

# Haiti

Haiti, the poorest country in the Western Hemisphere, faced many challenges prior to the devastating earthquake of January 2010, including political turmoil, natural disasters and food insecurity. Maternal mortality has declined steadily, especially since 1995, but the ratio remains high. Since 2008, the Ministry of Health and Population, with support from international partners, has implemented a scheme to provide family planning, antenatal, obstetric and neonatal care free of charge in a number of health facilities in the country. Workforce attrition is reportedly high, including migration of qualified nurse-midwives. There is currently one midwifery school, but plans are underway to open new education facilities in the provinces, and to implement a revised curriculum that meets the ICM standards. A scale up of educational institutions with accompanying retention mechanisms is imperative to increase and sustain the midwifery workforce.

## ▶ COUNTRY INDICATORS\*

Total population (000); % urban	10,188; 52
Adolescent population (15-19 yrs) (000); % of total	1,113; 11
Number of women of reproductive age (age 15-49) (000); % of total	2,667; 26
Total fertility rate (children per woman)	3.5
Crude birth rate (per 1,000 population)	28
Births per year (000)	273
% of all births registered	81
Number of maternal deaths	820
Neonatal mortality rate (per 1,000 live births)	27
Stillbirth rate (per 1,000 births)	16
Number of pregnant women tested for HIV	154,835
Midwives are authorized to administer a core set of life-saving interventions	No
Density of midwives, nurses and doctors per 1,000 population	0.4
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	563
Gross secondary school enrolment (male; female) %	-; -
Literacy rate (age 15 and over) (male; female) %	-; -

## ▶ MDG INDICATORS

Maternal mortality ratio (per 100,000 live births)	300
Proportion of births attended by skilled health personnel (%)	26
Contraceptive prevalence rate (modern methods) (%)	32
Adolescent birth rate (births per 1,000 women age 15-19)	69
Antenatal care coverage (at least one visit; at least four visits) (%)	85; 54
Unmet need for family planning (%)	38
Under-5 mortality rate (per 1,000 live births)	89

## ▶ MIDWIFERY WORKFORCE<sup>1</sup>

Midwives (including nurse-midwives) <sup>2</sup>	174
Other health professionals with some midwifery competencies <sup>3</sup>	40
General practitioners with some midwifery competencies	373
Obstetricians	221
Community health workers with some midwifery training	Unavailable
A live registry of licensed midwives exists	-

## ▶ MIDWIFERY EDUCATION

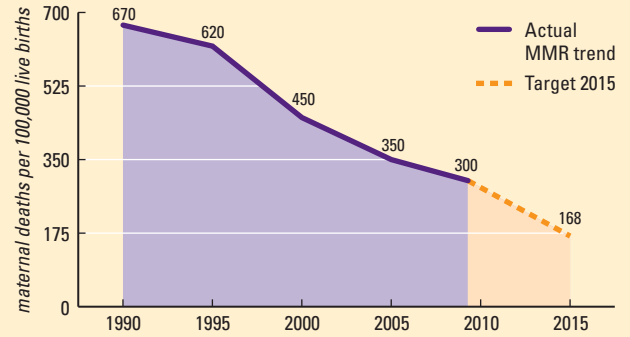
Midwifery education programmes (direct entry; combined; sequential)	No; No; Yes
Number of midwifery education institutions (total); number of private	1; 0
Duration of midwifery education programmes (in months)	-
Number of student admissions (first year)	-
Student admissions per total available student places (%)	90
Number of students enrolled in all years (2009)	36
Number of graduates (2009)	-
Midwifery education programmes are accredited	Yes

## ▶ REGULATION

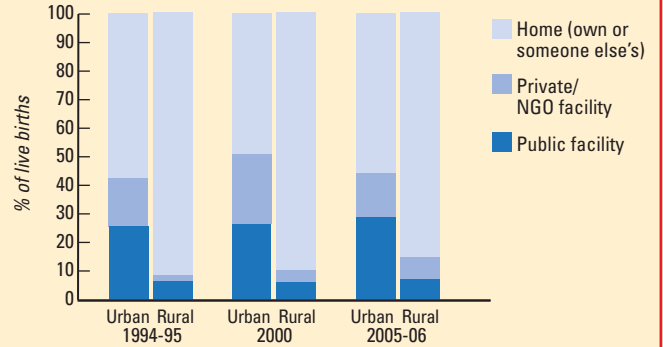
Legislation exists recognizing midwifery as an autonomous profession	-
Midwives hold a protected title	-
A recognized definition of a professional midwife exists	-
A government body regulates midwifery practice	-
A licence is required to practise midwifery	-
Midwives are authorized to prescribe life-saving medications	-



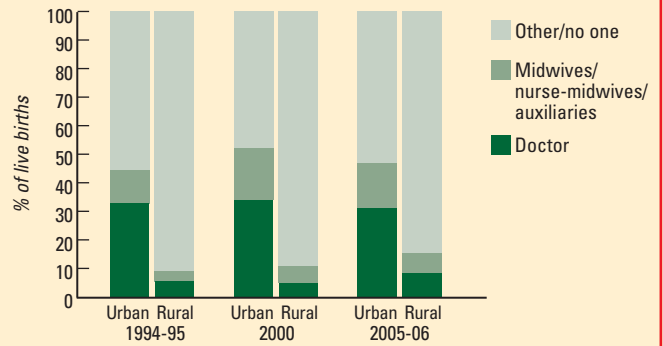
Trends in maternal mortality: 1990–2015



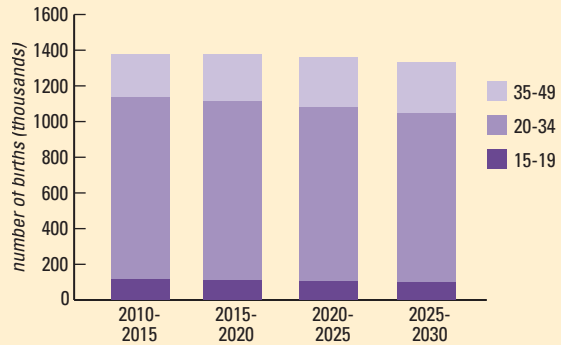
Where women give birth: urban vs. rural



Who attends births: urban vs. rural



Projected number of births, by age of mother



MIDWIFERY BAROMETER

Midwives per 1,000 live births	<b>1</b> ●
Birth complications per day; rural	<b>113; 54</b> ●
Lifetime risk of maternal death	<b>1 in 93</b> ●
Intrapartum stillbirth rate (per 1,000 births)	<b>4</b> ●
Neonatal mortality as % of under-5 mortality	<b>31</b> ●

► PROFESSIONAL ASSOCIATIONS

A midwives association exists	Yes
Number of midwifery professionals represented by an association	80
Association(s) affiliated with ICM; ICN	Yes; No

► POLICIES

A national maternal and newborn health plan exists that includes the midwifery workforce	Yes
The plan is costed	No
The national health workforce plan specifically addresses midwifery	Yes
Compulsory notification of maternal deaths	Yes
Systematic maternal death audits and reviews	Yes
Confidential enquiry for maternal deaths	No
Compulsory registration of all births	Yes
All maternal and newborn health services are free (public sector)	Partial

► SERVICES

Number of facilities providing essential childbirth care	Unavailable
Number of Basic Emergency Obstetric and Newborn Care (EmONC) facilities	Unavailable
Number of Comprehensive EmONC facilities	<b>12</b>
Facilities per 1,000 births	-

**Explanatory notes:** \*Annex 2 provides a complete list of source data. All data sources are from 2008 unless otherwise stated. Where country respondents stated that data were not available, the term 'Unavailable' is used. In all other instances, '-' is used to denote a nil response or data that requires further verification. 1. 2008 estimates based on country data returns and the WHO Global Atlas of the Health Workforce. 2. Includes midwives, nurse-midwives and nurses with midwifery competencies. These figures do not necessarily reflect the number of practising midwives or the ICM definition of a midwife. 3. Auxiliary midwives and auxiliary nurse-midwives.