

The Metropolitan Learning Center's

# GLOBAL IDEAS FESTIVAL

## HUMANITARIAN ISSUES

•March 24<sup>th</sup> 2008–May 9<sup>th</sup>, 2008 • 1551 Blue Hills Avenue • Bloomfield, Connecticut 06095 •

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- The World Affairs Council of Connecticut
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- Dr. Shyamala Raman and Dr. Krishnan Raman
- Mrs. John Hallowell Stedman



### Schedule of Events:

2:00 –3:30 p.m. Panel on Health Care and Equity in Africa and Haiti

**Mary Jane Potter, Chair of the Board, Jasmin Farmer, Fundraising and Communications Manager, AMREF USA (Africa)**

**Michael P. Jones, OFM and Allison Keeton, St. Patrick-St. Anthony, Hartford. (Haiti)**

3:30 – 5:00 Workshops & Films

3:30 – 4:30 Roundtable on Activism

Refreshments courtesy of Old Saint Andrew's Episcopal Church, Bloomfield

Offered in conjunction with the Office of International Studies and Programs at Saint Joseph College, West Hartford

### *Health Care in Africa & Haiti*

Friday May 9, 2008

2:00-5:00pm

### For more information:

Contact Caryn Stedman at [cstedman@mlc.crec.org](mailto:cstedman@mlc.crec.org), or inquire online at <http://www.crec.org/magnetschools/schools/met/global/index.php>

The Metropolitan Learning Center Interdistrict Magnet School for Global & International Studies  
1551 Blue Hills Avenue, Bloomfield, CT 06002

March 24—May 9, 2008



• Darfur and Genocide • Human Trafficking • Health Care in Africa and Haiti •

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# Africa Haiti Health Care STUDY

## Facts About Health Care in Africa

### Africa's Development in 2007: 10 Major Challenges (excerpt)

<http://www.worldpress.org/Africa/2651.cfm>

Chinua Akukwe

Worldpress.org contributing editor

January 29, 2007

**7. Health policy and programs in Africa will become better coordinated and managed.** The African heads of state at the summit on "Universal Access to H.I.V./AIDS, Tuberculosis, and Malaria Services" last year in Abuja, Nigeria, mandated the African Union to develop an implementation plan for monitoring progress in member states. The W.H.O. Regional Office in Africa released a landmark publication last year on health issues in Africa, with a roadmap for policy and program action. Regional institutions are likely to work together toward developing continental guidelines on policy and program initiatives for infectious diseases. At country levels, primary health care systems are making a major comeback after nearly two decades of neglect. The emerging primary health care systems are building upon lessons learned from successful community-based treatment and preventive programs in resource-challenged environments. The new model seeks to integrate clinical, preventive, and rehabilitative services. In addition, countries in Africa are more likely to realign their national strategies in response to the continental initiative to achieve universal access to integrated H.I.V./AIDS, TB, and malaria services. This alignment will include renewed emphasis on policy development, program monitoring and evaluation, and disease surveillance.

On a negative note, it is highly unlikely that the issue of acute shortage of trained health personnel in Africa will receive serious attention at continental or international levels. Part of the problem is cost. The W.H.O. estimates that the United States' share of a global initiative to train and support a health workforce that meets established targets in Africa is about \$8 billion over five years. Another problem is the lack of a continental policy and program framework for action. Furthermore, no consensus exists on the best strategy for tapping into the expertise of the thousands of African diaspora expertise in healthcare for specific health programs in Africa. Another lingering health concern is whether the continent will be ready for a robust response to an outbreak of bird flu in humans. The jury is still out. If a bird flu epidemic occurs in the human population, many African countries will be hard pressed to mount a robust response in 2007 due to technical, financial, logistic, and outreach difficulties.



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# Africa Haiti Health Care STUDY

## MORE

***Health Care in Africa: A Human Rights Catastrophe***

<http://www.alternet.org/story/17341/>

***Aids in Africa***

<http://www.globalissues.org/Geopolitics/Africa/AIDS.asp>

***African health care crisis dwarfs relief efforts***

<http://www.dallasnews.com/sharedcontent/dws/dn/latestnews/stories/052007dnintafricaone.601ef.html>

***Africa's Health Care Crisis Extends Beyond Disease***

[http://pub.ucsf.edu/today/feature.php?news\\_id=200712122](http://pub.ucsf.edu/today/feature.php?news_id=200712122)

***How Africa Subsidizes U.S. Health Care***

<http://www.washingtonpost.com/wp-dyn/articles/A18883-2004Nov28.html>

***Africa focuses on primary health care, health systems***

<http://afro.who.int/press/2008/pr20080428.html>

***World Health Organisation Regional Office for Africa  
Interactive Map***

<http://www.who.int/globalatlas/interactiveMapping/MainFrame2.asp>



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# Africa Haiti Health Care STUDY

## Facts About Health Care in Haiti

*from Pan American Health Organization*

### The Haiti crisis: health risks

The intensifying socio-political crisis in **Haiti is having a negative impact on the health of the** Haitian population. Haiti has the highest infant and maternal mortality, the worst malnutrition and the worst AIDS situation in the Americas. The general mortality rate was 1057 per 100,000 population during the 1995-2000 period, also the highest in the Americas. A quarter of the children suffer from chronic malnutrition, 3 to 6% of acute malnutrition. About 15% of newborns have a low birth weight. Acute respiratory infections and diarrheas cause half of the deaths in children under 5 years of age. There are complications in a quarter of the deliveries. The coverage of services is very low: 40% of the population has no real access to basic health care, 76% of deliveries are made by non-qualified personnel, more than half of the population has no access to drugs, and only half of the children are vaccinated.

The current intensification of the crisis is accompanied by an increase of the violence, particularly during confrontations between opposing gangs. The international press has reported approximately 70 deaths since the beginning of the crisis. However, the humanitarian situation evolves according to the local situation. Insecurity is highest in Artibonite and Centre, but all the departments (regions) are affected by the crisis, and often isolated by roadblocks from the capital and its supply centers. There are demonstrations, occasionally violent, in the capital.

To face this complex crisis and to respond to its mandate of defense of the public's health, the PAHO/WHO Representation initiated a dialogue between the main partners in health in the country, in coordination with the United Nations system, the country's health authorities, the bi- and multi-lateral cooperation agencies and Non-Governmental Organizations.

A Health Sector Emergency Cell was established to ensure the best possible cohesion in the definition, planning, management and execution of the actions to face this crisis.

*continued*



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# Africa Haiti Health Care STUDY

## Facts About Health Care in Haiti

*continued*

### Critical elements for the health sector

#### **1. Disregard for the health institutions' neutrality and immunity**

Several hospitals were the target of violence. Patients were assaulted in some institutions and the staff providing care is worried about exercising their duties safely. In some health institutions, the staff does not report for work on the day of demonstrations. Some of the patients in need of emergency care do not go to hospitals anymore for fear of violence. The Port-au-Prince University Hospital, one of the main hospitals in the country, has been almost at a standstill for weeks, for lack of personnel.

#### **2. Supply difficulties in health institutions**

It is increasingly difficult to supply hospitals with drugs, medical surgical consumables, water, propane gas, and diesel. Stocks of drugs are not renewed in peripheral warehouses located in zones of difficult access. As a result, emergency care and other essential services are not guaranteed.

#### **3. Precariousness of the access to care**

Certain hospitals strongly decreased their activities due to the lack of equipment and human resources. Most of those remaining operational are private institutions with limited access for the financially needy. Emergency care has also become the privilege of private institutions and access for the poorest is compromised. It has been reported that in some areas, home care has replaced hospitalization for those avoiding hospitals. Problems for routing the injured and sick patients to hospitals are becoming more acute, particularly in the department of Artibonite due to the lack of ambulances.

#### **4. Risk of a destabilization of the already weak health care system**

Difficulties of access to certain zones complicate or impede vaccination activities. These pockets of non-vaccination may affect national vaccination efforts and heighten the risk of a recrudescence of outbreaks of vaccine-preventable diseases. There has not been any notified case of measles or polio for two years and this absence of cases could be threatened by an interruption of vaccinations.

Certain blood transfusion centers set up in different areas of the country had to stop their activities, in particular in the zones of highest tensions where they are most needed.

The national programs for tuberculosis and HIV/AIDS have reported difficulties in the follow-up of patients and fear an acceleration of drug resistance in the long run. In Artibonite, a group of patients receiving anti-retroviral drugs had to suspend their treatment due to a lack of access to the supplying institutions.



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# Africa Haiti Health Care STUDY

## Facts About Health Care in Haiti

*continued*

### **5. Increase of emergencies linked to violence**

The care of the injured saturates the existing capacity of emergency services. There have been reports of cases of unattended obstetrical emergencies. On the other hand, some institutions suspect an increase in the incidence of rape. Most of the victims are not informed about the measures to take in those circumstances and do not have access to preventive treatments.

### **6. Focalization of the media on the crisis**

The mass media report almost exclusively on the political information and assign very little space to the other categories of information. Health messages in support of disease prevention and control programs have become much less apparent. This is a problem since prevention seems to loosen in times of crisis and the media coverage of these issues should be accentuated.

### **7. Deterioration of the potable water installations**

Most hospitals are old, badly maintained buildings with decrepit water installations. Hydraulic pumps are often out of order for lack of electricity. The cities most affected by the violence, Gonaives and Cap Haitien, are supplied water through an electrical pumping system, and those two cities have been out of electricity for several weeks. The water distributed by the public institutions is only chlorinated in Port-au-Prince.

### **8. Lack of precise information**

The health effects of the crisis are not documented properly due to a failing routine health information system and difficulties of access to zones most exposed to the violence. This lack of information is a major obstacle to the elaboration of a response adapted to the needs arising from the crisis.

### **9. Necessity of a coordination of interventions**

The sudden rise of a multiplicity of speakers to face the emergency situation requires a coordination and follow-up mechanism in the health sector.

For more information on the situation in Haiti, see:  
<http://www.paho.org/English/DD/PED/haitisituation2004.htm>.



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## Africa Haiti Health Care

# STUDY

**MORE**

### ***Haiti and Human Rights***

<http://www.globalissues.org/HumanRights/Abuses/Haiti.asp>

### ***Partners in Health***

<http://www.pih.org/home.html>

### ***Feeding Haiti – Boston Globe May 5, 2008***

[http://www.boston.com/bostonglobe/editorial\\_opinion/oped/articles/2008/05/05/feeding\\_haiti/](http://www.boston.com/bostonglobe/editorial_opinion/oped/articles/2008/05/05/feeding_haiti/)

### ***Descent into Haiti***

*Health care in the face of horror, urgency and ambiguity in an impoverished nation*

*Washington University in St. Louis School of Medicine*

<http://outlook.wustl.edu/summer2004/haiti.html>

### ***Haiti: Health Situation Analysis and Trends Summary***

***Pan American Health Organization***

<http://www.paho.org/english/sha/prflhai.htm>

### ***Doctors Without Borders Haiti Field Report***

<http://www.doctorswithoutborders.org/news/country.cfm?id=2323>



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# Africa Haiti Health Care STUDY

READ

Akukwe, Chinua. *Don't Let them Die: HIV/AIDS, TB, Malaria and the Healthcare Crisis in Africa* Adonis & Abbey Publishers Ltd. 2006.

**ISBN-10:** 1905068247 **ISBN-13:** 978-190506824

Colletta, Nat J., Jayshree Balachander and Xiaoyan Liang. *The Condition of Young Children in Sub-Saharan Africa: The Convergence of Health, Nutrition, and Early Education*. World Bank Publications. 1996.

**ISBN-10:** 0821336770 **ISBN-13:** 978-0821336779

Falola, Toyin and Matthew M. Heaton, eds. *Health Knowledge And Belief Systems in Africa*. Carolina Academic Press. 2007.

**ISBN-10:** 1594602433 **ISBN-13:** 978-1594602436

Farmer, Paul. *AIDS and accusation: Haiti and the geography of blame*. Berkeley: University of California Press. 1992.

**ISBN-10:** 0520083431 **ISBN-13:** 978-0520083431

Farmer, Paul. *Infections and inequalities: The modern plagues*. Berkeley: University of California Press. 1999

**ISBN-10:** 0520229134 **ISBN-13:** 978-0520229136

Farmer, Paul. *Pathologies of power: Health, human rights, and the new war on the poor*. Berkeley: University of California Press. 2005.

**ISBN-10:** 0520243269 **ISBN-13:** 978-0520243262

Farmer, Paul. *The uses of Haiti*. Monroe, Me.: Common Courage Press. 2006.

**ISBN-10:** 1567513441 **ISBN-13:** 978-1567513448

Falola, Toyin and Matthew M. Heaton, eds. *Endangered bodies: women, children, and health in Africa*. Africa World Press. 2006.

**ISBN-10:** 1592215017 **ISBN-13:** 978-1592215010

Gandy, Matthew and Alimuddin Zumla. *The Return of the White Plague: Global Poverty and the 'New' Tuberculosis*. Verso. 2003

**ISBN-10:** 1859846696 **ISBN-13:** 978-1859846698

Garrett, Laurie. *Betrayal of Trust: The Collapse of Global Public Health* HyperionOne. 2001.

**ISBN-10:** 0786884401 **ISBN-13:** 978-0786884407



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READ

Hunter, Susan. *Black Death: AIDS in Africa*. Palgrave Macmillan, 2006.  
**ISBN-10:** 1403967172 **ISBN-13:** 978-1403967176

Kidder, Tracy. *Mountains beyond mountains: The quest of Dr. Paul Farmer a man who would cure the world*.  
New York: Random House. 2003.  
**ISBN-10:** 0812973011 **ISBN-13:** 978-0812973013

Kim, Jim Y. *Dying For Growth: Global Inequality and the Health of the Poor*. Common Courage Press, 2000.  
**ISBN-10:** 1567511600 **ISBN-13:** 978-1567511604

Packard, Randall M. *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa*. University of California Press. 1989.  
**ISBN-10:** 0520065751 **ISBN-13:** 978-0520065758

Poku, Nana K. and Alan Whiteside. *Political Economy of AIDS in Afric*. Ashgate Publishing. 2004.  
**ISBN-10:** 0754638987 **ISBN-13:** 978-0754638988



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## Africa Haiti Health Care TEACH

***Peace Corps World Wise Schools Lesson Plans on Africa (a collection)***

<http://www.peacecorps.gov/wws/educators/lessonplans/section.cfm?rid=afric>

***National Geographic: AIDS in Africa II: More Than Sympathy***

<http://www.nationalgeographic.com/education/xpeditions/lessons/01/g912/africaaidsII.html>

***Teaching About Africa South of the Sahara – links to lesson plans***

<http://www-sul.stanford.edu/africa/africaneducation/teaching-africa-K12.html>

***High School Lesson Plans: Global Health (Mercy Corps)***

<http://www.globalenvision.org/forteachers/29/1222/>

***LESSON PLAN: The Haitian Political Crisis: What Role Should The U.S. Play In Foreign Governments?***

[http://www.pbs.org/newshour/extra/teachers/lessonplans/world/haiti\\_long\\_3-10.html](http://www.pbs.org/newshour/extra/teachers/lessonplans/world/haiti_long_3-10.html)

***Children in Haiti: An offline lesson plan to support the Content in Global Kids' "Ayiti": The Cost of Life Game***

<http://www.unicef.org/voy/media/GlobalKidsAyitiLessonPlan2.pdf>



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## Africa Haiti Health Care

# ACT

### ***AmRef***

AMREF's mission is to improve the health of disadvantaged people in Africa as a means for them to escape poverty and improve the quality of their lives. Our mission determines that we work in six areas of focus, or Priority Intervention Areas (PIAs).

<http://www.amref.org/>

### ***Partners in Health***

#### **The PIH Vision: Whatever it takes**

At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. When a person in Peru, or Siberia, or rural Haiti falls ill, PIH uses all of the means at our disposal to make them well—from pressuring drug manufacturers, to lobbying policy makers, to providing medical care and social services. Whatever it takes. Just as we would do if a member of our own family—or we ourselves—were ill

[www.pih.org](http://www.pih.org)

### ***AfriCare***

**Africare helps Africa.** A leader among private, charitable U.S. organizations assisting Africa, Africare is also the oldest and largest African-American led organization in the field — and Africa is Africare's *specialty*.

<http://africare.org/>

### ***Medecins Sans Frontieres (Doctors Without Borders)***

Doctors Without Borders/Médecins Sans Frontières (MSF) is an independent international medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural or man-made disasters, or exclusion from health care in nearly 60 countries.

[www.DoctorsWithoutBorders.org](http://www.DoctorsWithoutBorders.org)

### ***Mercy Corps***

**Mercy Corps** works amid disasters, conflicts, chronic poverty and instability to unleash the potential of people who can win against nearly impossible odds. Since 1979, Mercy Corps has provided \$1.5 billion in assistance to people in 106 nations. Supported by headquarters offices in North America and Europe, the agency's unified global programs employ 3,500 staff worldwide and reach nearly 16.4 million people in more than 35 countries.

[www.MercyCorps.org](http://www.MercyCorps.org)