Summary

A 7.0 magnitude earthquake struck Haiti on 12 January. Preliminary assessments have shown widespread devastation to infrastructure in and around Port-au-Prince and an estimated 50% of buildings in some areas have been destroyed or seriously damaged. Among these are the offices of several UN Agencies.

With a population of over nine million people, of which 80% are living under the poverty threshold, Haiti is one of the most densely populated and poorest countries in the Western hemisphere.

Current Health Situation

Devastation did not spare the health infrastructure and preliminary information indicates that a number of hospitals and health facilities have been severely damaged, including the UN clinic at the Christopher Hotel, three MSF-managed health facilities in Port-au-Prince, the University Hospital and the Eliazard Germain hospital in Petionville.

The priority during the first days is the management of the numerous wounds and injuries caused by the earthquake and the clean-up activities that have begun. Difficult access to health facilities and delayed presentation of acute injuries are raising the risk for wound infection and tetanus. Proper surgical care is therefore essential, particularly in the first days.

The breakdown in the electricity supply also has a major impact on the functioning of the health facilities that are still running, particularly on the cold chain system, and will also affect the already weak water and sanitation system, raising the risk for waterborne diseases. The contamination of water by sewage result in unsafe drinking water being consumed. Diarrhoea is already a major contributor to the high rate of under-five mortality in Haiti (76/1000 live births in 2007). WHO estimates that diarrhoea accounts for 16% of under-five deaths in Haiti.

UNFPA estimates that there could be 37 000 pregnant women among the affected population, making emergency obstetric care one of the most urgent needs. With a maternal mortality ratio of 670/100 000 live births – the highest in the region – the lives of thousands of women are at risk from pregnancy and delivery-related complications.

Key reproductive health interventions should prioritize safe delivery, acute care of the newborn and family planning. These interventions are critical components of the Minimal Initial Service Package (MISP) for reproductive health recommended in the acute phase of an emergency.

The risk for transmission of communicable diseases, such as measles, meningitis and acute respiratory infection will also need to be addressed, while increased exposure to vectors will raise the risk for malaria and dengue as well as rabies and other zoonotic diseases of special concern in Haiti. Immunization, surveillance and outbreak prevention and control measures are therefore essential.

Chronic conditions, including cancer, cardiovascular diseases, diabetes, chronic respiratory disease and neuropsychiatric disorders, account for an increasing proportion of the disease burden in Haiti. In addition to chronic diseases, conditions such as tuberculosis (one of the leading causes of morbidity and mortality in Haiti) and HIV/AIDS (120 000 people living with the virus in 2007) also depend on the provision of regular treatment.
During the acute phase of the emergency, the priority will therefore be to minimize treatment interruptions for all these conditions.

Malnutrition is a problem in some areas, particularly for children between 6 and 24 months, and up to 24% of children under five are considered severely or moderately stunted. Affected populations, especially young children, pregnant and lactating women and older persons, are at an increased risk of moderate and severe acute malnutrition. Maintenance of breastfeeding practices should be actively promoted.

Mental health and psychosocial support are essential and must be carried out in accordance to internationally agreed guidelines.

Damage to the water infrastructure of health services and poor waste management, including health-care waste, can potentially expose health-care workers, waste handlers, patients and the community at large to infection, toxic effects and injuries as well as increase the risk of environmental pollution.

Health Cluster Response

Health Cluster partners will focus their efforts on the following areas:

1. Coordination of the health sector response and needs assessment, monitoring & evaluation
   - Ensure the coordination of health assistance in the Health Cluster including drug donations and reactivation of the central procurement agency for drugs and medical supplies (PROMESS)
   - Promote the establishment of an emergency cell within the Ministry of Health
   - Carry out rapid health assessments
   - Conduct needs, damage, impact and gaps assessments including monitoring and evaluation

2. Outbreak control and environmental health
   - Re-establish the capacity of prevention and control of communicable diseases through the establishment of an emergency communicable disease surveillance system (Early Warning Alert and Response Network) and re-establish the routine disease reporting system
   - Ensure immunization including mass vaccination against measles and prepare response to outbreaks
   - Ensure vector-borne and zoonotic disease control activities

3. Safe water for health facilities and water quality control
   - Ensure water quality control and sanitation, food safety and health care waste management
   - Support hygiene promotion and health education

4. Restoration of basic health care services
   - Ensure continuity of PHC services (reproductive, maternal and child health, TB and HIV/AIDS treatment, emergency obstetric and neonatal care and prevention and management of sexual violence)
   - Re-establish the health care information system
   - Support emergency basic repairs to health facilities/temporary health facilities
   - Support the management of chronic diseases
   - Support the treatment of injuries and emergency services including referral of patients with life-threatening conditions and follow up injured patients and early rehabilitation
   - Support the provision of mental health and psychosocial support according to internationally agreed guidelines (IASC)
   - Support the treatment of acute malnutrition

5. Ensure availability of essential drugs and medical supplies
   - Provide surgical and trauma kits, essential medicines and health supplies based on assessments
   - Ensure the proper functioning of the PAHO-managed PROMESS


Funding Needs

US$ 34.3 million divided as follow:

PAHO/WHO... $10 million  UNICEF...... $8.5 million
UNFPA.......... $1.8 million  UNAIDS..... $500 000
IOM................ $2.45 million SC.......... $1.9 million
World Vision ... $3.8 million  IMC............. $2.2 million
ICR ............... $250 000  Merlin.......... $500 000
MDM............. $400 000  Handicap Int...$2 million

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