

REPUBLIC OF HAITI



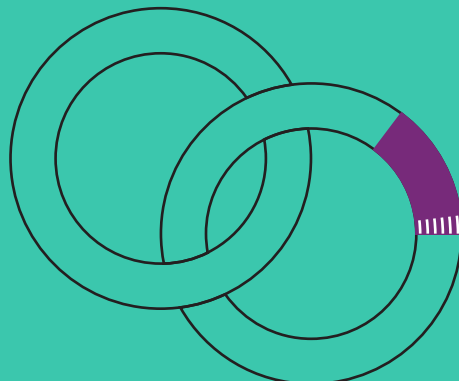
11,653,950
TOTAL POPULATION^I

POPULATION 24 YEARS OR YOUNGER^I
51.16%

WOMEN OF REPRODUCTIVE AGE (15-49 years)^I
3,141,200

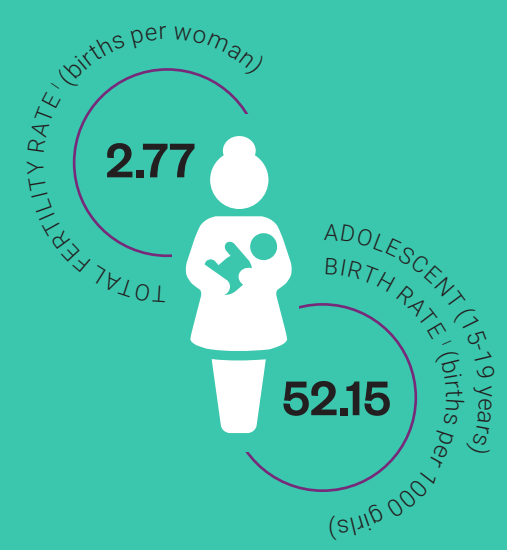
POPULATION 15-24 YEARS (male + female)^I
2,240,100

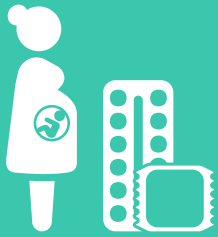
WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION^{II}



BEFORE AGE 18
14.9%
BEFORE AGE 15
2.1%

MATERNAL MORTALITY RATIO **480**
(per 100,000 live births)^{II} **100,000**





23.1% UNMET NEED FOR FAMILY PLANNING (all women) ^{III}

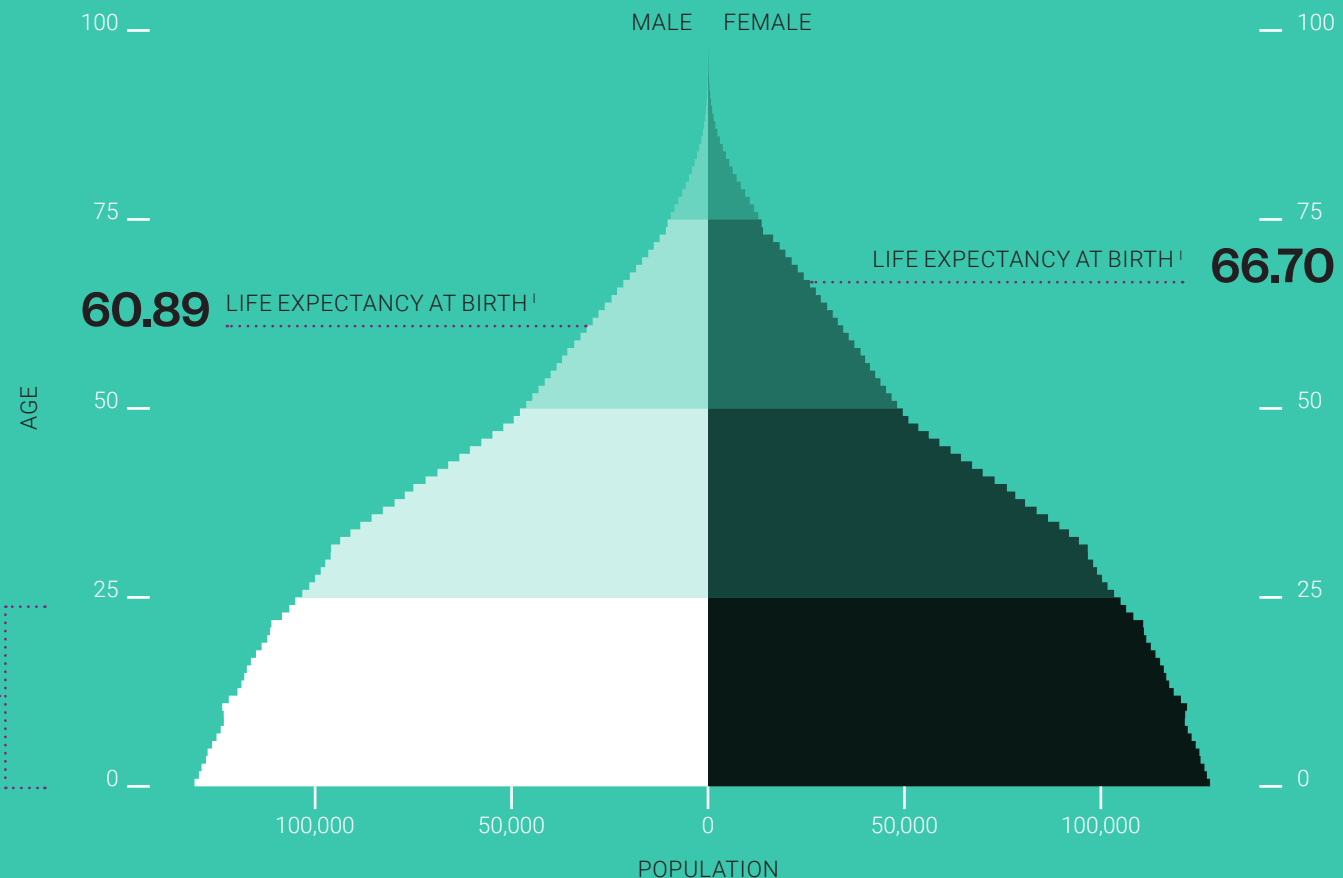


50.2% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) ^{III}



41.6% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL ^{II}

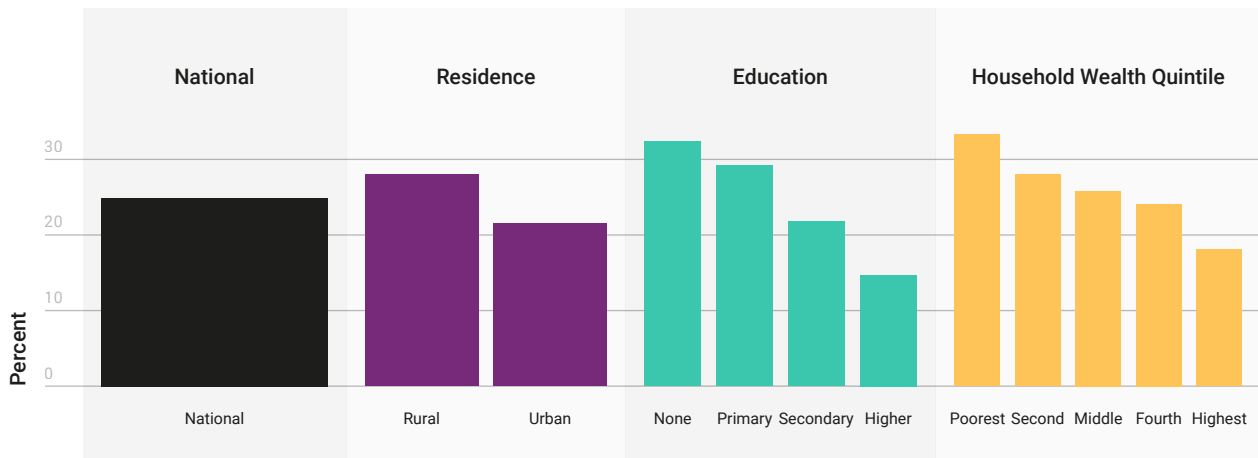
The UN estimates that at least **1.5 million** people in the Republic of Haiti have been directly impacted by recent unrest, with gender-based violence, and in particular rape, being used systematically. The economic crisis has caused food prices to soar, while fuel is often available only on the black market. Speaking to the United Nations Security Council on 26 September 2022, UN Special Representative Helen La Lime warned that “an economic crisis, a gang crisis and a political crisis have converged into a humanitarian catastrophe”. Vulnerable populations, including pregnant women and girls, are the most impacted by restricted access to health services that are the result of this crisis. In this context, it will undoubtedly prove many times harder to find common pathways and achieve Haiti’s ICPD25 commitments.



At the Nairobi Summit, Haiti committed to broaden access to a choice of modern contraceptive methods and prioritizing comprehensive sexuality education

Haiti's total fertility rate (TFR) - the number of children that would be born to a woman if she were to live to the end of her childbearing years is 2.77. TFR and unmet need for family planning is highest among rural women, women with no and primary education, and those in the poorest and second poorest households. 31.8% of married and in-union women were using a modern contraceptive method in 2016/2017, the most recent year for which data is available. Modern contraceptive use and demand satisfied with modern methods is higher for Haitian women in urban areas, among women with secondary or higher education, and in middle to the highest income households.

Unmet Need for Family Planning, All Women



Source: Demographic and Health Survey, 2016

Demand for Family Planning Satisfied with Modern Methods, All Women

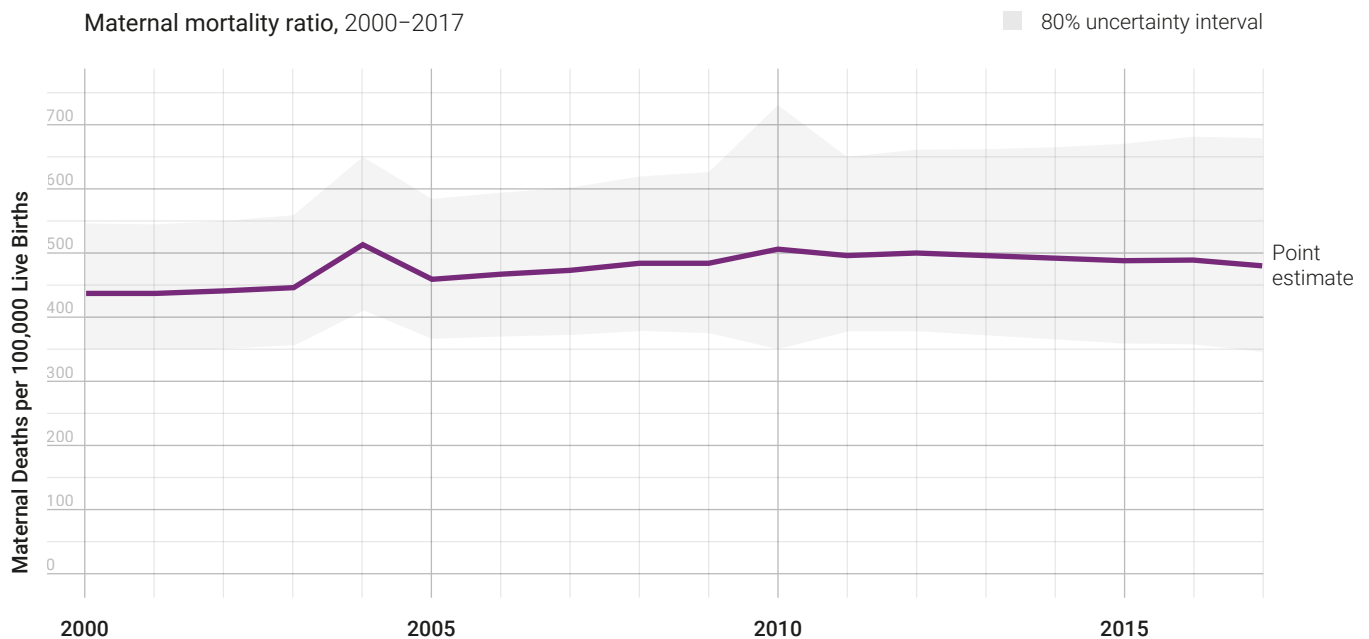


Source: Demographic and Health Survey, 2016

At the Nairobi Summit, Haiti committed to prioritize targeted funding to increase and facilitate access to quality emergency obstetric care to reduce maternal mortality

Haiti’s maternal mortality ratio remained relatively static from 2000 to 2017 and was estimated to be 480 maternal deaths per 100,000 live births in 2017, the latest year for which most recent data is available, the highest among countries in the region. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of “a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals’ right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights”. Abortion is not permitted in Haiti. Now with intensified fighting in the capital and many essential services and health facilities still damaged or destroyed in the south of the country following last year’s earthquake, humanitarian needs are soaring: Over 4.9 million people are currently in need of assistance, including some 1.3 million women of reproductive age.

Maternal mortality ratio, 2000–2017



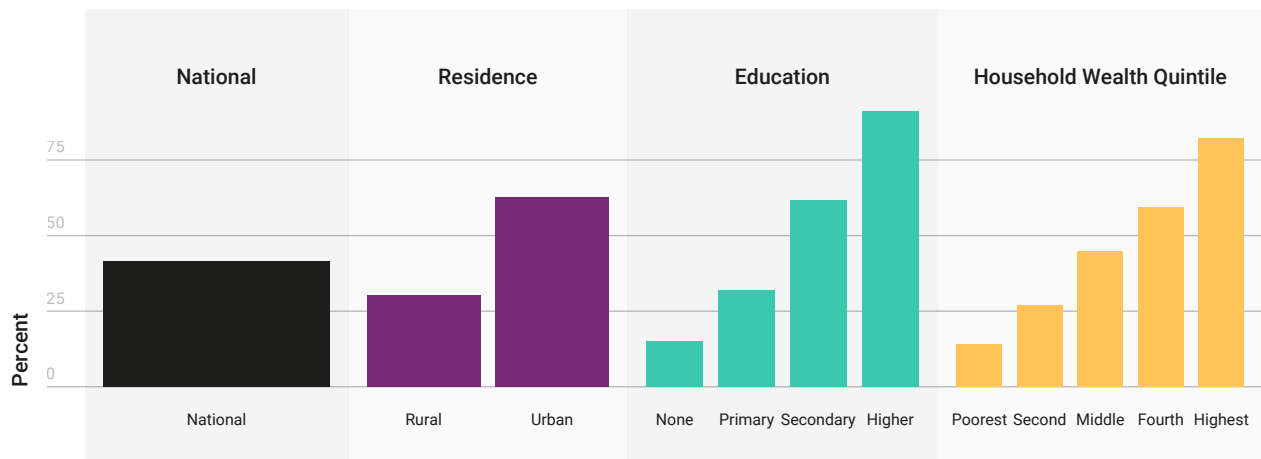
Source: World Health Organization, 2019

In the current context, access to the few health centres and hospitals that are still functioning has become treacherous if not impossible. Not being able to receive critical sexual and reproductive health care is endangering the lives of women and girls in need, particularly survivors of sexual violence and an estimated 85,000 currently pregnant women – around 30,000 of whom are due to give birth in the throes of the crisis over the next three months.^{IV}

IV <https://www.unfpa.org/news/amid-gruelling-violence-and-economic-collapse-women-and-girls-haiti-need-urgent-support>

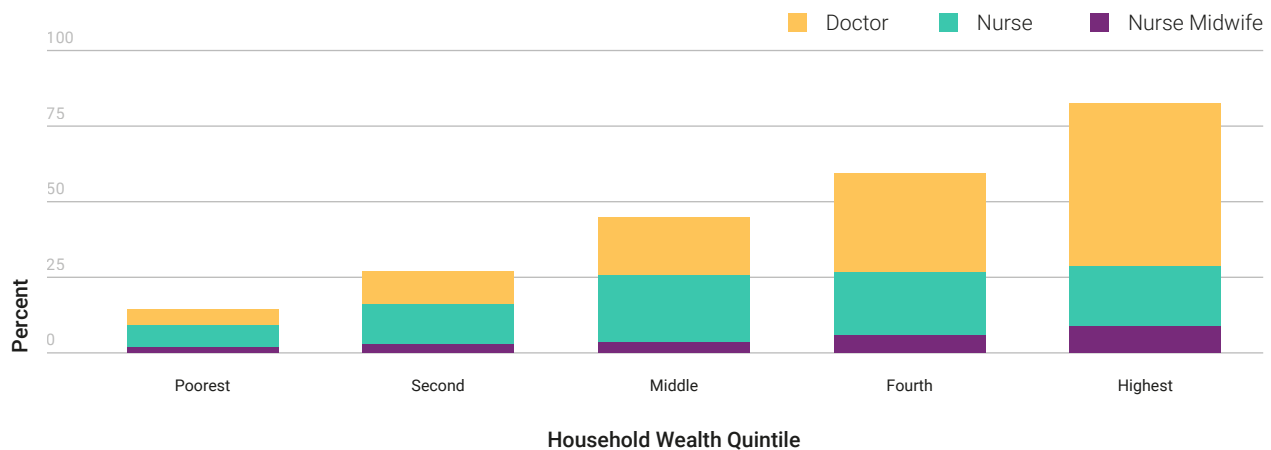
In 2017, the latest year for which data is available, the proportion of births in Haiti attended by skilled health personnel was 41.6%. Among married women 15-49 years who had a live birth in the last two years, deliveries assisted by a skilled attendant were twice as high in urban areas compared with rural areas. The percent of births with a skilled attendant is six times higher among women with the highest education compared with women with no education, and almost six times higher among women in the wealthiest households compared with those in the poorest households. As household wealth increases, so does the portion of births attended by doctors, nurses and midwives. Among women in the poorest households, most births were attended by nurses, while the majority of women in the wealthiest households had their deliveries attended by doctors.

Births with Skilled Attendant



Source: Demographics and Health Survey, 2016

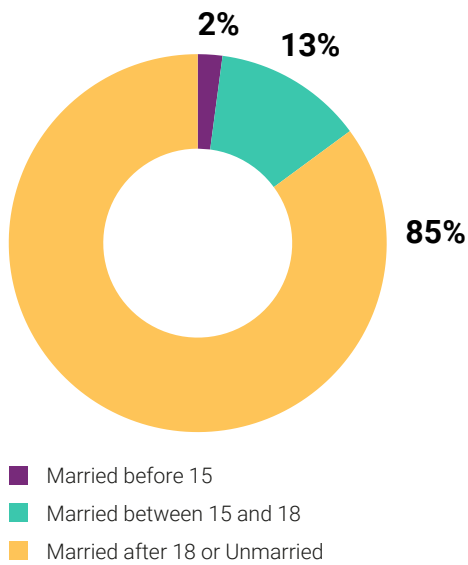
Skilled Birth Providers by Wealth Quintile



Source: Demographic and Health Survey, 2016

In Haiti, 15% of women aged 20-24 years were married before age 18, with 2% of women were married before age 15. There has been a decline in the adolescent birth rate from 75.88 in 1990 to 52.15 in 2022; Haiti's adolescent birth rate falls halfway between that of countries in the region with the highest and lowest rates.

Age of Marriage Distribution, Women 20-24



Source: Demographic and Health Survey, 2016

Haiti's ICPD25 commitments include:



Investing in the economic empowerment of women and girls, encourage women's leadership, and to taking all other measures required to reduce gender inequalities and discrimination



Adopting and enforcing the law against gender-based violence

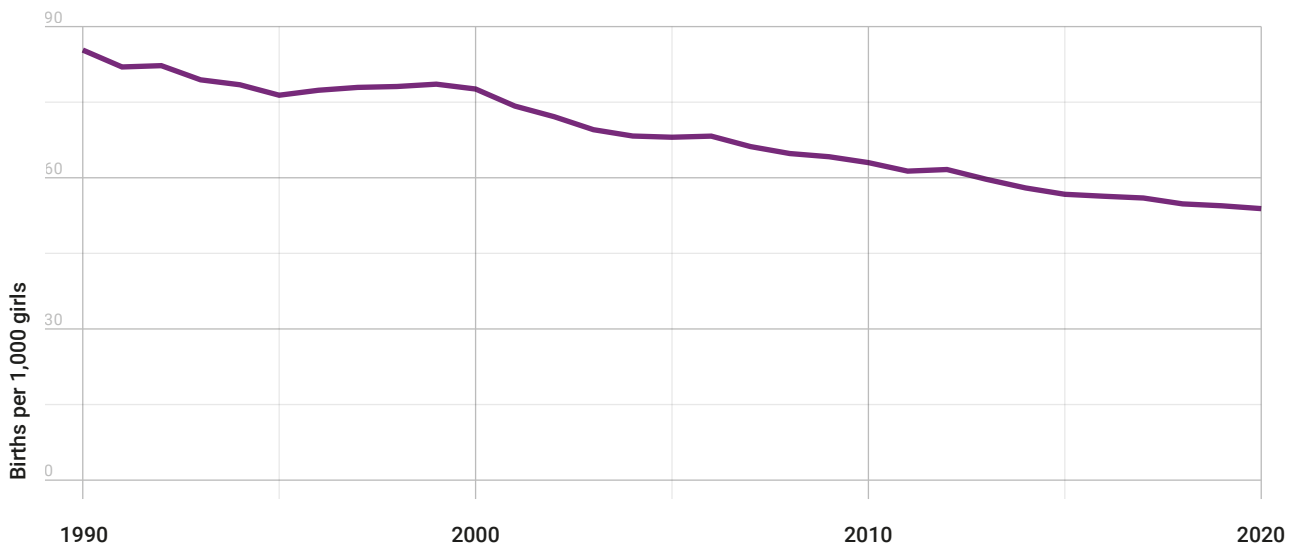


Involving youth in all decisions affecting them



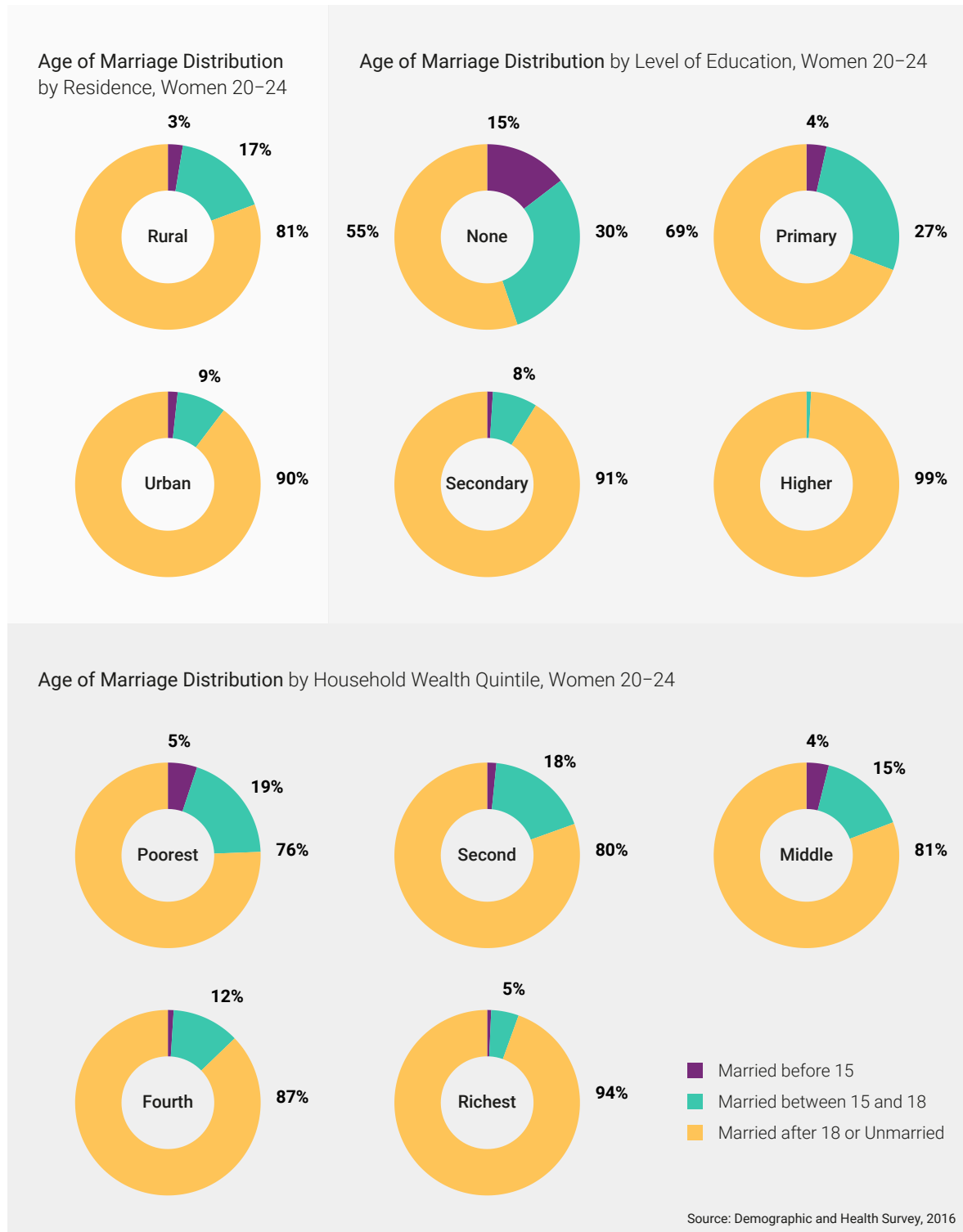
Ensuring young people's access to decent work in the public, private and informal sectors

Adolescent birth rate, 1990-2020



Source: World Population Prospects, 2022

Most women 20-24 years who were married before 18 years are from rural areas. Approximately 45% of women married before age 18 have no education, while 31% have primary education. Marriage before age 18 is also highest among women living in the poorest households. Marriage before 15 is seven times higher among girls living in the poorest households compared to those living in the richest households; marriage before 18 is four times higher among girls living in the poorest households compared to those living in the richest households.

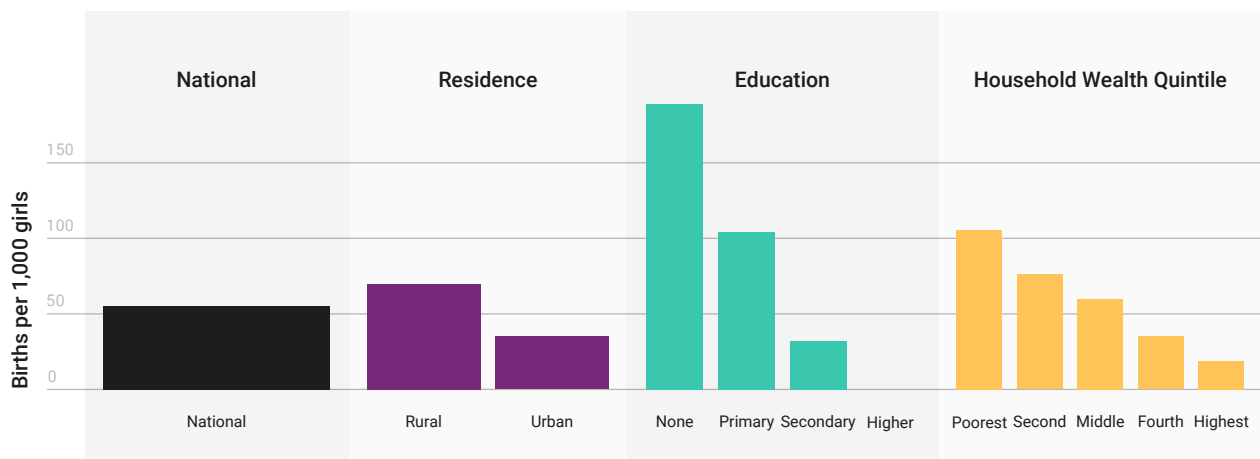


Since the Nairobi Summit, the results framework tool to be used for the follow-up on the implementation of the Montevideo Consensus and Haiti's 10 Nairobi commitments received national validation. A Commitment Pact on Political Participation was signed by influential youth groups. A youth policy and strategic plan to strengthen the partnership framework between actors for the benefit of young people have been developed. Young people have been advocating for increased investment in adolescent girls at risk of early marriage, HIV, adolescent pregnancy, GBV, and reproductive rights. A national multisectoral committee has taken shape, with involvement of civil society organizations as well as other state entities

Haiti was reviewed at the 40th session of the UPR in January 2022. It received 221 recommendations, of which at least 63 (29% of all recommendations) were related the Nairobi Summit on ICPD25.

Haiti's adolescent birth rate in rural areas is double the rate in urban areas; it is seven times higher among girls with no education compared to those with secondary education and higher. The adolescent birth rate is highest for women in the poorest households; it is nearly six times higher among girls with no education compared with those with secondary and higher education, and 5.5 times higher among girls in the poorest households compared with those in the richest households.

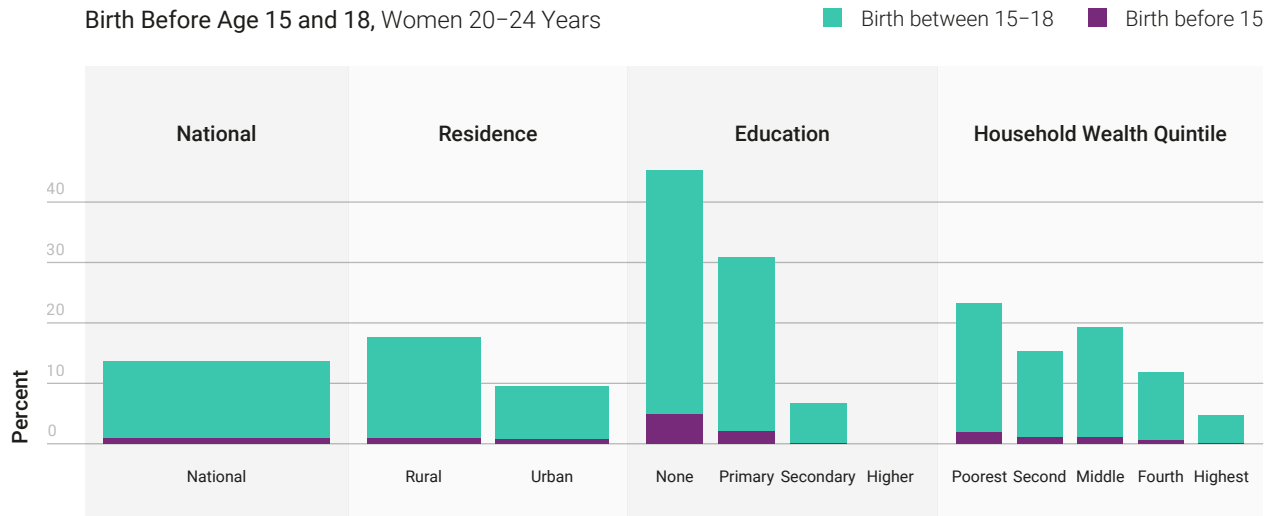
Adolescent birth rate



Source: Demographic and Health Survey, 2016

The proportion of girls who give birth before age 18 is higher for girls in rural areas than urban areas. The majority of births before aged 18 occurred among girls with no education, followed by those with primary education. Births among married girls 15-19 years are also higher among girls from the poorest and second poorest households. Births before age 18 are nearly 5 times higher among girls in the poorest households

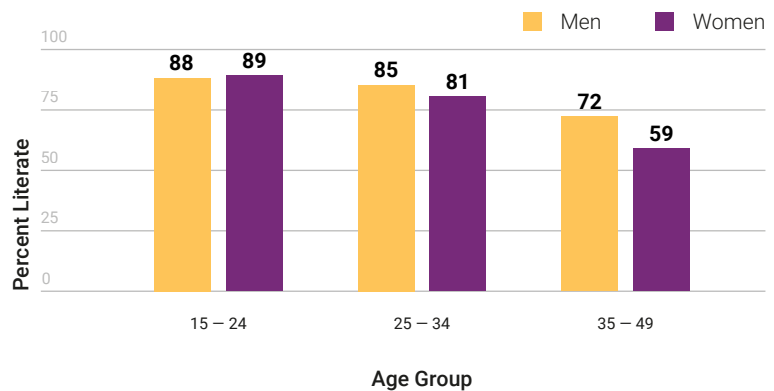
Birth Before Age 15 and 18, Women 20–24 Years



Source: Demographic and Health Survey, 2016

Among those 15 to 24 years, Haiti's literacy rate is higher for women than for men. However, among those 25 to 24 years and those 25 to 49 years, the literacy rate is higher among men than women.

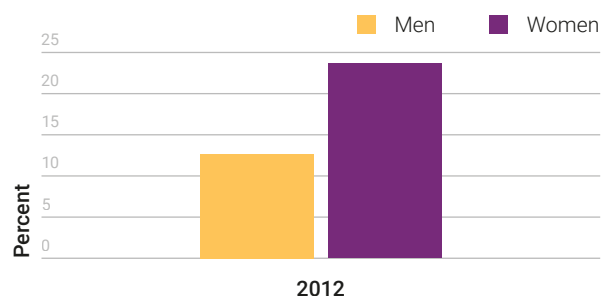
Literacy Rate by Age and Sex



Source: Demographic and Health Survey, 2016

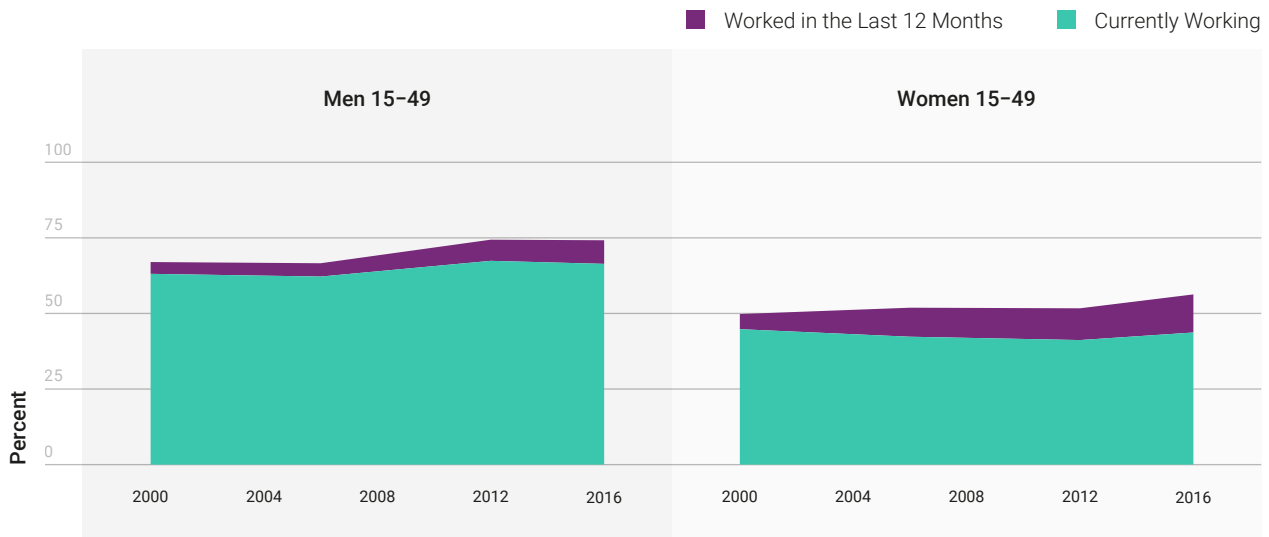
Employment trends for both men and women have remained relatively the same in Haiti from 2001 to 2016. The proportion of women who worked in the last 12 months has increased more than the proportion for men. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Haiti, the percent of youth not in education, employment or training is nearly twice as much among women than men.

Percent of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Households Living Conditions Survey after the Earthquake, 2012

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Source: Demographic and Health Survey, 2000–2016

Without stability, security and justice, economic progress is however severely hampered. This is unfortunately becoming increasingly clear with the continued slow-down of the Haitian economy whose effects are most felt by the most vulnerable and marginalized individuals and communities.

UNFPA estimates that close to 30,000 pregnant women are at risk of being unable to access essential healthcare, and almost 10,000 could experience life-threatening – if not fatal – obstetric complications without skilled medical assistance. Survivors of sexual violence could be left without medical and psychosocial support. Despite the extremely challenging security situation and fuel shortages, UNFPA and others are collaborating with hospitals, health authorities and partners to install solar power supplies at facilities across Haiti, which have improved cold-chain storage and enabled maternity services to continue to the extent possible.