

HAITI

People in need in need of health assistance¹

4.2 MILLION

People targeted for health assistance¹

2 MILLION

Funding requirement

US\$ 18.5 MILLION

¹ Source: Preliminary estimated based on the Humanitarian Needs Overview for Haiti 2025

CONTEXT

Since the beginning of 2023, the humanitarian crisis in Haiti has escalated significantly, with the situation further deteriorating in 2024 due to intensified gang violence and the near collapse of state institutions. Between January and September 2024, at least 3661 people were killed, marking the highest levels of violence observed since 2023. The lack of resources and personnel in the multinational police mission has compounded the insecurity. Damage to critical social infrastructure in Port-au-Prince has been extensive, with 450 public buildings, including health facilities, homes, and businesses, vandalized or looted.

Widespread displacement has followed the violence. 702 973 internally displaced persons (IDPs) have been recorded in round 8 of the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), a 22% increase from the previous round in May 2024. Armed attacks in Gressier and Ganthier (Ouest department) drove much of this increase. Adding to the strain, the Dominican Republic's deportation program deported 16 226 Haitians within two weeks in October 2024, further pressuring already fragile health services at entry points.

Gender-based violence (GBV) remains a critical issue, with incidents rising steadily. Between January and May 2024, 3949 GBV cases were reported, with 72% involving sexual violence. Most cases occurred in Ouest (70%) and Artibonite (26%) departments, affecting predominantly women (75%) and girls (20%). Alarming, 61% of survivors were IDPs, and 66% of reported acts were attributed to armed gang members.

The ongoing security crisis and displacement have severely compromised access to healthcare. According to the UN, two in five Haitians urgently need medical care. The functionality of health facilities has been severely impacted, with 40% of health facilities in the Ouest department closed, 33% partially functional, and only 42% operating normally. Health services are further strained by shortages of medicine and supply caused by insecurity and looting.

Armed violence continues to exacerbate the health crisis, with rising numbers of firearm-related injuries overwhelming health facilities. In early October 2024, gang attacks in Pont Sondé (Artibonite department) resulted in 109 deaths and 27 injuries, in an area with already limited healthcare access.

Despite these challenges, the Pan American Health Organization (PAHO)/WHO and partners remain committed to supporting the Ministry of Public Health and Population (MSPP) to address the escalating health crisis. In 2025, these efforts will need to focus on restoring essential health services, strengthening health system resilience, and addressing the increasing needs of displaced and vulnerable populations.



Internally displaced persons receiving care during a mobile clinic visit in an IDP site in Port-au-Prince.
Photo credit: PAHO/WHO

WHO'S STRATEGIC OBJECTIVES

In the current challenging situation in Haiti, marked by political instability, violence, and significant disruptions in essential services, strategic objectives focus on addressing critical immediate needs while also laying the groundwork for longer-term health system resilience strategies in a country that is extremely vulnerable and continues to be chronically impacted by adverse events.

WHO's key strategic objectives in Haiti for 2025 include:

- 1. Ensure availability of and access to emergency and life-saving health services:** Prioritize the delivery of emergency health services for the most vulnerable population groups, including pregnant women, children, internally displaced persons (IDPs), returnees and those injured due to violence.
- 2. Maintain and strengthen disease surveillance and outbreak response mechanisms:** Enhance the capacity for timely detection and rapid response to disease outbreaks of epidemic potential such as cholera, malaria, diphtheria, measles or COVID-19.
- 3. Secure critical supply chain operations:** Ensure a reliable supply of essential medicines and medical equipment amid security challenges.

"We have activated our emergency response plan to better manage the influx of severely injured individuals. Our priority is to ensure that all victims receive the immediate care they need. This plan mobilizes all available resources and calls upon our qualified staff to respond with the urgency and professionalism that the situation demands, in close collaboration with PAHO/WHO, whose support is crucial in ensuring the necessary medical supplies and expertise are available during this emergency.

Dr Paul Junior Fontilus, director of Hôpital Universitaire la Paix



A PAHO/WHO staff oversees the distribution of WASH supplies in an IDP site.
Photo credit: PAHO/WHO

WHO 2025 RESPONSE STRATEGY

Building on its critical role in addressing Haiti's health crisis in 2024, PAHO/WHO will intensify efforts in 2025 to enhance early detection and rapid response capacities for epidemics, particularly in vulnerable areas such as internally displaced person (IDP) sites. The 2025 strategy aims to reduce morbidity and mortality from epidemic-prone diseases such as cholera, malaria, and COVID-19 while strengthening the Ministry of Public Health and Population (MSPP) to respond effectively to health emergencies. Amidst continued gang violence, instability, and displacement, PAHO/WHO will prioritize ensuring the availability of essential health services for the broader population, with particular focus on pregnant women, survivors of gender-based violence (GBV), and other vulnerable groups. This includes addressing critical health needs to save lives and alleviate suffering. In 2024, PAHO/WHO supported national and decentralized health authorities in monitoring and responding to the urgent health needs of over 51 000 individuals in 41 IDP sites in Léogâne and the metropolitan area of Port-au-Prince. In 2025, these efforts will be scaled up to meet the increasing health demands of displaced and underserved populations.

In 2025, PAHO/WHO will continue collaborating with MSPP and international partners to strengthen epidemic preparedness and early warning systems, particularly in IDP camps and other high-risk areas. These efforts will focus on the timely detection and containment of health threats, with proactive outbreak monitoring and response remaining central to controlling the spread of diseases such as cholera and COVID-19, thereby protecting Haiti's most vulnerable populations.

PAHO/WHO will intensify capacity-building initiatives by training additional local health workers in disease surveillance, outbreak response, and emergency care. This aims to empower communities with the skills and resources needed to respond rapidly and effectively to emerging health crises.

To sustain essential lifesaving health services, PAHO/WHO will continue providing technical and logistical support to major health facilities, including University Hospital La Paix and the National Blood Transfusion Center. These efforts will prioritize care for pregnant women, survivors of gender-based violence (GBV), and individuals injured by gang violence, ensuring their urgent medical needs are met amidst ongoing challenges.

Additionally, PAHO/WHO will expand direct support to IDP sites, addressing critical health challenges in displacement settings through enhanced disease surveillance, the provision of essential medical supplies, and the deployment of mobile health services to reach those with limited access to care.

This integrated approach seeks to strengthen Haiti's health system resilience, improve emergency response capacity, and deliver targeted interventions to those most affected by the humanitarian crisis.

OPERATIONAL PRESENCE

PAHO workforce in Haiti includes 113 national staff (including consultants, administrative staff and drivers) and 24 international staff, working in the fields of health emergency preparedness and response to disasters and epidemics, health systems and services, immunization, family, health promotion and life course (including maternal and gender-based violence, health equity, ethnicity, gender equality, and cultural diversity), non-communicable diseases (including mental health), communicable disease prevention and control, pharmaceutical supply management, communications and program management. Given the current security situation and restrictions of access, PAHO/WHO also has set-up two field offices: one in the Nord department in Cap Haïtien, and one in the southern region in the Nippes department in Miragoâne, allowing for continued operations for PAHO personnel throughout the country.

Additionally, PAHO/WHO's operations in Haiti are directly supported by PAHO's Regional Incident Management System Team (IMST), PAHO's Emergency Operations Center in Washington DC, and of PAHO's Regional Strategic Reserve based in Panama.

WORKING WITH PARTNERS

The Health Cluster is active in Haiti and co-led by PAHO/WHO and the Ministry of Health and Population (MSPP). It currently officially has 47 members. However, it should be noted that amongst these health partners, only very few (12) reports to the cluster regularly and have the means or capacities to conduct health interventions.



A PAHO/WHO staff offloads emergency medical supplies on the tarmac of the Cap Haïtien airport.
Photo credit: PAHO/WHO



PAHO/WHO and MSPP personnel visit a site where displaced people have taken refuge in the Leogane area.

Photo credit: PAHO/WHO

KEY ACTIVITIES FOR 2025

Strategic objectives for 2025

- 1. Ensure availability of and access to emergency and life-saving health services**
 - Strengthen capacities of health institutions and partners for emergency care delivery for vulnerable groups, including pregnant women, children, internally displaced persons (IDPs), and those injured due to violence.
 - Secure essential medicines and medical supplies to manage urgent health needs.
- 2. Maintain and strengthen disease surveillance and outbreak response mechanisms**
 - Maintain quick-response teams deployed across the country, including labo-moto nurses to support sampling for epidemic prone diseases, and community-based surveillance.
 - Improve data reporting throughout the country.
 - Ensure prompt vaccination and health interventions in high-risk areas like IDP camps.
- 3. Secure critical supply chain operations**
 - Ensure continuous availability of stocks in the country for medicines and medical supplies, including reagents for the national transfusion center and the national laboratory of public health.
 - Explore alternative routes and means for the delivery of medical supplies to ensure uninterrupted health service provision.

The mobile clinics supported by PAHO/WHO helped me a lot today. I wasn't feeling well, and since almost all the hospitals are closed, a friend advised me to go there. I had never had high blood pressure before the current crisis, but the sounds of gunfire echo in my head. We are constantly forced to flee without knowing where to go. I received medication, and I'm grateful for this care during such chaotic times.

Marie Yliane, 67, an internally displaced person

ACHIEVEMENTS IN 2024

HEALTH ON THE FRONTLINES: CARING FOR HAITI'S DISPLACED POPULATION



Wounded patients receiving care at the Hôpital Universitaire La Paix in Port-au-Prince.

Photo credit: PAHO/WHO

In 2024, Haiti has faced an escalation of the ongoing security crisis that has displaced over 700 000 people with more than 100 000 people living in makeshift sites across the metropolitan area of Port-au-Prince. The violence has severely strained the healthcare system, leaving vulnerable communities such as internally displaced persons with limited access to essential services. In response, PAHO/WHO, in collaboration with national and regional health authorities, has played a crucial role in restoring access to healthcare for displaced populations, offering vital services through mobile clinics.

Marie Yliane, a 67-year-old former street vendor, fled her home in Carrefour-Feuilles in August 2023. She now lives in the Colbert Lochard displaced person's site. "I had never had high blood pressure before the crisis," she says. "But the constant sound of gunfire is unbearable. We are always running without knowing where to go." Marie found relief when she visited one of the PAHO/WHO-supported mobile clinics, where doctors discovered her symptoms were linked to hypertension. She received treatment, medication, and a sense of hope amid the chaos.

The mobile clinics, staffed by a dedicated team of doctors, nurses, midwives, and psychologists from the Ministry of Health and Population (MSPP) have so far conducted more than 5000 consultations in 2024. They deliver general medical care, sexual and reproductive health services, and psychosocial support to displaced populations. With the financial support of strategic partners including the European Commission's Civil Protection and Humanitarian Aid (ECHO), the Government of Canada, the Bureau of Humanitarian Assistance of the U.S. Agency for International Development (USAID) and the Central Emergency Response Fund (CERF), PAHO/WHO's commitment to providing technical and logistical support has been vital in ensuring continued access to these lifesaving services.

Similarly, Sabrina, a 28-year-old mother, sought help for her children, traumatized by the violence. Unable to afford ongoing hospital care, she turned to the mobile clinic for free treatment and medications. The clinic provided both medical and psychosocial support, helping her family cope with the crisis.

FOR MORE INFORMATION

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PAHO/WHO and MSPP personnel visiting a newly established IDP site in the Turgeau neighborhood in Port-au-Prince.
Photo credit: PAHO/WHO



The Lycée Marie Jeanne IDP site.
Photo credit: PAHO/WHO

2025 FUNDING REQUIREMENTS

HAITI HUMANITARIAN EMERGENCY	
EMERGENCY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance	2369
Surveillance, case investigation and contact tracing	1821
Diagnostics and testing	548
Community protection	3500
Risk communication and community engagement	500
Travel, trade and points of entry	300
Infection prevention and control in communities	200
Vaccination	2500
Safe and scalable care	7700
Infection prevention and control in health facilities	500
Case management and therapeutics	3700
Essential health systems and services	3500
Access to countermeasures	3128
Operational support and logistics	3128
Emergency leadership	1783
Leadership, coordination, PSEAH and monitoring	1783
Grand Total	18 480