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Orphans and At-Risk Children in Haiti

Vulnerabilities and Human Rights Issues Postearthquake

Patrice K. Nicholas, DNSc, DHL (Hon), MPH, RN, ANP, FAAN; Erin K. George, BA, BSN, RN; Nadia Raymond, RN; Annie Lewis-O'Connor, PhD, MPH, RN, NP; Stephanie Victoria, BSN, RN; Sergeline Lucien, BSN, RN; Angelleen Peters-Lewis, PhD, RN; Nancy Hickey, MS, RN; Inge B. Corless, PhD, RN, FAAN; Lynda Tyer-Viola, PhD, RN; Sheila M. Davis, DNP, RN, ANP, FAAN; Donna Barry, MPH, MSN, RN, ANP; Naomie Marcelin, RN; Roodeline Valcourt, RN

The vulnerability of children in Haiti has increased dramatically since the earthquake in January 2010. Prior to the earthquake, the prevalence of orphans and at-risk children was high but since the earthquake, more than 1 million people—with more than 380 000 children remaining displaced and living in over 1200 displacement sites. These existing conditions leave orphans and at-risk children vulnerable to exploitation, abuse, and increased risk of HIV/AIDS. This article will focus on the complex issues affecting orphans and at-risk children and the intersection with HIV/AIDS and human rights. Specific recommendations by United Nations Children's Fund are discussed. Nursing in Haiti must address the policy-related and population-specific approaches for the care of children living with or affected by HIV/AIDS.
Key words: *at-risk children*, *HIV/AIDS*, *human rights*, *orphans*, *policy*

IN JANUARY 2010, there was a devastating earthquake in Haiti that created an unprecedented emergency and led to the deaths of more than 230 000 people—with some estimates more than 300 000 deaths. Prior to the earthquake and its sequelae, children in Haiti existed in vulnerable conditions throughout the country. Following the earthquake, more than 1 200 000 children were deemed to be

Author Affiliations: *Sigma Theta Tau International, Boston, Massachusetts (Dr Nicholas); Yale University School of Nursing, New Haven, Connecticut (Ms George); Division of Global Health Equity and Center for Nursing Excellence (Dr Nicholas), Department of Nursing (Mss Raymond, Lewis-O'Connor, Victoria, Lucien, Hickey), Brigham and Women's Hospital, Boston, Massachusetts; Department of Nursing and Patient Care Services, Women and Infants Hospital Providence, Rhode Island (Dr Peters-Lewis); MGH Institute of Health Professions, School of Nursing, Boston, Massachusetts (Drs Nicholas, Corless, Tyer-Viola and Ms Davis); Partners In Health, Boston, Massachusetts (Mss Davis and Barry); CARE-Haiti, Port-au-Prince, Haiti (Ms Marcelin); and Zanmi Lasante/Partners In Health, Port-au-Prince, Haiti (Ms Valcourt).*

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Correspondence: *Patrice K. Nicholas, DNSc, DHL (Hon), MPH, RN, ANP, FAAN, Division of Global Health Equity and Center for Nursing Excellence, Brigham and Women's Hospital, 75 Francis Street, Boston, MA 02115 (pnicholas@partners.org).*

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extremely vulnerable to violence, exploitation, and abuse.[1] The most vulnerable children were those identified as unaccompanied or orphaned.

Another complicating factor was the high rate of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) in the general population of Haiti. Many children were living with HIV/AIDS acquired perinatally or are currently at risk of acquiring HIV/AIDS through sexual exploitation. Other children are abandoned by their families because of HIV disease and coping with the complexities of care. Cultural practices related to families living in severe poverty have resulted in children being orphaned or unaccompanied. The earthquake worsened this process and increased pediatric vulnerability.

The practice of leaving orphaned or abandoned children with families who may be less impoverished—*restavèk* children—is common in Haiti and represents a critical human-rights issue for children. The term *restavèk* comes from the Creole for *reste avec* meaning to "stay with."[2] This practice has resulted in extensive child labor practices and the ensuing problems including loss of educational opportunities and for a child living with HIV—limited ability to engage in a healthy environment. *Restavèk* practices increase the risk of child laborers being victimized, sexually abused, and subsequently acquiring HIV infection. This article discusses the complex interplay between an environmental emergency and the increasing risk factors and human rights issues for the pediatric population in Haiti.

THE IMPACT OF THE EARTHQUAKE AND INTERSECTION WITH HAITI'S HISTORY

Both Chile and Haiti suffered disastrous earthquakes—Chile in February 2010, subsequent to Haiti's January 2010 earthquake. Chile's quake, registering 8.8 on the Richter scale, had far fewer deaths in comparison to the high death toll in Haiti from the less powerful January earthquake.[3] How could so many people die in Haiti and so few die in Chile? The answer lies in the complex human rights issues and vulnerabilities that exist in Haiti, a more economically compromised country.

Reflecting on the socioeconomic disparities that exist in Haiti is critical. Haiti is the poorest country in the Western hemisphere and one of the poorest countries in the world. Haiti's complex history laid the foundation for its persistent state of poverty. A former French slave colony, Haiti was the first slave nation to achieve its independence in 1804. But in Haiti, independence did not equate to freedom. As the French departed Haiti, they took much of the country's wealth with them and burned what cropland remained following the war for independence. The United States and Europe refused to recognize Haiti as an independent nation to protect their own slave-holding interests.[4] To punish the Haitians who revolted against the French, they instituted crippling trade embargoes that left Haiti with no trading partners and no means to secure goods for its people. France conceded Haiti's independence in 1825, at the cost of 150 million French francs (US$90 million), restitution to France for having lost its colony, further crippling the fledgling Haitian government.

Haiti did not fare much better once the West recognized the country as an independent nation. The United States took a keen interest in Haiti in the early 1900s, occupying Haiti for nearly 2 decades (1915-1934) as a means to secure economic power in the country.[4] Haitian political leadership in the 20th century served the United States' economic and security interests, throughout their 4-decade dictatorial rule of the Duvalier family. François "Papa Doc" and Jean-Claude "Baby Doc" Duvalier, a father-son leadership team, ruled Haiti through the difficult years from 1957 to 1986, killing tens of thousands of Haitians through their brutal *Tonton Macoutes* and prompting a massive diaspora of Haitians who possessed the educational and economic means to flee. The Duvaliers continued to lead in Haiti using the millions of

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dollars of United States aid money flowing into Haiti for their own use.[5]

When the Duvalier dictatorship ended in 1986, Haiti endured further American political meddling in its elections, particularly in the case of Jean-Bertrand Aristide, a priest from the Port-au-Prince slums elected not once, but twice, by popular vote, only to be ousted twice by American-abetted *coup d'états* for not promoting the interests of the United States more vigorously.[5] Since Aristide's final removal from Haitian presidential power in 2004, Haiti was again occupied by the United States for a brief period, followed by the United Nations Stabilization Mission in Haiti and the election of Rene Préval in 2006, a man who briefly ruled Haiti in the mid-1990s between Aristide's 2 terms. Recently, the Duvalier family has reemerged in Haiti leading to persistent concerns for the country's future and welfare.

The political and socioeconomic upheaval that has marred Haitian history since its independence resulted in Haiti's existence as a country rich in culture and spirit, but poor in employment, education, sustainable agriculture, housing, and infrastructure. Furthermore, Haiti's health infrastructure, family and child health issues, and the struggle with the HIV epidemic have been historically difficult in Haitian history. At the time of the earthquake, Haiti could not have been more vulnerable or ill-prepared to meet the myriad of demands on its health, political, economic, and social infrastructure. The effects were devastating.

THE DEVASTATION IN HAITI: BACKGROUND ISSUES INFLUENCING RISKS FOR ORPHANS AND AT-RISK CHILDREN

There are approximately 4.5 million children in Haiti—nearly half of the total population with most living in poverty. Recent estimates place the number of vulnerable children at 1.2 million.[1] Prior to the earthquake, 350 000 children lived in orphanages because of the death of a parent or parents from HIV/AIDS, abandonment due to poverty, and cultural practices including *restavèk* families.[6] Although some children in Haiti lived in formal orphanages, many lived in informal situations with other families as *restavèk* children. Haitian families often reach a tipping point that leads to the relinquishment of their children as a result of several factors including high birth rates; death, disability, or unemployment in the family; displacement; or natural disasters, such as the hurricanes of 2009 and the recent earthquake.[7]

xAs described previously, *restavèk* children are children who are given by their families to more affluent families in the hope that they will be provided with food, clothing, shelter, schooling, and health care in return for their domestic labor. Some experts count the number of *restavèk* children at 300 000.[8] Prior to the earthquake, Balsari et al[7] and Shahinian[9] noted that there may be as many as 500 000 *restavèk* children who work as unpaid domestic laborers with little access to education, recreation, and often living in situations of physical, mental, or sexual abuse, thus also posing greater risk for acquiring HIV infection.

The earthquake in Haiti has resulted in the further evolution of the vulnerabilities that exist for Haiti's children. As Balsari and colleagues note:

> Haiti has long had difficulty protecting its children from harm. The earthquake that struck the country on January 12 [2010] destroyed much of the capital, Port Au Prince, as it killed many government officials and United Nations workers and left as many as 230 000 people dead and many thousands injured. In the wake of this sweeping disaster, the plight of Haiti's children has acquired new and terrible dimensions.[7(pe25)]

The United Nations addressed the human rights issues of *restavèk* children in their recent document on the *Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development* in Haiti.[10] The Office for the High Commissioner for Human Rights dispatched Gulnara

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Shahinian, the Special Rapporteur on Contemporary Forms of Slavery, who developed a report examining the exploitative nature of the *restavèk* situation. The United Nations notes that all international organizations should mainstream protection of vulnerable children and their families in all development and human security programs. This report is important because it provides documentation of the difficulties that existed for all children who have been abandoned or orphaned prior to the earthquake. The UN report details that many are undernourished because they are often only fed at school (if able to attend) and have little or no access to health care. Although in the care of their "host" families, children are widely known to receive poor treatment including physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation including sexual abuse; these abuses are reported as widespread.[9]

THE EARTHQUAKE'S IMPACT ON HIV/AIDS IN HAITI

The Joint United Nations Programme on HIV/AIDS (UNAIDS) indicates that approximately 2.2% of the adult population before earthquake was living with HIV/AIDS.[7] Currently, Haiti is experiencing a critical interruption of HIV care services and prevention programs in the most affected areas of Ouest, Sud-Est, and les Nippes—specific areas of the city of Port-au-Prince. Prior to the earthquake, the majority of service providers operated in these 3 departments serving most of the people living with HIV/AIDS. These 3 areas were home to 57% of the total number of people living with HIV infection in Haiti, with women representing 53% of the population infected with HIV. Fifty-five percent of the antiretroviral therapy sites were lost during the earthquake; 49% of all sites of prevention of mother-to-child transmission were also destroyed.[11]

MATERNAL/CHILD HEALTH AND LINK TO ORPHANS AND AT-RISK CHILDREN AND HIV/AIDS

Prior to the earthquake, it was estimated that 1 in 5 HIV-positive pregnant women had access to antiretroviral therapy for prevention of mother-to-child transmission, leaving an estimated 5000 babies born with HIV each year.[12] In Haiti, sexual violence against women has increased following the earthquake, particularly within the internally displaced persons camps in and around Port-au-Prince.[13] In addition, before the earthquake, prostitution was a means by which some women earned a living for themselves and their families, given the dearth of economic opportunity in Haiti. Because natural disasters often disproportionately affect women economically, it is likely that, in the postearthquake Haiti, the rate of women engaging in formal and informal prostitution has risen, placing more women and children as at risk for acquiring HIV infection.[13]

Both sexual violence against women and prostitution increase the risk of acquiring HIV infection for women.[14-16] United Nations Children's Fund (UNICEF) has focused on maternal child health issues since the earthquake and suggests that there are worsening gaps in maternal health and declining indicators since the earthquake.[1] Mnyani and McIntyre[17] suggest that a focus on enhanced access to HIV testing and prophylaxis to prevent mother-to-child transmission of HIV are essential and often limited in resource-poor settings such as Haiti. In addition, societal stigmas leading to denial of HIV status, poverty, and gender-based violence against women are cited as barriers for women to access HIV care for themselves and their children.[18] When care to women is disrupted, children are affected as well. Women are focused on survival and work, food and shelter, and as such, children often experience interruption in their HIV care and experience a lack of security due to the loss of adult supervision. Such stigma, poverty, and violence often leaves children

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living with or affected by HIV infection without access to health care.[19,20]

In the recent 2010 UNICEF situation update, *Children in Haiti*: *One Month After*, the complexities facing children, young people, and women accessing HIV and AIDS prevention, care, and treatment during the crisis were addressed.[21] The Ministry of Public Health and Population (MSPP) stressed the importance of reestablishing the committee on HIV/AIDS in Haiti. This organization had offered critical resources to individuals with HIV infection prior to the earthquake and urged that UNICEF could play a key role in prevention of mother-to-child transmission. Within 1 month postearthquake, 4 subcommittees were formed by UNICEF aimed at (*a*) assessment of those suffering from AIDS; (*b*) evaluation; (*c*) surveillance in the institutions and settlements; and (*d*) treatment issues.[21]

RECOMMENDATIONS FOR REBUILDING HAITI'S HIV RESPONSE AND ADDRESSING THE NEEDS OF ORPHANS INFECTED WITH HIV AND AT-RISK CHILDREN

UNAIDS published a human rights document postearthquake, which urged the need to address Haiti's health system and the importance of rebuilding HIV care.[11] In the report, *Helping Haiti Rebuild Its AIDS Response*, key recommendations were made to address the devastating consequences of the earthquake on HIV care for the population. Following are the specific UNAIDS recommendations, many of which would benefit not only all of Haiti's people but also those living with HIV/AIDS: rebuild Haiti's health systems; protect displaced people from HIV; rebuild the national network of persons living with HIV infection; support social protection measures; revitalize HIV prevention programs; reestablish comprehensive coordination mechanisms for the AIDS response; and develop a comprehensive monitoring and evaluation mechanism.[11] For each of the specific recommendations that UNAIDS suggests, issues requiring urgent responses were detailed.

Rebuild health systems

UNAIDS urged that the national AIDS response be fully integrated in Haiti's health system particularly in the departments of Ouest, Sud-Est, and les Nippes to support antiretroviral therapy, the prevention of mother-to-child transmission, tuberculosis treatment, blood safety programs, treatment for sexually transmitted infections, and HIV surveillance and case reporting. Nursing has a unique role in the health care professions in educating and providing HIV care. Advancing partnerships among the existing health care systems and other organizations is essential in rebuilding Haiti's health systems to care for vulnerable children.[11]

Protect displaced people from HIV

UNAIDS also recommended a comprehensive response to HIV that addressed the immediate needs of displaced people living in camps and the more than half a million people who migrated from affected to nonaffected departments of the country. Children represent Haiti's most vulnerable population and at risk of acquiring HIV infection. Nurses in Haiti, and those working with nongovernmental organizations, should establish a cohesive presence in the areas where displaced persons, especially children, reside.[11]

Rebuild the national network of people living with HIV infection

Prior to the earthquake, a network had been established for those living with HIV infection. UNAIDS urged that this network be rebuilt and strengthened to ensure that a sustainable civil society thrives and that human rights, care, support, and impact mitigation programs are restored. Despite the complexity of rebuilding the network of those living with HIV infection, integrating the network with nongovernmental organizations,

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existing health care systems, and community-based nurses is essential. The role of nursing in rebuilding the national network of people living with HIV infection is critical and will contribute to the identification and care of vulnerable Haitian children.[11]

Support social protection measures

UNAIDS also recommended programs and policies to strengthen social protection measures, reduce vulnerabilities, and strengthen coping measures related to social vulnerabilities—particularly of women and children. Because of the potential for escalating violence postearthquake, women and children must be protected from violence and abuse. Nursing has a long history of addressing sexual violence and this role should be expanded to protect vulnerable children living with or at risk for HIV infection in Haiti.[11]

Revitalize HIV prevention programs

UNAIDS recommended that new prevention measures be expanded to address the multiple vulnerabilities that exist in the post-disaster situation, with a focus on reaching displaced and other vulnerable populations. The MSPP should integrate the role of nurses in expanding outreach to these populations.[11]

Reestablish comprehensive coordination mechanisms for the AIDS response

Comprehensive coordination mechanisms are needed for individuals with HIV infection postearthquake—particularly for vulnerable children. UNAIDS recommended support for Haiti's national response to HIV by identifying programmatic and infrastructural development needs and ensuring that these needs are met within the framework of the national rebuilding process. Coordination among domestic and international partners is also critical to address the HIV/AIDS problem in postearthquake Haiti. The role of nongovernmental organizations in expanding care and forging coordinated nursing responses with leaders in nursing across borders should also be expanded to protect vulnerable children.[11]

Develop a comprehensive monitoring and evaluation mechanism

UNAIDS[12] suggested that one system is needed throughout Haiti to monitor and evaluate progress in HIV/AIDS care. Surveillance, treatment, care, and prevention must be addressed as the country rebuilds after the earthquake. Some nongovernmental organizations have addressed the leadership roles of nurses on the ground in Haiti to specifically address the needs of vulnerable children.[11]

In January 2011, UNICEF published a 1-year follow-up of response to the earthquake, *Children in Haiti: One Year After*, and continuing health challenges including those living with and at risk of HIV/AIDS.[1] UNICEF identified continued child protection as a lingering challenge in preventing HIV infection and limiting its spread.[1] Haiti's orphans and at-risk children face enormous challenges as the country works to rebuild. In the months since the earthquake, the government and citizens have struggled with survival and, subsequently, the needs of children remain complex and underaddressed. For vulnerable children who are living with HIV/AIDS or those who are at risk for HIV transmission, specific recommendations were made by UNICEF to address their needs.[1] UNICEF recommended that donors should support the Haitian government in providing free public school education and nutritious meals at schools, which will ease some of the economic insecurity that forces families to abandon children in the first place. Also, recommended by UNICEF was the need to support the decentralization of health care services across Haiti to rapidly detect, treat, and prevent mother-to-child transmission of HIV and to improve overall health indicators. A third recommendation was to increase employment opportunities for Haitians in urban and rural areas, which is viewed as critical in reducing economic vulnerability to HIV transmission, particularly for women and their children.

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NURSING IMPLICATIONS FOR CARE OF ORPHANS AND AT-RISK CHILDREN IN HAITI

As the 2-year anniversary of the earthquake in Haiti passed in January 2012, the resources necessary for Haiti to enact the UNAIDS human rights recommendations and UNICEF recommendations are lacking.[11,21] Haiti's poverty has only deepened since the earthquake struck and although donors across the world lend support to nongovernmental organizations and wealthier countries pledge monetary support, the country struggles without the means to support its people. Until Haiti is provided with the resources to vastly improve its health care and social services systems, the care of orphans and at-risk children will remain a lingering issue of the human rights of children. Furthermore, Haiti's health infrastructure, lack of resources for family and child health, and struggle with HIV/AIDS leads to the challenges related to Haiti's history and the current devastating circumstances. Haiti was vulnerable to the devastation of the earthquake at all levels of its political and social infrastructure. The social disaster that has occurred in the aftermath has been particularly devastating to children.

Nursing has a unique role in the health care professions in educating and providing HIV care. Advancing partnerships among the existing health care systems and other organizations is essential in rebuilding Haiti's health systems to care for vulnerable children. The nursing profession's role must include addressing human rights issues and policy development, as well as coordination with other health care professions and the MSPP to address the profession's role in outreach to Haiti's at-risk children. Building the infrastructure with committed partners who view medicine, nursing, and the health care professions in Haiti as integral to limiting HIV infection in Haiti's most vulnerable children is critical to Haiti's future. As Haiti rebuilds, nursing practice and education must commit to a comprehensive approach in hospitals, communities, and outreach to vulnerable children.

One nongovernmental organization stands out in its commitment to Haiti and efforts to address the vulnerability of children living with HIV/AIDS. Partners In Health (PIH) supports comprehensive nursing efforts in both inpatient and outpatient settings to reach Haiti's most vulnerable locations. To support 11 hospital and clinic sites in Haiti, PIH works in partnership with Haiti's Ministry of Health, serving more than 1 million people each year. In 1995, PIH started to provide antiretroviral treatment for pregnant women to prevent mother-to-child transmission of HIV, only a year after the innovative therapy became available in the United States.[22] In addition, PIH supports several group homes around the country, where children living with complex medical conditions, including HIV/AIDS, can flourish under the care of nurses and allied health care professionals.[23]

The possibility of engaging nurses in social policy and community outreach programs should be explored as one approach to maximizing child welfare programs and minimizing the risks of HIV acquired through exploitation. Community outreach and educational partnerships may support programs that provide access to antiretroviral therapy for at-risk children and adherence to therapy. The nursing profession's role in rebuilding Haiti's health care is essential as hospitals and health care systems attempt to rebuild and support children. Finally, improving the status of women and children is a critical issue in improving family health and children's health issues in Haiti.

CONCLUSIONS

After the earthquake, the devastation exacerbated the profound vulnerability of all children in Haiti. Those with HIV infection or at risk for acquiring HIV infection were even more at risk. The absence of health infrastructure throughout the country, although adverse, offers unique possibilities to build health systems, hospitals, nursing services, and educational programs postearthquake

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including within the scope of HIV care. Nurses must also engage in sociopolitical dialogue and international partnerships working with nongovernmental organizations to address the human rights situation of all vulnerable children in Haiti.

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