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Violent Sex: How Gender-Based Violence Is Structured in Haiti, Healthcare & HIV/AIDS

Chanelle Fox*

Violent Sex: An Introduction

Healthcare is a basic right that must be protected.[1] Although global policy and domestic law should be designed to protect human rights and equality,[2] little attention has been given to the intersection of law and policy, and to the cumulative effect on the global healthcare system as evidenced in the domestic application of healthcare initiatives.[3] In each sector—law, policy, and health—officials are aware that the hegemony is oftentimes heteronormative[4] and androcentric, which

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1. *See generally* Pan American Health Organization, The Challenge of Haiti: Health: A Right for All (2006), http://www1.paho.org/english/d/csu/TheChallengeofHaiti.pdf.

2. The Universal Declaration of Humans Rights states that "[e]veryone is entitled to all the rights and freedoms . . . without distinction of . . . sex," and that "no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs . . . ." Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 2 (Dec. 10, 1948).

3. *See* AIDS Support and Technical Resources Project, U.S. Agency for International Development, Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa ix – 3 (2009), [hereinafter Gender Strategies], http://www.aidstar-one.com/sites/default/files/Gender_compendium_Final.pdf (indicating that the compendium was the first of its kind). In 2009, USAID published a report indicating that little is known about how implementers use gender-based programs and that multifaceted gender sensitive approaches targeting law, policy, and public health are the most effective strategies to combating the HIV/AIDS epidemic. *Id.*

4. Heteronormativity describes the processes through which social institutions and social policies reinforce binary sex/gender categories: male/man and female/woman. It presupposed that these binary roles are exclusively complimentary, especially in regard to romantic/sexual relationships. *See*, *e.g.*, Rod Knight, Jean Shoveller, John Oliffe, Mark Gilbert & Shira Goldenberg, *Heteronormativity Hurts Everyone: Experiences of Young Men and Clinicians with Sexually Transmitted Infection/HIV Testing in British Columbia, Canada*, 17 Health 441 (2013), *avail-*

continues to perpetuate gender inequity.[5] As result of this hegemony women have suffered, and continue to suffer; this remains true in healthcare.[6]

This Note argues that the global healthcare system is structurally violent against women, and that this violence is perpetuated through policy and law. Law, policy, and health must unite holistically to address gender-based violence (GBV), discrimination, and gender inequity.[7] The criminal justice and legal systems must adequately protect women's rights and promote equality to combat gender bias. Systemic disparities in the distribution of resources, access to land, education, credit, and employment[8] must be addressed through gender mainstreaming in developmental policy and reconstruction plans.[9] The healthcare system must also explicitly address heteronormativity and androcentricity in order to respond to the gender issues that make both men and women susceptible to HIV transmission.[10]

The Universal Declaration of Human Rights (UDHR) will be used as a framework to assess global policy because both the United States and Haiti are signatories.[11] Signatories are expected to respect these human rights without discrimination

able at http://hea.sagepub.com/content/early/2012/10/31/1363459312464071.

5. *See, e.g.*, *supra* note 3 and accompanying text.

6. *See, e.g.*, Gina M. Wingood & Ralph DiClemente, *Application of the Theory of Gender and Power to Examine HIV-Related Exposures, Risk Factors, and Effective Interventions for Women*, 27 Health Educ. & Behav. 539, 539–41 (2000) (noting that the medical system is one of the social structures that maintains gender inequity).

7. *See* Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 2 (Dec. 10, 1948); Gender Strategies, *supra* note 3, at 2; *see also* Lisa A. Hayden, *Gender Discrimination Within the Reproductive Health Care System: Viagra v. Birth Control*, 13 J.L. & Health 171, 172 (1999) (demonstrating gender inequity in healthcare using the example of insurance carriers subsidizing Viagra and not contraceptives).

8. *See generally* United Nations, Gender Mainstreaming: An Overview (2002), http://www.un.org/womenwatch/osagi/pdf/e65237.pdf. Gender mainstreaming promotes gender equality by making visible the gendered nature of assumptions, processes, and outcomes. While there are many different definitions for gender mainstreaming, it is generally defined as the process of revising key concepts to incorporate a more gendered focus. It seeks to unite two differing frames of reference: "gender equality" and "mainstream" by explicitly and systematically trying to change social norms, legal frameworks, economic institutions, and political decision-making structures. Additionally, the theory focuses on the intersections beyond gender, incorporating inequalities such as ethnicity, class, disability, faith, sexual orientation, and age. *See, e.g.*, *id.*

9. World Bank, Gender Equality as Smart Economics (2006), http://siteresources.worldbank.org/INTGENDER/Resources/GAPOct5.pdf (promoting an engendering approach that focuses on empowering women by mainstreaming gender equality into all sectors of development).

10. *See* Gender Strategies, *supra* note 3, at 1–3.

11. *See Member States of the United Nations*, United Nations Human Rights, http://www.ohchr.org/EN/Countries/Pages/HumanRightsintheWorld.aspx (Dec. 13, 2013), (documenting that both Haiti and the United States joined the United Nations on October 24, 1945). The UDHR was proclaimed by the United Nations General Assembly in 1948 and set out fun-

of any kind on the basis of race, color, sex, ethnicity, age, language, religion, or national origin.[12] The UDHR is considered to be the foundation for international human rights law, shaping both international and domestic law.[13] Additionally, it provides a pragmatic instrument for assessing the gendered dimensions of barriers in law and policy against women. It is a tool to help monitor the progress of the global healthcare system in actualizing equal rights.[14] Thus, this Note parallels the UDHR to Haitian law in order to examine the "glocal" application of healthcare initiatives,[15] domestic law, and their subsequent impact on women's health in HIV/AIDS-related interventions.[16]

In this Note, HIV/AIDS is used as a proxy for assessing the glocal impact of global health policy on the domestic application of health programs. The global community recognizes the HIV/AIDS pandemic as a top health priority.[17] Eliminating AIDS-related deaths is one of the UN Millennium Development Goals, and is a major source of funding and concern both globally and in the United States.[18] However, what is more alarming about this pandemic is the changing demographic of newly infected individuals. The fastest growing HIV/AIDS incidence rate is in

damental human rights that should be protected. *See generally* Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 2 (Dec. 10, 1948); *Growth in United Nations Membership, 1945-Present*, United Nations, http://www.un.org/en/members/growth.shtml (Dec. 15, 2013) (showing that both Haiti and the United States are among the founding members). Other international policy documents encourage a focus on gender equity in HIV/AIDS interventions. *See, e.g.,* UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, Operational Guide on Gender and HIV/AIDS: A Rights-Based Approach 10 (2005) [hereinafter Operational Guide], http://www.unfpa.org/hiv/docs/rp/op-guide.pdf (listing other key documents for gender equity in HIV/AIDS). This Note will not address issues of biases and discrimination against lesbian/gay/bisexual/transgender (LGBT) individuals even though heteronormativity negatively impacts this population as well.

12. *See* Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 2 (Dec. 10, 1948).

13. *Id.*

14. *See id.*

15. "Glocal" is the intersection of global and local. It articulates the phenomenon in which the state scale, while not being eroded, is rearticulated and reterritorialized in terms of an intense reaction between the global and the local. *See* Ilona Kickbusch, *Global + Local = Glocal Public Health*, 53 J. Epidemiology Community Health 451, 451 (1999), *available at* http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1756938/pdf/v053p00451.pdf.

16. This Note uses the 1987 version of the Haitian Constitution. According to the UN, "President Martelly reversed the decree issued by former President Préval, and announced that the 1987 Constitution was still applicable." United Nations, Extension of the UN Integrated Strategic Framework for Haiti 3 (2012) [hereinafter UN Strategy], http://www.onu-haiti.org/wp-content/uploads/2011/07/ISF-EXTENSION-ENGLISH-VERSION-FINAL.pdf.

17. *See, e.g.*, UN Millennium Development Goals, http://www.un.org/millenniumgoals/ (Dec. 15, 2013).

18. *See id.*

women.[19] Moreover, HIV/AIDS disproportionally affects both women living in places where heterosexual sex is the dominant mode of transportation as well as young women living in poverty. [20]

The pandemic is being addressed on both global and domestic levels. The UN Millennium Development Goals explicitly address these trends on a global level. Combating HIV/AIDS and promoting gender equality to empower women are two of the eight priorities.[21] The U.S. response to the pandemic was the passage of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) of 2003.[22] Originally, PEPFAR sought to build community networks (particularly by strengthening connections with faith-based organizations), expand HIV/AIDS care and treatment at targeted Haitian health department sites, improve diagnosis and treatment, and provide pre-natal and maternity care to combat mother-to-child HIV transmission.[23] Yet, when PEPFAR was enacted in 2003, one of the criticisms was that gender was never explicitly mentioned.[24] However, by 2008, PEPFAR included a greater emphasis on gender and gender-related vulnerabilities of HIV/AIDS, explicitly focused on reducing factors that lead to gender disparity in HIV, and encouraged expanding availability of female-controlled HIV prevention methods.[25] PEPFAR seeks to target women and gender issues by including gender and gender-related drivers of the epidemic into national-level programs, increasing equitable access to care for both men and women, strengthening program sustainability, and preventing or ameliorating program outcomes that may intentionally or unintentionally harm men and women.[26]

19. The highest rates of HIV incidence have generally occurred in women for over a decade. *See* Operational Guide, *supra* note 11, at 4 (reporting that "[i]n 1997, four out of ten people living with HIV/AIDS worldwide were women. By 2004, women made up almost 50% of people living with HIV/AIDS."); Gina M. Wingood & Ralph J. DiClemente, *Partner Influences and Gender-Related Factors Associated with Noncondom Use Among Young Adult African American Women*, 26 Am. J. Community Psychol. 29, 29 (1998) (stating that women have seen the most rapid growth in new AIDS cases).

20. *See* Operational Guide, *supra* note 11, at 4.

21. *See* UN Millennium Development Goals, *supra* note 17.

22. *See* Gender Strategies, *supra* note 3, at 1. In 2008, PEPFAR was reauthorized for an additional five years. *Id*.

23. *See Country Profile: Haiti*, U.S. President's Emergency Plan for AIDS Relief Archive, http://2006-2009.pepfar.gov/press/75915.htm (Dec. 13, 2013) (listing the response of the United States in the Haitian National HIV/AIDS Strategic Plan (2002), which was the predecessor to U.S. President's Emergency Plan for AIDS Relief in 2003).

24. *See President's Emergency Plan for AIDS Relief (PEPFAR): An Overview*, HIV InSite (Nov. 2005), http://hivinsite.ucsf.edu/InSite?page=pr-rr-10#S2.8X (noting what the original legislation lacked).

25. *Id.* (noting the differences in the PEPFAR legislation in 2003 versus 2008).

26. *See Country Profile: Haiti*, *supra* note 23 (listing the response of the United States in the Haitian National HIV/AIDS Strategic Plan (2002), which was the predecessor to U.S. President's Emergency Plan for AIDS Relief in 2003).

Public health officials are now fully aware that gender inequities in health interventions have affected the efficacy of public health programs.[27] An extensive and rich body of literature already exists, arguing for the incorporation of gender mainstreaming process into HIV/AIDS interventions in order to increase their effectiveness and the efficacy of the healthcare sector as a whole.[28]

Dr. Paul Farmer, medical anthropologist and physician, is a leading expert in the areas of global health, human rights, and how social inequalities affect disease.[29] He is best known for his work that uses community-based treatment strategies to increase the quality of healthcare, specifically in resource-poor communities. He argues that targeting HIV services, and increasing the efficacy of these services, can increase the quality of healthcare overall.

> Now we can definitively say that introducing HIV services can actually strengthen the health care sector overall and also improve the primary health indicators that are so central to the practice of public health. And while that's a powerful argument we're making to an often skeptical world, the arguments that really move us are the social justice and human rights perspectives. This—treating patients and improving their overall well-being—is what we *should* be doing.[30]

However, this Note argues that despite efforts to improve the healthcare sector, HIV/AIDS-related interventions continue to remain androcentric and heteronormative rather than gender sensitive.

Haiti is used as a case study because: (1) it has one of the highest HIV/AIDS rates in the western hemisphere;[31] (2) it is a fragile state with a failing healthcare system, despite global aid efforts;[32] (3) the shifting demographic of people living

27. *See, e.g.,* Operational Guide, *supra* note 11, at 10 (listing the many documents acknowledging gender inequity and the importance of health interventions explicitly targeting gender disparities in health and HIV).

28. *Id.*

29. *See Department of Global Health & Social Medicine*, Harv. Med. Sch., http://ghsm.hms.harvard.edu/people/faculty/paul-farmer (Dec. 13, 2013).

30. Paul Farmer, *Global AIDS: New Challenges for Health and Human Rights*, 48 Persp. Biology & Med. 1, 15 (2005).

31. Susan Armstrong, Linking Sexual and Reproductive Health and HIV/AIDS, Gateways to Integration: A Case Study From Haiti 6 (2008), http://whqlibdoc.who.int/hq/2008/91724_eng.pdf; *see also World Factbook: Haiti*, CIA, https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html (Dec. 13, 2013). The prevalence rate varies among different reports. The most commonly cited rate for prevalence of HIV/AIDS among Haitian adults is between 1.5–2.1%. *See, e.g., World Factbook: Haiti, supra* note 31.

32. *See* UNAIDS, The Status of HIV in the Caribbean 33 (2010), http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CC8QFjAC&url=http%3A%2F%2Fobservatoriovihycarceles.org%2Fcaribe.raw%3Ftask%3Ddownload%26fid%3D

with HIV/AIDS (PLWHA) is women;[33] and (4) Haitian women are not equally protected by the law, which has adverse effects on health outcomes.[34] Examining HIV/AIDS-related interventions is a way to assess the intersectionality of global healthcare policy, domestic applications of health interventions, and domestic law.

The island of Hispaniola, which consists of the Dominican Republic and Haiti, accounts for approximately 70% of all PLWHA in the Caribbean.[35] Haiti has one of the highest overall HIV/AIDS prevalence rates in the western hemisphere. AIDS is the leading cause of mortality for Caribbean adults ages twenty to fifty-nine, despite advances with antiretroviral treatments.[36] The epidemic overwhelmingly affects Haitian women. Women are one of the fastest growing populations of PLWHA, particularly young women.[37] Compared to Haitian men in the same age group, young Haitian women are two to three times more likely to be affected by HIV.[38]

The funding to HIV/AIDS-related programs in the Caribbean largely comes from international donor agencies and the United States.[39] In Haiti, more than 75% of HIV-related funding is from external sources.[40] As of 2011, it is estimated that Haiti's total assistance from the United States was $1.7 billion.[41] The vast majority of HIV-related funding in the Caribbean is from international donor agencies.[42] This Note argues that because Haiti's healthcare system is primarily funded through international donor agencies, it is a direct reflection of global health policy. Similarly, because these agencies are largely funded and run by the United States, Haiti's healthcare system is a direct reflection of U.S. health policy as well. Thus, in arguing that many of the programs and interventions designed by

195&ei=3M_fU4iCMYmTyASR9IKwBA&usg=AFQjCNFcvE6tjJdddUNitoRbEVlVU-XhLw&sig2=0sX_nnBt5F0nSv__QsQSkg&bvm=bv.72197243,d.aWw; *Haiti*, Global Humanitarian Assistance, http://www.globalhumanitarianassistance.org/countryprofile/haiti (Dec. 13, 2013).

33. *See* UNAIDS, *supra* note 32, at 3.

34. *See generally* World Health Organization, World Health Statistics 2012 (2012), http://www.who.int/gho/publications/world_health_statistics/EN_WHS2012_Brochure.pdf.

35. UNAIDS, *supra* note 32, at 2.

36. *Id.*

37. *Id.* at 3.

38. *Id.* at 5.

39. *See generally* Vijaya Ramachandran & Julie Walz, *Haiti: Where Has All the Money Gone?* (2012), http://www.cgdev.org/sites/default/files/1426185_file_Ramachandran_Walz_haiti_FINAL_0.pdf. The United States was a top donor for Haiti after the 2010 earthquake. *Id.* at 6–7.

40. *See Haiti's HIV Successes and Challenges Acknowledged on World AIDS Day*, UNAIDS (Dec. 2, 2012), http://www.unaids.org/en/resources/presscentre/featurestories/2012/december/20121202haiti/.

41. *Haiti*, *supra* note 32.

42. *See*, UNAIDS, *supra* note 32, at 26.

the global health community fail to adequately address the needs of women, this Note simultaneously questions the efficacy of U.S. policies.

Haitian women are the *poto mitan* (the pillars of society), heading approximately 45% of the households and compromising 52% of the country's total population.[43] Although Haiti's constitution considers Haitian men and women *equal* before the law, Haitian women face alarming rates of gender-based discrimination, inequity, and violence.[44] Women disproportionately represent the poorest population in Haiti even though they are responsible for meeting the basic needs of the family.[45]

This Note critiques the success of gender mainstreaming in health policy, as applied by HIV/AIDS-related health interventions of nongovernmental organizations (NGOs) and intergovernmental organizations (IGOs), to assess the glocal intersection of global policy and domestic law. It draws attention to NGOs and IGOs because they are the primary intermediaries of global health-related aid in Haiti.[46] Haiti's healthcare system remains in a failed state despite over one billion dollars of aid that was dedicated to the relief and reconstruction processes in the Caribbean by PEPFAR.[47] Forty percent of Haitians still have no access to basic healthcare.[48]

Other global indicators of health, such as life expectancy, infant mortality rates, and adult mortality rates, demonstrate the dismal reality of healthcare in Haiti.[49] The average life expectancy of a Haitian is sixty-two years, while it is seventy-nine years in the United States.[50] The infant mortality rate in Haiti is seventy per 1,000 live births, compared to seven in the United States.[51] The adult mortality

43. *UNIFEM Fact Sheet: At a Glance—Women in Haiti*, UN Women (July 2010), http://www.unifem.org/materials/fact_sheets.php?StoryID=1146; *see also* Poto Mitan: Haitian Women, Pillars of the Global Economy, http://www.potomitan.net/resources.html (Dec. 13, 2013).

44. Constitution de la République d'Haïti [Constitution] May 25, 1964, art. 16 (Haiti).

45. Anne-Christine d'Adesky, Karen Ashmore, Taina Bien-Aimé, Denyse Côté, Lisa Davis, Elaine Enarson, Janet Feldman, Sandra Jean-Gilles, Jennifer Klot, Yifat Susskind, Denisse Temin, Sophie Toupin & Elise Young, The Haiti Gender Shadow Report: Ensuring Haitian Women's Participation and Leadership in All Stages of National Relief and Reconstruction 1–2 (2010), http://www.genderaction.org/publications/2010/gsr.pdf.

46. *See, e.g.,* UNAIDS, *supra* note 32. PEPFAR is the largest financial contributor of the top three donors in the Caribbean. *Id.* at 8, 26.

47. *Id.* at 26 (indicating that PEPFAR approved nearly half a billion dollars to Haiti).

48. Pan American Health Organization, *supra* note 1, at 9.

49. *See* World Health Organization, *supra* note 34, at 51, 54, 55.

50. *Id.* at 54, 58.

51. *Id.* at 55, 59. Infant mortality is defined as the probability of the child dying before they reach the end of his or her first year of life. *Id.*

rate is 278 per 1,000 for Haitian men, and 227 per 1,000 for Haitian women.[52] In the United States, these figures are 134 and seventy-eight, respectively.[53]

Moreover, this Note draws attention to NGOs and IGOs due to the overwhelming absence of accountability and transparency within these organizations. There are no systematic evaluations of the effectiveness of NGOs and IGOs, much less in regard to gender sensitivity and gender inequity in healthcare initiatives.[54] This Note uses gender-sensitive theories and gender mainstreaming as frameworks to evaluate the efficacy of HIV/AIDS interventions, and argues that NGOs and IGOs fail to address gender inequity and, thus, fail to adequately target women. Furthermore, because public health officials know of this failure, not rectifying these failures reinforces structural violence against women in healthcare initiatives despite global healthcare policy stressing equality.

I. Haiti & HIV/AIDS: The Intersection of Policy, Law & Health

Gender inequity and discriminatory social mechanisms continue to exacerbate the HIV/AIDS epidemic and increase women's susceptibility to HIV infection.[55] Women are more likely than men to be infected with HIV,[56] and young females are two to three times more likely to be affected by HIV, in comparison to young men in the same age group.[57] Heterosexual sexual behavior puts women at an increased risk because HIV is easier to transmit from men-to-women rather than from women-to-men.[58] In Haiti, HIV is transmitted most commonly through heterosexual behavior.[59]

52. *Id.* at 55. Adult mortality is defined as the probability of dying when an individual is between 15– 60 years of life. *Id.*

53. *Id.* at 59.

54. *See, e.g.*, Paul E. Weisenfeld, *Successes and Challenges of the Haiti Earthquake Response: The Experience of USAID*, 25 Emory Int'l L. Rev. 1097, 1107–08 (2011) (reporting data from NGOs in Haiti was often inconclusive, duplicative, and inconsistent).

55. *See, e.g.*, Operational Guide, *supra* note 11, at 4 (reporting that "[i]n 1997, four out of ten people living with HIV/AIDS worldwide were women. By 2004, women made up almost 50% of people living with HIV/AIDS."); *see also* UNAIDS, *supra* note 32, at iv (noting the gender profile of HIV in the Caribbean has changed due to poverty, gender norms, altered patterns of sexual behavior, and increased normativity of transactional sex, which have increased women's vulnerability to HIV).

56. *See* Toye H. Brewer, Julia Hasbun, Caroline A. Ryan, Stephen E. Hawes, Samuel Martinez, Jorge Sanchez, Martha Butler de Lister, Jose Constanzo, Jose Lopez & King K. Holmes, *Migration, Ethnicity and Environment: HIV Risk Factors for Women on the Sugar Cane Plantations of the Dominican Republic*, 12 AIDS 1879, 1886 (1998).

57. *See* UNAIDS, *supra* note 32, at 5 (noting the changes in the gender profile of the epidemic); Operational Guide, *supra* note 11, at 4 ("The highest 'gender gap' in HIV infection rates is recorded between young women and men between 15–24 years old.").

58. *See* Brewer et al., *supra* note 56.

59. *See, e.g.*, *Country Profile: Haiti*, *supra* note 23.

The UNAIDS report on HIV/AIDS in the Caribbean indicated that programs have not significantly reduced the number of new infections.[60] Even though public health advocates know that efficacious programs must utilize gender sensitive approaches, implementation processes are often heteronormative and not gender sensitive.[61] This is further exacerbated by the lack of uniformity among the varying objectives and goals for AIDS-related funding between the differing NGOs and IGOs.[62]

A. Policy

Gender-based violence (GBV) is institutionalized into the global healthcare system as policies fail to address gender inequities that are perpetuated through heteronormative and androcentric biases.[63] Global HIV/AIDS-related programs are based on individualistic, theoretical models.[64] Consequently, they do not provide adequate frameworks for the broader context of women's lives.[65] These biases, which already exist within the global healthcare framework, are then institutionalized domestically through the glocal application of health programs. Consequently, these biased HIV/AIDS-related initiatives then fail to adequately address risk factors and exposures that contribute to HIV dissemination. In the end, because they do not take into account women's actual realities, they fail to target women and perpetuate the structural violence.

The UN suggests that Haiti cooperate with key IGOs and NGOs to "protect and promote human rights, foster respect for people living with HIV and other affected groups, and reduce the transmission of HIV."[66] However, two of Haiti's largest donors—the World Bank[67] and Inter-American Development Bank—do not implement gender-inclusive and gender-targeted reconstruction policies.[68]

60. *See* UNAIDS, *supra* note 32, at iv; *see generally* Operational Guide, *supra* note 11; d'Adesky et al., *supra* note 45.

61. *See, e.g.*, Operational Guide, *supra* note 11; *see generally* Wingood & DiClemente, *supra* note 6.

62. *See generally* Wingood & DiClemente, *supra* note 6.

63. This Note uses the terms "heternormative" and "androcentric," while other authors use different language to describe the phenomenon. For example, Wingood and DiClement say that most HIV intervention programs fail because they are based on individualistic theoretical models that do not take into account women's agency. *See generally* Wingood & DiClemente, *supra* note 6, at 540.

64. *Id.*

65. *Id.*

66. UNAIDS, Reducing HIV Stigma and Discrimination: A Critical Part of National AIDS Programmes 5, 28 (2007), http://www.unaids.org/en/ (follow "Resources"; then follow "Documents" and search "stigma").

67. *See* UNAIDS, *supra* note 32, at 27 (listing the World Bank as one of the extensive donors during the 2000s for the Caribbean).

68. *See generally* World Bank, *supra* note 9.

Haiti, along with the international community and other intergovernmental agencies (for example, the World Bank) designed a blueprint for reconstruction in Haiti post-2010—the Post-Disaster Needs Assessment (PDNA).[69] It had seven basic principles,[70] but only one that explicitly addressed gender, effectively excluding women from the reconstruction framework.[71] The PDNA does not clarify metrics for the inclusion of women, with which to quantifiably assess gender mainstreaming. Nor does it have measures to ensure accountability and transparency. Instead of combatting structural GBV, these shortcomings perpetuate heteronormativity and inequality in policy, law, and health.

The PDNA needs to standardize gender mainstreaming by integrating women into infrastructure reconstruction, environmental strategies, and national economic planning.[72] Economic projects must explicitly address the economic and social needs of women-headed households as nonheteronormative income generators. Moreover, the PDNA should require that NGOs and IGOs integrate gender equity indicators into their strategies and interventions.

Other major donors, such as the Pan American Health Organization (PAHO) and UNICEF, fail to integrate gender-mainstreaming processes in their programs. PAHO does not recognize women as being the needed central focus. PAHO lists several critical elements that must be addressed in the Haitian health sector,[73] but does not acknowledge women's extreme vulnerability, does not use an engendered approach, and does not explicitly target women and girls.[74] UNICEF objectives focus US$157 million of humanitarian aid around reconstruction, services for vulnerable populations, disaster preparedness, and cholera.[75] Although UNICEF explicitly dedicated US$25.4 million to child protection, it did not explicitly acknowledge women's vulnerability, utilize an engendered approach, or explicitly target women and girls in the US$32.2 million dedicated to health in Haiti.[76]

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69. *See generally* Global Facility for Disaster Reduction and Recovery, Haiti Earthquake PDNA: Assessment of Damage, Losses, General and Sectoral Needs (2010), https://www.gfdrr.org/sites/gfdrr.org/files/GFDRR_Haiti_PDNA_2010_EN.pdf (report on the action plan after the 2010 earthquake).

70. *See id.* at 9.

71. *See generally*, d'Adesky et al., *supra* note 45 (highlighting all the shortcomings of failing to incorporate gender mainstreaming into the PDNA).

72. *See generally id.*

73. *See Health Situation Analysis and Trends Summary*, Pan American Health Organization, http://www.paho.org/english/dd/ais/cp_332.htm (Dec. 13, 2013).

74. *See id.* (reporting that there is an increase in rape, however, victims do not have access to preventative measures and they are uninformed on what actions to take post-rape).

75. UNICEF, Children in Haiti: One Year After–The Long Road from Relief to Recovery 25 (2011), *available at* http://www.unicef.org/infobycountry/files/Children_in_Haiti_-_One_Year_After_-_The_Long_Road_from_Relief_to_Recovery.pdf.

76. *See id.* at 18, 25. About US$6 million has been dedicated to a program targeting education, nutrition, and child protection. *Id.* US$20.9 million is set to target education in general. *Id.*

B. Law

In accordance with the UDHR, the Haitian constitution guarantees the equal right to life, health, housing, education, food, and social security.[77] However, a weak legal system, political instability, and extreme poverty challenge the Haitian healthcare system, which is funded by 6% of the GDP.[78] The absence of the rule of law makes it difficult for these rights to be enforced, especially for women.[79] Additionally, crime prevention and judicial mechanisms to protect Haitian women are insufficient and inadequate.

Archaic Haitian law needs extensive restructuring. However, this will be difficult because politics remains highly segregated by sex.[80] Even though the Haitian constitution protects the right of women to hold public offices and be appointed to government positions without discrimination based on sex,[81] women are noticeably absent from the political and administrative sectors. Women make up less than 7% of diplomatic service, and less than 20% of the public sector.[82] As a consequence of dangers for Haitian women who are involved in politics, only 5% of the parliament consists of women.[83] Despite these grim statistics, the PDNA does not focus on the role of women in rebuilding the country's judicial, administrative, legislative, and democratic systems.[84] Thus, global policies perpetuate heteronormativity and gender inequity, cycling GBV into healthcare as well.

In order to effectuate a framework that combats structural violence perpetuated against women, gender mainstreaming must be incorporated into law. The legal structure must recognize and reinforce the importance of women's political and community leadership so that they can contribute to the development of a sustainable structure and rebuild Haiti on an equitable foundation.[85] Haitian law must address inequity by illegalizing all types of violence against women and addressing issues related to commercial sex work, human trafficking, and HIV/AIDS. Developmental reconstruction plans must be gender focused, yet beyond this, must also utilize women in order to be sustainable.

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77. Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 22 (Dec. 10, 1948).

78. World Health Organization, *supra* note 34, at 136; *see, e.g.*, *World Factbook: Haiti*, *supra* note 31.

79. *See, e.g.*, United Nations, *supra* note 16 (highlighting some of the problems with the political instability in Haiti that needed to be addressed by the UN after the earthquake).

80. *See, e.g.*, *UNIFEM Fact Sheet: At a Glance—Women in Haiti*, *supra* note 43.

81. Constitution de la République d'Haïti, May 25, 1964, art. 16 (Haiti).

82. d'Adesky et al., *supra* note 45, at 4–5.

83. *Id.* In 2010, only two out of eighteen of the Ministers in the Haitian government were women. *Id.*

84. *Id.* at 3.

85. *See id.* at iv.

C. Health

Detailed expenditures on health in Haiti are at times difficult to ascertain due to limited and conflicting data. However, in 2009, the total expenditures on health in Haiti were US$40 per capita, compared to US$7,960 in the United States.[86] The majority of Haiti's HIV/AIDS-related programs are funded by external sources[87] due to the lack of adequately trained human capital and poor infrastructure. UNAIDS urges Haiti to increase domestic investments in response to HIV/AIDS; however, the Haitian Ministry of Health must be strengthened during the reconstruction process to increase its role in the planning, execution, and evaluation of health programs.[88]

The Haitian government's primary focuses are adolescents, women, HIV/AIDS, and public health education.[89] However, because Haiti relies primarily on external funding, government goals are not necessarily implemented in the healthcare system or HIV/AIDS-related programs in particular. Instead global aid, which is controlled by the global community, may impede various goals of the Haitian government.

Global policies should implement healthcare programs that are gender sensitive. This can be achieved by establishing community-based family wellness centers that focus on the vulnerabilities of women and children to GBV, limited agency, and poverty, all of which increase risk for HIV/AIDS.[90] Additionally, the development plan must address factors that exacerbate health inequity, including: inequitable education; inequality in labor law and practices; forced or voluntary prostitution; transactional sex; the high prevalence of teen pregnancies; and the pressure to marry young.[91]

II. Risk Factors and Exposures of HIV/AIDS: Economics

The theoretical models that are most consistently used to structure HIV/AIDS interventions are heteronormative, based on individualistic conceptions, and do not provide adequate frameworks for the broader context of women's lives.[92]

86. WHO, 2011 WHO Global Health Expenditure Atlas (2011), http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CB4QFjAA&url=http%3A%2F%2Fwww.who.int%2Fhealth-accounts%2Fdocumentation%2Fatlas.pdf&ei=KAc2VMHRIoyjyASZkIHIAg&usg=AFQjCNFY-b1ECj1ijb5JRTq-wwCsv2oaDw&sig2=9ZnPGMEcUNTL_nLuzw40iw&bvm=bv.76943099,d.aWw (providing statistics for 2009).

87. *Haiti's HIV Successes and Challenges Acknowledged on World AIDS Day*, *supra* note 40.

88. *See id.*; *see generally Health Situation Analysis and Trends Summary*, *supra* note 73.

89. *See generally id.*

90. *See generally* Wingood & DiClemente, *supra* note 6.

91. *Id.*

92. *See, e.g.*, *id.* at 540.

Even though women are one of the most at-risk and vulnerable populations, global health initiatives continue to employ androcentric and heteronormative interventions despite the overwhelming evidence of their inapplicability to women—thus, these shortcomings make the interventions ineffective.[93] If the HIV/AIDS epidemic continues to be addressed this way, interventions will continue to fail women and perpetuate structural GBV in healthcare.

Much of current gender-sensitive literature is based on the social structural theory developed by Robert Connell, which addresses issues of agency and volition.[94] The theory of *gender and power* articulates that sexual inequality is reinforced through gender and power imbalances.[95] It has been applied to public health interventions in order to assess risk factors and exposures that increase women's vulnerability to HIV infection and dissemination.[96] This Note uses the theory as a framework to critically analyze several risk factors and exposures that increase women's vulnerability to HIV infection in order to assess whether or not gender-mainstreaming processes are utilized in HIV/AIDS-related interventions and programs of NGOs and IGOs. The reduction of gender inequity should be explicitly integral to the strategy and implementation of NGOs and IGOs in their HIV/AIDS-related interventions.

A. Transactional Sex (Sexonomics)

Heteronormativity and androcentricity control sexual norms in Haiti.[97] However, current development policy fails to address numerous dimensions interrelated to poverty, such as the intersection of sexuality and poverty.[98] HIV/AIDS-related programs in Haiti have been impacted by the failure of global policy to

93. *See generally* Brewer et al., *supra* note 56 (documenting the continued impact of HIV on Haitians and specifically women and the steps that must be taken to overcome this issue).

94. *See, e.g.*, Wingood & DiClemente, *supra* note 6, at 539.

95. For more information regarding the theory of gender and power, see generally Robert W. Connell, Gender and Power: Society, the Person and Sexual Politics (1987); Wingood & DiClemente, *supra* note 6.

96. The theory states that there are three interdependent social structures—each divided into societal and institutional levels—that characterize the gendered relationships between men and women: the sexual division of labor; the sexual division of power; and the structure of cathexis. *See generally* Connell, *supra* note 95. Wingood and DiClemente expand the theory to deconstruct the exposures and risk factors that put women at a higher risk for HIV/AIDS. *See generally* Wingood & DiClemente, *supra* note 6; Brian MacMahon & Thomas F. Pugh, Epidemiology: Principles and Methods (1970) (regarding risks and exposures to HIV infection and dissemination).

97. *See* UNAIDS, *supra* note 32, at iv ("The change in the gender profile of the epidemic over the last 30 years is evidence of the generational impact of the norms of masculinity and femininity in Caribbean societies.").

98. For example, poverty has led to an increase in transactional sex and the exchange of sex for security. *Id.*

address the intersectionality of sex and economics[99]:

> The economic climate, deep pockets of poverty, and a new information age have altered patterns of sexual behaviour and increased women's vulnerability to HIV. Transactional sex, the exchange of sex for security have caught the region's leaders off guard as adolescent and female sexual behaviours are different from what was assumed to prevail at the start of the epidemic.[100]

The World Bank reinforces this through international developmental programs that assume heteronormative family structures are the solutions to poverty.[101] However, heteronormative developmental programs subsidizing marriage are often problematic for women-headed households, LGBT individuals, and women facing intimate partner violence. New gender-mainstreamed policies are needed that combat poverty while addressing non-heteronormative realities.

The UDHR recognizes the right to marry without coercion, and the Haitian constitution specifically protects Haitian women in marriage.[102] However, Haitian women are often forced into marriage or sexual unions in exchange for financial security because they lack economic opportunities, creating a power imbalance in the relationship.[103] As women are forced to depend on men financially, and their sexual assets become a commodity of exchange, they subsequently lose the power to assert their sexual rights. Thus, although Haitian women have access to condoms, they have difficulty negotiating condom use with their partners.[104]

99. *See, e.g.*, UNAIDS, *supra* note 32; *see also* Anthony R. Reeves, *Sexual Identity as a Fundamental Human Right*, 15 Buff. Hum. Rts. L. Rev. 215, 224 (2009) (asserting that heteronormative structures normalize heterosexual relations based in a binary sexual identity, male and female, and gender norms that are biologically related to sex). For example, heternormative sexuality associates females with being housekeepers. d'Adesky et al., *supra* note 45, at 2, 17.

100. *See* UNAIDS, *supra* note 32, at iv.

101. Susie Jolly, SIDA, Poverty and Sexuality: What are the Connections? 6 (Swedish International Development Cooperation Agency 2010) (listing the World Bank 'Family Strengthening and Social Capital Promotion Project in Argentina' as an example of reinforcing heteronormative family structures).

102. Constitution de la République d'Haïti, May 25, 1964, art. 16 (Haiti). Haiti encourages marriage because it "tends to purity of morals by contributing to a better organization of the family . . . particularly in the rural class." *Id.*

103. *See* M. C. Smith Fawzi, W. Lambert, J. M. Singler, S. P. Koenig, F. Léandre, P. Nevil, D. Bertrand, M. S. Claude, J. Bertrand, J. J. Salazar, M. Louissanint, L. Joanis & P. E. Farmer, *Prevalence and Risk Factors of STDs in Rural Haiti: Implications for Policy and Programming in Resource-Poor Settings*, 14 Int'l J. STD & AIDS 848, 852 (2003); *see also* Jolly, *supra* note 101, at 29 ("Many people use their sexual assets as a commodity of exchange, a source of income, and a livelihood, whether through marrying into a richer family, dowry payments, accepting gifts from lovers, or selling sex.").

104. *See* Smith Fawzi et al., *supra* note 103, at 852. One study revealed that although two-thirds of Haitian women reported access to condoms, one-quarter of them indicated that they had difficulty getting their partner to use condoms. *Id.*

Moreover, the men that have economically secure occupations are generally those who engage in high-risk sexual behaviors.[105] Heteronormative, masculine ideology is a strong predictor of risky sexual behavior in men, particularly for outcomes of poor condom use and negative attitudes toward condom use.[106] Heteronormative norms insist upon strict gender roles, which negatively affect sexual health and sexual health behaviors. For example, men are expected to have casual partners, more casual relationships, and be more sexually knowledgeable and advanced than women.[107] On the contrary, women are expected to be monogamous, remain virgins until marriage, engage in sex only for procreation, and refrain from masturbation.[108] These norms, which perpetuate gender inequity, have impeded the success of HIV initiatives in the Caribbean, including Haiti.[109]

Extensive research has shown that poverty induces new patterns of sexual relationships[110] and disruption of the heteronormative family structure. A study of women working in the *bayetes* (plantation-based communities for sugar cane workers) reported that, while only 2.6% of them self-identified as prostitutes, nearly 20% of them had exchanged sex for money or goods.[111] However, because "[m]ost HIV prevention messages continue to stress either abstinence or the male condom, neither of which are under the control of most of these women,"[112] HIV/AIDS-related interventions remain ineffective and demonstrate a need for gender mainstreaming.

NGOs and IGOs constrain sexuality rights by promoting conservative strategies and non-female controlled methods, keeping women at-risk and reinforcing structural violence in healthcare.[113] For example, the PEPFAR program limited condom promotion and education regarding abortion and promoted abstinence only sexual education.[114] Yet unfortunately, condom use is generally not a behavior available to women (unless they are using female condoms). Instead it is a negotiation process that women have to engage in with their partners. A woman's agency within this process is affected by proxies to poverty that can further limit

105. Smith Fawzi et al., *supra* note 103, at 852.

106. *See, e.g.*, Cindy L. Shearer, Shelley J. Hosterman, Meghan M. Gillen & Eva S. Lefkowitz, *Are Traditional Gender Role Attitudes Associated with Risky Sexual Behavior and Condom-Related Beliefs?*, 52 Sex Roles 311, 314, 318 (2005).

107. *Id*. at 313–14.

108. *See, e.g.*, Wingood & DiClemente, *supra* note 6, at 544.

109. *See, e.g.*, UNAIDS, *supra* note 32, at 11–13. Societal structures, ideological factors, and social norms that stigmatize and discriminate against individuals' sexualities undermine their social protection and human rights and impede protective processes. *Id.*

110. *See, e.g.,* UNAIDS, *supra* note 32, at iv.

111. Brewer et al., *supra* note 56, at 1882.

112. Smith Fawzi et al., *supra* note 103, at 852.

113. *E.g.*, Jolly, *supra* note 101, at 22.

114. *Id.*

her ability to negotiate condom use with her partner.[115] Abstinence-only sexual education is not addressing the rise of transactional sex and sex for stability,[116] which makes these initiatives less effective or completely ineffective.

Poverty, along with migration and displacement, creates an incentive for commercial sex work, which facilitates the dissemination of HIV.[117] "Poverty reduction efforts must address the needs of people with stigmatized sexualities, including targeting specific initiatives to these groups."[118] Commercial sex workers are not being adequately targeted; 8% of sex workers in Haiti are living with HIV/AIDS.[119] Sex workers, mostly women, are often the poorest and the most vulnerable to abuse of rights due to already existing discrimination and stigma.[120]

As female Haitian sex workers' sexual rights are abused, it further entrenches them into poverty.[121] Thus, it is important to incorporate gender mainstreaming in the intersection of HIV/AIDS prevention, treatment, and care and support programs. Successful programs must not only target commercial sex workers, but must also address sexual economics not confined to the definition of traditional transactional sex.

B. Stigma

While the global health community has set a goal of eliminating HIV/AIDS-related deaths, one of the critical obstacles is stigma and discrimination of PLWHA. Law, policy, and HIV/AIDS-related interventions must recognize this barrier and work to reduce and eliminate discrimination to achieve this goal.[122] Women suffer from the greatest amount of stigma and discrimination and have the least access to remedies, increasing the risk of GBV and HIV/AIDS.[123] Female commercial sex workers are at an even higher risk for discrimination, stigma, and violence, which is multiplied if they are PLWHA.[124] Generally, PLWHA often face more discrimination, more challenges in getting treatment, and often avoid or

115. *See generally* Wingood & DiClemente, *supra* note 6, at 551.
116. *See* UNAIDS, *supra* note 32, at iv.
117. *See, e.g.*, Brewer et al., *supra* note 56, at 1880.
118. Jolly, *supra* note 101, at 7.
119. *Haiti's HIV Successes and Challenges Acknowledged on World AIDS Day*, *supra* note 40.
120. *See, e.g.*, UNAIDS, *supra* note 32 (reporting a rise in transactional sex and the discrimination and stigmatization of sex workers by labeling them as high risk).
121. *See, e.g.*, Smith Fawzi, *supra* note 103, at 852.
122. *See* UNAIDS, *supra* note 65, at 7.
123. *Id.* at 9–10 ("Women and girls report increased violence at the hands of their partners for requesting condom use, accessing voluntary testing and counseling, refusing sex within or outside marriage or for testing HIV-positive."); *see also* d'Adesky et al., *supra* note 45, at1–2 (indicating that women have "suffered disproportionately" as a result of gender discrimination and violence in post-earthquake Haiti).
124. *See, e.g.*, UNAIDS, *supra* note 65, at 10.

delay needed treatment.[125]

Haitians have battled stigma since HIV was first discovered in the 1980s.[126] It began when the Center for Disease Control and Prevention named the 4Hs that were considered high-risk groups: homosexuals, hemophiliacs, heroin users, and Haitians.[127] In Haiti, and most of the Caribbean, HIV is disseminated through heterosexual sexual behavior.[128] Heterosexual transmission puts women at increased risk because HIV can be spread more efficiently from male-to-female than from female-to-male.[129]

In Haiti, women face aggrandized stigma and discrimination for living with HIV/AIDS. Heteronormative gender norms blame women for being vectors. Women are often accused of acquiring HIV through promiscuous behavior even though norms encourage Haitian men—not women—to have more than one sexual partner.[130] Additionally, heteronormativity marginalizes LGBT individuals, commercial sex workers, single women, and women who have sex outside of marriage through stigma, discrimination, and violence.[131]

The UN suggests that Haiti be more committed to expanding HIV/AIDS programs in its efforts to address stigma and discrimination;[132] however, law and policy must support healthcare initiatives throughout this process. The UDHR recognizes that people are equal before the law and are entitled to equal protection against discrimination while the Haitian constitution only protects equality.[133] However, Haiti has yet to pass a "zero-tolerance" law to protect PLWHA from

125. *See id.* at 9–10.

126. *See, e.g.*, Brewer et al., *supra* note 56, at 1880.

127. *See, e.g.,* Joelle Pierre Louis, Op-Ed., *Getting to Zero: Fight to End HIV Stigma in Haitian Community Continues*, Haitian Times (November 12, 2012) http://www.haitiantimes.com/getting-to-zero-fight-to-end-hiv-stigma-in-haitian-community-continues.

128. *See* Brewer et al., *supra* note 56, at 1880 (indicating that heterosexual transmission is "fueling" HIV transmission in Haiti); *see also* UNAIDS, Regional Fact Sheet 2012: Latin America and the Caribbean 2 (2012) [hereinafter Regional Fact Sheet] *available at* http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_la_caribbean_en.pdf.

129. *See e.g.*, Brewer et al., *supra* note 56, at 1886 (indicating that heterosexual transmission put women more at risk); *see also UNIFEM Fact Sheet: At a Glance—Women in Haiti*, *supra* note 43.

130. *See* Jean William Pape, *Perspective: HIV Disease in the Caribbean*, 19 Disease in the Caribbean e1, e3 (2011).

131. *See, e.g.*, Jolly, *supra* note 101, at 16–17. These norms control women's bodies, dictating when and how they should have sex, who they should have sex with, and how they take part in their own sexuality and pleasure – often in relation to men. *Id.* at 16.

132. UN Strategy, *supra* note 16, at 48–49.

133. *Compare* Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 7 (Dec. 10, 1948), *with* Constitution de la République d'Haïti, May 25, 1964, art. 16 (Haiti).

stigma and discrimination.[134]

A multifaceted approach initiated through law and policy, not just health, is needed to reduce stigma and discrimination in Haiti. However, despite the significant impact these problems have on the efficacy of HIV/AIDS-related interventions, "almost no country has prioritized activities to reduce or eliminate them in their national AIDS plans or programmes."[135] Moreover, few NGOs and IGOs specifically address stigma and discrimination; of the programs that do, they rarely specifically target women or address issues of gender equity.[136]

As a whole, HIV/AIDS-related programs in Haiti are not incorporating gender sensitive approaches while addressing stigma and discrimination even though global health initiatives recognize women as a vulnerable population.[137] Programs must address the root causes of stigma in social norms and behaviors that are gender discriminatory or perpetuate the cycle through avoidance and silence. Furthermore, a multifaceted approach that includes legal support in a rights-based approach, social mobilization, policy measures, public health programs, and media campaigns will help destigmatize PLWHA.[138]

C. Labor

One of the greatest risk factors that increases women's susceptibility to HIV/AIDS is women's lack of economic empowerment, which is interrelated to many other negative outcomes as well.[139] Women are limited in their economic potential through social mechanisms and societal structures that assign them to unequal positions relative to men, directly affecting their capacity to generate income.[140] Even if they participate in the labor force, their work is often valued directly and indirectly as inferior to men's in status and income. Thus, women's limited economic independence creates a power imbalance, which forces them to depend on their male partners because they contribute financial assets to the relationship.[141]

The UDHR protects the right to work with *equal pay*, in favorable conditions,

134. *Haiti's HIV Successes and Challenges Acknowledged on World AIDS Day*, *supra* note 40.

135. UNAIDS, *supra* note 65, at 7.

136. *Id.* at 25–42 (listing programs in over fifteen countries or regions that target stigma in HIV treatment). This report lists three programs in the Caribbean and three in Haiti that focus on stigma. The programs listed from the Caribbean do not focus on gender equality, while the program in Haiti identifies womens' health as a pillar. *Id.* at 27–28.

137. *See, e.g.*, *id.* at 27–28.

138. *See, e.g.*, *id.* at 5–6.

139. *See e.g.*, Wingood & DiClemente, *supra* note 6, at 542–43.

140. *Id.* at 542. Women are socially assigned to occupations that directly affect their capacity to generate income, such as unpaid nurturing work, low income-generating work, and "women's work." See *id.* for more information regarding stereotyping woman's work.

141. *See, e.g.*, *id.*

and freedom from discrimination.[142] While the Haitian constitution protects the freedom to work and the right to fair wages (not equal pay), job training, and healthcare, it does not explicitly protect employees from facing discrimination in the workplace.[143] It entitles workers to rest, to leisure, and to the collective determination of working decisions.[144] However, the right to collective bargaining is regularly violated.[145] Workers who assert their rights are often terminated and quickly replaced due to Haiti's high unemployment rate.[146] Thus, workers slave in sweatshop conditions that exploit workers, reinforce instability, perpetuate systemic poverty, and increase women's vulnerability to HIV/AIDS.[147] Additionally, the Haitian constitution does not protect against sexual harassment and the law fails to protect basic human rights of female workers as demonstrated by the UDHR.[148] Overall, weak labor law, history of gender bias, and weak enforcement mechanisms exacerbate the vulnerability of women and children.[149]

Gender mainstreaming global policy and domestic law to increase women's financial independence, particularly for women-headed households, will positively impact Haiti's healthcare system.[150] However, Haiti's labor law and structural framework impede gender equity and increase women's vulnerability and subsequent risk.[151] Haiti's minimum wage[152] is approximately nine times below the wage needed for one adult to meet the basic needs of two dependents;[153] yet according to the World Bank, in 2011 the estimated total fertility rate for Haitian women was 3.2 children per woman.[154] Haitian women work mainly in the poorest labor sectors as small-scale farmers, market vendors, and entrepreneurs.[155] Eighty percent of women are self-employed in the non-agricultural informal sector,

142. Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 23 (Dec. 10, 1948).

143. Constitution de la République d'Haïti, May 25, 1964, art. 23–24 (Haiti).

144. *Id.*

145. Antén Ouvriye, Haiti: Submission to the UN Universal Periodic Review 4 (2011), http://ijdh.org/wordpress/wp-content/uploads/2011/03/Haiti-UPR-Labor-Rights-FINAL.pdf.

146. *Id.*

147. *See id.* at 3–4.

148. *Id.* at 3 (noting that the Ministry of Social Affairs and Work has a history of allowing biases and abuses without a remedy).

149. *See, e.g.*, *id.* at 3–4.

150. *See generally* World Bank, *supra* note 9, at 1–2.

151. *See* Ouvriye, *supra* note 145, at 3.

152. *Id.* at 2 (noting the minimum wage is approximately 200 Haitian gouds for non-textile manufacturing jobs and 125 Haitian gouds–US$3–for textile jobs).

153. *Id.*

154. *Fertility Rate, Total (Births per Woman)*, World Bank, http://data.worldbank.org/indicator/SP.DYN.TFRT.IN (Dec. 13, 2013). The total fertility rate calculates the average number of children that a woman would have if she lived to the end of her childbearing years.

155. *See* Ouvriye, *supra* note 145, at 2.

excluding them from the marginal labor protections.[156] *Madan Saras* (self-employed vendors) are regularly forced, socially and economically, to exchange sexual payments for a discount on the sidewalk vendor fee.[157] Ultimately, Haitian women are forced to rely on men financially because they earn less than half of what men earn.[158]

Cash for Work (CFW) and Food for Work (FFW) are programs used tangentially with HIV/AIDS-related initiatives to increase women's financial autonomy.[159] However, violations are rampant throughout these programs, increasing rather than mitigating women's vulnerability.[160] Additionally, although they are not sustainable,[161] the global community continues to encourage and increase their use. CFW programs are gender discriminatory.[162] Despite the assertions that they are distributed equally, men are employed more than women in CFW programs.[163] Women also earn less than men, are relegated to lower positions, and often have to pay for their own gear and other items out of their own wages.[164]

Programs operate almost exclusively in the informal market, leaving women without protection from formal labor law.[165] In addition, programs provide little training and minimal protective gear for intensive manual labor positions, inherently putting women at serious risk even though they have little access to health care and typically no health insurance.[166]

The Haitian constitution prohibits privileges, favors, and discrimination

156. *Id.* at 5.

157. *Id.*

158. *UNIFEM Fact Sheet: At a Glance—Women in Haiti*, *supra* note 43, at 18 (reporting that women earn US$626 while men earn US$1,695).

159. For more information see generally Laurie Richardson, Grassroots International, Feeding Dependency, Starving Democracy: USAID Policies in Haiti (1997) *available at* http://www.grassrootsonline.org/sites/default/files/Feeding-Dependency-Starving-Democracy.pdf; WORLD BANK, supra note 9, at 4. For more information on gender inequity in CFW programs and their use in connection with HIV/AIDS interventions, see for example, WORLD VISION, ONE YEAR ON: HAITI EARTHQUAKE RESPONSE 17–18 (2011) available at http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB8QFjAA&url=http%3A%2F%2Fwww.alnap.org%2Fpool%2Ffiles%2Fhaiti-1year-report.pdf&ei=RyL1U9WpJJD_yQSpvYDABQ&usg=AFQjCNEpA1zK21cIXowrRre70TlAhz8gMg&sig2=iVGM_LAc3mMZbKvApeuN1w&bvm=bv.73231344,d.aWw.

160. *See, e.g.*, Ouvriye, *supra* note 145, at 4 ("According to Oxfam, one international NGO stated donor restrictions forced his organization to convert what should have been sustainable livelihood projects that would have more appropriately been served by full-time employees as CFW projects.").

161. *See generally* Richardson, *supra* note 159, at 26–77.

162. *See generally* Ouvriye, *supra* note 145.

163. *See id.* at 3.

164. *See id.*

165. *Id.* at 2–5.

166. *Id.*

in the administration of government services and the appointment of personnel.[167] However, in February 2011, the United Nations Development Program conducted an investigation of sixteen NGOs regarding allegations of sexual abuse and exploitation, corruption, and bribery.[168] One NGO, Save the Children, reported sexual abuse in exchange for spots in the program.[169] Yet despite rampant rumors of regular sexual abuse and exploitation, the absence of a formal reporting mechanism and the lack of intra-agency coordination add to existing issues of accountability for NGOs and IGOs.[170]

Policy and law perpetuate violence against women in labor and employment through national economic development policies, labor rights, and citizenship rights, reinforcing structural violence in the healthcare system.[171] As the global community continues to ignore this, it only deepens structural violence against women in healthcare.

D. Internally Displaced People (IDP)

Another exposure that increases the risk of GBV, as well as risk of HIV infection, is homelessness. Haitian law and global policy do not adequately address the approximately half million Haitians who are still internally displaced two years after the earthquake in 2010.[172] Women and girls are continuous victims of

167. Constitution de la République d'Haïti, May 25, 1964, art. 16 (Haiti).

168. *See* Georgianne Nienaber, *Sex for Work in Haiti*, LA Progressive, http://www.laprogressive.com/sex-work-haiti/ (Dec. 13, 2013). The NGOs were WFP, Oxfam, Save the Children, ALL Hands, Fosac, Mercy Corps, Christian Aid, Catholic Relief Services, American Red Cross, British Red Cross, Lutheran World Foundation, Fonkoze, Unibank, Voila, Digicel, and ACTED. *Id.*

169. *Id.* For a more detailed documentation of the investigation, see Corinne Davey, Paul Nolan & Patricia Ray, Human Accountability Partnership International, Change Starts with Us, Talk to Us! 31 (2010), http://www.hapinternational.org/pool/files/change-starts-with-us.pdf (documenting the allegations in 2012 that humanitarian workers were sexually exploiting mainly women and girls).

170. *See Addressing Sexual Exploitation and Abuse Within the Humanitarian Community in Haiti*, InterAction (April 2010), https://www.un.org/en/pseataskforce/documents/interaction_adressing_psea_haiti.pdf.

171. *See generally* Richardson, *supra* note 159, at ii. In 2006, Congress passed the Haitian Hemispheric Opportunity Through Partnership Encouragement Act (HOPE), encouraging transnational companies to use cheap Haitian labor to export tariff-free textiles. However, export-driven aid and neo-liberal monetary policies have crippled an already desperate economy and weak infrastructure. Haitian women suffer the most, as they are easy targets for abuse in the textile industry. Even though HOPE II was passed to monitor labor rights in the textile industry, it has failed to protect and promote workers' rights. Workers' rights remain unclear, biannual monitoring is the mode of enforcement, and workers' complaints are not adjudicated by the organization that records the complaints. *Id.*; *see also* Ouvriye, *supra* note 145, at 3–4;World Bank, *supra* note 9, at 4.

172. *See World Factbook: Haiti*, *supra* note 31 (stating that in 2012, 357,785 refugees and

sexual violence in the precarious tent cities built after the earthquake.[173] Although Article 17 of the UDHR and Article 22 of the Haitian constitution protect the right to own property,[174] internally displaced Haitians are a vulnerable population that needs more protection of their rights from the government.[175]

IDP face forced eviction despite the protection of global policy and domestic law.[176] This in turn affects the health and welfare of Haitian women, leading to increased risk of HIV infection.[177] While the PDNA recognizes that GBV is a significant problem in IDP camps and that part of the problem is security needs, it does not address the root cause of the gendered security needs.[178] Even though the importance of protecting vulnerable groups has been recognized, insufficient police presence and the lack of a gender focus keep women an at-risk population in IDP camps.

III. Risk Factors and Exposures: Gender-Based Violence

A history of GBV, physical or sexual, is an exposure that increases the risk for HIV infection.[179] Not only does GBV result in serious consequences for women's physical, psychological, and social health, but it also directly influences the pandemic and thus the healthcare system. Law and policy could protect women from known risk factors and exposures related to GBV. Instead, these risk factors and exposures are intensified as the glocal implementation of heteronormative global policies and domestic law fail to fortify women's rights, increase women's access to legal remedies, explicitly address gender discrimination, and gender mainstream reconstruction plans.

A. Women

Law and policy regarding GBV have a significant impact on the healthcare

internally displaced people were reported in Haiti).

173. *See, e.g.*, Yifat Susskind, *Many Voices: Combining International Human Rights Advocacy and Grassroots Activism to End Sexual Violence in Haiti*, 14 CUNY L. Rev. 339, 339 (2011).

174. Universal Declaration, *supra* note 2, at art. 22.

175. *See* Weisenfeld, *supra* note 54, at 1111; *see also* Paul Spiegel & Hélène Harroff-Tavel, United Nations High Commissioner for Refugees & United Nations Office for the Coordination of Humanitarian Affairs, HIV/AIDS and Internally Displaced Persons in 8 Priority Countries 4 (2006), http://data.unaids.org/pub/Report/2006/idp_hiv_paper.pdf.

176. Benedetta Faedi has written several articles contributing to the knowledge of the influence of Haitians living in IDP camps. For a summary, see generally Benedetta Faedi, *From Violence Against Women to Women's Violence in Haiti*, 19 Colum. J. Gender & L. 1029 (2010).

177. *See* d'Adesky et al., *supra* note 45, at 3.

178. *Id.*

179. *See generally* Wingood & DiClemente, *supra* note 6.

sector. While the UDHR and the Haitian constitution claim to protect basic human rights, women are often not equally protected. For example, no legislation currently protects PLWHA or survivors of sexual violence.[180] Legal remedies and protection for women are inadequate, non-existent, or corrupt.[181] It has been well documented that sexual violence, particularly when committed by military personnel, police, and state actors, has been met with impunity from the legal system.[182]

Law and policy are not protecting Haitian women, but instead are further embedding structural violence against women in healthcare.[183] Rape was and is used as a tool for political violence and terror, and women have long suffered without relief or remedy.[184] Only recently, in 2005, did the Executive Decree No. 60 finally reclassified rape as a crime against an individual instead of a crime against morals.[185] Prior to the change, rape was a crime against morals rather than against the person.[186] However, more laws are needed to provide adequate protection for women against sexual violence, GBV, human trafficking, sexual exploitation, and gender-based discrimination.[187]

The Haitian judicial system, corrupt, broken, weak, and inefficient, is oftentimes not equipped to effectively adjudicate GBV, especially rape cases.[188] The USAID legal assistance project in the Arbonite region documented that the first successful prosecution of domestic violence did not happen until 2011.[189] Rampant impunity for perpetrators, delegitimization of women's testimonies, and gender

180. *See, e.g.*, *Rape in Haiti: A Weapon of Terror*, Human Rights Watch (July 1, 1994) http://www.unhcr.org/refworld/docid/3ae6a7e18.html. *See also* Pan American Health Organization, *supra* note 1, at 9 for a discussion on how those living with HIV/AIDS are subject to widespread discrimination and have little access to triple-drug therapy.

181. *See* Pan American Health Organization, *supra* note 1, at 9.

182. *See generally Rape in Haiti: A Weapon of Terror*, *supra* note 180. Pro-women advocacy groups have worked to make the Haitian government publicly acknowledge politically motivated sexual violence, such as the widespread systematic rapes committed after the 1991 coup. *Id.*

183. *See, e.g.*, d'Adesky et al., *supra* note 45, at 3–6.

184. See *Rape in Haiti: A Weapon of Terror*, *supra* note 180, for a report on how rape and sexual assault is used to punish women–or their male relatives–for their political beliefs, and to terrorize them. See Joe Mozingo, *In Haiti's Chaos, Unpunished Rape was Norm*, Miami Herald, May. 16, 2004, for a discussion on how such a high prevalence of rape negatively conditioned women to think that once a woman is no longer a virgin, it is no longer considered rape.

185. *See* Blaine Bookey, *Enforcing the Right to be Free from Sexual Violence and the Role of Lawyers in Post-Earthquake Haiti*, 14 CUNY L. Rev. 255, 262 (2011).

186. *Rape in Haiti: A Weapon of Terror*, *supra* note 180, at 16. A Haitian women's rights lawyer Magalie Marcelin fought for the changes in the penal code. d'Adesky et al., *supra* note 45, at 4.

187. *See, e.g.*, d'Adesky et al., *supra* note 45, at 4.

188. *See Rape in Haiti: A Weapon of Terror*, *supra* note 180, at 14 (stating that going to the police is the equivalent of a death wish).

189. *Fast Facts on the U.S. Government's Work in Haiti: Gender-Based Violence*, U.S. Agency Int'l Dev. (2013), http://www.state.gov/s/hsc/factsheets/2013/212521.htm.

discriminatory policies increase rates of sexual violence.[190] Moreover, the justice system is often inaccessible to women. A woman is essentially required to have a medical certificate documenting the rape for prosecution.[191] Even though the majority of women lack of access to basic healthcare services due to a lack of doctors in the countryside and lack of financial means, women are expected to be clinically tested.[192] This requirement, intensified by strong heteronormative norms, a history of gender bias, and the stigma and discrimination that survivors of sexual violence face, makes it virtually impossible for women's rights to be protected.

GBV is deeply structured economically, politically, and socially within Haitian society.[193] Low reporting rates of sexual violence and the failure to seek medical attention occur for several reasons, including the fact that survivors of sexual violence are socially ostracized.[194] Women that do seek medical care will often only receive first-aid care for injuries associated with the rape and not disclose the sexual assault to the healthcare provider.[195] As such, rape, sexual violence, intimate partner violence, sexual exploitation, and other forms of GBV must be addressed with new measures that allow victims to report crimes without fear of retaliation, stigma, or discrimination.[196] Unless these mechanisms are established, GBV will perpetually silence women and perpetuate the epidemic through failed HIV-related interventions.

B. Girls and Adolescents

Young girls face double discrimination because youth is also a risk factor for HIV infection.[197] Both the UDHR and the Haitian constitution recognize that children are a special population entitled to increased protection.[198] Before the

190. *See Rape in Haiti: A Weapon of Terror*, *supra* note 180.

191. *Id.* at 15–16 ("In Haiti, without a certificate confirming rape, a woman may try to proceed with filing a charge, but it will be exceedingly difficult, bordering on the impossible.").

192. *Id.*

193. *See* Bookey, *supra* note 185, at 107 (indicating that Haiti has a long history of gender discrimination and that GBV is interconnected with other structural forms of structural oppression).

194. *See Rape in Haiti: A Weapon of Terror*, *supra* note 180. The majority of women raped do not seek professional medical attention because of the lack of knowledge of where to find services, lack of knowledge that services are free, the inability to pay for the transport to get to a clinic, and the fear of retaliation and stigma. *Id. passim*.

195. *See* Bookey, *supra* note 185, at 269–70 (documenting the evaluations of a team of specialist sent to Haiti in March 2010 that conducted sixty-nine medical evaluations of victims of rape and other sexual assault).

196. D'Adesky et al., *supra* note 45, at 3–4.

197. *See, e.g.,* Wingood & DiClemente, *supra* note 6, at 547–48.

198. *See* Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 25 (Dec. 10, 1948); Constitution de la République d'Haïti, May 25, 1964, art. 166–68 (Haiti).

earthquake, 1.2 million Haitian children lived in an extreme state of vulnerability, facing hardships such as lack of access to education, physical and sexual violence, and extreme poverty.[199] These hardships increase the incidence of HIV/AIDS among children and teenagers who compromise 36% of the population.[200]

Article 4 of the UDHR outlaws slavery of any kind.[201] Although the Haitian constitution does not explicitly address slavery or involuntary servitude,[202] Haiti is a signatory to the Convention on the Rights of the Child.[203] Yet, Haitian children are sometimes subjected to forced labor and sex trafficking.[204] Haiti has an estimated 500,000 *restavèks*, children that are forced into involuntary domestic servitude.[205] Restavèks, particularly girls, are at an increased risk of beatings and other abuses by family members.[206] Female restavèks suffer increased risk of sexual exploitation and are commonly referred to as *la pou sa* ("there for that").[207]

Runaways or restavèks that are dismissed from the family are often forced into prostitution, begging, or criminal street gangs.[208] While Haiti has a government agency to handle crimes against children, it does not have any legislation written specifically to prosecute human trafficking, human smuggling, illegal adoptions, or involuntary servitude.[209] The Act on the Prohibition and Elimination

199. UNICEF, *supra* note 74, at 12–18; *see, e.g.*, Pan American Health Organization, *supra* note 1.

200. World Health Organization , *supra* note 34, at 160–61. Thirty-six percent of the population is under 15 years of age, while in high-income countries only 17% of the population is under 15 years of age. The median age for Haitians is 22 while the median age for high-income countries is 39. Only 7% of the population is over 60, while for high-income countries it is 21%. *Id.*

201. Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc A/Res/217(III), at art. 4 (Dec. 10, 1948).

202. *See, e.g.*, *2012 Trafficking in Persons Report–Haiti*, U.S. Dep't St. (June 19, 2012), http://www.unhcr.org/refworld/docid/4fe30cc4c.html.

203. *Chapter IV Human Rights: Convention on the Rights of the Child*, United Nations Treaty Collection, https://treaties.un.org/Pages/ViewDetails.aspx?mtdsg_no=IV-11&chapter=4&lang=en (Dec. 13, 2013).

204. *See, e.g., 2012 Trafficking in Persons Report–Haiti*, *supra* note 202; UNICEF, *supra* note 74, at 18.

205. *See 2012 Trafficking in Persons Report–Haiti*, *supra* note 202.

206. *Id.* They move in with families, oftentimes in exchange for possible educational opportunities, but are treated differently from the biological children of the household. Generally, they are from poor backgrounds and move from rural areas into cities and towns. *Id.*

207. Hope Hempstone, Nafissatou Diop-Sidibé, Kim Seifert Ahanda, Elsie Lauredent & Michelle Heerey, USAID, HIV/AIDS in Haiti: A Literature Review 11 (2004) *available at* http://pdf.usaid.gov/pdf_docs/PNADR360.pdf.

208. *See 2012 Trafficking in Persons Report–Haiti*, *supra* note 202.The UN Stabilization Mission in Haiti reported incidents of sexual exploitation and abuse from foreigners against child prostitutes. *Id.*

209. *Id.* (listing the government agency as the Brigade for the Protection of Minors). NGOs report children frequently immigrating illegally into the Dominican Republic, often to be forced

of All Forms of Abuse, Violence, Ill-treatment or Inhumane Treatment Against Children of 2003 is a law that potentially could be used to prosecute trafficking crimes.[210] Yet, Haiti has not indicated that trafficking offenders were convicted under this law.[211] Corruption, a weak legal system and government, and the absence of legislation impede efforts to combat human trafficking.[212]

A more comprehensive and formal approach is needed to address these issues. NGOs, IGOs, and the Haitian government need to standardize services dedicated to child prostitution and trafficking.[213] The Haitian government also needs to pass legislation to protect victims who commit crimes as a direct result of being trafficked or of being prostitutes and increase penalties of perpetrators.[214] The government must focus on raising awareness regarding forced labor and prostitution, as well as the development of an agency specifically addressing these issues.[215]

There are several NGOs and IGOs targeting Haitian youth with HIV/AIDS-related interventions. The Coca-Cola Foundation and Counterpart partnered with FORSEF to implement a Youth AIDS Awareness Project targeting inner-city youth in Port-au-Prince for three years.[216] The project aimed to reduce HIV/AIDS transmission by creating peer-led awareness clubs that educated and trained youth.[217] The American Red Cross partnered with the Haitian Red Cross and several NGO's funded by USAID to target high-risk Haitian youth in an HIV/AIDS intervention.[218] The intervention tried to improve HIV/AIDS related knowledge, attitudes, and skills through individual outreach efforts and community-wide events.[219] It targeted at-risk populations to educate youth on high-risk behaviors and increase

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into organized begging rings or into domestic servitude. *Id.* Authorities report trucks full of children, and brothel trucks drive along the Haitian-Dominican border. *Id.*

210. *Id.*

211. *Id.*

212. *E.g.*, Bureau of Int'l Labor Affairs, *2005 Findings on the Worst Forms of Child Labor–Haiti*, Refworld (Aug. 29, 2006), http://www.unhcr.org/refworld/docid/48d748f135.html.

213. *See 2012 Trafficking in Persons Report–Haiti*, *supra* note 202.

214. *Id.*

215. *Id.*

216. *See HIV/AIDS Initiatives*, Coca-Cola Company.com (Jan. 1, 2012), http://www.coca-colacompany.com/stories/hiv-aids-initiatives; *see also Haiti HIV/AIDS Awareness Project*, Counterpart International, http://www.counterpart.org/our-work/projects/hiv-aids-awareness-project-in-haiti (Dec. 13, 2013).

217. *Haiti HIV/AIDS Awareness Project*, *supra* note 216. The first phase aimed to reduce HIV/AIDS transmission was by creating peer-led awareness clubs that educated and trained youth regarding HIV/AIDS prevention strategies. *Id.* The second phase, building upon the first, added direct teacher and parent HIV/AIDS awareness training as well as indirect mass communication activities. *Id.* The second phase sought to promote sustainable change by coordinating with local Haitian businesses as well as the Ministry of Education. *Id.*

218. InterAction, http://www.interaction.org (Dec. 13, 2013).

219. *Id.*

condom usage and availability.[220]

However, these initiatives did not specifically address vulnerability of Haitian girls and young women. They did not address the issues of gender inequity nor heteronormativity exacerbating the HIV/AIDS epidemic. Even though incidence rates among adolescents is alarmingly high among young girls, who are being infected at twice the rate of boys, these initiatives were not gender sensitive.[221] Moreover, it did not address other issues such as trafficking, restavèks, and child prostitution that are risk factors making Haitian youth vulnerable to HIV infection.

The global health community, NGOs and IGOs, and the Haitian government need to take drastic measures to refine healthcare policy and to guarantee the basic human rights for education, health, food, and freedom from abuse, trafficking, and domestic servitude. HIV/AIDS-related programs must move beyond education-focused initiatives and more comprehensively address issues putting Haitian youth at risk for infection.

Conclusion

The failure of HIV/AIDS-related interventions in Haiti to effectively target women and girls with gender-mainstreamed focuses indicates problems in policy and law. Inequality perpetuated by law and policy impacts healthcare and stresses an already fragile system in Haiti. Law, policy, and healthcare must explicitly combat gender discrimination and inequity in order to break the cycle of structural violence against women. Ignoring the violence perpetuated against women in the implementation of policy and law healthcare initiatives leads to deeper levels of inequality.

Moreover, it is important for all parties involved to be aware that gender and rights-based programs are always implemented in local cultural contexts.[222] As such, it is for the success of the program that the plan is implemented with explicit consideration of the local context.[223] Initiatives should be community-based, and should partner with local actors so that programs are tailored to the unique culture of the participating community. [224]

Ultimately, gender mainstreaming indicators and indexes must be standardized in law, policy, and health to track, assess, and evaluate gender sensitivity.

220. *Id.* It will also incorporate livelihood initiatives directed at most-at-risk populations demonstrating high-risk behaviors. It is a 4.5 year program targeted to reach over one million at-risk youth and adult populations. *Id.*

221. *See* Diana Valcarcel, *Protecting HIV-Positive Mothers and Their Children After the Quake in Haiti*, UNICEF (Mar. 2, 2010), http://www.unicef.org/infobycountry/haiti_52885.html.

222. *See* Operational Guide, *supra* note 11, at 13.

223. *Id.*

224. *Id.*

Haitian women must be heavily incorporated into the reconstruction process and take an active role in politics. Gender mainstreaming Haiti's reconstruction process should target women and girls by addressing issues of economic empowerment, GBV, sexual economics, heteronormativity, IDP, and gender in law, health, and policy.