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Commission
United States Congress

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Haiti After Quake

Developments:

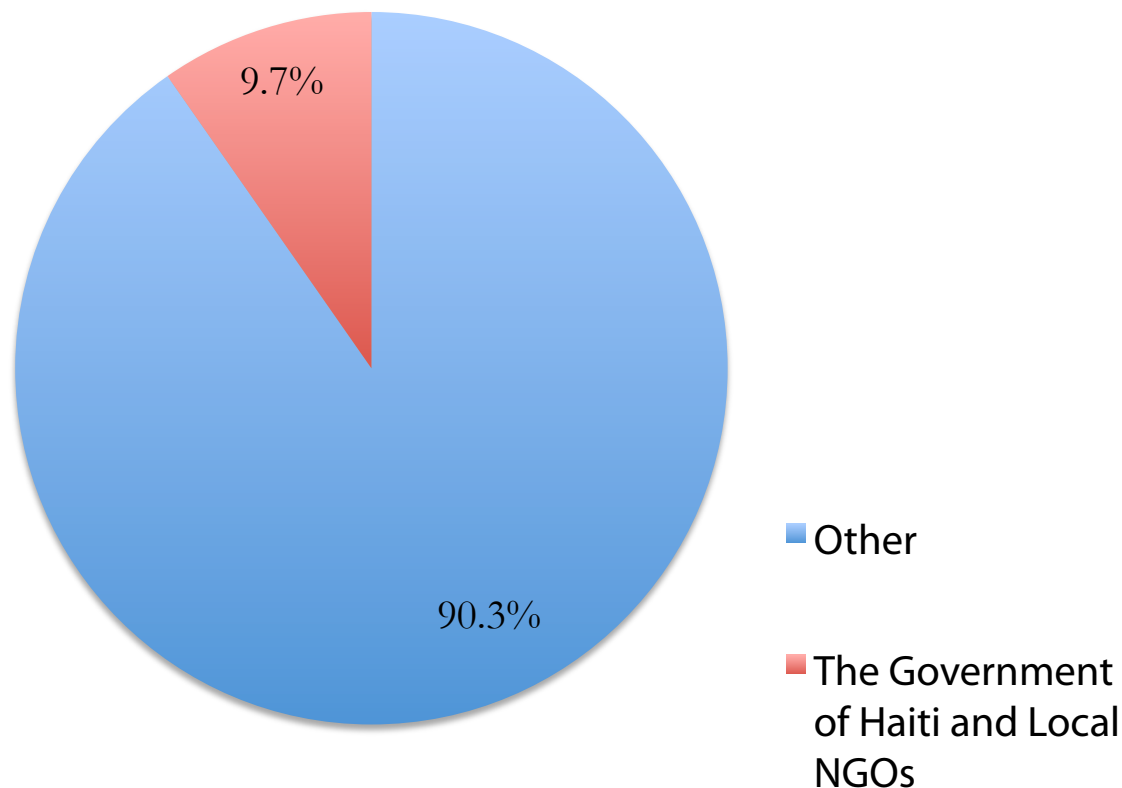
- Under 5 mortality rate dropped by 11%, and maternal mortality by 23%.
- HIV infections reduced by 50% since 2008.
- Overall life expectancy increased 3.5 years.
- More than 1 million children are benefiting from free education since the introduction of the national program for free education in 2011.

Challenges:

- 58.7% of Haitians live in poverty and 24% in extreme poverty.
- 60% lack access to basic healthcare.
- 38% lack access to improved water sources and 69% to improved sanitation; water borne illnesses, including cholera, remain a leading cause of death among children.
- More than 700,000 people have contracted cholera since the outbreak began in 2010 and more than 8,600 have died.
- The prevalence of acute malnutrition amongst children under five increased from 5.1% in 2012 to 6.5% in 2013.

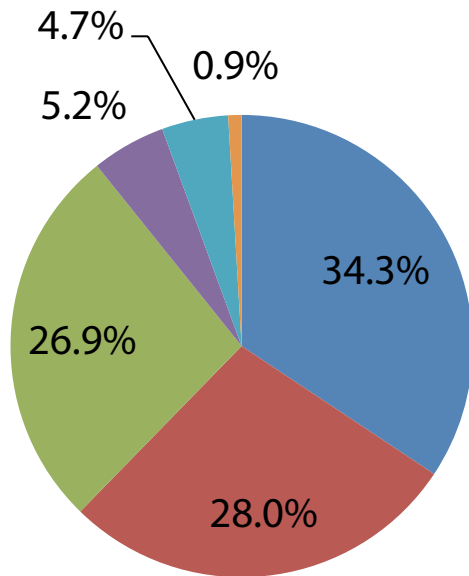
Aid to Haiti

Between 2010-2012, \$6.4 billion in aid was disbursed to Haiti. Of the \$6.4 billion, 9.1% was channeled to the Government of Haiti, and 0.6% to local NGOs.



Haiti: .9% of Humanitarian Aid was Invested in National Systems

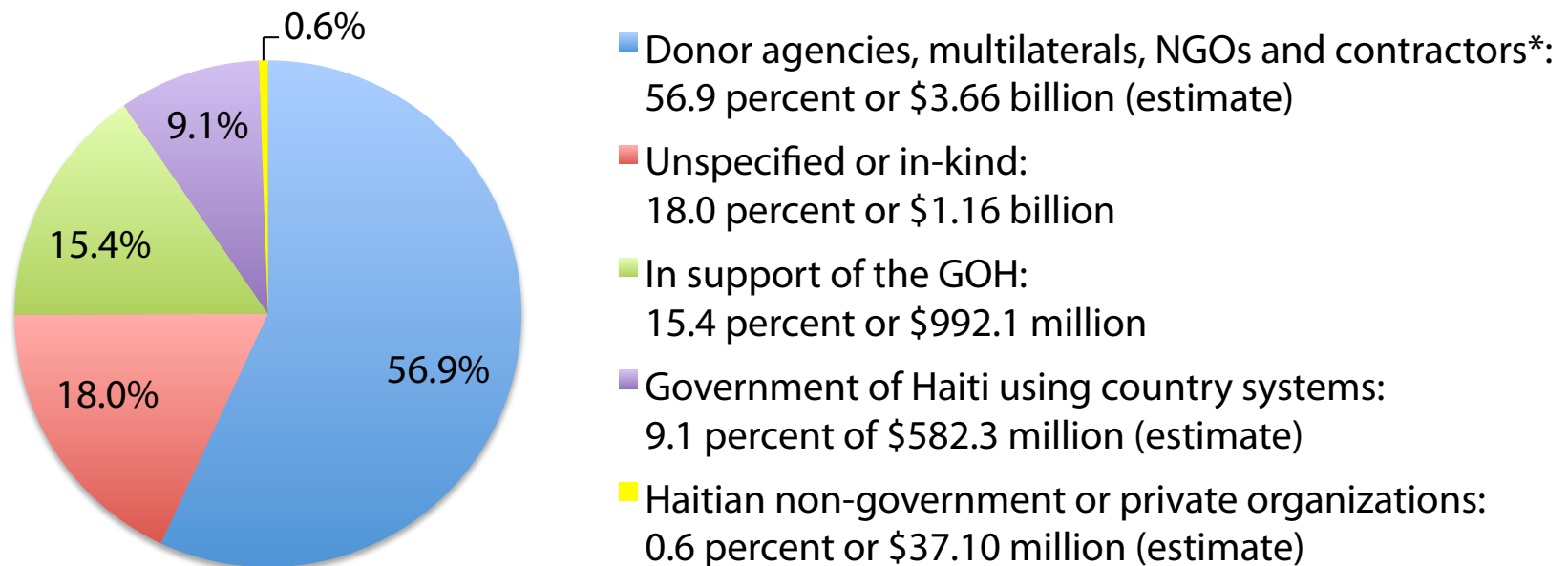
RECIPIENTS OF \$2.42 BILLION IN HUMANITARIAN AID DISBURSED BY DONORS TO HAITI FROM 2010 TO 2012 (IN USD MILLIONS)



- Donors' civil and military entities with a mandate to respond to disasters: 34.3 per cent or \$830.6 million
- Other non state service providers (NGOs and private contractors): 28.0 per cent or \$676.4 million
- UN entities and international NGOs as part of the UN flash appeal: 26.9 per cent of \$651.6 million
- Recipient of in-kind goods and services not identified: 5.2 per cent of \$125.3 million
- International Federation of the Red Cross and National Red Cross Societies: 4.7 per cent or \$112.5 million
- Government of Haiti: 0.9 per cent or \$22.5 million

Local Organizations and Businesses Received an Estimated .6% of Humanitarian Aid

RECIPIENTS OF \$6.43 BILLION IN HUMANITARIAN AND RECOVERY AID TO HAITI
DISBURSED BY DONORS FROM 2010 TO 2012 (IN USD MILLIONS)



* Likely to be primarily international, but may include some local service providers that have not been fully specified. The category includes donor agencies acting as direct service providers.

Cholera in Haiti

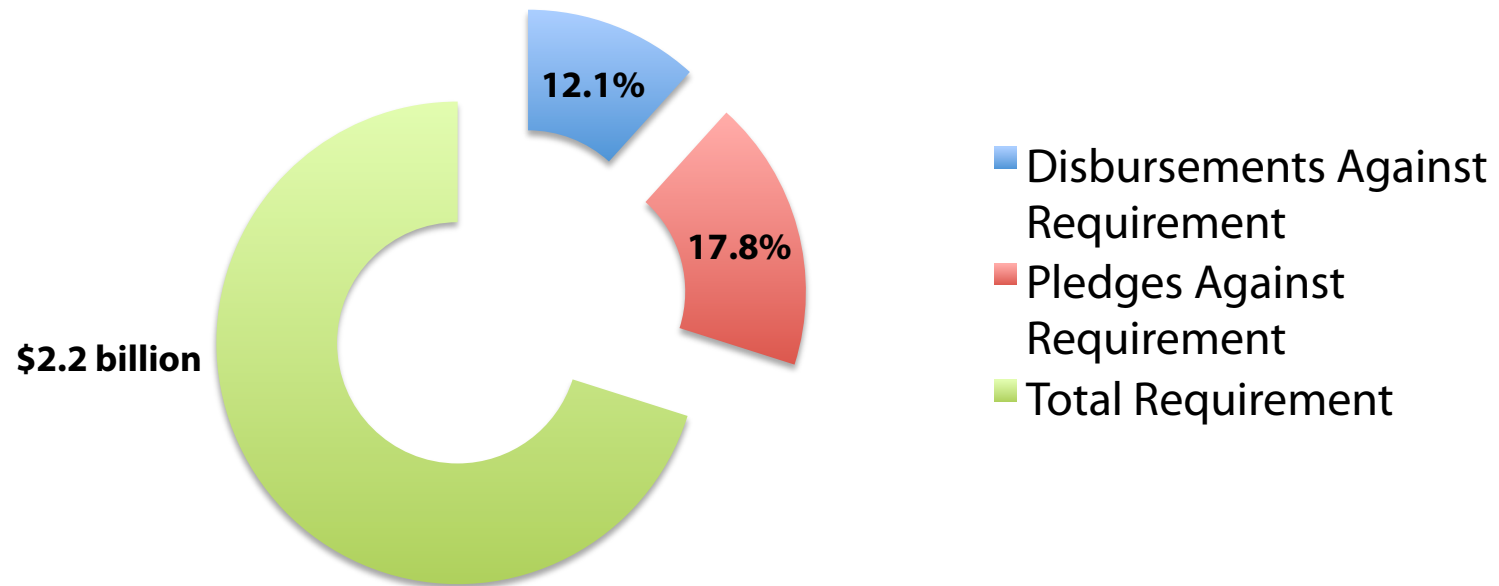
Though suspected cases of cholera have declined by 76% in 2014, there has been a recent upsurge in cases and fatalities.

Epidemiological Evolution of Cholera in Haiti, 2010-2014

Year	Oct-Dec 2010	2011	2012	2013	Jan – Nov 2014	Total
Cases	185,351	352,033	101,503	58,574	14,869	712,330
Fatalities	4,101	2,927	908	587	132	8,655
Fatality Rate	2.2%	0.8%	0.9%	1.0%	1%	1.2%

International Response to the Cholera Outbreak in Haiti

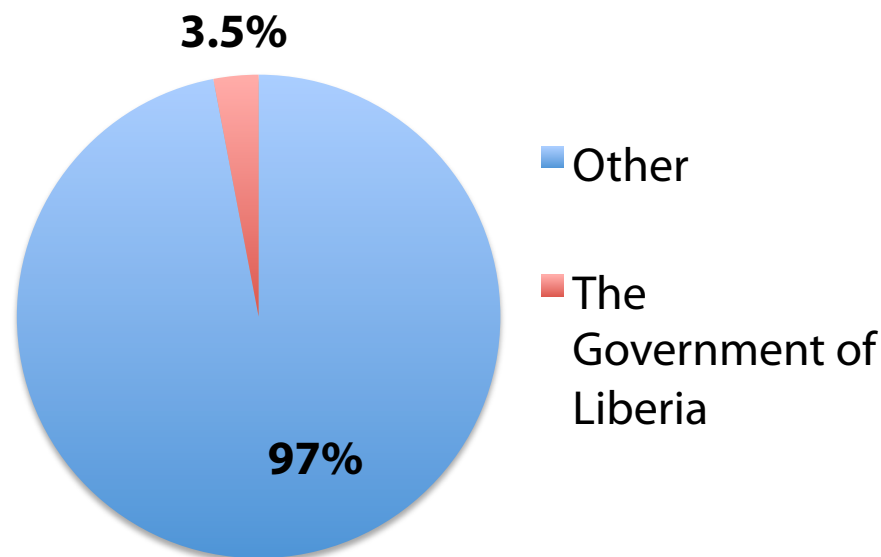
- The National Plan for the Elimination of Cholera in Haiti will require \$2.2 billion for ten years, 2013-2022.
- To date, donors have pledged \$395 million (17.3% of the requirement) and disbursed \$268.5 million (12.1% of the requirement).
- 57.9% of the pledges are in support of the Ministry of Public Works.



Ebola

- As of November 21, 2014, there have been 15,935 reported cases, with 5,689 fatalities.
- Prior to the outbreak, Liberia had one physician for every 100,000 people, Sierra Leone had two. The United States has 245.
- Eight Americans have contracted Ebola, eight have survived.

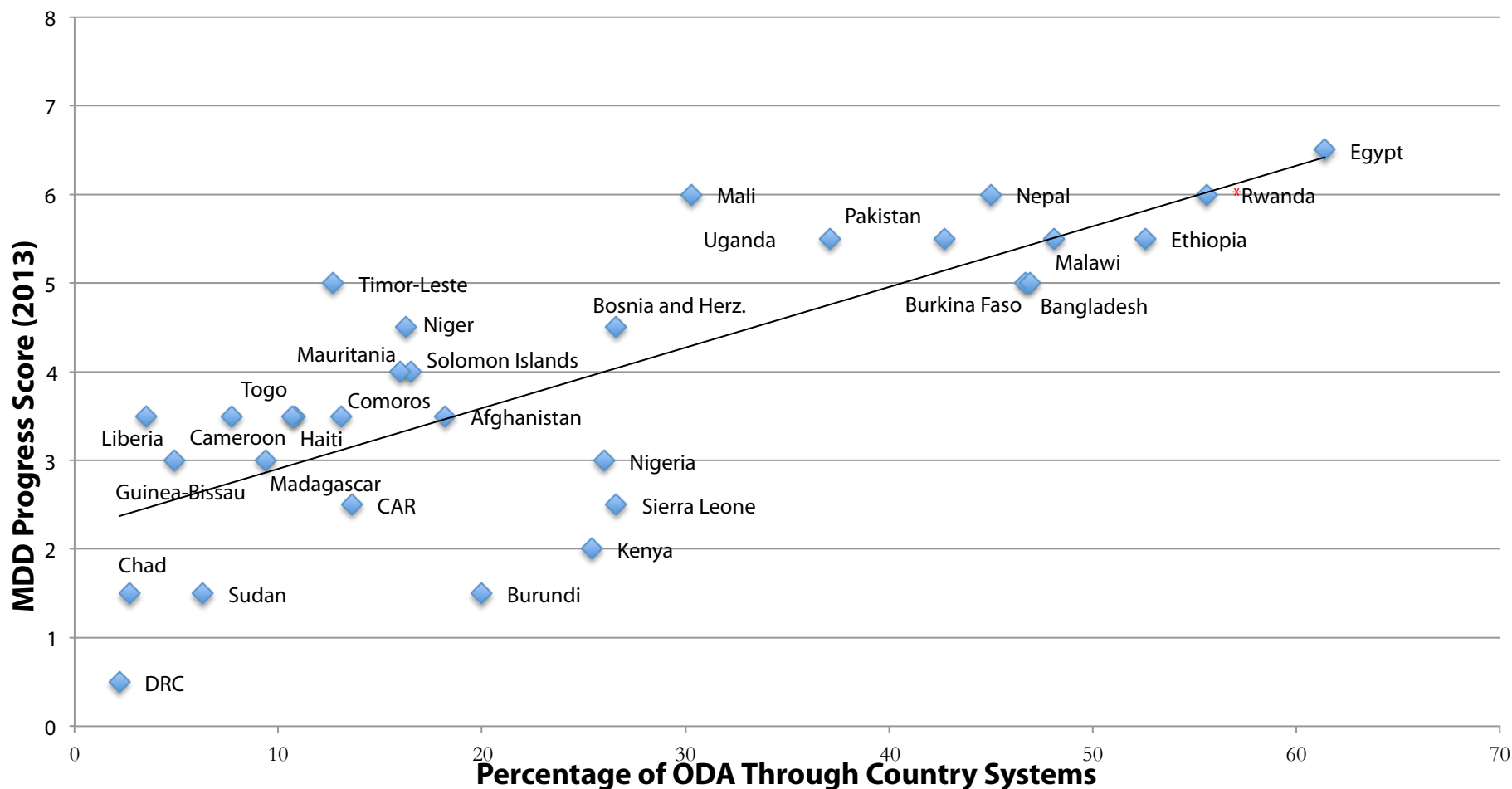
2010 Recipients of Aid to Liberia



Cholera and Ebola and Weak National Systems

- There remains little international support for national systems in Haiti and Liberia, with each country receiving 10.8% and 3.5%, respectively, of its aid through national systems.
- Countries in fragility receive an estimated 30% of all global aid, approximately \$50 billion a year—77% continues to bypass the systems of local public institutions.
- Among countries in fragility, the strongest performers on the Millennium Development Goals (MDGs) receive 28% more aid through their national systems than others.

Strong Correlation Between Use of Country Systems In Fragile States and MDG Progress



Five Myths

- 1) Foreign aid doesn't work.
- 2) It is possible to lift countries out of poverty without working with the public sector.
- 3) NGOs are the solution.
- 4) Poor countries are too corrupt to work with.
- 5) It is not cost-effective providing high quality services in developing countries.

Five Ways Forward

- 1) Reward staff who localize aid dollars.
- 2) Prioritize implementation through and with national counterparts.
- 3) Reassess how we evaluate risk.
- 4) Challenge common assumptions about what is considered "sustainable" and "cost-effective" in fragile settings.
- 5) Prioritize the transfer of function to local authorities.