Haiti – COVID-19
Flash Update № 4
As of 14 April 2020 (12:00 Haiti time)

Key Messages

• As of 13 April, 40 COVID-19 cases and three deaths have been confirmed in Haiti.
• Equipment and materials, including personal protective equipment, are still urgently needed. Hospitals to treat COVID-19 patients need to be designated and prepared.
• The President has created a “Multisectoral Commission for the management of the COVID-19 pandemic” to lead the strategic planning of the response.
• Surveillance at the border with the Dominican Republic is being strengthened.
• Awareness raising and community sensitization continues.

Updates from the Government

• As of 14 April, the Ministry of Health (MSPP) has reported 439 suspected cases, of which 40 have been confirmed (33 were imported and seven were transmitted in the community). To date, three deaths have been reported.
• In addition to the three COVID-19 response coordination cells recently established by the Prime Minister (scientific, communication and socio-economic) the President has created the Multisectoral Commission for the Management of the COVID-19 Pandemic. Co-chaired by Dr. Jean William Pape, founder of Gheskio and Dr. Lauré Adrien, Director-General of the MSPP, the Commission will be responsible for strategic planning and transparent coordination of resources for the COVID-19 response. UN agencies have started working with the Commission.
• The Ministry of Education (MENFP) will launch a new online platform next week. It will contain pedagogical resources for teachers, parents and students, enabling home learning. Meanwhile, educational radio and television programs are being recorded and will be aired on local media.
• The municipality of Pétionville (the de facto commercial centre of Port-au-Prince), together with the MSPP, the Haitian National Police (PNH) and the Justice Department, adopted new measures to combat the spread of COVID-19. These measures include a ban on sidewalk sales and a reduction in the opening hours of public markets where now only food vendors are allowed to operate.
• As part of the COVID-19 response, the Government of Haiti has authorized companies in the textile and clothing sector to reopen for the production of medical materials. The UN system has engaged in discussions with the textile sector.

Key Issues

• Coordination among Government institutions (MoH, DPC, DINEPA, etc.), as well as between the Government and its international partners is critical for an effective response and should be further strengthened.
• Confinement as a measure to prevent the spread of the virus is expected to further increase food insecurity. Women are likely to be especially affected, as gender-based violence by intimate partners and domestic violence will increase due to heightened tensions in the household.
Attention should be paid on how to ensure service delivery to vulnerable groups like elderly, people with disabilities, people living with HIV, and pregnant women. Unwanted pregnancies are likely to rise due to confinement.

The IOM Flow Monitoring system estimates 20,200 border crossings to have taken place from 29 March to 5 April between Haiti and the Dominican Republic, where 2,976 COVID-19 cases have been confirmed as of 13 April. This number includes deportations, voluntary returns and daily commutes to purchase/sell goods, among others. An increase of voluntary returns of Haitians has been observed (an estimated 2,550 returnees in the period mentioned above). Screening, hygiene measures for returnees, as well as tracking of their needs and destinations remain a priority. Epidemiological surveillance needs to be strengthened. Migrants and returnees must receive information at entry points about ways to protect themselves from COVID-19 and prevent transmission, as well as a list of hospitals and health centers to refer to for treatment. Efforts to reinforce capacities are ongoing: the UN, in coordination with the MSPP, has agreed on the implementation of a protocol at the Ouanaminthe border crossing point to detect, refer, support and follow up on migrants and returnees at risk of COVID-19. PAHO/WHO and IOM with national and local authorities have identified additional facilities to host medical staff and quarantine persons with suspected COVID-19 infection. PAHO/WHO and IOM are working at the border to organize the response and will receive support from UNICEF for WASH activities.

Response

The UN continues to provide the Government with medical equipment and supplies. A dedicated Procurement working group is working on an overview of needs and coordination of procurement actions. To ensure the protection of personnel involved in the surveillance activities, PAHO / WHO has distributed PPE kits to the MSPP. The kits include, among others, 500 examination gloves, 500 surgical gowns, and 500 surgical masks. To support COVID-19 patient care, UNICEF is delivering oxygen to the MSPP, which will be procured from a locally contracted supplier. UNFPA has provided 700 hygiene kits to the Ministry of Women’s Affairs (Ministère à la condition féminine et aux droits de femmes, MCFDF) for distribution to women and girls living in remote and vulnerable communities.

During the reporting period, PAHO/WHO has conducted additional training sessions on early detection of suspected cases, infection prevention and control, and management of patients. Furthermore, two additional health facilities to treat COVID-19 in Port-au-Prince and Cap-Haïtien have been assessed. The MSPP is assessing other health facilities to be upgraded for quarantine or treatment with the support of PAHO/WHO.

Discussions continue with the private sector regarding the local production of much-needed equipment and materials as well to strengthen the sensitization of the public.

The MSPP continues raising awareness and sensitizing communities on COVID-19 with support from the UN and partners. Informative leaflets, posters, flyers and key messages have been disseminated in all departments and largely shared with partners to conduct communication activities in the field. A revised version of communication strategy based on the first MSPP communication plan is being developed following the increasing number of cases and signs of denial and disbelief among communities. IOM plans to launch an informative campaign at the points of entry, including the distribution of leaflets, brochures, and sound trucks to disseminate MSPP approved messages. A pilot sound truck is set to start in Ouanaminthe and will be replicated based on the feedback. Hygiene promotion activities at community level and a nationwide handwashing campaign have started in several municipalities. These activities are implemented by UN and NGO partners under the leadership of the MSPP and DINEPA, and will be extended in scope in the coming weeks. UNICEF has launched a child drawing, photography and poem writing challenge on social media to better inform on COVID-19 prevention measures. In collaboration with Heart to Heart International, UNFPA has reached 3,000 merchants, predominantly women. UNFPA influencers have made video skits on social media targeting young people, encouraging social distancing and handwashing.

The MENFP and its partners have proposed alternative means of distance learning that provide equitable access to all students, particularly the most vulnerable. A mixed and balanced approach in the provision of hi-tech, low tech and no tech educational resources has to be prioritised.

The Haitian Prisons Authority has shared with the UN and NGO partners its needs with regards to infection prevention and control, as well as management of suspected cases in the 19 prisons of the country. Support from UNOPS, UNICEF, IOM and other partners is expected in the coming days. In line with national commitments and global advocacy for the release of eligible detainees to reduce numbers in prisons and mitigate the transmission of
COVID-19, 12 children have been released from detention to date. Advocacy with national authorities to increase the number of released children is ongoing. All in all, to date, 322 detainees have already been released from Haitian prisons, including 21 women and 12 minors. Most of these detainees were in prolonged pretrial detention while others were convicted for minor crimes, nearing the end of their sentence, or had co-morbidities linked to the COVID-19. Prisoners’ releases are likely to accelerate following an instruction sent by the MJPS to the Directorate of Penitentiary Administration (Direction de l’Administration pénitentaire, DAP) with clear eligibility criteria.

- The national hotline (188) managed by the Brigade for the Protection of Minors of the Haitian National Police continues to operate. The helpline is particularly important during this period of social distancing to ensure remote help and referrals are available to children and their families.

**Gaps in the Response**

- The lack of equipment and materials remains a concern, though shipments are expected. Critical items include PPE, oxygen, ventilators and hospital beds, in particular for Intensive Care Units.
- There is an overall need to better coordinate different entities’ efforts and to elaborate a clear operational response plan approved by the Government. Strategic decisions regarding the distribution of incoming materials are pending.
- The first outreach to donors for the funding of the most urgent needs has not yet resonated. A strategic response plan is critical to ensure more effective resource mobilization.
- While response efforts are currently focusing on the health sector, the socio-economic impact of the crisis is expected to be devastating and needs to be addressed. Coordination mechanisms with the Government need to be strengthened in order to maximise joint efforts to respond to socio-economic impact of the crisis, while keeping the existing intersectoral mechanism.

**Impact of the Pandemic on Humanitarian Operations**

- Due to the ongoing COVID-19 crisis, surveillance activities for other diseases, including those with elevated incidence and high epidemic potential (e.g., malaria, diphtheria), have been significantly reduced. Furthermore, numerous activities related to reproductive health and gender-based violence, including mobile clinics, have been suspended.
- Regular and consistent coordination of the child protection sector has been challenging due to the limited means of communication of state and non-state actors, including access to the internet. The Institute for Social Welfare and Research, which leads the coordination of the child protection sector is strategizing internally and with key partners on how to best sustain coordination.
- Active screening for acute malnutrition remains suspended at the community level. Outpatient (PTA) and Nutritional Stabilization Unit (USN) malnutrition management activities are timidly carried out due to the low attendance of parents of malnourished children at health centres. At the same time, nutritional inputs continue to be available in all ten departments.
- Humanitarian actors have adapted their activities to ensure business continuity, including shift in the focus of operations. Measures have been taken to protect staff and the affected communities to avoid a halt of services.
- Challenges have been reported with regards to supply chain, human resources (including by implementing partners), and transport.
- Some NGOs reported that their operations were affected by restrictions of movement as a preventative measure to limit the spread of the virus, at the departmental level. Efforts are underway to establish “Laissez passer” protocols to enable movement of humanitarian staff.
Additional Information about COVID-19

For more information on COVID-19 in Haiti, please visit OCHA Haiti’s dedicated COVID-19 page:

Contact for media requests:
Beatrice Nibogora
Chief Strategic Communication and Public Information (SCPI) - Spokesperson
United Nations Integrated Office in Haiti - BINUH
+509 36 53 70 43
nibogorab@un.org