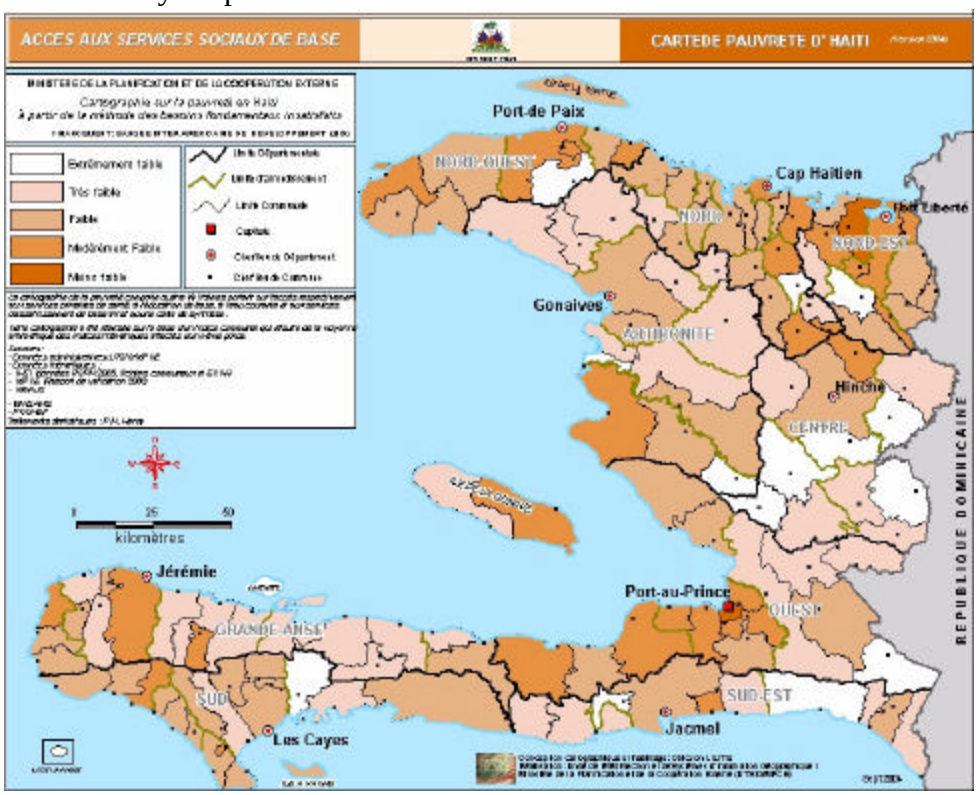
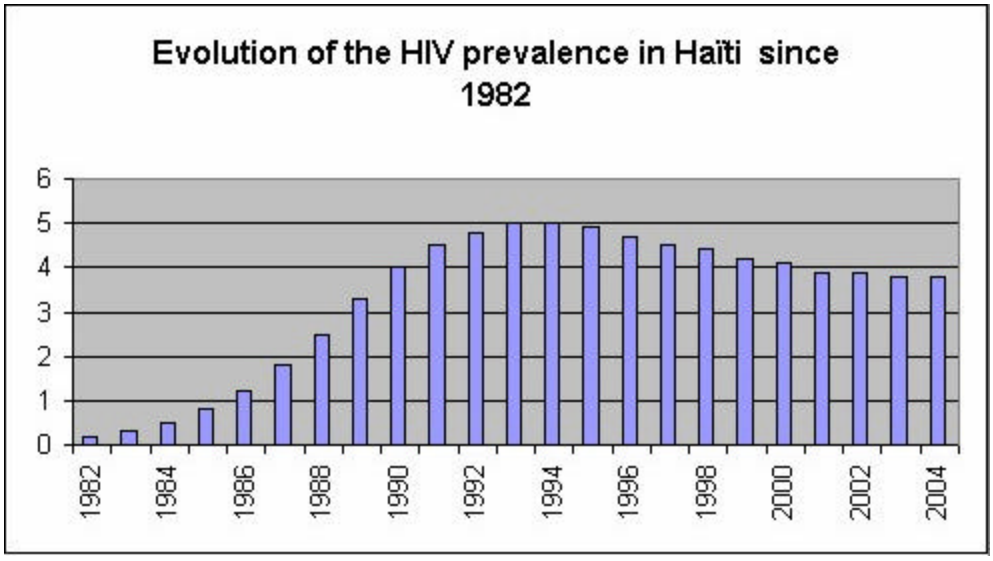


FIGURE 2



Source: Policy –Project/ CERA, IHE , MSPP

THEORETICAL AND CONCEPTUAL FRAMEWORK

Theoretical lighting

The economic, social and cultural reality that forms our demonstration project obeys to some structural thought. We evoke the well-being theory based on the use of the income (or the consumption) as a measure of well-being, because of the impossibility to measure the utilities. It is acting as a reference to the analysis of the monetary poverty. [7] All is cash Each activity implies an income. Therefore, the rates of employment, the rate of unemployment, the annual incomes, the gross domestic product (GDP) constitute indicators to measure the poverty level.

To put in light the qualitative vision of poverty, we will refer to the essential needs theory. This second theory is also evoked because it leads to the notion of integration / social exclusion. The poverty of the conditions of life or existence poverty, translates a situation of lack in the domains like food, health, the education, housing, etc…The analysis is extended to the set of needs that permits to live a decent life in a given society. [8]

Sexual behavior permits to understand the transmission risk, therefore we will refer again to the theoretical tendencies in matters of sexuality. Three theoretical tendencies mark the works on the sexual behaviors : the socio-cultural tendency, the socio-economic tendency and the institutional tendency. According to the first tendency a specific sexual behavior would correspond to every socio-cultural context. According to the socioeconomic tendency, the sexual behaviors result from the norms and socio-cultural securities which impact on the individual behaviors varies with the socio-economic conditions. The consequence is in areas not having a sexual permissive norm, economic factors can motivate the individuals to enter into risky sexual activity sexual in order to reach some economic purposes. The last tendency concerns the institutional approach that supposes that sexual activity is also function of the importance granted by the decision-makers to the laws and programs susceptible to have an influence on the people sexual behaviors.[9]

Finally, we call on health population theory and those concerning the health determinants that clearly identify a tie between poverty, a poor quality of health and the illness. This theory is evoked to seize the epidemic diffusion conditions and the constraints that people living with AIDS are facing to.

HIV/AIDS prevention in Haiti must not be studied only on the medical point of view; regulation should be also added.

From these orientations we can formulate our hypothesis.

---

[7] Marniesse Sarah. Octobre 1999.*Notes sur les différentes approches de la pauvreté. Département de Politiques et Études- Division Macro Économie et des études.* p 2

[8] Ibidem

[9] Mburano Rwenge. *Facteurs contextuels de la transmission sexuelle du sida en Afrique subsaharienne : Une synthèse*

HYPOTHESIS

''HIV AIDS propagation in Haiti is function of the extreme Haitian poverty."

Let us now present our methodology.

METHODOLOGY

Which way should we take what tool to mobilize in order to achieve our work? According to our demonstration project, taking into account our resources and the information to collect, we will keep the methods and techniques adapted to the objectives that we pursue. We opt for the descriptive and historic methods.

We privilege written data on the topic. However in order to emphasize the poverty level, the transmission factors and the impact on the sexual behavior in Haiti, we will use especially two data sources:

a) The survey on the conditions of life in Haiti / Enquête sur les Conditions de Vie en Haiti (ECVH) 2000, published by the Institut Haïtien de Statistique et d'Informatique (IHSI).
b) The survey on Mortality, Morbidity and use of the Service/ Enquête Mortalité, Morbidité et Utilisation des services EMMUS III, Haiti, 2000.

➢ **The first source : ECVH 2000.** is a survey that has been achieved in May 2001 and was extended to a sample of 7740 households throughout national territory that has been, for this purpose, divided in 10 strata (eight departments and the biggest one divided in two : the Metropolitan Area and the rest). In this survey, a 15 years old teenager was also selected (Randomly Selected Individual RSI) however his questionnaire was distinct.

We have data on employment rate, health, education and housing. Average annual income of the groups selected for the survey was presented. The percentages of inactive people, net activity rate and unemployment rate were classified by age group and according to the residence zone. Moreover, in order to stress the 15 -29 years group and women aged from 15 to 49 a regrouping has been made. We also got data on the AIDS knowledge and the HIV prevalence. We also have the number of RSI having heard about AIDS according to their residence zones, the age group and the sex. Let us notice also that all data are not classified by sex and the age groups were not the 5-years-period traditional age groups.

➢ **The second source concerns EMMUS III.** The collection was conducted from February to July 2000 and carried on a national representative sample based on 19 strata (the nine divided departments in urban zones, rural zones and the Port-au-Prince Metropolitan Area: named AMP). 9678 households were selected but only 9595 have been identified and investigated with success at the time of the investigation.

We have to our disposition data on socio - economic characters of the people targeted; we got also data on the HIV AIDS knowledge and its existence, as well as the means for prevention and its transmit modes. These last data are classified by age group, marital

status, residence zone, departments and the instruction level of those people. A regrouping has been made for the 15 -29 years old and women aged from 15 to 49 years.

- In addition to these survey results, we used reports compilations and published documents on the HIV AIDS, and web browser. We also add survey data collected by sentry method. Survey outcomes on Haiti's people Behaviors (year 2000), the data of the secondary analysis of the studies on HIV prevalence by sentry method for pregnant women enclosed in Haiti between 1993 and 2004 and finally some projections of the group Policy Project.

Thus, I use the empirical data and estimate for my paper.

What are the results?

RESULTS

The results obtained will be presented according to a plan divided in three parts. In the first one, we consider the relation between poverty level, HIV transmission and the epidemic propagation. The second part concerns the transmission mode classification and the transmission factors in Haiti. The last part will note the priorities concerning prevention in Haiti.

FIRST PART: THE REPORT BETWEEN POVERTY LEVEL, TRANSMISSION AND HIV/AIDS PROPAGATION IN HAITI

It is proven that poverty and HIV AIDS are correlative terms. Indeed, the poorest people are the most exposed to the virus in Haiti. Moreover infected people in Haiti are facing economic, physical and psychological problems. [10] And again, the difficult socio-economic and political environment has an influence on people sexual behavior.

1.- Epidemic magnitude

In Latin America and in the Caribbean the estimation of adults and children living with HIV is around 1.9 million (1.5 million in Latin America and 420 000 in the Caribbean).[11] Haiti is one of the most severely touched countries in the region, he especially appears in first position among the 12 countries mentioned in the 2002 report on the world HIV AIDS epidemic. He is the most severely touched with a prevalence rate greater than 6% for the adults. According to the HIV AIDS epidemiological projection for the Policy Project group, the number of people living with HIV is ranged between 240.000 and

[10] Policy Project. Juin 2005. *Problèmes rencontrés par les PV-VIH et les familles affectées (Une enquête de terrain)* Port-au-Prince, p 3
[11] ONUSIDA, juillet 2002, *Rapport sur l'épidémie mondiale du VIH SIDA*. Genève. P36

335.000 in 1998. In year 2000 the prevalence would be from 260.000 to 365 .000; and in 2010, it could reach 350.000 to 500.000.

The illness especially hits people aged of 15 - 49 years, meaning the most productive members of the society and sexually active. The infection of the HIV AIDS is present on the whole national territory and the tendency is stronger in urban environment. Indeed, the HIV prevalence in n1998 is located between 8% to 11.4% in urban zone and 3.6% to 5.2% in the rural zones meaning 5.1% to 7.3% on a national scale. In year 2000, this rate could reach 8.4% to 12% in urban zones, 4.1% to 5.8% in rural zones, meaning 5.4% to 7.7% on a national scale. In the year 2010, it could reach 9.4% to 13.4% in urban zones, 5.4% to 7.8% in rural zones, meaning 6% to 8.5% on a national scale.[12]

Pregnant women constitute a priority group. According to studies done by MSPP / OPS / WHO on sentry method survey achieved by IHE in collaboration with the Center GHESKIOS and published in August 2000, pregnant women prevalence for the 12 sites set is of 4,52% with rates varying between 2,1 and 13%. The proportion of HIV positive women passed from 15% during 1979 and 1982 period, to 27% between 1983 and 1985 period, to 31% between 1986 and 1988 period, and finally reached 46% between 1991 and 1992 period. [13]

When it comes to the young people group that represents more than 40% of the population, the risk of propagation remains elevated. Studies confirm that the young and the inhabitants of the urban zones have an elevated risk behavior.[14] According to the results got from diagnosed case from 1997 to June 2001 in the GHESKIO centers in Albert Schweitzer hospital, 3,4% of young people aged from 15 to 19 years is infected by the virus. This number reached 11.15% for 20 to 24 years group. However the results of the secondary analyses found a reduction of the prevalence in the urban zones and a slight increase of the prevalence in the rural zones. The urban agglomerations, as the Port-au-Prince, Cap-Haitien are the most toughly areas touched by the epidemic.

Let us see now the relation between poverty and transmission.

2.-Poverty and transmission

In spite of data rarity, the extreme poverty and the sexual behavior in Haiti has become a preoccupying situation. Indeed, socio-cultural context and the bad economic conditions

[12] Policy Project. Août 1998. *Le Sida en Haïti : Impact.* (Projection épidémiologique, application du logiciel spectrum pour Haïti) Port-au-Prince, p 2

[13] Policy Project / REH VIH/ POZ SIDA, Decembre 2000, *L'urgence d'agir,* volume 4, Port-au-Prince p 1

[14] Adrien Alix et Cayemites Michel. Janvier 1991. *Le Sida en Haïti : connaissance, attitudes, croyances, comportements de la population.* Québec, p 12

motivate some people to have a behavior that first drives them to virus exposition, and finally to the epidemic diffusion.

Poverty defined by the exclusion, lack of resources or by precariousness is reflected by indicators like work, living standard, housing and formation. However, poverty and its corollaries are closely tied with virus exposition on the one hand, and to the transmission of the virus on the other hand. In 2002, UNFPA in his report noticed that:

" All poverty corollaries has the effect of encouraging this infection: undernourishment; lack of safe water, purification and hygiene; weak general level of the health situation, fragile immune systems, strong impact of other infections, of which genital infections and exposition to illnesses as tuberculosis and malaria; insufficiency of the public health services; illiteracy and ignorance; pressures that encouraging a elevated risk behavior, including migration for work, alcohol abuse, sexual violence; inadequate reaction of the decision makers to HIV problematic or poor people problematic; and finally lack of trust or lack of hope for the future.

A significant part of Haitian population is living in extreme poverty situation. According to CERA in 1998, 64,6% of the population are in situation of poverty and 18,5% would be in situation of extreme poverty. 49,4% are deprived from drinking water, according to PAHO/OMS 2002) and 31,6% don't have access to electricity (IHSI / UNDP 2003). This critical situation is worsened by taboos, myths and an intense mobility of the population that play an important role in the process of the evolution of the transmission. In Haiti, some traditions, grant to men the power for decision as in sexual relations than in important family affairs.[15] Thus, women constitute in a certain manner a dependent group in an economically and socially point of view. Picture 1 and Graph 3 show that men earn 1.28 times more than women. At the opposite, when it comes to money transfers, women are receiving 1,69 times more than men. Women are more inactive than men, 3.37% in Port-au-Prince metropolitan area, and 2.85% for other cities versus 4.58% and 3.8% for men. The situation is not different for the 15-29 young people group. The vast majority is not autonomous. Indeed, the employment rate is greater for adult men and (15-29 years old) young men than for the (15-49 years old) women. When we consider residence zone, we noted that more than 25% of the young had a job while the rate fall to less than 20% for girls in urban areas. Unemployment rate, although elevated whatever the sex and age, is 1.2 times greater for the 15-29 years group and the evolution is even more unfavorable for the others urban areas.

[15] Port-au-Prince. Ministère de l'éducation nationale de la jeunesse et des sports. Septembre 2002, *Plan stratégique sectoriel de l'éducation pour la lutte contre le VIH/ SIDA.* Port-au-Prince. p 8.

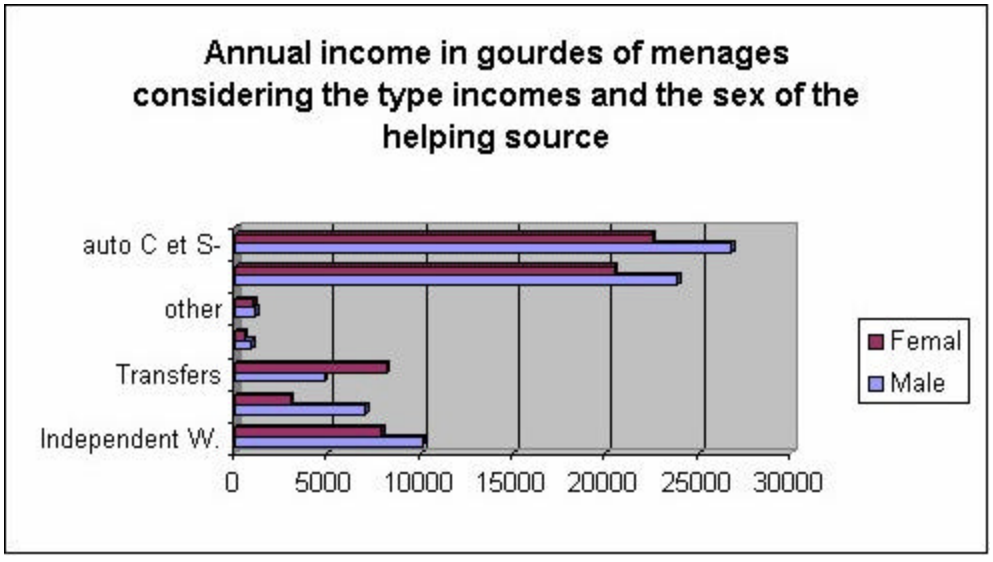
Picture 1

WORKING AGE PEOPLE ACCORDING TO SEX, AGE GROUP AND RESIDENCE AREA IN %

	Age Group	MAP		Other Urban		Rural	
		Male	Female	Male	Female	Male	Female
People in Activity	*15-29 years old*	3.9	2.63	3.06	1.86	3.96	2.30
	15-49 years old	4.58	3.37	3.80	2.85	4.45	3.12
People unemployment	*15-29 years old*	5.36	6.5	8.73	8.43	5.46	6.43
	15-49 years old	2.72	3.54	4.27	4.58	2.8	3.90
Gross rate of activity	*15-29 years old*	65.36	58.23	48.20	37.06	55.93	40.56
	15-49 years old	78.21	71.70	69.15	57.62	73.78	56.80
Rate of employment	*15-29 years old*	25.54	19.80	26.6	17.30	41.10	24.63
	15-49 years old	51.30	40.75	54.2	41.25	62.12	43.20
Unemployment rate	*15-29 years old*	66.73	70.46	50.73	59.80	28.96	42.93
	15-49 years old	39.64	48.52	28.51	36.6	18.52	28.30

Source ECVH 2000Ttableau 7.2.1.9

Figure 3
Average annual incomes in gourdes for households according to the type of incomes and sex of the main contributor of resources.



Source : ECVH 2000, Tableau 6.1.1.5; 6.1.1.6; 6.1.1.8; 6.1.1.9; 6.1.1.11; 6.1.1.12

Yet, the situation of unemployment in the country obliges a respectable number of women to carry a heavier weight than men because they have not only to maintain the home but also to undertake other activities in order to help their family. The situation is

even worse for single mother, 45% of the Haitian households fall in this situation. According to this same survey 55% of women doesn't have a job at the time of the survey and only 25% of the other group told that they got a sustainable activity, 20% had a seasonal or occasional occupation.[16]

Now, what is the relation between poverty and propagation?

3.- Poverty and propagation

The increase of infected people is a good measure of the HIV epidemic propagation. The relation between poverty and the propagation is determined by the prevalence. In Haiti, it is proven that the epidemic has spread among the population and it is fueled by unprotected heterosexual relations.[17] The level of poverty appears like one the factors stimulating the propagation of the epidemic. Indeed, some vulnerable groups of the society are obliged to accept those relations in order to satisfy their basic needs. Some studies showed that in some interviewees groups, woman's body is considered as an asset. This bad concept makes those women consider sexual relations as an extremely important economic value. They also said that because of a lack of family support, or lack of adequate income, they are ending up accepting the sexual relations in order to guarantee some financial security. In these circumstances, it is difficult for them to negotiate the use of condom or to reduce the number of partners.[18] It is true that all surveys confirm that the majority of the population is informed about HIV AIDS and that an elevated percentage number of them knows the heterosexual transmission modes. Yet, some individuals, in specific circumstances, adopt an irrational behavior during the sexual activities.

It is necessary to underline however that all available data present a decrease of the prevalence; for women, sex workers of the sex, pregnant women, or blood donors. (Fig. 4,5,6)

However, we notice a variation of HIV prevalence for pregnant women in prenatal visit and during the 2000-2003 period at the national level. The results obtained according to the site give rates from 1.0% to 6.8%. (Fig. 7). However, when it comes to residence zone and for the 1993-2004 period, we can note a reduction of the prevalence. (Fig. 8)

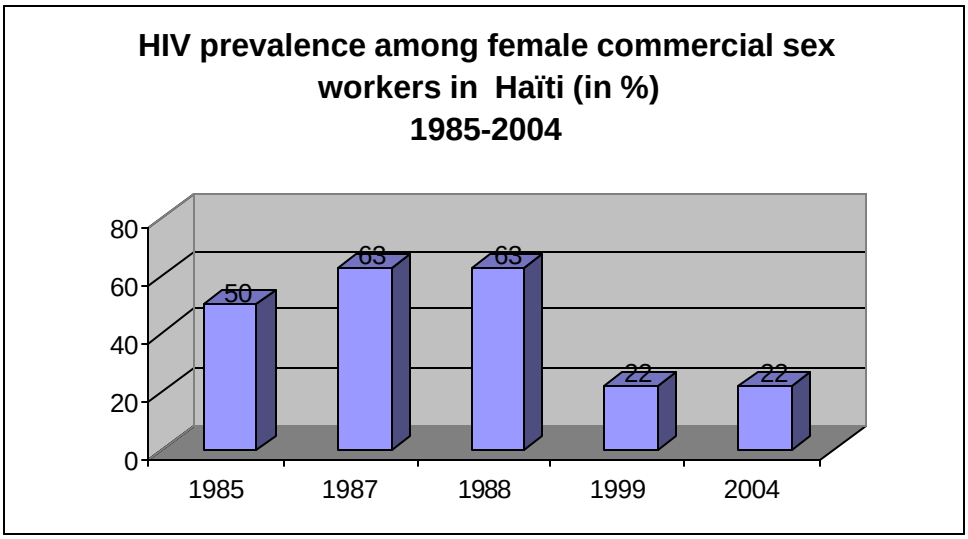
---

[16] Policy Project. Juin 2005. *Problèmes rencontrés par les PV-VIH et les familles affectées (Une enquête de terrain)* Port-au-Prince, 44 pages p 18

[17] ONUSIDA, juillet 2002, *Rapport sur l'épidémie mondiale du VIH SIDA*. Genève. P36

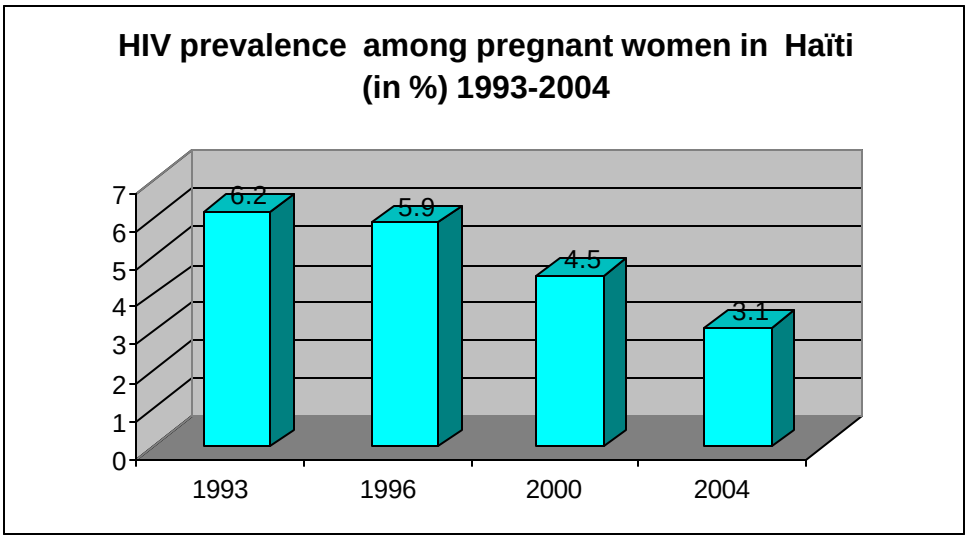
[18] Adrien Alix et Cayemites Michel. Janvier 1991. *Le Sida en Haïti : connaissance, attitudes, croyances, comportements de la population.* Québec, p 15

FIGURE 4



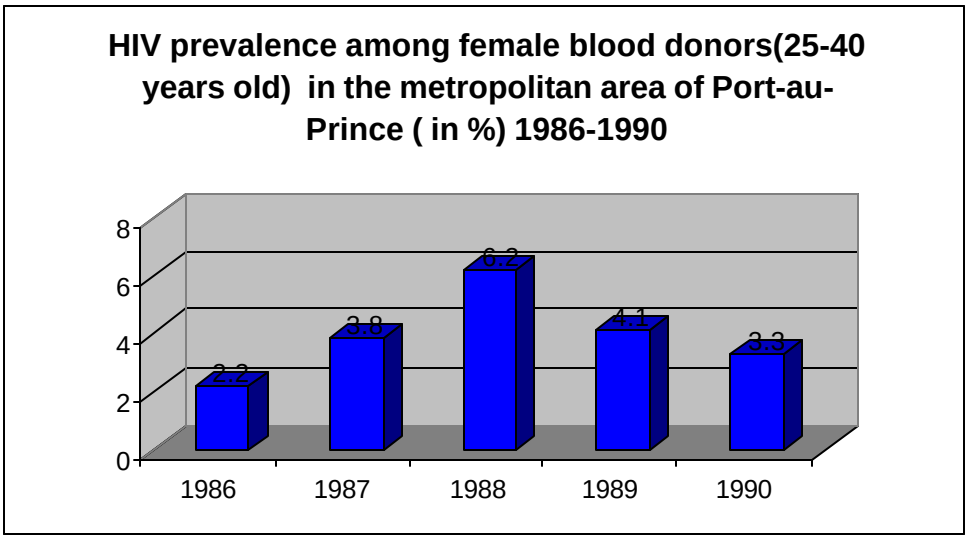
Source: Policy Project, CERA Haiti, IHE, MSPP, UCC. Understanding the reasons for decline of HIV prevalence in Haiti

FIGURE 5



Source: Policy Project, CERA Haiti, IHE, MSPP, UCC. Understanding the reasons for decline of HIV prevalence in Haiti

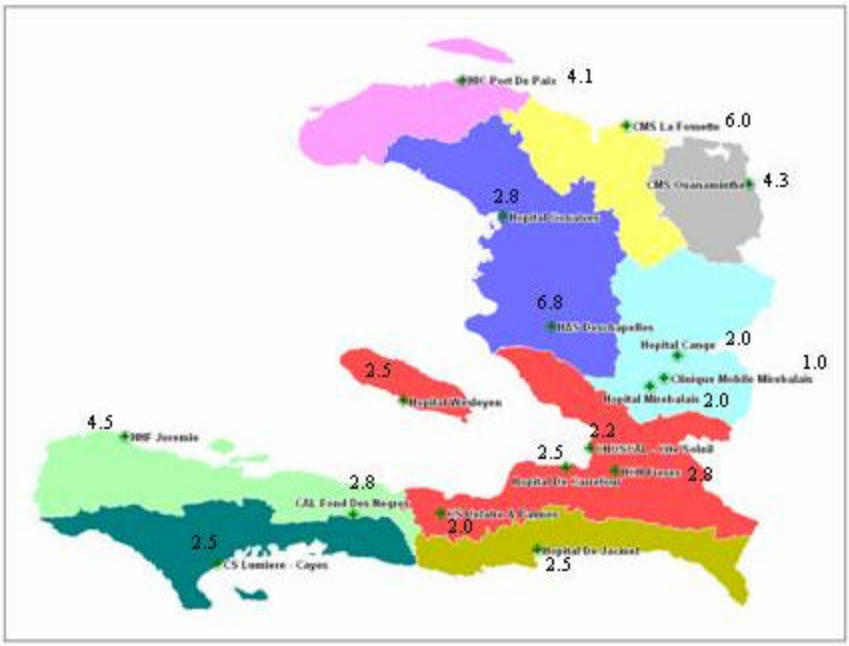
FIGURE 6



Source: Policy Project, CERA Haiti, IHE, MSPP, UCC. Understanding the reasons for decline of HIV prevalence in Haiti

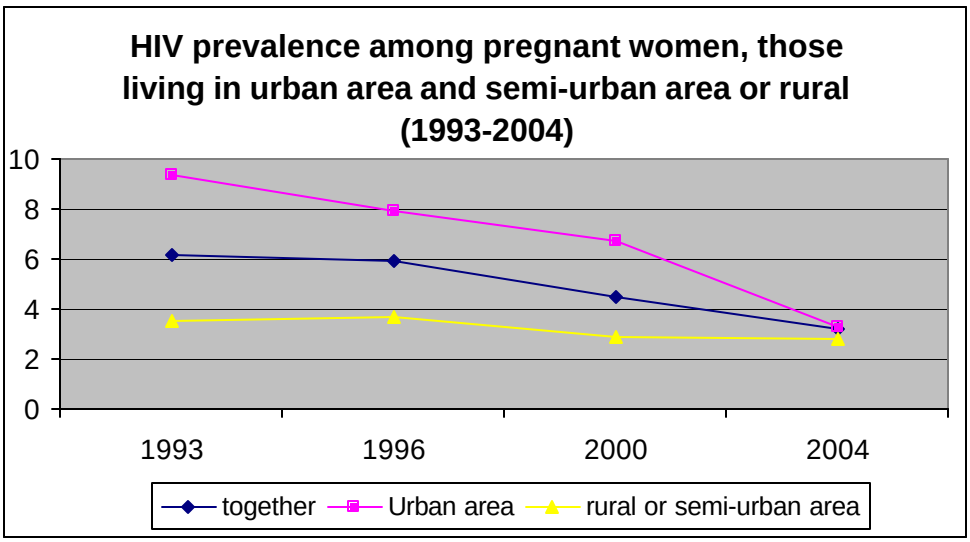
FIGURE 7

Distribution of the HIV infection prevalence among pregnant women in prenatal visit according to the site (2003-2004)



Source:Enquête sérosurveillance par méthode sentinelle (ESMSS) de prévalence au VIH, de la siphilis, de l'hépatite B et de l'hépatite C chez les femmes enceintes en Haïti (2003-2004) MSPP,IHE,GHESKIO,CDC

FIGURE 8



Source:Unité de Coordination de contrôle du programme de lutte contre les IST , VIH

PART II: CLASSIFICATION OF TRANSMISSION MODES AND TRANSMISSION FACTORS IN HAITI

1.- THE TRANSMISSION WAYS CLASSIFICATION

It is recognized that four transmission modes exist: heterosexual transmission, vertical transmission, blood transmission and homosexual transmission. AIDS is linked to sexual activity, but it is transmitted during sexual contacts and by contact with infected blood. In Haiti, heterosexual transmission is the first source of propagation of the epidemic, it is estimated to 88%; then comes then the prenatal transmission estimated to 6%, followed by transmission by transfusion that is 5%. The last transmission category often neglected in Haiti is homosexual transmission (men with men, HSH). This one is estimated to 1%. (Picture 2). This type of propagation also called Homo/Bisexual transmission is often absentee from propagation estimations. However, this propagation mode can allow the epidemic to spill quickly. Neil Mc Kenna in his book **''L'épidémie silencieuse''** expressing an opinion on the HIV for women notes this following:

'' *HIV transmission resulting from sexual relation between man and man has a direct impact on the women group. Because some men involved in homosexual relations are also married and have sexual relations with their wives; those infected men can transmit the virus to their wives or partners who can transmit the virus to their future children*" (translated by us)

As the author relates it, this transmission mode is almost under estimated and has probably a great importance in developing countries[19], notably in Haiti.

Tableau 2

TRANSMISSION MODES IN (%) AND MODE EXPOSITION TO THE RISK IN HAÏTI

Nature of the transmission	***Symbol***	**Percentage**	**Mode of exposition to the risk**
Heterosexuals Transmission	HT	88 %	Virus transmis par: - Heterosexual contact
Vertical Transmission	VT	6 %	Virus transmitted to the fœtus or the baby: - during pregnancy - to the childbirth - By the nursing
Blood Transmission	BT	5 %	Virus transmitted by : - blood transfusion and the blood products - Use of soiled objects - Exhibition of an organic liquid or blood containing the HIV -
Man having sexual intercourse with man Transmission	MSMT	1%	Virus transmitted by : - Contact with Man

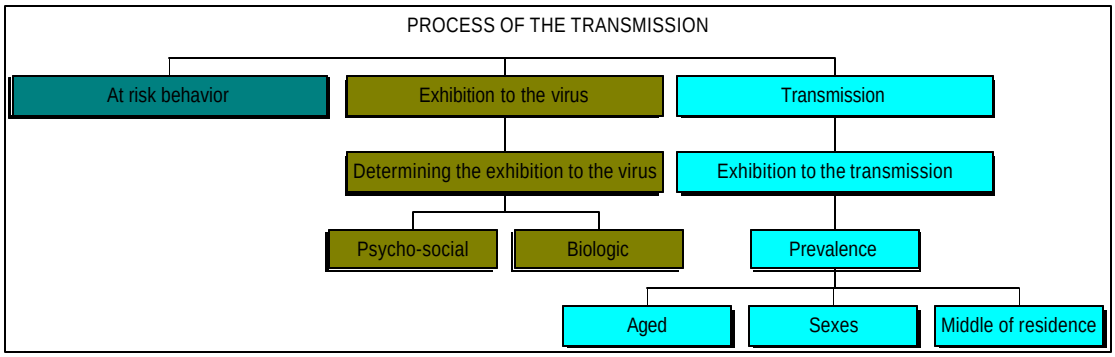
Source : Policy Project et moteurs de recherches

In fact, virus transmission follows a process that differs according to the transmission type for a specific behavior will cause or not an exposition to the virus. Whatever the determinant to virus exposition or transmission determinant, transmission factors are derived from it. (Fig. 9)

What are the main transmission factors in Haiti?

[19] Neil Mc Kenna. L'épidémie silencieuse.Edition Panos, Association 2.7 de lutte contre le SIDA p 20

FIGURE 9 :



2.- THE TRANSMISSION FACTORS IN HAITI

If exposition to the HIV virus conditions the transmission, the personal and social contexts in which live the individuals influence the propagation of the HIV AIDS that depends on the sexual behavior of the society. A specific sexual behavior would correspond to every socio-cultural context. In Haiti, four types of factors affect sexual behavior : these are socio-cultural factors, the socio-economic factors, the economic factors, factors bound to women statute and the political factors.

Socio-cultural factors :
The socio-cultural factors translate the fact that the sexuality is included in norms and values of every social group. In the Haitian case, we have retained :

- ***Sexual multi-partnership***, that is a practice known in the society. It is at the origin of the multiplication of cohabitations and polygamy. 26% to 55% of men have multiple partners; 14% use condom sometimes; whereas 11 to 37% confess having a contact with prostitutes. [20]The risk to be exposed to the virus and the transmission is raised with as consequence an increase of the epidemic propagation on women.

- ***Date of the first sexual relation***: This is an important factor for the epidemic transmission because more young is the individual, the more he is exposed to the virus. In Haïti, many studies reveal that the youngsters begin their sexual life early (POZ, Clérismé 1996, IHE, EMMUS 2000). According to this survey, 34% of 15 -19 years girls had already have their first sexual relations. Of this group, 12% had their first sexual relation before the age 15. [21]More recently, the DHS investigation affirms that the first sexual relation starts at the age 11. Another survey realized on knowledge, attitude and behavior related to sex among young protestants living in Port-au-Prince area revealed that more than a third of teens (10 – 12 years old) had already have a sexual relation.

[20] Policy Project / REH VIH/ POZ SIDA, Decembre 2000, *L'urgence d'agir*, volume 4, Port-au-Prince p2
[21] Port-au-Prince. Ministère de l'éducation nationale de la jeunesse et des sports. Septembre 2002, *Plan stratégique sectoriel de l'éducation pour la lutte contre le VIH/ SIDA.* Port-au-Prince. p15

➢ ***The low level of instruction increases the vulnerability.*** A message published would be understood more quickly if the public is literate. According to EMMUS III, 41% of women can not read versus 30% for men. The ratio is almost identical for people that could only read partially. It is right to note the correlation in this respect between illiteracy rate and the transmission rate.

Factors depending on the woman's statute in the society : They are bases on the importance given according to positions that the individuals occupy in the society.

➢ ***Machismo: Men's decisions in Haiti is highly considered.*** The fact to have an attitude of superiority towards women encourage men to have a specific behavior towards their partners. The results of EMMUS III survey confirm the types of measures interviewed men agreed on if their partners refuse them sexual intercourse. Whatever the age group, more than 12% of men will be in anger, 10,6% decide not to give money to the women. More than 24% are okay to use violence and more than 24% can decide to have sexual relations with other women. (Picture 3). The disparity and gender inequality are expressed in violence made to women.(Picture 4) Women are victims of physical or sexual violence from their partner. Moreover, CHREPROF survey affirms that 2 women out of 5 start their sexual life with a rape in Haiti. Indeed more than 25% of the women of 15-49 years are victims of physical or sexual violence and a slight increase is noted when referring to urban zones. (Picture 5)

Picture 3

Percentage of man having accepted some specific measures that men can take when the woman or partner refuses sexual intercourse

	Measures			
Age Group	***Anger***	***Refusal to give money***	***Recourse to the force***	***Have orther female partners***
15-19	20.1	14.2	18.0	27.5
20-29	12.8	8.0	16.3	25.8
30-39	13.2	5.1	12.8	16.4
40-49	14.2	8.4	17.2	23.6
50-59	18.6	10.6	24.2	24.1

Source : EMMUS III, Tableau 3.1.5.4

Tableau 4

Distribution women declared victims of physical violence since age 15 from their husband or ex husband according to marital status.

Marital status	**Types of partners**	
	Current husband / Partner	***Ex -husbandi / current partner***
Never in union	-----	-----
In Union with Cohabitation	49.6	5.7
In Union without cohabitation	35.1	2.7
Union broken	-----	50.6

Source : EMMUS III, Tableau 17.2

Tableau 5

Proportion of women having suffered violence according to age group

Age Group	**Types of violence**		
	Physical	***Sexual***	***Physical or sexual***
15-19	18.4	15.5	25.8
20-29	17.1	19.0	28.2
30-39	18.5	18.9	28.4
40-49	18.9	13.5	25.5

Source : EMMUS III, Tableau 17.5

Tableau 6

Proportion of women having suffered violence according to their residencial zone

Residencial zone	**Types of violence**		
	Physical	***Sexual***	***Physical or sexual***
AMP	21.6	11.1	25.9
Autres Urbains	20.9	25.2	34.7
Ensemble urbain	21.4	14.8	28.2
Rural	16.1	18.5	26.7

Source : EMMUS III, Tableau 17.5

Economic factors : They are bound directly to the individuals

- ***The dependence economic: woman's strong percentage in Haiti is dependent economically on their husbands or partners.*** However, if their mates cannot provide to their need, they contract some relations extra conjugal profit-making as Caroline Bledsoe underlines it in 1989. The situation is similar for the girls.

➢ ***The bad conditions of living: drive some women to prostitute to provide to their need and those of their family.*** Precarious ***c***onditions or even misery in which lives the majority of the population, make those women in delicate position to negotiate secure sexual intercourse.[22] Another point: focuses groups achieved with pupils and teachers in the presentation of strategic plan for education against HIV, reveal that some pupils and their teachers have sexual relations. The main reasons evoked are : the need of money, the research of high note, intellectual support and the research of pleasure. Concerning sexual relations between teachers, the interviewees especially mentioned this reason : lack of employment security, the research of promotion, the ethical code absence in education sector.

It is necessary to notice the presence of national or international (Diasporas, foreigners) migrants in Haitian communities. Those migrants with a obvious elevated economic level, maintain sexual relations with some members of the community particularly girls and women who ignore the danger of transmission exposition to the virus; and who generally believe that those migrants are the saviors who can withdraw them from poverty.

➢ ***Relations types: it is referred to sexual exchange systems.*** Two approaches exist: one that defines categories from the relation (regular, occasional or commercial) (Buvé and al 1995; Hudson 1993); and the other one by definition of the relation in relation to marital status as: pre-marital relations, marital relations, extra marital relations (Havanon and al 1993; Cadwell and al 1992). Even if specific studies on both approaches do not exist, it is obvious that both systems are very common in Haiti. Besides normal relations (less risky), sexual relations have become a lucrative business.

Political factors : It is about laws concerning marriage, divorce; information accessibility on condoms use by information and sensitization of the population on the HIV AIDS problem.[23]

➢ ***Absence of a system of information and education for young people.*** In Haiti, parents don't speak about sex to their child. We are still on the first-generation message stage; therefore we are far away from the idea risk of being exposed to the virus. Besides that, taboos and religion are in a certain manner an obstacle to assistance, awareness, responsibility of young people vis-à-vis of practices and more efficient means against HIV AIDS.

➢ ***Absence of law to prevent infected people distributing the illness.*** Decisions of justice that protect rights of the healthy groups of the society don't exist. In Haiti, we have

[22] Policy Project (Assistance Technique). Novembre 2003. *Politique Opérationnelle des églises protestantes (conférence nationale des églises protestante sur le VIH /SIDA).*Port-au-Prince. p11

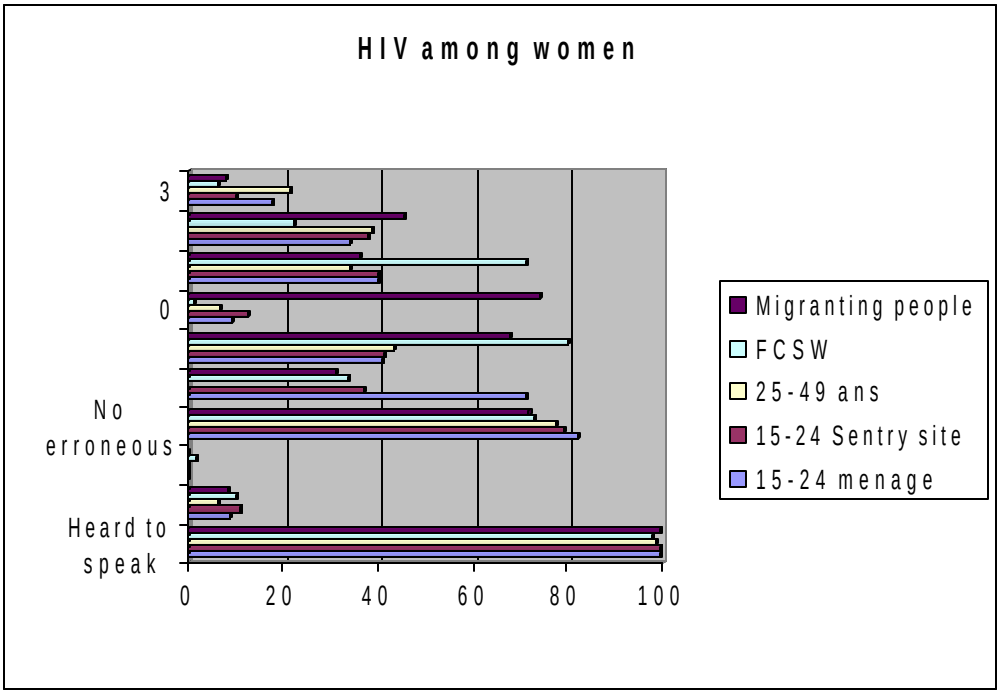
[23] Policy Project (Assistance Technique). Novembre 2003. *Politique Opérationnelle des églises protestantes (conférence nationale des églises protestante sur le VIH /SIDA).*Port-au-Prince .p 15

a vacuum on certain specific legal domains. In fact laws should protect not only HIV infected people against any kind of discrimination in one hand; in the other hand laws should also protect non infected people against some HIV positive patient who could want spilling the disease deliberately. [24] In other words laws should prevent discrimination towards infected people but they should also protect non infected groups of the society.

➢ ***Weak use of condoms.. R***esults of different investigations achieved in the country and having question related to HIV knowledge show that women in either age group are aware of this illness. Indeed, according to the behaviors survey achieved in Haiti in 2003, more than 90% of the women interviewed aged from 25 to 49, migrating or sex workers have already heard about HIV AIDS. However only 1,6% of sex workers know the means of prevention of AIDS transmission. In the same way, if several method of prevention of the illness exist, the number of method used by each of these women groups present enormous gaps from groups to groups. Thus, more than 30% of women use one or two methods. However more than 70% of sex workers use a method, versus respectively 22.1% and 6.1% that use 2 and 3 methods. (Figure 10)

Figure 10

Knowledge of HIV AIDS by the women

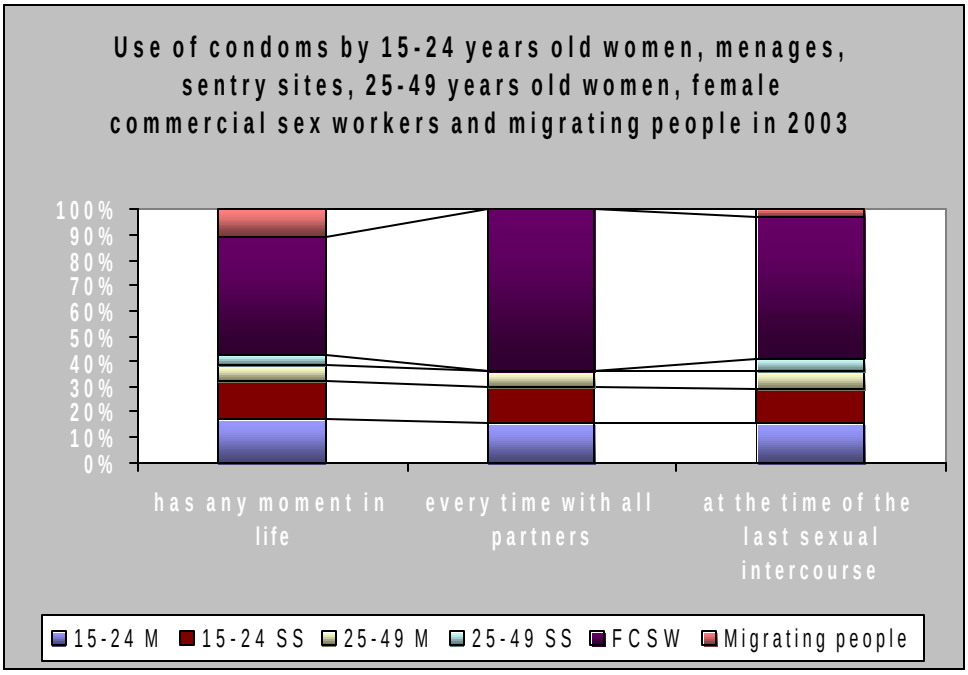


Source : Enquêtes de surveillance des comportements en Haïti 2003 (Tableaux 4,13, 19)

[24] Policy Project (Assistance Technique). Novembre 2003. *Politique Opérationnelle des églises protestantes (conférence nationale des églises protestante sur le VIH /SIDA).*Port-au-Prince .p 12

However, the different surveys achieved on this problem in Haiti show efforts undertaken to fight the epidemic. In order to attenuate his impact, various programs have been implemented by different institutions involved in the domain. Some institutions are especially interested in young and pregnant women, some others to the whole population. Prevention indicators and sensitization relate in a certain point of view progress achieved after 20 years of struggle toward the established targets. All studies show that a strong percentage of the population in the surveys is informed on AIDS and that more of 65% are informed on HIV sexual transmission modes.[25] However, extreme poverty remains an obstacle to such a point that the use of the condom remained weak. (Fig. 11)

Figure 11

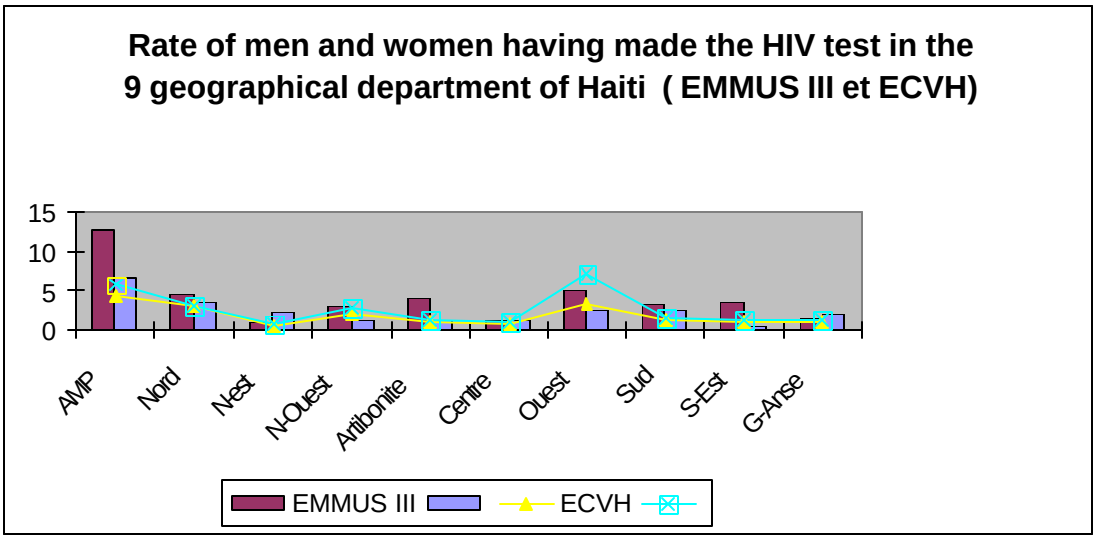


Source : Enquêtes de surveillance des comportements en Haïti 2003 (Tableaux 9, 16 , 23)

In the same way, the tracking test, that could contribute to a better knowledge of the prevalence of the illness for the population, is very weak through the nine geographical departments according to the EMMUS III survey realized by ECVH 2000. This weak percentage of tracking test finds an explanation by the fact that people don't want to be perceived as AIDS sufferer on the one hand, and on the other hand lack of service. Indeed, because access to institutions is only 50% and the number of institutions specialized in HIV tests is around 5%. Besides that, reference system doesn't exist. (Fig. 12).

[25] Port - au - Prince.MSPP. Novembre 1999.*Analyse Situationnisme de la prise en charge des IST / SIDA.* P 7

Figure 12



Source : EMMUS III et ECVH 2000

After having demonstrated the the link between poverty as transmission element of HIV AIDS epidemic propagation, let us see now what are the priorities on HIV AIDS prevention in Haiti ?

THIRD PART : PRIORITIES ON HIV AIDS PREVENTION IN HAITI

1.- PRIORITIES ORDER

In Haiti, the State and all different sectors of the country must face the propagation of the epidemic of the HIV AIDS. It requires not only actions for prevention and the control of the IST / HIV AIDS but also action to improve for economic level of the population. Several strategic plans related to IST HIV AIDS policies have already been undertaken. Efforts from several institutions and third person engagement contributed in certain extent to prevention and sensitization. However, the general measures and means are insufficient with regard to the feminization of the illness and to high prevalence among youngsters. It is therefore necessary to determine a priority order of the problems linked to the main determinants of the transmission in Haiti. Prevalence rate according to sex, age and residence area should reflect the reality and should be known by the whole society.

2.-PRATICAL NECESSITIES

Individual behavior varies with the socioeconomic conditions. Permissive norms in Haiti don't exist concerning sexuality, people have sexual activities often risky and that encourage the diffusion of the HIV AIDS epidemic.

As socio cultural context determines a specific behavior, we think that in the case of Haiti, HIV prevention must be to examined and prevented on other angle. It is why we propose in addition to existing initiatives, the creation of an organism assigned to legislate on the uninfected people mislead and also on the infected people discrimination.

In this regard, institutions working in the domain should conjugated their efforts in order to help the prevention and the control of the illness. What necessarily implies the setting up of strategy aiming to collecting information that make a link between poverty and AIDS epidemic.

2.1.- Necessity to continue research in view of a better knowledge of the epidemic magnitude

Data on the role of poverty in the diffusion of HIV AIDS epidemic are nearly inexistent. Special studies should complete surveys in order to verify the impact of poverty on the HIV AIDS.

Studies on the economic aspect of people living with AIDS has been somewhat neglected in the published data. Various investigations achieved in the country and concerning the epidemic contain important information. However, it is necessary to encourage studies on adapted method specific to Haiti's conditions.

2.2.Necessity to develop and improve the protection and to educate Haitian youngsters.

The need to fight against AIDS is imperative for young people are in danger. Prevalence rate for the youngsters in Haiti is pretty high and a certain lack of sensitization to the virus exposition is remarkable. Life sexuality depends largely on family's life conditions.

DICUSSION

Interaction between poverty and HIV AIDS was difficult to understand considering the absence of data making a link both themes. Surveys concerning HIV AIDS in Haiti show a decrease of the prevalence rate. Now next step should be to make some studies in haïtian context and to educate and inform the society particularly the young. Even if, on the whole, it is admitted that heterosexual transmission predominates, we can also assume that homosexual (gay) transmission plays an important role in the propagation of the epidemic in Haiti. Specific programs of medical prevention are not sufficient to protect healthy group of the society. We can not approach HIV prevention on a medical point of view only.

We can keep that deterioration of life conditions, the constraints and sexual risky behaviors drive to the transmission and the diffusion of the epidemic. The epidemic diffusion process presents a structure divided in stage and under stage. A specific behavior will lead to virus exposition and then to the virus transmission if the individual is already infected. The under stages are first determined by risk exposition factors (psychosocial nature and biologic origin) and then the determinants of the transmission that evaluate prevalence that can be measured from age, sex and residence area .

It is generally admitted that poverty has an impact on HIV AIDS propagation. In Haiti, available data didn't permit to establish the impact of poverty on the HIV AIDS epidemic on the one hand, and the impact of the sexual behavior of the Haitian on the epidemic propagation. On a national scale, the measure of prevalence don't reflect the reality because the big majority has been achieved for pregnant women in the sentries sites, or in health centers that some patients use to come.

However, 15-29 years young and 15-49 years old women remain the most vulnerable groups. But again, the challenge is the implementation of legal framework capable to provide prevention elements that carry a positive message on the sexuality of the healthy groups and also to infected people subject to stigmatization.

In fact, some efforts have already been undertaken in this regard. Some Physician-Senators in the former Parliament had given out a legislation draft of Government. Unfortunately we could not find a copy.

In my side, I propose some elements that can help creating an organism. Because, the protection of uninfected groups needs to sensitize all the population, in particular people living with HIH, they ought to be sensitization's programs. This organism assigned to legislate. Thus, an elements will be founded on ethical principles determined from research undertaken and requiring some regulations capable to improving prevention and HIV AIDS control in Haiti.

CONCLUSION

The present communication was an attempt to prove that extreme poverty in Haiti has an impact on HIV AIDS epidemic propagation. Haiti is the poorest country of the region and he is the most strongly touched by the epidemic. Two third of people living with AIDS in the Caribbean come from Haiti. The outcome of our work is a little bit complex and offers an incomplete vision of the reality considering the absence of data on the interaction between the AIDS and poverty in Haiti.

However, the link between poverty and sexual behavior in Haiti remains a serious problem within the society. The facts related in this paper are not complete nor

conclusive. Taken together, they stress the main question of research that was difficult to answer. However, some surveys made in the country give value to our hypothesis.

We tried to make a presentation of the epidemic magnitude in Haiti. We exposed the multiple transmission factors of the HIV AIDS in Haiti. We tempted to show, finally, the impact of poverty on sexual behavior. Schematically we were able to expose the vicious circle coming from the two themes Poverty and AIDS; this circle that obliges women and young to expose to risk. Indeed, once those people are effectively infected, this illness will drive them to misery and extremely domestic poverty. However, it is necessary to produce data and research that make a link for both topics.

Finally, this work constitutes an advocacy for the idea that people living with HIV AIDS and suffering discrimination should be taken in charge. But besides that that decision, measure should be undertaken to prevent epidemic diffusion within the society, in particular among youngsters and women. In this regard, the creation of an organism responsible to draft laws hits a question.

- What are the factors capable to explain the prevalence decrease?

Factors than can explain the prevalence decrease is the mortality of people affected by AIDS. It is recognized that AIDS is the reason of growing mortality rate. Policy Project assessments in 1990 show that 20% of mortality cases (all confounded ages) are due to AIDS and it could reach 40% in 2010. Besides that, according to GHESKIO centers, mean time separating HIV contamination and the first symptom is around 36 months. Mean time that separates HIV contamination by the HIV and the development of AIDS is around 59 months. Delay between AIDS and death is 5 months. Thus, mean time between HIV contamination and death is 64 months. (Fig. 13)

Figure 13

Funeral going to Port –au-Prince Cemetery

BIBLIOGRAPHY

BOOKS

- FRESH. 2002. *Une approche globale de la santé scolaire pour prévenir le VIH /SIDA et améliorer les résultats d'apprentissage*. Programme phare inter institutions – UNESCO, UNICEF, Banque Mondiale et Internationale de l'éducation – en EPT. 35 pages.
- Ministère de la santé Publique et de la Population (MSPP), Institut Haïtien de l'Enfance, Juin 2001, *Enquête Mortalité, Morbidité et utilisation des Services EMMUS- III Haïti 2000. ORC, Macro Calverton, Maryland USA. 489* p
- Neil Mc Kenna. *L'épidémie silencieuse*. Édition Panos, ALCS, association de lutte contre le sida p 20
- ONUSIDA, juillet 2002, *Rapport sur l'épidémie mondiale du VIH SIDA*. Genève. 232 pages
- Plan stratégique Nationnal (2002-2006) pour la prévention et le contrôle du VIH / SIDA en Haïti pp 1-10
- UNICEF, ONU SIDA, OMS .2002. *Les jeunes et le VIH /SIDA, une solution à la crise.* 47 pages

GOVERNEMENTAL PUBLICATIONS

- Banque Mondiale. 1998. *Les défis de la lutte contre la pauvreté, version préliminaire.* 41 pages.
- Port - au - Prince. MSPP, Unité de coordination et de Contrôle du programme de lutte contre le VIH/ SIDA. Mars 2004. *Manuel de Normes de Prise en charge clinique et Thérapeutique des personnes vivants avec le VIH SIDA.* 71 pages.
- Port - au - Prince. MSPP. 1997. *Suivi et Évaluation.* PP 1-5
- Port - au - Prince. MSPP. Novembre 1999.*Analyse Situationnisme de la prise en charge des IST / SIDA.* 98 pages
- Port-au-Prince. IHSI, Ministère de l'Économie et des finances. Juillet 2003.*Enquete sur les conditions de vie en Haïti (ECVH 2001)* volume 1. 640 pages.
- Port-au-Prince. Ministère de l'éducation nationale de la jeunesse et des sports. Septembre 2002, *Plan stratégique sectoriel de l'éducation pour la lutte contre le VIH/ SIDA*. Port-au-Prince. 37 pages.
- Port-au-Prince. Ministère de la Planification et de la Coopération externe (MPCPE). 2004. *Carte de pauvreté d'HAITI version 2004, 126 pages.*

OTHER

- Adrien Alix et Cayemites Michel. Janvier 1991. *Le Sida en Haïti : connaissance, attitudes, croyances, comportements de la population.* Québec, 105 pages.

- Centre d'Évaluation et de Recherche Appliquée (CERA) et Institut Haïtien de l'Enfance (IHE).2003. *RAPPORT DE SYNTHESE, VIH / SIDA, Enquêtes de Surveillance des Comportements Haïti 2003.* Port - au – Prince. 55 pages.
- FNUAP. Nov –Déc 90. *Le Carnet du FNUAP* Port-au-Prince Haïti, 16 pages
- Marniesse Sarah. Octobre 1999. *Notes sur les différentes approches de la pauvreté. Département de Politiques et Études- Division Macro Économie et des études.* 8 pages
- MSPP / IHE / GHESKIO / CDC. Juillet 2004.*Enquete de sérosurveillance par méthode sentinelle (ESSMS) de la prévalence du VIH, de la Syphilis, de l'hépatite C chez les femmes enceintes en Haïti 2003 – 2004.* (présentation power point). Port-au-Prince. 27 pages.
- Organisation Panaméricaine de la Santé, OMS. 2004. *HAÏTI : la Santé à la Une. Revue annuelle des activités – Vol 1.* Port –au –Prince Haïti. 23 pages
- Policy II Project, The futures Group International, USAID/ Haïti Mission. Avril 2005. *Les orphelin et les autres enfants vulnérables en Haïti : Un rapport de terrain) de Genn R. Smucker traduit par Rendolph H. Peigne*. 29 pages.
- Policy Project (Assistance Technique). Novembre 2003. *Politique Opérationnelle des églises protestantes (conférence nationale des églises protestante sur le VIH /SIDA).*Port-au-Prince .28 pages
- Policy Project / REH VIH / POZ –SIDA, Décembre 2000.*L'urgence d'agir.* Vol 4, Port-au-Prince, 4 pages
- Policy Project, CERA Haïti, IHE, MSSPP, UCC. *Understanding the reasons for decline of HIV prevalence in Haiti.* 23 pages.
- Policy Project, et les Centres GHESKIO.(Eric Gaillard avec assistance Technique de Bernard Liautaud, Eddy Genece, Laurent Eustache, Jean W. Pape, Marie Marcele Deschamps) Août 1998. *Estimation de la séroprévalence chez les adultes en Haïti.* Port – au - Prince. 18 pages
- Policy Project. 2004. *Impact du Sida : projection épidémiologique dans le cadre du plan stratégique.* Port-au-Prince.4 pages
- Policy Project. Août 1998. *Le Sida en Haïti : Impact*. (projection épidémiologique, application du logiciel spectrum pour Haïti) Port-au-Prince, 4 pages
- Policy Project. Juin 2005. *Problèmes rencontrés par les PV-VIH et les familles affectées (Une enquête de terrain)* Port-au-Prince, 44 pages
- Unité de coordination et de Contrôle du programme de lutte contre les IST / VIH/ SIDA et Policy Project. Mars 2005. *Analyse secondaire des études de serosurveillance par méthode sentinelle de la prévalence du VIH chez les femmes enceintes en Haïti entre 1993 et 2004.* Port-au-Prince. 56 pages.
- World relief, USAID, Policy Project, MSPP. mai 2004.*Enquete sur les connaissances attitudes et comportements de jeunes protestants par rapport à la sexualité (réalisée dans l'Aire Métropolitaine de Port-au-Prince).* Port-au-Prince. pp 1-40