HIV in Haiti after the Earthquake

Name

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Haiti is one of the countries in the world that is most vulnerable to diseases. The most significant factor that makes it among the leaders in the spread of diseases is the high level of poverty of its citizens. According to Murray (2014), most of Haitians live on less than $2 per day. The country relies heavily on foreign aid to meet the needs of the citizens, which means the government does not have enough resources to provide essential services for the public. The high levels of poverty make it difficult for the people to access healthcare services, which leads to the fast spread of infectious diseases among the population.

HIV in Haiti is not an emerging concern but a challenge that has been in existence for a long time. In fact, as early as at the beginning of the 1980s, it was identified that four groups were that were at risk of contracting HIV: hemophiliacs, homosexuals, heroin users, and Haitians ("After the Quake," 2018). This category, variously referred to as the “4H Club,” had several implications for Haiti (Koenig et al., 2010). First, Haiti’s tourism industry, which was the country’s second largest source of foreign income, dropped by approximately 80 percent ("After the Quake," 2018). The first reason is that the tourists feared that they would contract the disease if they visited the island country. The second reason is that various countries where the majority of the tourists came from issued travel advisories to their citizens. Thirdly, there was a relatively high stigma in the 1980s concerning the disease. It existed because people thought that the virus could be contracted through shaking of hands, sharing items, and so on. Perhaps, it was the reason that made the US government stop importing goods from Haiti. The drastic move by a majority of the powerful countries in the world made Haiti sink into an abyss of poverty, consequently leading to a high spread of the disease.

Before the occurrence of the earthquake, the national government, the international community, and non-government organizations had put efforts in place to reduce HIV infections. The various stakeholders did not only supply medications to the infected people but also educated and enlisted them to help themselves. Consequently, the rate of HIV prevalence in Haiti dropped from 9.4 percent in 1993 to 3.7 percent in 2003 among pregnant women that were tested and to 2.2 percent in all the population of adults by 2008 (Margesson & Taft-Morales, 2010). The drop was so significant that Haiti was used as a model to demonstrate that it was possible to combat the HIV epidemic. The international community was so much focused on fighting the epidemic using short-term approaches that they forgot to consider long-term solutions.

The 12th January 2010 earthquake seemingly interfered with all the HIV treatment and prevention efforts that had been put in place by the various stakeholders. The quake led to the loss of approximately 217, 000 lives, injury to about 300,000, and displaced over one million people (UNAIDS, 2010). According to the report, the earthquake destroyed over 46 hospitals and clinics and damaged 38 others severely (UNAIDS, 2010). The report also revealed that the cost of the infrastructure and the supplies that were destroyed was in excess of $373 million (UNAIDS, 2010). In this way, stating that the implications of the earthquake were devastating is an understatement. First, the damage caused to the health facilities meant that HIV victims could not access these services. Even if some could be accessed, the medical supplies had been destroyed, making it impossible for people living with HIV to get adequate care. Additionally, some of the medical personnel had died as a consequence of the earthquake, while others had been severely injured. The few remaining healthcare facilities witnessed a strain on their resources (Institute for Justice and Democracy in Haiti, 2018). Many of the healthcare facilities had been budgeted according to the estimates they had. The tragedy forced some of them to interfere with their programs or to deny admission to new patients. It was also a challenge for people who had got used to medical specialists in their former health centers to adjust to the new treatment programs.

One of the effects of the earthquake is that it led to the migration of people from the affected areas to safer places, especially to urban areas. It was difficult to ascertain whether those infected with HIV were still alive or had died. The displacement was particularly challenging to the stakeholders concerning the implementation of their treatment and prevention programs. New places that might have had less prevalence of the disease began to witness an upsurge in its prevalence ("After the Quake," 2018). Concerning budgeting, it was a challenge in determining the places that required more support in comparison to others.

Perhaps, one of the prominent consequences of the earthquake was the increase in poverty levels. Various structures essential for people were destroyed, and there was a lack of food. The losses necessitated the creation of camps where people lived in tents. The situation in the tents was so deplorable that the international community had to intervene. The living conditions in the IDP camps contributed to a large extent to the spread of the disease. In the article published by Pulitzer Center, one of those affected by the earthquake was quoted saying that there was no entertainment in the camps and the only thing that people would do is having sex ("After the Quake," 2018). One of the social issues that arose in the camps was prostitution. Since there was no other commercial activity to be occupied with, women who had families had to engage in irresponsible sexual activities to provide for the families.

Another issue that emerged in the camps concerned some officials who demanded sexual favors before they would assist those who needed help, particularly women. Most women did not have any choice other than yielding to the demands of such officials. Sex, whether forced or consensual, was a major factor that contributed to the high prevalence post the earthquake. In fact, according to Johnson & Stoskopf (2010), there were about fifteen to twenty new cases of HIV infections every week. Such a rate is so high that if the situation was to be left undeterred, almost everyone in the country would be at risk of contracting the disease. One of the major causes of the spread of the diseases in Haiti after the earthquake is that people in the country still stigmatize those infected. In this way, most of those living with the condition do not expose their status for fear of intimidation. That means that those infected try to live as normally as possible and are likely to yield to success demands to prove that they do not have any infections.

The immediate response by the Haiti government and the international community to the situation was the provision of shelter and food. The move was justifiable because the two are basic needs which people cannot live without. However, most stakeholders forgot that the country was still battling with the HIV epidemic. Looking at the conditions under which people lived, it would be inevitable for them to engage in sexual activities. However, most of the people in the camps had not known each other before the occurrence of the earthquake; instead, it was the earthquake calamity that brought them together. As there was no entertainment in the camps or something that would make the IDPs pass time, they would engage in sexual activities. Dubique (2014) reports that some of the IDPs asked the officials to provide them with condoms, but they treated their request as a non-issue as the provision of food was the most urgent issue. It meant that people continued to engage in unprotected sex.

Nevertheless, international organizations such as the USAID and the UNAID, after being pressured by activists, joined to address the issue. The immediate response was offering condoms to be used as protection. Secondly, the organizations constructed centers within the camps where people would go for voluntary testing and counseling, which means that medical supplies were also provided (Corcoran & Roberts, 2015). The most common drugs that were given were anti-retroviral drugs (ARVS). As a result of the sexual activities in the camps, it became necessary that experts stop the transfer of the disease from the infected mothers to their children. However, it also became essential for the organizations to conduct education programs as a preventative measure.

Summarily, Haiti is a country that has been battling with a lot of challenges. Apart from poverty, the spread of HIV remains one of the prominent social issues that affect the population. HIV was still a concern before the earthquake but became more prevalent after it. It is because the government and the international community forgot about the epidemic and focused on providing the most urgent concerns such as food and shelter. The relevant stakeholders only delved into the matter after a public outcry. However, the rates of infections were so high that many experts thought it was impossible to reduce the infections. On treatment and prevention, most organizations provided condoms, ARVs, and educated the population on how to live responsibly.

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