

République d'Haïti



Report
MDG
Millennium Development
Goals

2013

HAITI
a New Look

Executive Summary



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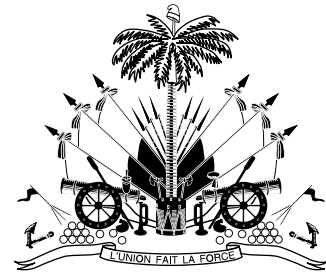
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Preface

His Excellency, Laurent S. Lamothe, Prime Minister of the Republic of Haiti

In an unprecedented move, in 2000 the Republic of Haiti and 188 other United Nations countries committed themselves to building together a world without poverty that guarantees human development for all, with eight Millennium Development Goals to be reached over the next fifteen years.

As that day is fast approaching, Haiti is reiterating its commitment and determination to be part of this joint effort for human dignity. In my address to the 68th session of the United Nations General Assembly in September 2013, I noted that for our Government, combating extreme poverty in Haiti is not an option but rather a commitment to History.

Since 2000 our country has made progress on all the key indicators of the MDG framework. Today the proportion of people living in extreme poverty has dropped to 24.7%, and the target of halving the proportion of underweight children under the age of five was reached three years ahead of schedule. More than 88% of children are now attending primary school, and we have achieved boy-girl parity in primary and secondary schooling. Infant and child mortality has dropped dramatically since 1990, faster in fact than the worldwide trend, and we have made significant advances in guaranteeing access to maternal healthcare. We have also managed to stabilize the prevalence of HIV/AIDS. Nearly 69% of households now have access to an improved source of water. Finally, Haiti is at the core of a fruitful worldwide partnership whose effectiveness we and our partners strive each day to guarantee as we maximize the impact on the population.

Yet significant challenges remain. It is unacceptable that more than six million people in our country are still living in poverty. Many efforts remain to be made to provide jobs for our young people, promote political participation by women at all levels of public life, consolidate our healthcare system, and preserve the environment in a sustainable manner.

The vision behind the Government's action perfectly matches the Millennium Development Goals. In May 2014 an Action Plan was launched to speed up poverty reduction. It demonstrates the Government's ongoing commitment beyond 2015 to achieve concrete results so that each Haitian's right to a decent life is respected.

Future progress will also depend on good governance and on strengthening and consolidating the rule of law. Conscious of the other areas in which we need to make progress, our country is participating in the global forum on the post-2015 agenda and sharing its vision as it is already committed to pursuing efforts to move our nation forward.

Laurent Salvador Lamothe



Preface

Sophie de Caen, Senior Country Director of the United Nations Development Program (UNDP)

At the 55th regular session of the United Nations General Assembly held 6–8 September, 2000 in New York, 189 countries approved the Millennium Development Declaration. This was a global vision of a world in which developed and developing countries would work together for the advancement of all, especially the poorest. They committed at the highest political level to set goals that when reached, would put an end to extreme poverty throughout the world by 2015.

For the first time, the world agreed on a limited number of goals and targets, with a precise deadline and measurable indicators. On this basis, the MDGs saw the world successfully mobilize around a common development agenda. Today, the high-level panel on the post-2015 development agenda is recommending the continuation of a framework similar to that of the MDGs, albeit more exhaustive and ambitious, in recognition of the progress made in reaching the MDGs in years past.

Although an examination of the post-2015 agenda is well under way at the international, regional and national levels, including in Haiti, as described in the final chapter of this report, we still have one-and-a-half years to work toward the current MDGs. That is why I am delighted with this report, which manages to combine a consideration of the future development agenda for Haiti with a progress report on how goals and targets are being met in Haiti and specific recommendations for easing constraints and speeding up the implementation of projects called for in the various strategic sector plans. I am also pleased with the close collaboration between the Government of Haiti and the United Nations System as well as the shared effort made to prepare this exhaustive report.

Although the report notes the significant advances and progress made in Haiti to reach the MDGs, it also points out the challenges that remain to be overcome if we are to eradicate poverty and ensure sustainable development. While reducing poverty is first and foremost the responsibility of the Haitian Government, which must expand its mobilization of resources and devote public revenues to priority investments, achieving the MDGs also requires concerted and coordinated action by the United Nations System and bilateral and multilateral donors to build the State's capacities and facilitate implementation of the projects that are crucial for reaching the MDGs. I hope that this report will contribute to this discussion and encourage renewed efforts on the part of all stakeholders to speed up progress by 2015 and beyond.



Sophie de Caen

Foreword

Tracking MDGs in Haiti

Since they were adopted in 2000, the progress made in achieving the Millennium Development Goals (MDGs) has been tracked in each country jointly by the Government and the UN country team with support from civil society and the private sector.

In Haiti, the MDGs are tracked by the National Observatory on Poverty and Social Exclusion (ONPES), which is under the Ministry of Planning and External Cooperation (MPCE). While several MDG analyses have been regularly produced in Haiti, to date, only one national MDG report was issued in 2004. An update therefore was essential, especially in light of the approach of 2015 and because of the availability of new national surveys done in 2012, the Mortality, Morbidity and Use of Services Survey (EMMUS) and the Survey on Post-Earthquake Household Living Conditions (ECVMAS).

The 2013 MDG report for Haiti was co-written by the Haitian Government and the United Nations through the ONPES and the United Nations Development Program. It is the result of a participatory process, involving a focal point in each ministry and UN agency and of the sector stakeholders meeting in their technical workshops organized for each MDG. This inclusive process ensures both the reliability of the data and a consensus over the data and analyses presented in this report.

Structure of the 2013 MDG Report for Haiti

The 2013 MDG Report follows the guidelines of the United Nations Development Group for the preparation of national MDG reports both in structure and in its analytical approach. The report devotes a chapter to each MDG, for which it analyzes:

- **The current situation and trends** for MDG indicators in Haiti since the 1990 baseline or since the latest year for which data are available.
- **The policies, programs and projects** of the Haitian Government in the concerned sectors. Each chapter analyzes the role assigned to the MDG sector in national planning, then surveys the sector policies, legislation, programs and projects the Government is undertaking.
- **Bottlenecks and constraints** on the implementation of policies, programs and projects is intended to identify and analyze the specific stumbling blocks slowing down or hindering attainment of the MDG.
- **Practical, targeted recommendations** suggesting courses of action to ease the Bottlenecks and speed up MDG implementation.

In several chapters, a good-practice standard has been included in a dedicated box regarding the contribution of volunteering in reaching the MDG in Haiti. This approach is in response to the appeal launched at the 2010 MDG summit to include all stakeholders in order to enhance their role in the national development effort and their contribution to achieving the MDGs.

Finally, the report's last chapter presents the results of consultations on the post-2015 agenda, which were conducted in Haiti in February 2014.

MDG Progress and Delays in Haiti

Haiti has made significant progress on most of the MDG indicators and has reached all (or almost all) of its targets. The country reached the target aimed at halving the proportion of underweight children under age 5 (MDG 1) three years ahead of schedule, and extreme poverty has declined, to 24.7% in 2012. The most noteworthy progress made was in the field of education, with a net school enrollment of 88% in 2011. In addition, boy-girl parity was achieved in 2000 in primary and secondary schooling (MDG 3). Appreciable progress has also been made in healthcare. Infant mortality has dropped by 44% since 1990, faster in fact than the global trend (MDG 4). In 2010, 90% of women had at least one antenatal care visit during their pregnancy, substantially contributing to reducing maternal mortality, estimated at 157 per 100,000 by the Ministry of Health and Population (MDG 5). The HIV/AIDS epidemic has been stabilized, with an incidence of 0.9% in the population aged 15–24, which in more than 60% of cases uses a condom in high-risk sex (MDG 6). Haiti has virtually reached the target aimed at ensuring access to water, with 64.8% of households having access to an improved water source (MDG 7). Finally, Haiti remains one of the countries in the world receiving the most attention from the international community, with an obvious leap in official development assistance following the 2010 earthquake (MDG 8).

However, many challenges remain, and the progress made in some sectors is still too limited to have a major impact on development and poverty reduction. There are significant delays in some sectors. Inequality has skyrocketed, and employment alone is not enough to lift people out of poverty, with 45% of workers living on less than \$1.25 a day (MDG 1). In the area of gender equality, it is important to note that only 4% of women are represented in Parliament, and Haiti is one of six countries worldwide in which one of the houses of Parliament is all-male (MDG 3). In the area of sustainable environment (MDG 7), the efforts made to combat deforestation and the loss of biodiversity have not been sufficient to curb this trend.

Some of the progress made needs to be consolidated to ensure that it lasts. Positive results in reducing extreme poverty is linked more to external factors, especially official development assistance and transfers from Haitians living abroad than to strong and inclusive economic growth, leaving a large part of the population vulnerable to potential external shocks (MDG 1). In the education sector, a huge amount of work remains to be done to ensure quality education, promote school completion and develop public education (MDG 2), and to ensure gender equality over the long term (the gender-equality index having declined slightly in primary schools in 2012) (MDG 3). Progress on HIV/AIDS must be sustained in order to avoid trivializing the disease and to anticipate any lapses. In fact the proportion of young men with a comprehensive and correct knowledge of HIV/AIDS dropped 13 points between 2006 and 2012, although risky sexual behaviors have declined overall. While international cooperation remains highly dynamic, efforts need to be sustained in order to ensure aid effectiveness and for Haiti to benefit more from the many preferential trade agreements that could contribute significantly to economic growth and job creation (MDG 8).

National Strategic Planning for Development in Haiti

To meet the challenges of development, in 2007 Haiti adopted a **National Strategy Paper on Growth and Poverty Reduction (DSNCRP)** for a three-year period (2008–2010). Drafted in a participatory process, the DSNCRP was the first overall reference framework for the Haitian Government's public policy and development programs. The long-term objective of the DSNCRP was to get Haiti out of the category of less developed countries, appreciably by improving the population's living conditions and reducing poverty.

Beyond the management of the emergency situation caused by the January 2010 earthquake, the Government intends to pursue its efforts to develop the country by relying on the DSNCRP, among other things. The **Action Plan for the National Recovery and Development of Haiti (PARDH)** was launched in March 2010. This plan consists of four major components: land reform, economic reform, social reform and institutional reform.

Additionally, the Government expanded the four focal areas of the PARDH as part of the **Strategic Plan for the Development of Haiti (PSDH)**, a planning document but also a vision of development aiming to make Haiti an emerging country by 2030. The PSDH is accompanied by a framework for accelerated and balanced economic growth and poverty reduction, an implementing tool for the 2014–2016 period.

While the strategic planning framework in Haiti is not aligned directly with the MDGs, most MDG sectors are nonetheless included in the Government's priorities, for example through the "Five Es" of education, employment, environment, energy and rule of law [*état de droit*].

Principal Impediments to MDG Implementation

For each MDG, the report identifies the constraints that slow down or limit implementation of the Government's projects. These constraints are of several different types. They may be associated with a **lack of political will** among the stakeholders, whether the Government, Parliament, the local authorities or the implementing agents in ensuring fast and effective implementation of a policy or program. In some cases, the desire to support a sector is affirmed, such as social protection and employment (MDG 1), education (MDG 2) and habitat (MDG 7), while sometimes there is no follow-up to ensure fast, effective implementation with a lasting impact on the population. In addition, some sectors suffer from a lack of attention to achieving convincing results, as is the case of access to sanitation systems (MDG 7) or of ensuring equal participation among men and women (MDG 3).

There may also be a lack of specific **public projects or policies** that could move a sector forward or insufficiently detailed policies that do not necessarily meet the need. Policies must also be consistent with one another as well as ambitious but realistic. While a planning effort was recently undertaken in Haiti, some sectors still have no strategic policy. For example, today there is no employment policy (MDG 1) and no policy on urban planning or land-use planning (MDG 7). In other cases, such as education (MDG 2), policies exist but are so comprehensive and ambitious that they suffer from a lack of prioritization and coherence. Finally, some sectors suffer from an outmoded legal framework poorly suited to contemporary issues, such as the business environment and legislation on new information and communication technologies (MDG 8).

Projects are often poorly implemented because of **budget constraints**. Many sectors, such as healthcare (MDGs 4, 5, and 6) or education (MDG 2), are unable to implement large-scale, lasting policies because of the lack of financial resources. The share of the national budget allocated to the various sectors often reveals the political arbitrage engaged in upstream. Furthermore, problems are frequently encountered in executing budgets or in absorbing official development assistance (MDG 8).

The impediments identified are often based on problems of **governance of sectors and of implementing capacity**. The institutional weakness of many ministries, for example in the environmental sectors (MDG 7), women empowerment (MDG 3) or public institutions, sometimes make it difficult to implement projects quickly and effectively. Often the lack of qualified, available staff willing to work in remote areas of the country limits the reach of policies, especially in healthcare (MDGs 4, 5, and 6) and education (MDG 2). Practical and logistical issues owing to the poor road network and the lack of infrastructure limit the implementation of high-impact programs, especially for access to public services such as water and sanitation (MDG 7).

In some cases policies do not deliver the expected results because of inadequate attention to the **demand** for services. Cultural practices as well as logistical or financial constraints on the targeted beneficiaries may limit the reach of projects, for example in the area of maternal health (MDG 5). In other cases, the lack of information and public awareness make it impossible to completely change practices, as is the case in the struggle against HIV/AIDS (MDG 6) or in gender-equality policies (MDG 3).

Finally, some constraints are multi-sector and often have to do with a lack of **coordination and liaison** between sectors, among public policies and among the stakeholders implementing the MDG framework, whether the Haitian Government or the international partners, but also the private sector, civil society and non-governmental organizations (NGOs). This problem is especially critical in terms of the effectiveness of foreign aid (MDG 8).

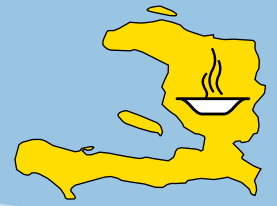
Practical, Specific, and Targeted Recommendations

The recommendations made in the MDG report come from the sector workshops that brought together the decision makers, operators and specialists in each sector. They seek to be specific and targeted, proposing courses of action to speed up implementation of MDG policies from now until 2015 or to include these policies in a long-term approach. These recommendations are aimed at providing keys for understanding a more flexible implementation of public policies as well as policy levers for ensuring their implementation. They are often aimed at decision makers (Government, Parliament) as well as at key stakeholders in each sector concerned.

In response to each of the impediments cited above, there are several types of recommendations, some of which call for the passage or promulgation of a pending bill, the formulation of a sector policy or the training of qualified staff. These recommendations may also encourage the adoption of more inclusive measures aiming to give greater consideration to regional disparities or socioeconomic inequalities among the population.

MDG 1

ERADICATE EXTREME POVERTY AND HUNGER

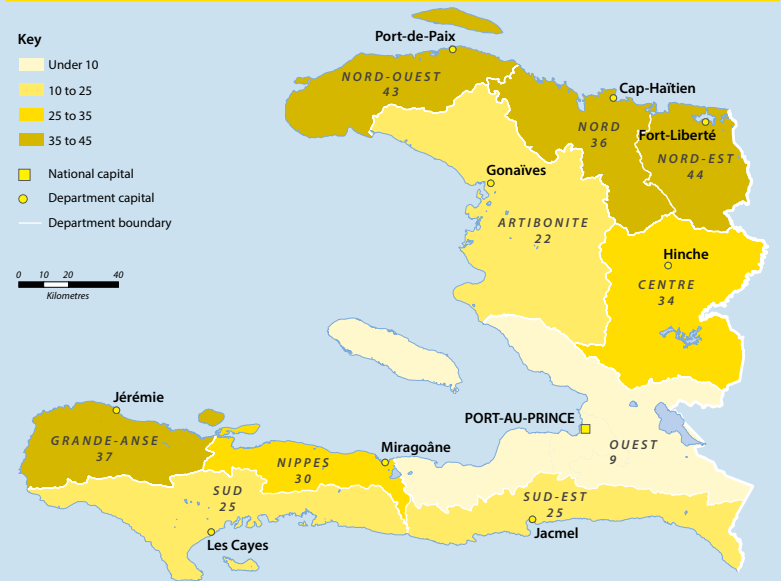


In Haiti, the incidence of poverty is 58.6%, or 6.3 million people. In addition, 24.7% of the population lives in extreme poverty, or 2.5 million people. In 2012, the depth of poverty remains severe (24%). Poverty is mainly rural, at 75.2%, vs. 40.8% in urban areas. The poverty gap also takes these disparities into account, with 12.5% in urban areas compared to 35.6% in rural areas. The high degree of vulnerability remains a concern, as about a million Haitians would fall into poverty in the wake of a natural disaster or economic shock. Moreover, inequalities remain high, with the Gini index stagnating at 0.61 since 2001.

The informal sector remains a major employer, but provides little job security to its workers. The proportion of self-employed (34.7%) and family workers (7.8%) in the working population is especially significant, with 42.5% of workers having an insecure job. Employment is not enough to enable individuals to meet their own basic needs, as 44.9% of workers live on less than \$1.25 a day.

Significant progress has been made in ensuring food security. The percentage of children under the age

Extreme Pauvreté Rate (%) – by Department



of 5 who are moderately or severely underweight went from 27.5% in 1995 to 11.4% in 2012, a reduction of nearly 60%. As a result, Haiti reached this target three years ahead of the 2015 deadline, even if it remains far above the average of 3% estimated for Latin America and the Caribbean.

Summary of Sector Policies and Programs

Measure	Goals	Current status
Poverty reduction		
Action Plan to reduce poverty (PARP) (2014–2016)	Implement the Government's poverty reduction policies and programs; improve project effectiveness and consistency	Plan launched in May 2014 by the Government
Ede pèp social assistance strategy	Promote the economic and social inclusion of beneficiaries and develop human capital	Program under way, 3.7 million interventions between 2012 and 2014
National registry of beneficiaries (RUB)	Identify the poorest households for effective and transparent targeting of beneficiaries	Program under way
Kore fanmi (2013–2017)	Harmonize and improve the delivery of basic services for the most vulnerable families	Program under way

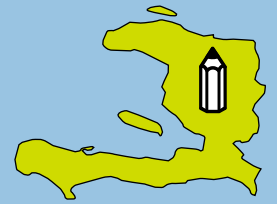
Employment		
New Commercial Code	Revise the legal framework for business	Under way
Single electronic window	Speed up registration of joint-stock companies	Window online soon
Creation of a center for enterprise and entrepreneurial development (CDEE)	Provide technical assistance to small and medium enterprises (SME)	CDEE operational
Industrial micro-parks	Develop local economies and pool SME resources	Program to be implemented soon
Typical products	Create lasting jobs and protect cultural heritage	Inventory of typical products by department completed
Food security		
Aba grangou – COLFAM	Combat hunger and malnutrition	Program under way
Kore lavi	Reduce food insecurity	Program under way
Three-year agricultural stimulus plan (PTRA)	Combat food insecurity and extreme poverty among farmers and rural producers	Program under way

Bottlenecks and Recommendations for Implementation of Policies and Programs

Bottlenecks identified	Recommendations
Poverty reduction	
Lack of updated national social protection policy; no active sector working group	Formulate a consensual national social protection policy among the various stakeholders
Lack of sustainable funding and problem with fiscal prioritization	Identify a sustainable, independent financing mechanism; optimize tax collection
Problem with targeting and identifying beneficiaries	Identify the root causes associated with problems in identifying beneficiaries; develop a community targeting pilot program
Implementation problems	Develop innovative implementation mechanisms and involve local communities
Weakness of monitoring and evaluation mechanisms	Boost monitoring and evaluation mechanisms for better goal planning
Employment	
Poor operationalization of political will for employment; no sector policy	Formulate a national employment compact with the private sector and all stakeholders; identify the institution in charge of employment
Inadequate, costly and inflexible vocational training	Redevelop apprenticeships alternating with accreditation; expand access to certificates for working craftsmen
Dichotomy between business climate promotion and social legislation for workers	Employment compact giving priority to lifting workers out of poverty
Lack of up-to-date employment data	Strengthen the Haitian Institute of Statistics and Information Technology (IHSI) for the production of employment statistics
Low budget for vocational schools	Support schools and/or companies that train apprentices
Food security	
No prioritization, harmonization or conceptual framework	Build a political consensus for a consistent framework
Lack of lead institution for food security	Establish an internal government coordinating body
Fragmented funding; multiple small-scale projects	Prioritize projects according to the poverty map; improve coordination

MDG 2

ACHIEVE UNIVERSAL PRIMARY EDUCATION



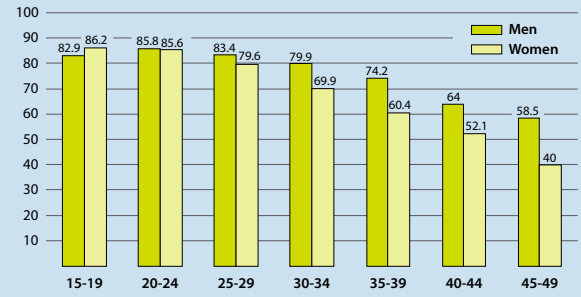
Clear progress has been made in the area of education, with the net enrollment rate in primary education rising steadily from 47% in 1993 to 88% in 2011. However, the target of 100% primary enrollment will probably not be reached by 2015, and disparities remain between rural areas (73%) and urban ones (86%) and according to household income. Furthermore, greater efforts are needed to ensure accessible education for all and to promote the retention of students in the school system. In 2011, the completion rate in primary education was 68%. Finally, issues remain in ensuring quality education in a system in which nearly 88% of available places in 2010–2011 were held by the private sector.

Significant progress has been made in ensuring literacy. In 2012, 73.6% of women and 78.7% of men aged 15–49 were literate. These advances are especially encouraging among young people since literacy rates are 85.1% for women and 84.2% for men aged 15–24.

Net primary school enrollment rate in 2012 – by Department



Literacy rate - Men/Women - by age bracket



85.1%
of the 15-24 age group is literate (2012)

Summary of Sector Policies and Programs

Measure	Goals	Current status
Education		
2010–2015 Operational Plan (OP) of the Ministry of Education and Vocational Training (MENFP)	Radical reformation of the Haitian educational system through: <ul style="list-style-type: none"> - Improvements in availability - Cost reduction - Improved quality of teaching and governance of the essential subsector - Support for demand 	Background paper; implementation under way

Free mandatory universal schooling program (PSUGO) (2011–2016)	Provide schooling for 1,500,000 children over the 5-year period through: <ul style="list-style-type: none"> - State support for educational expenses in public primary schools for the first two years of primary schooling - Subsidies to non-public schools - Creation and construction of public schools 	Implementation under way
Literacy		
Wi mwen kapab literacy campaign (2007–2015)	Eradication of illiteracy in people aged 16–50	Implementation under way but impact still limited

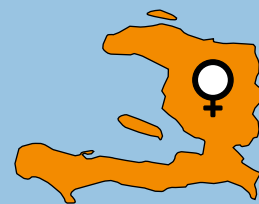
Bottlenecks and Recommendations for Implementation of Policies and Programs

Bottlenecks identified	Recommendations
Education	
Implementation of OP too slow to reach goals by 2015	Maintain the Government's commitments and efforts to speed up the second phase of the OP
Lack of geographic prioritization in the OP	Develop a school map in order to target the most disadvantaged areas
Absence of targeting of the most vulnerable groups (street children, children working as servants, orphans) in the OP	Institute a proactive school enrollment policy for the most vulnerable children
Problem with identifying the agencies responsible for implementing educational programs	Affirm the MENFP's leadership in implementing the OP; clarify national strategic plans
Problems with organizing, planning and prioritizing the various plans, strategies and programs	<ul style="list-style-type: none"> Prioritize the strategic priorities of programs Improve consistency among the various programs (OP, PSUGO, PSDH). Reference the PSUGO in a detailed implementation plan Consult the working paper of the UN special envoy for world education
Weakness of OP monitoring and steering bodies Weak capacities of teaching body	<ul style="list-style-type: none"> Enable the State officials concerned to appropriate the various national strategies Offer better administrative and pedagogical training to school principals Combat high absenteeism among teachers
Inadequate human and institutional resources	Move the MENFP reform ahead and set up the National Office of Education Partnership
Bill to establish the National Education Fund not yet passed into law Low budget allocated to education	<ul style="list-style-type: none"> Support the legislative process Allocate a more substantial portion of the national budget to education to bring it closer to international standards
Literacy	
Institutional weakness of the Secretariat of State for Literacy Risk of blockage of financing mechanisms	Enhance the technical, human and financial capacities of the Secretariat of State for Education

Despite its limited resources, the commitment shown by the Haitian Government to provide sufficient resources to promote universal education has been solid over the years.

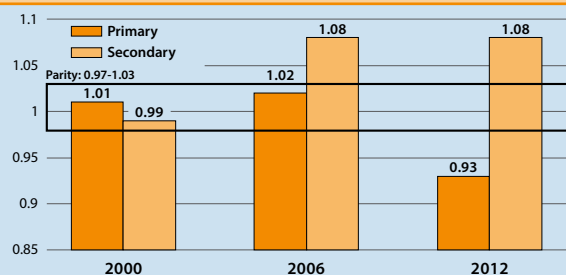
MDG 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



Although parity was reached in **primary and secondary** education in 2000, with a gender parity index of 0.93 and 1.08 respectively, gender inequalities persist. In fact, there has been a regression in primary education in 2012, and the lack of data does not allow a clear assessment of the situation in higher education. In **the area of employment**, while women are relatively present in the non-agricultural sector, they mainly hold jobs that are paid less than men. Moreover, the vast majority of working women are employed in the informal sector or for themselves, raising the problem of access to secure, decent jobs for women. Finally, **the political representation of women** in Haiti is among the lowest in the world, with 4% of members of the Haitian Parliament being women, with 5.3% in the Chamber of Deputies and 0

Gender parity index in primary and secondary education



in the Senate. Haiti is one of six countries in the world where one of the houses of Parliament has no female representation.



4.3%

of members of the National Parliament are women

Summary of Sector Policies and Programs

Measure	Goals	Current status
Gender equality		
Gender equality policy	Implement a policy of gender equality to ensure gender integration for sustainable development	Policy finalized by the Ministry for Women's Affairs and Rights (MCFDF) but not yet endorsed by the Government and Parliament
CEDAW Reports	Measure the progress made in applying the CEDAW	Reports from 1982 to 2008 completed; Report covering the period 2008–2014 under way
Law on paternity, maternity and filiation	Ensure equal rights for all children, including those born out of wedlock; make fathers take responsibility	Bill passed but not yet promulgated by the Government
Law on domestic working conditions	Ensure the rights of domestic workers	Bill passed but not yet promulgated by the executive
Education		
Revision of textbooks (2013–2015)	Combat gender stereotypes conveyed by teaching materials	Strategic action formulated by the PSDH, not yet implemented
Specific study and advocacy campaign	Keep girls from dropping out, and promote higher education	Strategic action formulated by the PSDH, not yet implemented

Economic Participation		
<i>Kredi fanm lakay (2012)</i>	Facilitate women's economic activities in rural areas through microcredit	Pilot program implemented in the municipality of Hinche
Political Participation		
30% gender quota (2012)	Ensure a minimum of 30% female representation in all elective and appointed positions in Government and public institutions	Quota enshrined in the Constitution but as yet, no legal instrument for systematically implementing it

Bottlenecks and Recommendations for Implementation of Policies and Programs

Bottlenecks identified	Recommendations
Gender equality	
Non-promulgation of key laws relating to gender (responsible fatherhood, domestic work)	Promulgate the laws already passed by Parliament
No systematic deployment of gender focal point in all ministries, and extremely limited power of influence	Reestablish a gender focal point in all ministries, with real decision-making power
MCFDF has little power; limited human, technical and financial capacities	Strengthen the MCFDF
No systematic mainstreaming of gender in strategic planning, programming and budgeting	Make gender equality a universal target for steering development and reducing poverty
Education	
Operational Plan for education does not include any gender-sensitive provision	Develop an annex to the OP to include the matter of maintaining parity and combating stereotypes
Lapsed memorandum of understanding between MENFP and MCFD for the joint revision of textbooks	Reactive agreements between the MENFP and the MCFDF
Lack of updated statistics and data, especially for the university sector	Organize regular surveys to enhance the statistical data, broken down by gender
Economic Participation	
No systematic consideration given to the issue of gender in economic development policies	Include provisions specific to economic participation and entrepreneurship by women in future employment policy
Weak impact of microcredit policies	Scale-up microcredit initiatives to the national level
Women's lack of knowledge and training in entrepreneurship and business management	Include in vocational training curricula courses on economy, entrepreneurship, and business management
Political Participation	
Election law and law on political parties do not systematically and effectively meet the constitutional obligation of the 30% gender quota	Initiate a debate in Parliament on creating legal tools requiring that the quota be met; provide sanctions for political parties if they fail to meet the 30% quota
Majority electoral system not very favorable to the effective, consensual implementation of the gender quota	Start a national debate on the various types of electoral systems
Lack of interest of political parties in promoting female participation	Develop economic incentives for political parties
Lack of technical support for female candidates or women wanting to enter politics	Set up mentoring for women candidates starting out in politics
Lack of financing for women's election campaigns	Set up a basket fund to finance the campaigns of women candidates

MDG 4

REDUCE CHILD MORTALITY



All indicators associated with reducing infant and child mortality have improved over the past twenty years. The proportion of **children dying before the age of five**, or infant and child mortality, has dropped 44% since 1990, faster in fact than the worldwide trend, and in 2012 represented 88 deaths per 1,000 live births. Despite this, the rate remains below average for Latin America and the Caribbean of 19 per 1,000. While the infant (children under one year of age) mortality rate has also declined since the 1990s, going from 109 to 59 deaths per 1,000 live births in 2012, mortality in newborns in their first month is up slightly and will make it difficult to reach the target by 2015. Acute respiratory infections (flu, pneumonia), malnutrition, diarrhea and infectious gastroenteritis are among the leading causes of death in children.

Vaccination of children - Percentage of children aged 12-23 months fully vaccinated



40 points

separate the mortality rate for children under 5 whose mothers have an educational level equivalent to secondary education from those whose mothers have received no education.

The proportion of **one-year-old infants vaccinated against measles** is also up, and was 65.1% in 2012. However, major disparities persist in vaccination coverage from one department to another, by birth order and by mother's educational level. Nationwide, only 45% of children aged 12 to 23 months have been fully vaccinated.

Summary of Sector Policies and Programs

Measure	Goals	Current status
Infant and child mortality		
National strategic plan on integral child healthcare in Haiti (2013–2022)	Reduce mortality in children under age 5 by 50%	Implementation under way
Integrated support for childhood diseases (PCIME) (since 1995)	Improve child health	Implementation under way: 1,500,000 children covered by the PCIME strategy (according to UNICEF data)
Creation and enhancement of obstetric and neonatal emergency care, basic (SONUB) and complete (SONUC)	Rehabilitate healthcare centers to provide support for obstetric complications, neonatal resuscitation and neonatal distress	49 SONUBs rehabilitated

<i>Manman ak timoun an sante</i>	Increase the number of institutional births and access to healthcare for children under age 5	Project finalized in 2013; free services offered to 200,000 children under age 5
National social protection system: Konbit solidarite	Guarantee access to national health insurance that would cover child healthcare in particular	Implementation under way; pilot project carried out in West and Northwestern departments
Vaccination		
Expanded vaccination program (PEV) (2011–2015)	Promote vaccination against vaccination-controllable diseases	Implementation under way; introduction of pentavalent vaccine in 2012 and anti-rotavirus vaccine in 2014

Bottlenecks and Recommendations for Implementation of Policies and Programs

MDGs 4, 5 and 6 relating to the healthcare sector share several constraints that impede implementation of health policies and programs. Haiti's healthcare system remains relatively weak, directly affecting advances in the struggle against infant-child mortality, maternal mortality and infectious diseases. These main challenges are summarized in the following table.

Bottlenecks identified	Recommendations
Lack of regular national health data	<ul style="list-style-type: none"> Improve the civil registration system Design studies of the causes of mortality among children under age five and of mortality in women of reproductive age (RAMOS). Include an evaluation of the key indicators in each edition of the EMMUS
Lack of leadership, monitoring and follow-up among stakeholders by the Ministry of Public Health and Population (MSPP)	<ul style="list-style-type: none"> Ensure that Parliament passes the new MSPP organic law Enhance the MSPP's monitoring of all stakeholders
Lack of qualified and mobile healthcare personnel	<ul style="list-style-type: none"> Reform the status of healthcare personnel and their compensation system Improve the system of supervision of healthcare personnel Implement the national plan aimed at strengthening human resources in the healthcare sector
Omission of geographic disparities in access to care and waiting times at healthcare centers	<ul style="list-style-type: none"> Create healthcare centers in unserved rural areas and reinforce the first-tier healthcare institutions Strengthen the network of healthcare agents in order to make services available at the community level Redistribute the available resources (financial, equipment, human resources)
Dependence on international aid	<ul style="list-style-type: none"> Pass the bill to create the national health solidarity fund (FSNS) Give healthcare a larger portion of the national budget Distribute resources more evenly to the various programs and according to the healthcare priorities identified by the MSPP Avoid implementing top-down programs
Lack of collaboration within the various MSPP offices	<ul style="list-style-type: none"> Strengthen communication and collaboration among the various MSPP offices Implement initiatives to address common problems (e.g., high rate of neonatal mortality and low percentage of in-hospital births)
Lack of public awareness	<ul style="list-style-type: none"> Conduct an ongoing public awareness-raising campaign; strengthen health education in schools

MDG 5

IMPROVE MATERNAL HEALTH



Despite the various methodologies used and the sometimes differing estimates of the **maternal mortality rate**, all the studies carried out show a significant improvement in this indicator since 1990. According to the Ministry of Public Health and Population (MSPP), the maternal mortality rate was 157 per 100,000 in 2013. This figure is probably not exhaustive, as it is based solely on reported deaths. In 2012, **37.3% of births were attended by skilled health personnel**, or 1.5 times more than in 2000, but with strong disparities in place of residence, education level, and economic situation among women. Although a majority of women continue to give birth unattended by skilled health personnel, **90% of them have at least one medical visit during their pregnancy**, and 67% have at least four.

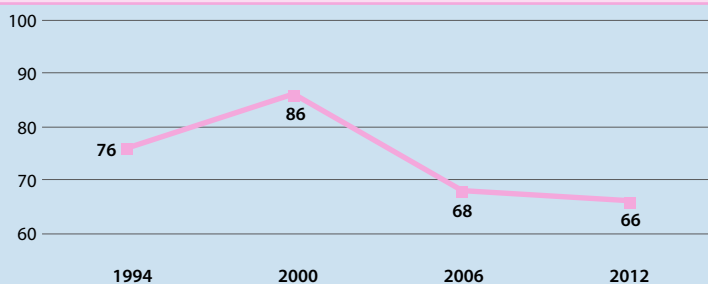
Deliveries attended by skilled health personnel, by Department (2012)



57%

of 15-19 year old young women have unmet needs for family planning

Fertility rate trend in adolescent females (per 1,000 live births)



Access to family planning has also improved steadily since 2000. In 2012, **31% of women used a modern method of contraception**, representing nearly 10 points higher than in 2000. The prevalence of contraception varies from a minimum of 15% among women with no children to a maximum of 40% for those with more than three. In 2012, **35% of Haitian women have unmet needs for family planning**.

The fertility rate among adolescents from 15 to 19 years of age is now estimated at 66% and has declined only slightly since 1994. In Haiti as in the Latin American and Caribbean countries, reproductive health policies and programs have succeeded in reducing fertility in partnered women but have not had a major impact on the fertility of adolescents. Furthermore, fertility varies greatly according to place of residence. For adolescents living in camps after the 2010 earthquake, the rate reaches 107%.

Summary of Sector Policies and Programs

Measure	Goals	Current status
Health master plan (2012–2022)	Reduce the maternal mortality rate by 50% by 2022	Implementation under way
National strategic plan for reproductive health and family planning (2013–2016)	Reduce the maternal mortality rate; offer integrated reproductive health services to the entire population	Implementation under way
Global Program to Enhance Reproductive Health Commodity Security (GPRHCS)	Give the Haitian Government the inputs necessary for sexual and reproductive health and technical support	Implementation under way
National Institute of Nurses and Midwives	Train midwives	First generation of midwives still in training
SONUB/SONUC	Rehabilitate healthcare centers to offer emergency obstetric and neonatal care	49 SONUBs rehabilitated
Free obstetric care <i>Manman ak timoun an sante</i>	Increase the number of institutional births and access to healthcare for children under age 5	Project finalized in 2013; free services offered to some 71,000 pregnant women
National family planning campaign (launched in 2014)	Inform the population; ensure family planning services in 90% of healthcare institutions; train staff	Implementation under way
National social protection system: <i>Konbit solidarite</i>	Guarantee access to national health insurance that would cover obstetric care in particular	Project pilot conducted in western areas

Bottlenecks and Recommendations for Implementation of Policies and Programs

Bottlenecks identified	Recommendations
Lack of harmonization of goals to be reached in reproductive health and family planning in national plans and strategies	Revise and harmonize goals when midway revisions are being made in plans and strategies
Lack of funding for SONU rehabilitation	Resource mobilization
Criminalization of abortion	Develop an approach to raise the awareness of citizens and members of Parliament on the effects of illegal abortion, and propose legalization of medical abortion
Cultural factors not considered in procedures associated with monitoring pregnancy and delivery	Conduct studies on birthing knowledge, attitudes and practices in Haiti, and reproductive health, particularly giving greater consideration to the role of community nurses
Midwives omitted from the repository of jobs and skills (REC)	Review and update the REC
Multipurpose community healthcare agents not available in sufficient numbers	Mobilize resources to set up 10,414 multipurpose community healthcare agents

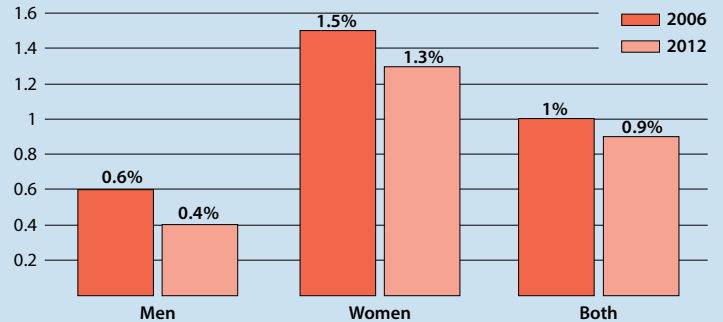
MDG 6

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES



Haiti has managed to stabilize the prevalence of HIV/AIDS, which was 2.2% over the last six years for the entire population. However, major disparities in this disease exist between men and women: for women aged 15–24, the prevalence is 1.3%, compared with 0.4% for men. Condom use also varies greatly by gender, with 55.5% of women and 66.3% of men aged 15–24 stating that they used a condom at last high-risk sexual encounter. **The proportion of young people aged 15 to 24 with a comprehensive correct knowledge of HIV/AIDS follows an inverse trend.** In fact, the percentage of young women with a comprehensive correct knowledge of HIV/AIDS increased slightly, going from 32% in 2006 to 35% in 2012, while for men, it declined considerably, going from 41% to 28% for the same period.

HIV prevalence in 15-24 years-old (%)



In 2012 the incidence of tuberculosis cases was 213 new infections per 100,000 inhabitants, with a prevalence of 296 infections per 100,000 inhabitants. Today, Haiti is on a list of high-prevalence countries in the Americas, and the mortality rate for this disease was estimated at 25 per 100,000 in 2012. Moreover, Haiti increased coverage of the DOTS anti-tuberculosis treatment from 55% to 80% between 2006 and 2009.



46%

of women know that HIV could be transmitted through breastfeeding

With regard to **access to antiretroviral therapy**, the percentage of adults and children at an advanced stage of HIV infection under antiretroviral therapies went from 49% to 67.7% between 2006 and 2013, well below the MDG target of 100% to be reached by 2010.

Haiti and the Dominican Republic are the two countries in the Caribbean where **malaria has not been eradicated**. Each year, malaria affects nearly 500,000 people, or one in 20. Only **23% of children under age 5 sleep under a treated mosquito net**, and among children under age 5 who have had a fever, **2.5% had taken an appropriate antimalarial drug, or half the number in 2006.**

Ownership of insecticide-treated nets (ITN)
Percentage of households with at least one ITN



Summary of Sector Policies and Programs

Measure	Goals	Current status
Health master plan 2012–2022	Reduce incidence and prevalence of HIV/AIDS by 2022; reduce prevalence of tuberculosis by 25% by 2022	Implementation under way
National Anti-HIV/AIDS Program – National strategic multi-sector plan 2012–2015	Reduce the proportion of new HIV infections by 50% by 2018; reduce the proportion of seropositive infants born of mothers living with HIV by at least 2% by the end of 2018; reduce the impact of discrimination and stigmatization of people living with the AIDS virus	Implementation under way
Prevention of HIV/AIDS transmission	Make condoms available and accessible; promote voluntary screening; improve transfusion safety	100% of transfused blood bags have been tested for HIV/AIDS
HIV/AIDS epidemic monitoring	Strengthen and unify the national framework for monitoring, follow-up and evaluation	Publication of a bulletin on HIV/AIDS
National Anti-Tuberculosis Program – 2009–2015 Strategic Plan	Detect 70% of estimated cases of pulmonary smear-positive TB Successfully treat 85% of them	DOTS Strategy: increase in coverage from 55% to 80% The number of cases detected is increasing gradually and reached 76% in 2012

Bottlenecks and Recommendations for Implementation of Policies and Programs

Bottlenecks identified	Recommendations
Leadership not assigned to MSPP, and problems in coordinating the efforts of the various partners	Have Parliament pass the new MSPP organic law; clearly redefine the roles of the NGOs, develop a framework for collaboration and technical assistance
Logistical problem in the supply of inputs (tests, drugs, equipment)	Improve planning and coordination
Lack of a legal framework to protect infected people and affected families (HIV/AIDS)	Lobbying to raise awareness among members of Parliament awareness of discrimination against people living with HIV/AIDS Pass the prepared bill Provide a system for implementing this law
Lack of programs supporting people living with HIV/AIDS and TB	Explore possible collaboration with existing social protection programs so as to support people living with HIV/AIDS and TB
Free healthcare services, especially for care associated with HIV/AIDS and TB	Make certain that this healthcare is provided free of charge
Lack of funds allocated to operational research	Develop research programs in universities and medical schools

Haiti has made remarkable progress in combating VIH/AIDS over the last 10 years; however much remains to be done to improve prevention, access to care and support to people living with HIV/AIDS.

MDG 7

ENSURE ENVIRONMENTAL SUSTAINABILITY



Haiti's progress on environmental issues remains very uneven, and the country remains particularly vulnerable to natural disasters. Deforestation is still among the leading threats to the environment, with the **proportion of natural forests** estimated at 2.6% of the territory in 2010, compared with 5.5% in 1956. The significant increase in forest planting is not yet sufficient to reverse the trend, especially as 92.7% of Haitian households use wood or charcoal for cooking.



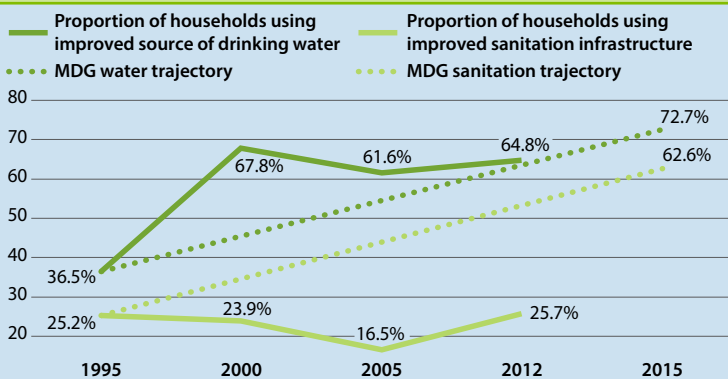
16,000
hectares of forest planted since 1990

Haiti is facing the depletion of available water in both quality and quantity, with **8.6% of total renewable water resources** taken between 2003 and 2012. Despite the country's rich biodiversity, with many endemic species, more than **19% of all plant and animal species** are today threatened with extinction.

While access to water is increasing, with **64.8% of Haitian households having access to improved drinking water sources**, access to sanitation services has been stagnant since 1995 at around 25% of households.

Taking the absence of at least one decent-housing criterion as the definition of slum, **62% of urban population live in slums**, as they do not have access to improved sanitation.

Proportion of households using an improved source of drinking water and sanitation infrastructure



Summary of Sector Policies and Programs

Measure	Goals	Current status
Environment		
Environmental Action Plan (PAE)	Determine the outline of the national environmental protection policy	Plan in effect, expiring in 2014
Framework Decree for the Environment (2006)	Define nine priority action programs for managing the environment	Reference document, but difficulties in application
National System of Protected Areas (SNAP)	Develop and strengthen an effective and financially sustainable SNAP for effective protection of protected areas	Project under way
Program to Develop Rural Infrastructure	Develop agricultural water infrastructure; protect ravines and riverbanks; manage watersheds	Under way for 25 degraded watersheds
South Coast Initiative (ICS)	Ensure sustainable development and reduce vulnerability in the south	Under way since 2011
Water and sanitation		
Consolidation of distribution systems	Develop and rehabilitate the drinking-water system	300,000 beneficiaries in 2013

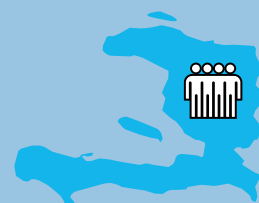
Structure of data collection on water access and use	Improve the understanding of needs and users throughout the country	Initiative implemented in rural areas
Sewage and wastewater treatment	Develop a sanitation system throughout the country	Five stations implemented
Habitat		
National Housing Policy	Improve housing and develop a supply of housing units	Currently being implemented
Project 16/6	Rehouse the affected populations from six camps	Project under way
Upgrading of the Martissant and Baillergeau neighborhoods	Urban development combining infrastructure social engineering and institutional support	Projet en cours
Creation of sites and services	Promote controlled urban development; provide future residents basic services and technical assistance for building housing	Program to be implemented soon

Bottlenecks and Recommendations for Implementation of Policies and Programs

Bottlenecks identified	Recommendations
Environment	
Lack of political will for making formative environmental decisions	Support implementation of the January 2006 framework decree on institutionalization of the National Environmental Management System (SNGE);
Little consideration given to the cross-cutting aspect of environmental problems	Include environmental policy in all sector policies; create a framework for training in environmental issues
Lack of capacities in the Ministry of the Environment (MdE);	Equip the MdE with an organic law; make a political decision to distribute the responsibility of each institution
Expiration of PAE 1999–2014	Formulate a new plan in concert with all social and economic sectors
Poor environmental monitoring, especially in protected areas	Reinforce the system for monitoring and generating scientific data; strengthen the National Observatory on the Environment and Vulnerabilities (ONEV); clarify responsibilities and coordination between ANAP and the Office of Environmental Inspection and Monitoring
Lack of lasting financing mechanisms	Operationalization of the Haitian Environmental Rehabilitation Fund (FREH) as called for in the framework decree of January 2006
Failure of policies to take into account links between environmental degradation and poverty	Implement public environmental policies based on the population's rights and needs
Poor coordination among the various institutions	Revive and strengthen the sector working group on the environment
Water and sanitation	
Lack of political will for initiating a far-reaching water and sanitation policy	Affirm the political will to achieve the goals for water and sanitation; give the DINEPA the technical and financial resources
Lack of strategic policy in the sector	Develop a national policy on water and sanitation
Legal framework not geared to the rights of users of public water and sanitation services	Reform the legal framework by adopting a policy based on citizen rights to access to public water and sanitation services
Difficulty collecting payments from users; lack of qualified technicians	Develop payment-collection capacities, especially through the deployment of trained technicians all over the country
Habitat	
Overlapping institutional mandates and non-alignment with the sector policy implemented by the UCLBP	Affirm and strengthen UCLBP leadership by ensuring that all concerned institutions are working in the same direction
Lack of national policy on urban development and land use planning	In consultation with all sectors, formulate a national policy on urban development and land use planning
Poor capacity of households to access mortgage loans	Explore innovative funding and credit access mechanisms in concert with the private sector

MDG 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT



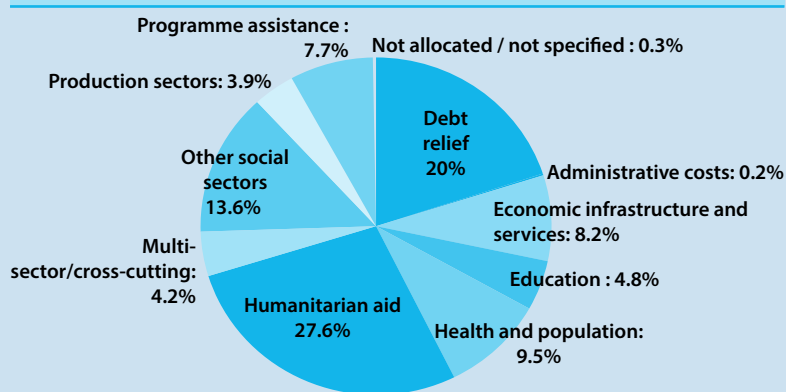
Official development assistance (ODA) in Haiti went from \$167 million in 1990 to \$1.3 billion in 2012, with a peak of \$3 billion after the 2010 earthquake. In 2011, Haiti's ODA represented **16% of the GDP**. Data from the past five years show that only 5% of ODA went to education, 9% to health, and 14% to other social sectors. There is an important gap between pledges and the payments actually received. Of more than 4 billion in promised donations in 2010, only around 2.5 billion was collected.

Haiti benefits from **many trade partnerships and preferential agreements** such as the Caribbean Community and Common Market (CARICOM), the Economic Partnership Agreement (EPA) with the European Union and the Hope legislation with the United States.

Debt service is down significantly since the earthquake and in 2012 represented 0.3% of the country's exports of goods and services. The country's borrowing conditions have improved, in particular thanks to the debt-easing initiatives granted by the main creditors.

While the **number of telephone landlines and the number of Internet users** are among the lowest in the region, with 0.49 lines per 100 and 10% of Haitians using the Internet, in recent years **mobile telephony** has become one of the most dynamic sectors in the Haitian economy.

ODA disbursement by sector, 2008-2012 average



6 million

additional mobile telephone subscribers since 2000

Summary of Sector Policies and Programs

Measure	Goals	Current status
Official development assistance (ODA)		
Framework for coordination of foreign aid to Haitian development (CAED)	Set up an aid coordinating mechanism; ensure that the aid aligns with national priorities	CAED in place since 2012 under the aegis of the MPCE. Joint aid effectiveness program with upgradable guidelines for all approved partners
Online External Aid Management System (MGAE)	Increase transparency; facilitate decision making on public investments	MGAE operational, single national tool for collecting and following up on outside investments
Sector and thematic working groups	Promote planning of projects among ministries, donors and civil society	Working groups established but do not systematically achieve project consistency

Market access		
HOPE – USA	Have preferential access to the US market for textiles and clothing	Most exports go to the United States but do not reach the authorized quotas
LDC – Canada	Have duty-free access to exports of non-agricultural products	The share of Haitian exports going to Canada is low compared those going to the United States
APE – European Union	Have duty-free access to the markets of 27 European countries	This agreement is underexploited

Bottlenecks and Recommendations for Implementation of Policies and Programs

Bottlenecks identified	Recommendations
Official development assistance (ODA)	
Varying degree of commitment by donors to provide data on aid Lack of will among donors to finance the MGAE	Formalize donor commitments when the framework agreements are signed; disseminate the system for ranking data provided by donors; develop other incentives for using MGAE data Develop collective funding until the system has been made permanent
Poor appropriation of the CAED by donors and the Government	Simplify the CAED's operating mechanisms and determine the results expected; implement the guidelines (PCEA)
Difficulty measuring the real impact of aid on the recipients	Develop tools for assessing qualitative impacts on recipients; improve the system for monitoring and evaluating the Government's programs
Donor fragmentation and concentration in certain sectors	Analyze donor presence by sector; suggest readjustments to the donor portfolio according to needs and performance
Excessively slow disbursement by certain donors associated with conditions and challenges involved in formulating and executing them	Support donor disbursement performance by harmonizing project procedures and boosting the absorption capacities of State counterparts
Market access	
Outdated legal framework for business	Update and strengthen legislation on trade and business law
Lack of a national industrial and trade policy	Formulate an industrial and trade policy in partnership with the chambers of commerce and the private sector
Few benefits from trade agreements and preferential measures	Strengthen competitiveness by promoting local production, developing infrastructure and reinforcing worker productivity
Problem with land law and land registry; administrative difficulty in obtaining construction permits	Revitalize the national land registry office; institute a uniform procedure for accessing construction permits
Major dependence on the textile assembling sector	Develop the potential of sectors with a comparative advantage
Lack of inter-ministerial coordination	Clarify each ministry's scope; revise the organic laws
New information and communication technologies (NICT)	
Lack of national policy on NICT	Formulate a national NICT policy
Weak legal framework; lack of regulation of the sector	Update and unify the legal framework to meet current needs and align with current international agreements (WTO, CARICOM)
Lack of measures to stimulate demand to make NICT more accessible technically and financially	Develop easy-to-access technological tools, develop centralized access to remote public services
Poor regulation of the sector, especially in combating monopolies	Develop tools for the Government to regulate the sector
Technological limitations; little capacity and few qualifications in the NICT sector	Strengthen public investment in NICT training

POST-2015 IN HAITI



Less than two years before the deadline for reaching the MDGs, the **debate over priorities for the post-2015 agenda** is already under way. This new development program is the result of the 2010 top-level plenary meeting at the Annual Meeting on MDGs and the Rio +20 Conference on development. On that occasion, it is **necessary to raise new questions**, particularly in regard to political, sociological and economic evolution, climate change, financial crises and population dynamics that characterize the global environment fifteen years after the launch of the MDGs.

The United Nations and its member States have agreed to carry out an inclusive, participative process to formulate the post-2015 agenda through national and worldwide consultations. Haiti has seized this opportunity to take part in the international debate and to reiterate its commitment to reaching the MDGs so that Haitian priorities are taken into account in the new vision of development that will come from these international discussions.

Post-2015 in National Planning

As part of its national-planning process, Haiti is already identifying its development priorities for post-2015. The **Haiti Strategic Development Plan (PSDH) covers the period from 2010 to 2030** and lays out the country's long-term vision, with the objective to make Haiti an emerging country in fifteen years through four major projects to radically reform the nation. This Strategic Plan is intended to create *“a just society, with a modern economy, in which all of the population's basic needs are met, especially*

universal access to education, all supported by a unified, strong, and responsible State.” These regional, economic, social and institutional reforms aim at common goals of **job creation, local and regional development, improvement in access to basic social services and social inclusion.**

The implementation of the PSDH is supported by sector planning documents, some of them already covering the post-2015 period. **The new policy on gender equality** will be accompanied by a six-year national action plan covering the period from 2014 to 2020 (MDG 3). **The national strategic plan on integral child healthcare** covers the period from 2013 to 2022 and is aimed at reducing mortality in infants under age 5 (MDG 4). **The Health Master Plan**, which extends from 2012 to 2022, is part of a dual approach to reorganizing the national healthcare system and reaching the MDG relating to maternal health (MDG 5), whereas the policy on combating HIV/AIDS has just been extended to 2018 (MDG 6). For the time being, the sectors associated with poverty reduction, education, combating TB, and the environment **will not be the subject of planning going beyond 2015–2016.**

Consultations on Post-2015 in Haiti

In Haiti, the consultation process was conducted according to an inclusive methodological approach through **workshops bringing together all sectors and individual interviews** with sector specialists or recognized figures in Haiti. The objective was to achieve an inclusive process ensuring ownership by the stakeholders of the forthcoming development agenda.

The general aspirations expressed during this process are summarized below in terms of goals:

- Consolidate strategy and projects for **poverty reduction**
- Standardize the **school system** to ensure the right to an equal education
- Improve physical and geographic access to **healthcare centers**
- Develop a policy for **energy** and access to **basic services**
- Develop a **land use plan** and an urban development policy
- Combat **economic and social inequalities** and **geographic inequalities**
- Ensure **the inclusion** of all population categories, especially the more vulnerable groups and young people
- Continue and speed up efforts for sustainable management of the **environment**
- Implement an **employment** policy targeting young people and meeting the needs of the private sector.
- Institute public policies in support of the **agricultural sector**
- Respond adequately to new population dynamics (**demographics, migration**)
- Make **gender equality** a goal in itself and a cross-sector theme to be mainstreamed in all sectors and public policies
- Ensure good **governance**, strengthen **the rule of law** and develop reporting mechanisms

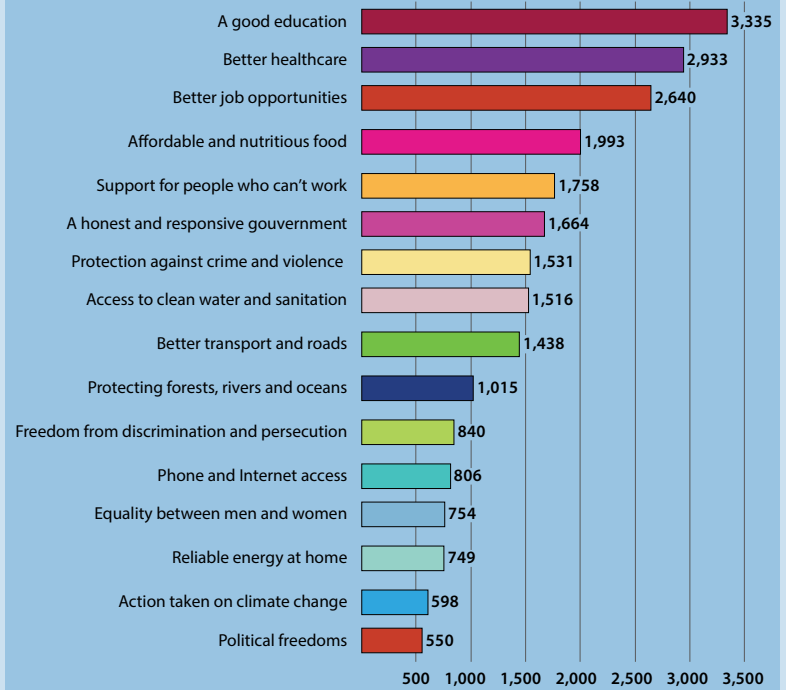


MY WORLD.
THE UNITED NATIONS
GLOBAL SURVEY
FOR A BETTER WORLD.

MY WORLD is a worldwide survey offering everyone a chance to participate

in drafting the post-2015 agenda. This inclusive, participatory process supports the various mechanisms for international dialog under way that should lead to new global development goals. In this sense, survey results will reflect the opinion of the most marginalized and be helpful in international decision making regarding the future development agenda.

In Haiti, the MY World survey has tallied up more than 4,000 responses since the process was launched in 2013. In May 2014, the three sectors chosen as priorities by the voters are education, health and jobs.





MDG Monitoring in Haiti		Baseline	Current indicators (2012) ¹	Target 2015	Sources
Goal 1: Eradicate extreme poverty and hunger					
Target 1A : Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1	Proportion of population below \$1 (PPP) per day	24.7%		ECVMAS
	1.2	Poverty gap ratio	24.5%		ECVMAS
	1.3	Share of poorest quintile in national consumption			
	1.4	Growth rate of GDP per person employed			
	1.5	Employment-to-population ratio	30 % (2003)		RGPH
	1.6	Proportion of employed people living below \$1 (PPP) per day	44.9%		ECVMAS
	1.7	Proportion of own-account in total employment	34.7%		ECVMAS
		Proportion of contributing family workers in total employment	7.8%		ECVMAS
	1.8	Prevalence of underweight children under-five years of age	27,5 % (1995)	11.4%	EMMUS
1.9	Proportion of population below minimum level of dietary energy consumption		24%		
Target 1B : Achieve full and productive employment and decent work for all, including women and young people					
Target 1C : Halve, between 1990 and 2015, the proportion of people who suffer from hunger					

¹ Data available for 2012, otherwise refer to the reference year.

Goal 2: Achieve universal primary education



	47% (1993)	88% (2011)	100%	MENFP
2.1 Net enrolment ratio in primary education				
Target 2A : Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling				
2.2 Proportion of pupils starting grade 1 who reach last grade of primary	68% (2001)	66.2%	100%	EVCH, ECVMAS
2.3 Literacy rate of 15-24 year-olds, women and men	32.3% (2000)	85.1%	100%	EMMUS

Goal 3: Promote gender equality and empower women



	0.01	0.93	1	EMMUS
3.1 Ratios of girls to boys in				
- primary education:			1	
- in secondary education:	0.99 (2000)	1.08	1	
3.2 Share of women in wage employment in the non-agricultural sector				
3.3 Proportion of seats held by women in national parliament	2.7% (1995)	4.3%	30%	IPU

MDG Monitoring in Haiti

Current indicators (2012)

Target 2015

Sources

Target 4: Reduce child mortality



Indicator	Baseline (1990)	Current indicators (2012)	Target 2015	Sources
4.1 Under-five mortality rate	156.1‰ (1990)	88‰	50.4‰	EMMUS
4.2 Infant mortality rate	109.1‰ (1990)	59‰	36.4‰	EMMUS
4.3 Proportion of 1 year-old children immunized against measles	25.8% (1987)	85% (2013)	100%	EMMUS, MSPP

Target 4A : Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Target 5: Improve maternal health



Indicator	Baseline (2000)	Current indicators (2012)	Target 2015	Sources
5.1 Maternal mortality ratio (per 100,000 live births)		157 ² (2013)		MSPP
5.2 Proportion of births attended by skilled health personnel	24,2%	37,3%	100%	EMMUS
5.3 Contraceptive prevalence rate				EMMUS
- Condom:	3%	5%		
- Modern method:	22%	31%		
- Any method:	22% (2000)	35%		
5.4 Adolescent birth rate	86‰ (2000)	66‰		EMMUS
5.5 Antenatal care coverage				EMMUS
- at least one visit:	79%	90%	100%	
- at least four visits:	44% (2000)	67%	100%	
5.6 Unmet need for family planning	40% (2000)	35%	0%	EMMUS

Target 5A : Réduire de trois quarts, entre 1990 et 2015, le taux de mortalité maternelle

Target 5B : Rendre l'accès à la médecine procréative universel d'ici à 2015

² Source: Ministry of Public Health and Population. To the extent that the MSPP is for the first time producing statistical data on maternal mortality, the figure remains limited and shows a significant difference with the annual estimates produced by the WHO. For more details on the methodologies used and on the limitations of the data, consult the MDG 5 chapter of the 2013 MDG Report for Haiti.



Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6A : Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years	1% (2005)	0.9%	EMMUS
	6.2 Condom use at last high-risk sex (indicator available for the 15-24 age bracket)		Women 55% Men 66.3%	EMMUS
	6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	32% (2006)	35%	EMMUS
	6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	76.7% (2006)	91.8%	EMMUS
	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	49% (2006)	67.7% (2013)	EMMUS
Target 6B : Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.6 Incidence of malaria		5.7 (2010)	WHO
	6.7 Proportion of children under 5 sleeping under insecticide-treated bednets		23%	EMMUS
	6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	5% (2006)	2.5%	EMMUS
Target 6C : Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.9 Incidence of tuberculosis (per 100,000):	247 (1990)	213	WHO
	Prevalence of tuberculosis (per 100,000):	376 (1990)	296	
	Mortality rate due to tuberculosis (per 100,000):		25	
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course	55% (2006)	80% (2009)		MSP- PNLT

MDG Monitoring in Haiti

	Baseline	Current indicators (2012)	Target 2015	Sources
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Goal 7: Ensure a sustainable environment



	Baseline	Current indicators (2012)	Target 2015	Sources
7.1 Proportion of land area covered by forest	5.5% (1956)	Between 2% and 4% (2010)		UNEP, FAO
7.2 CO2 emissions				
- total (in millions of tons)	0.994	2.12		CDIAC
- per capita (metric tons)	0.1395	0.2121		
- per \$ 1 GDP (PPP) (in kg)	0.2 (1990)	0.2138 (2010)		
7.3 Consumption of ozone-depleting substances (hydro chlorofluorocarbons (HCFC), in tons of ODP)	169 (1995)	5.15		UNEP
7.4 Proportion of fish stocks within safe biological limits				
7.5 Proportion of total water resources used (% of total renewable resources)		8.6% (2003-2012)		UNDP, HDR
7.6 Proportion of terrestrial and marine areas protected (% of territory)		6.2% (2014)		UNEP
7.7 Proportion of species threatened with extinction (% of all species)		19% (2013)		UNDP, HDR
7.8 Proportion of population using an improved drinking-water source	36.5% (1995)	64.8%	72.7%	EMMUS V
7.9 Proportion of population using an improved sanitation facility	25.2% (1995)	25.7%	62.6%	EMMUS V
7.10 Proportion of urban population living in slums			Min. 62%	EMMUS V

Target 7A : Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7B : Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Target 7C : Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Target 7D : By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers



Target 8: Establish a worldwide partnership for development

Target 8A : Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	8.1 Net ODA, total and to the least developed countries (in USD)	167.4 million (1990)	1.3 billion (2013)	OECD
Target 8B : Address the special needs of the least developed countries	8.2 Proportion of total bilateral, sector-allocable ODA to Haiti devoted to basic social services			
Target 8C : Address the special needs of landlocked developing countries and small island developing States	8.3 ODA received by Haiti as percentage of gross national income	17% (2009)	16%	OECD/ DCD
Target 8D : Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.4 Proportion of Haiti's exports admitted duty-free			
	8.5 Average tariffs imposed by developed countries on agricultural products and textiles from Haiti	4% (1996)	1% (2011)	UNCTAD, ITC, WTO
	8.6 Proportion of Haiti's ODA provided to help build trade capacity		10%	OECD
	8.7 Debt service, as percentage of exports of goods and services	119% (1990)	0.3% (2013)	WB
	8.9 Number of land lines per 100 inhabitants	0.8 (2000)	0.5	ITU
Target 8F : In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.10 Subscribers to a mobile phone service, per 100 inhabitants	0.6 (2000)	59.4	ITU
	8.11 Number of Internet users per 100 inhabitants	0.2 (2000)	9.8	ITU

Coordination of the MDG Report

National Observatory on Poverty and Social Exclusion (ONPES)
Ministry of Planning and Outside Cooperation (MPCE)
United Nations Development Program (UNDP)

Partners

Government of Haiti and National Institutions

Ministry of Justice and Public Security (MJSP)
Ministry of Planning and External Cooperation (MPCE)
Ministry of Public Health and Population (MSPP)
Ministry of Agriculture, National Resources and Natural Development (MARNDR)
Ministry of Economics and Finance (MEF)
Ministry of Women Affairs and Women's Rights (MCFDF)
Ministry of National Education and Vocational Training (MENFP)
Ministry of the Environment (MdE)
Ministry of Social Affairs and Labor (MAST)
Ministry of Public Works, Transport and Communications (MTPTC)
Ministry of Trade and Industry (MCI)
Office of the Minister delegated to the Prime Minister in charge of
Human Rights and Combating Extreme Poverty
Office of the Secretariat of State for handicapped integration
National Office of Potable Water and Sanitation (DINEPA)
National Food Security Coordination (CNSA)
National Observatory on the Environment (ONEV)
National Pension Insurance Office (ONA)
Haitian Institute of Statistics and Information Technology (IHSI)
National Telecommunications Council (CONATEL)
Coordination of Foreign Aid to Haitian Development (CAED)
Bank of the Republic of Haiti (BRH)
National Identification Office (ONI)
Inter-ministerial Committee on Land Management (CIAT)



United Nations System

World Bank (WB)

Office for the Coordination of Humanitarian Affairs (OCHA)

United Nations Office for Project Support Services (UNOPS)

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

International Monetary Fund (IMF)

United Nations Children's Fund (UNICEF)

United Nations Population Fund (UNFPA)

International Fund for Agricultural Development (IFAD)

Global Fund to Fight AIDS, Tuberculosis and Malaria

United Nations Office of the High Commissioner on Human Rights (UNHCHR)

United Nations High Commissioner for Refugees (HCR)

United Nations Mission for Stabilization in Haiti (MINUSTAH)

United Nations Food and Agriculture Organization (FAO)

United Nations Organization for Education, Science and Culture (UNESCO)

International Labor Organization (ILO)

International Organization for Migrations (IOM)

World Health Organization (WHO)

World Food Program (WFP)

Joint United Nations Program on HIV/AIDS (UNAIDS)

United Nations Environment Program (UNEP)

United Nations Human Settlements Program (UN Habitat)

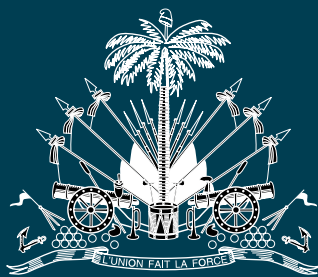


This report can be accessed on the Internet site of:

- Ministry of Planning and External Cooperation (MPCE): www.mpce.gouv.ht

- National Observatory on Poverty and Social Exclusion (ONPES): www.onpes-haiti.ht

- United Nations Development Program (UNDP Haiti): www.ht.undp.org



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