

WORKSHOP ON CHILDREN'S HEALTH AND THE ENVIRONMENT
HAITIAN PEDIATRIC SOCIETY (HPS)
INTERNATIONAL PEDIATRIC ASSOCIATION (IPA)
WORLD HEALTH ORGANIZATION (WHO)

Port-au-Prince, Haïti

June 3-6, 2007

1. The Haitian Pediatric Society (HPS) organized a workshop on Children's Health and the Environment jointly with the International Pediatric Association (IPA), and in collaboration with the World Health Organization (WHO), with support from a grant from the U.S. Environmental Protection Agency (EPA). The event was in the context of the 14th Haitian Conference of Pediatrics, and it took place at the Hôtel Montana, Pétionville from June 3-6, 2007. Over 70 professionals participated, mainly pediatricians, nurses, veterinarians and representatives from other sectors such as agriculture, environment, chemical safety and also representatives from a number of non-governmental organizations (NGO) active in the country.
2. This workshop was the third of a series of events organized as part of the development of the International Pediatric Environmental Health Leadership Institute of the IPA. The Section on International Child Health of the American Academy of Pediatrics (AAP) contributed to the event by sending two American pediatricians to speak, one of whom, Dr. M. Goodfriend, is extensively involved in the Haitian Initiative that was started 4 years ago.

Rationale

3. This workshop responds to the recommendations of the Bangkok Statement (March 2002) that urged WHO to promote the recognition, assessment and study of environmental factors that have an impact on the health and development of children. More specifically, to incorporate children's environmental health into the training of health care providers and to promote the use of the pediatric environmental history.
4. The event also responds to international recommendations on capacity building and to the recognized need to improve the prevention and management of pediatric diseases linked to the environment. The programme of the workshop addressed the special vulnerability of children and the effects of the main air, water and food contaminants, and also issues of concern in the country such as waste management, zoonoses, violence, noise effects and the social environment as a factor in child health. The workshop used actual pediatric cases to illustrate clinical problems and solutions. The main challenges and controversies in the field

of environmental pediatrics were presented, including time to discuss prevention strategies. The agenda of the workshop is under Appendix I and list of speakers and participants under Appendices II and III respectively.

5. This workshop provided an opportunity to adapt and use selected modules from the WHO Training Package for Health Care Providers (HCP) with a group of French-speaking Haitian participants. These modules were prepared by the WHO Working Group on the “Training Package for Health Care Providers” and went through an intensive peer review led by Dr. K. Shea (USA) and Dr. J. Pronczuk (WHO Geneva), with the assistance of M.-N. Bruné-Drisse (WHO Geneva). For the first time, French language versions of the modules were used. This was made possible thanks to the contribution of Health Canada. They provided the translation of 10 key training modules. The workshop was conducted in French (no translation was provided - invited speakers were fluent in French).

Objectives

6. The workshop was designed to enable participants to achieve the following learning objectives:
 - Identify risks to children from environmental tobacco smoke, chemicals (e.g. lead, mercury, pesticides, persistent organic pollutants), air, water and food contaminants, emerging issues (e.g. endocrine disruptors, climate change), household and industrial products, and other environmental hazards.
 - Recognize, diagnose, prevent and manage adverse effects linked to these environmental risk factors.
 - Describe why children may be at increased risk of adverse health outcomes and developmental consequence from environmental exposures to chemical, physical and biological agents.
 - Describe when and how the fetus, the child and the adolescent may be exposed to environmental hazards in different rural and urban settings.
 - Discuss a wide spectrum of exposures including exposures to men and women prior to conception and exposures because of particular cultural practices and diets, poverty, malnutrition, conflict or child labor.
 - Practice becoming leaders in environmental health education and prevention in the community.
 - Discuss the problems faced during disaster situations, e.g. floods, earthquakes

Opening

7. The official opening of the event took place on Sunday, June 3 with welcome messages delivered by Dr. L. Roy Oriol (local organizer and President of the Haitian Pediatric Society), Dr. H. Chamouillet (WHO Representative, Haiti), Dr. R. Etzel (Chair of the

Committee on Environmental Health of the IPA), Dr. G. Thimothe (Director General of Health Services, Ministry of Health) on behalf of Dr. R. August, Minister of Health, who was unable to participate. Dr. C. Surena, President of the Haitian Medical Association was the President of Honor of the 14th Pediatric Conference. The social event that followed provided an excellent opportunity for discussing the key issue with Haitian professionals and also with a number of foreign experts that work in the country in the area of human and veterinary health, laboratory facilities.

Technical sessions

8. The technical sessions started on June 4, with a presentation of the workshop objectives by Dr. R. Etzel, who explained the background of the IPA activities on children's health and the environment. Dr. J. Pronczuk (WHO) explained the importance of focusing on children, as they have special vulnerabilities to environmental risk factors, and also highlighted the main environmental concerns for health. Dr. M. Goodfriend (USA), a pediatrician and child psychiatrist who has been working intermittently for over 30 years at the Albert Schweizer Hospital, a non-governmental organization in the Artibonite Valley, gave a presentation on the main environmental health problems there. In addition to the common pathologies, the hospital has registered cases of dog bite and rabies, neurocysticercosis and anthrax. Dr. Goodfriend also highlighted the importance of noise pollution and its impact on children's well-being and development.
9. The fetal environmental origin of disease, as well as the concerns regarding the main environmental developmental toxicants were presented by M.Sc. M.-N. Bruné-Drisse (WHO), as areas that require further attention as information and preventive interventions during pregnancy and at the early stages of life may prevent diseases later in life and contribute to future public health.
10. Lead exposure in children is recognized as an important problem and Ing. J. C. Carré outlined some of the potential sources of exposure and Dr. M.-A. Limage talked about the effects of lead poisoning on children in Haiti. She spoke of the difficulty of obtaining blood tests for lead poisoning and the need to rely on the clinical presentation.
11. Dr. J.-H. Henrys presented a talk on waste (including biomedical waste) and noted that about 20% of waste is hazardous to human health. Dr. A. Louis described exposures to chemical products in Haiti.
12. Dr. B. Gitterman (USA) described several case studies of lead poisoning from the United States, including the case of a pregnant woman who developed lead poisoning because she ate large amounts of dirt with high lead concentrations (according to local custom in some parts of Nicaragua, eating dirt is thought to ensure a healthy pregnancy). He also referred to mercury exposure in children was also addressed as it is recognized as a growing and often non-detected issue. Dr. Gitterman described the diverse uses and sources of mercury and the different health problems that result from children's exposure to organic and inorganic forms of mercury.

13. The second session on June 5 focused on water and food-related issues, zoonosis and the effects of noise on children's health. Microbiological water contamination was addressed by Ing. F. Metellus (WHO) and the main effects observed in Haitian children were described by Mme K. Altidor who referred also to the recommendations made on water treatment and storage at home. Dr. M.D. Milord gave a presentation on stagnant water and the way it contributes to mosquito-borne diseases in children such as malaria (*Anopheles albimanus/plasmodium falciparum*), lymphatic filariasis (*Culex quinquefasciatus/Wuchereria bancrofti*) and dengue fever (*Aedes aegypti/virus*). The importance of community participation in the prevention of exposure and integrated programmes was highlighted. Haiti is aiming at eliminating Filariasis by 2020, reducing malaria mortality to 0% and plans concerning dengue are being prepared. Questions from the audience focused on how to promote the integration of programmes and make interventions more cost-effective.
14. Ing. Agr. J. Lacour described the problems linked to water salinity in the North-east of the country. The aquifer Massacre (approx 1000 square kilometers) is under close surveillance and salinity measurements are done regularly and quite extensively. The potential risk of high salinity on children's health and development were mentioned, such as effects on kidney and liver function, potential impact on hypertension and on the origins of cancer. Indirect effects resulting from aquifer contamination, soil salinization, and other impacts were listed.
15. Noise pollution was addressed by Dr. A. Dorelien, who mentioned the different sources: at home, recreational, linked to air and ground traffic and also in the hospital setting (e.g. premature children under intensive care). The results of a survey on children's exposure to different sources of noise (road traffic while in cars and in schools, television and radio) were presented. The main recommendations proposed included: reorganizing and regulating traffic, moving schools away from high traffic areas, planting trees and convincing people to live in suburban areas. The role of iPods was briefly discussed: they reduce noise pollution but youngsters may use them too loudly and induce cochlear damage.
16. The issue of violence - and children growing up in a climate of violence - was presented by Mme N. Salnave who highlighted the resilience of children to traumatic events and gave recommendations to participants on how to deal with children who have gone through traumatic events, especially in view of the violent time the country has going through in the past several years.
17. A presentation on the Nutrition Report 2006 and on food safety and security was delivered by Ing Agr G. Mathieu who referred to the strengths of the country in the area (for example, self sufficiency regarding certain products like corn) and also to various weaknesses, child malnutrition being the primary one.
18. Mme R. M. Exumé (CEPAM) referred to the benefits of breast feeding in contaminated environments and to how maternal breastfeeding has more advantages, especially in what refers to nutritional needs and creation of antibodies, when compared to milk formulas. Therefore, the WHO recommendation of exclusive breastfeeding for at least the first 6 months of life was reinforced and the participants were encouraged to give that advice to

- mothers. She discussed the use of lightening agents (that may contain mercury) and also the use of tobacco by breastfeeding women.
19. Dr. A. Louis gave a presentation on chemical products and the problem they generate in Haiti, especially concerning how to handle them as waste products and by-products from industry activities. He reviewed the existing databases as well as legislation regarding chemical products and their management in Haiti and how the government and the different agencies deal with them. He also mentioned the different international agreements regarding chemicals and described the international bodies that deal with advocacy and management for their elimination from the environment. He encouraged the country to establish a Poison Center and to ratify international conventions (Basel, Stockholm, Rotterdam), as they have been signed by Haiti but not ratified.
 20. In the afternoon session, participants were divided into 4 small groups and asked to discuss the following questions and report back to the entire group the next day:
 - a) Describe some overall and/or specific efforts that the Haitian Pediatric Society could do to work towards a healthier environment for children.
 - b) What actions can pediatricians take to get children themselves involved in working towards a healthier environment?
 - c) What can be done to raise the awareness of the community about environmental threats and communicate basic simple preventive messages?
 - d) What can pediatricians do to educate the next generation of medical students and nursing students?
 21. The participants were introduced to a game that can be used as a teaching tool in Environmental Health. The game is based on the popular television show Jeopardy.
 22. The third session on June 6 focused on air pollution, persistent organic pollutants, children in disasters and the importance of taking a pediatric environmental history. Dr. Etzel presented 4 case studies that illustrated the problems related to indoor air pollution and contamination in schools. She also described the problem of acute radiation sickness that was documented when children played with discarded medical equipment containing radioactive cesium¹³⁷ that they found in a junkyard.
 23. Ing. J. F. Chamblin described the main outdoor air pollutants, the sources most frequent in Haiti and their health effects in children.
 24. Dr. J. Pronczuk (WHO) described the main concerns regarding persistent organic pollutants (POPs) and children's health and the historical incidents that have been documented (such as Yu Cheng). She mentioned the effects many of them have in early life as endocrine disrupters, highlighting the importance of the timing of exposure.
 25. Dr. K. Flanagan (Inter-American Institute for Cooperation in Agriculture) gave a presentation on the influence of environmental conditions on the incidence of zoonotic diseases, explaining the most common water-borne diseases in Haiti and the possible solutions (capped springs, dried wells, water filters, education), doing the same for the cases

of anthrax and neurocysticercosis.

26. Dr. Y. Vaval Suréna presented a talk on the health and welfare of children in disasters. She included information about the effects of Jeanne in Sept 2004. She also talked about political agitation. UNICEF, with the help of the University of Haiti, has been doing research on the effects of political violence on children.
27. Dr. R. Etzel presented the environmental health history as a tool to collect information from the parents and the child about risks in the home and the school environment. This can be placed in the medical record and can be updated when changes occur. She handed out copies of the “green sheet” and encouraged the participants to try to use the sheet in their practices.
28. Results of the previous afternoon’s small group discussions were presented by participants and conclusions were as follows

- Discussion topic (a): Describe some overall and/or specific efforts that the Haitian Pediatric Society (HPS) could do to work towards a healthier environment for children.

HPS should give information and train health professionals, find better ways of communication with the community, and sensitize health professionals, ministries and the general population. Specifically, the creation of a committee on environmental health at HPS was encouraged. The “green page” should be used in practices and surveillance of environmentally-related diseases should be increased.

- Discussion topic (b): What actions can pediatricians take to get children themselves involved in working towards a healthier environment?

Pediatricians can help educate children and parents at the community-level and at the clinics themselves. They can use leaflets, with cartoons and figures that appeal to children and strike their imagination with both negative and positive images. Pediatricians should also use lessons learned. Communication of community (health sector should do this): schools, orphanages, churches, TV discussions, “postes de rassemblement”. HPS can conceive sketches for media of all types, make forums for children where they can discuss and bring their views as to what communities can do to have a healthier environment.

- Discussion topic (c): What can be done to raise the awareness of the community about environmental threats and communicate basic simple preventive messages?

Based mostly on two ideas: communication and conscience

Communication: have an exchange, not only preach as professionals but exchange views on risks with the rest of the communities. Take into consideration their feedback. Understand the real risks and the feasible management options. Consider culture of the place: employment, culture, language. Determine exactly what the need and the message are: to adopt a new behaviour, need of a plan of action. Determine

exactly what information has to be included in the communication.

Conscience: give education, information, adapt message to public: do not scare them. Choose good data so the impact is the one we want, help in the perception of risk, take examples of previous catastrophes and their control and the existing familiarity communities have with them. Use lessons learned. Use media, churches, social groups, other groups and associations (e.g. women's associations). Repeat messages, do not talk about this only at a unique time of the year (for example: only on "environment day"), but always. Health care providers should work with local authorities and population representatives, using colorful flyers with pictures and drawings. They should explain the risks well and avoid having different interpretations and misinterpretations. Have a clear community plan

In short: Listen, have credible sources, give correct information, be straightforward and honest, if something is not known, acknowledge it. Congratulate and give prizes to successful neighbourhoods and cities. Punish and take harsh measures with polluters and others who damage the environment actors: police, fines, if necessary

- Discussion topic (d): What can pediatricians do to educate the next generation of medical students and nursing students?

Contact Institut Formation et Informations: talk to leaders of different medical and nursing university institutions and ask them to include environmental health (providing them with the modules and presentations given at this workshop) in schools and universities. Need for better training in epidemiology as well. Ministries (like Ministry of Tutelle) have to be sensitized with results of studies that should be undertaken to better understand the exact reality of the environmental situation in Haiti. Tests for environmental contaminants have to be available, network with Laboratoire National to get better national data. Field agents need to assess degraded environments and make home visits in cases of concern.

A participant suggested that pediatricians, in addition to their clinical activities, should work for the communities, because lack of human resources is a reality in Haiti and the situation is difficult to overcome in any other way.

Dr. R. Eveillard said that pediatricians should always remember that the best way to convince leaders is to present the ideas in a way that will make them interesting for him/her: as his or her aim is to be reelected.

Dr. J. Pronczuk stated that pediatricians have a lot of respect in the community and they can have a powerful voice when they speak out in unison on health topics. They may not realize how much impact their organized actions can have.

Closing and future steps

29. Participants completed a post-test at the end of the workshop. They received copies of the American Academy of Pediatrics book *Pediatric Environmental Health* (2nd Edition), and the *WHO Resource Manual on Children's Health and the Environment: A Global*

Perspective. A Resource Manual for the Health Sector (published in 2005). Certificates of attendance were distributed to those who participated in the entire workshop.

30. The participants agreed to issue a document that will express their concern and willingness to take action. This will be sent by e-mail to all participants for review and then final adoption by the HPS.
31. The closing took place on 6 June in the presence of all participants. Invited speakers were thanked for their contributions, prepared on the basis of the modules sent by WHO (in French) and their own materials. Dr L. Oriol and the officers of the HPS were thanked for the organization of the event. The US EPA was thanked for funding the event as part of the grant to form a Pediatric Environmental Health Leadership Institute. The Section on International Child Health was thanked for providing support for two speakers, and Health Canada was thanked for providing the French translations of training modules. The developers of the training modules were acknowledged and their excellent efforts were very much appreciated by all the speakers. Participants agreed to continue working towards CEH. Dr. Oriol indicated that she was interested in inviting the WHO / IPA to co-sponsor another workshop in a year as a follow-up to this workshop.
32. The first Pediatric Environmental Health examination was announced. It will take place on August 25, 2007 in Athens, Greece, immediately before the 25th International Congress of Pediatrics. It was agreed that the IPA would consider offering the examination in Haiti, which would enable more Haitian pediatricians to become credentialed. To be eligible for sit for the Pediatric Environmental Health examination, the pediatricians will be required to fulfil the following criteria:
 - Attend a training workshop in its totality and take the pre- and post-workshop individual evaluation.
 - Present a seminar about children's environmental health at their home hospital or university.
 - Record, file and analyze the pediatric environmental history forms from children with illnesses from environmental contaminants and record and report environmentally-related cases from their practices.
 - Propose and discuss a community project on an environmental health problem. Both the seminar and the community project proposal will be initiated by the candidate in his/her country within the first 6 months after the workshop in order to share with others in the home institution the knowledge acquired and to begin community-oriented actions.
 - Present a second seminar after the community-oriented project has been implemented, in order to present and discuss the results with the community.

**Annex I: Programme
Atelier Pédiatrique
La Santé de l'Enfant Haïtien face à son Environnement**

Organisé par la Société Haïtienne de Pédiatrie (SHP)

En collaboration avec

L'Association Internationale de Pédiatrie (IPA) et

L'Organisation Mondiale de la Santé (OMS)

Hôtel Montana, Port-au-Prince

4,5, 6 Juin, 2007

Lundi 4 Juin, 2007

8 :00 – 9 :00	Inscription Evaluation Pré Atelier
9 :00 - 9 :30	Objectifs de l'Atelier Dr. Ruth Etzel, IPA
9 :30 – 10 :00	Pourquoi les enfants sont-ils vulnérables aux contaminants de l'environnement ? Les enfants ne sont pas des petits adultes Dr. Jenny Pronczuk, OMS
10:00 –10:30	Environmental Hazards and Children of the Artibonite Valley Dr. Marlene Goodfriend, USA
10:30-11:00	Origines foetales/environnementales de la maladie de l'adulte MSc Marie Noel Brune, OMS
11 :00-11 :30	Pause Café
11 :30-12 :00	Toxicité des métaux lourds, notamment du plomb, une menace pour la santé des enfants Ingénieur Jean Claude Carré
12 :00-12 :30	Intoxication au plomb

Dr. Marie-Alice Limage

- 12 :30-13 :00 Les déchets en général, les déchets bio-médicaux en particulier, et la santé des enfants
Dr. Jean-Hugues Henrys
- 13 :00-13 :30 Les priorités pour une bonne gestion (agricole) des produits chimiques en Haïti
Dr. Alain Louis
- 13 :30-14 :00 Lead exposure in children : practical clinical case studies
Dr. Benjamin Gitterman (USA)
- 14 :00-15 :00 Déjeuner
- 15 :30-15 :30 The risks of mercury exposure in children's environmental health. Why it matters and what we can do about it.
Dr. Benjamin Gitterman (USA)
- 15 :30-17 :00 Groupes de Travail

Mardi 5 Juin, 2007

- 8 :00-9 :00 Arrivée des Participants
- 9 :00-9 :30 Eau : aspect biologique
Ingénieur Frantz Métellus, OMS
- 9 :30-10 :00 La pollution de l'eau en Haïti : incidences sur la santé des enfants
Mme Kettly Altidor
- 10 :00-10 :30 La stagnation de l'eau : facteur favorisant la prévalence des maladies transmissibles par les vecteurs
Dr. Marie-Denise Milord, MSPP
- 10 :30-11 :00 Salinité de l'eau et santé des enfants- Cas des aquifères du nord-est (Haïti)
Ingénieur Agronome Joaneson Lacour
- 11 :00-11 :30 Pause Café
- 11 :30-12 :00 Les répercussions de la pollution sonore sur l'enfant
Dr. Amalia Dorélien

12 :00-12 :30	Comment grandir à travers la violence Mme Nora Salnave
12 :30-13 :00	Le Bilan Alimentaire de 2006 et ses incidences sur la sécurité alimentaire des ménages Ingénieur Agronome Gary Mathieu
13:00-13 :30	Les bienfaits de l'allaitement maternel dans un environnement pollué Mme Rose Mireille Exumé, CEPAM
13:30-14 :00	Le profil national des polluants organiques persistants en Haïti, leur impact sur les femmes et les enfants Dr. Alain Louis
14 :00-15 :00	Déjeuner
15 :00-17 :00	Groupes de Travail : programme pour la promotion de la santé environnementale des enfants haïtiens

Mercredi 6 juin, 2007

8 :00-9 :00	Arrivée des Participants
9 :00-9 :30	Pollution de l'air Dr. Ruth Etzel, IPA
9 :30-10 :00	Les polluants atmosphériques: sources et impacts environnementaux Ingénieur Chamblin
10 :00-10 :30	POPS Dr. Jenny Pronczuk, OMS
10 :30-11 :00	Environmental Impact on the Incidence of Zoonotic Diseases in Haitian Children Dr. Keith Flanagan, USA
11 :00-11 :30	Désastres : santé et bien-être des enfants Dr. Yolène Vaval Suréna
11:30-12:00	Environmental Health History Dr. Ruth Etzel, IPA

12:00-12:30	Reports from small group discussions
12 :30-13:00	Discussion d'un programme pour la promotion de la santé environnementale des enfants pour Haïti
13:00-14:00	Evaluation post Atelier
14:00-15 :00	Déjeuner
15 :00-17 :00	Groupes de Travail : évaluation de l'atelier et discussion des activités possibles pour le futur
	Certificats et Fermeture de l'Atelier

Annex II: Speakers

Mme Kettly Altidor
Conseillère en Gestion de Déchets pour le Projet Sécurité des Injections
Etudiant Chercheur, Master Eco Toxicologie, Environnement et Gestion
Des Eaux – UNIQ

Mme Marie-Noel Bruné-Drisse, M.Sc.
Biologiste Cellulaire
Spécialisée en Santé de la Reproduction
OMS

M. Jean-Claude Carré
Ingénieur Chimiste
Dr. Es Sciences
Consultant CAMEP, MDE

Ingénieur Chimiste Jean Fritz Chamblin
Professeur Chercheur
Directeur de l'Unité de Recherche en Environnement
Faculté des Sciences

Dr. Amalia Dorélien
ORL-CCF
HUEH

Ruth A. Etzel, M.D., Ph.D.
Chair
Committee on Environmental Health
International Pediatric Association

Mme Rose Mireille Exumé
Consultante en Lactation
CEPAM

Keith Flanagan, D.V.M.
Inter American Institute for Cooperation in Agriculture (IICA)
Haiti

Benjamin Gitterman, M.D.
Associate Professor of Pediatrics and Public Health
George Washington University
Washington, D.C.

Marlene Goodfriend, M.D.
Clinical Assistant Professor of Pediatrics and Psychiatry
University of Florida
Department of Pediatrics
Jacksonville, Florida

Dr. Jean-Hugues Henrys
Vice-Doyen à l'Enseignement et à la Recherche
Faculté de Médecine et des Sciences de la Santé
UNDH

Ingénieur Agronome Joaneson Lacour
Assistant Chercheur au Laboratoire de Qualité de l'Eau et de l'Environnement
UNIQ

Dr. Marie-Alice Limage
Médecin Généraliste
Gonaives

Dr. Alain Louis
Ingénieur Agronome
Docteur Vétérinaire
Microbiologiste
Expert International en Gestion des Produits Chimiques
Laboratoire Vétérinaire et de Contrôle de Qualité des Aliments
Tamarinier (LVCQAT), MARNDR

Ingénieur Agronome Gary Mathieu
Responsable de la Concertation à la CNSA
Consultant VAM (Analyse de la Vulnérabilité) pour le PAM
(Programme Alimentaire Mondial)

Ingénieur Frantz Métellus
Consultant National
OPS/OMS

Dr. Marie-Denise Milord
Coordonnatrice des Programmes Nationaux de Malaria et Filariose Lymphatique
MSPP

Dr. Jenny Pronczuk
WHO
Public Health and Environment Activities

Mme Nora Salnave
PsychoThérapeute pour Enfants

Dr Yolène Vaval Suréna, MPH
Coordonnateur de l'Unité de Coordination de Projet de la Protection Civile
Projet d'Urgence et de Gestion des Risques et des Désastres
UPC/DPC-PUGRD

Annex III: Attendees

- 1- Dr. Marjorie Brisard
- 2- Dr. Emmeline Lerebours (Hôpital de la Communauté Haïtienne)
- 3- Dr. Rolf Maibach (Hôpital Albert Schweitzer)
- 4- Raphael Maibach (HAS)
- 5- Dr. Eddy Compas (HUEH)
- 6- Dr. Marcel Sévère fils
- 7- Dr. Fritz Oxéus
- 8- Dr. Yvelt Biambi Jacques
- 9- Dr. Yolène Pierre
- 10- Dr. Kettly Laborde (Hôpital Espoir)
- 11- Dr. Kern Mathieu (Hôpital Ste. Croix, Leogane)
- 12- Dr. Arielle Grand-Pierre (MSPP)
- 13- Dr. Stéphanie Auguste
- 14- Dr. Judith Exanthus (SHP, HUEH)
- 15- Dr. Jessy Colimon (SHP, HUEH)
- 16- Dr. Patrick Hilaire (SHP, HUEH)
- 17- Dr. Ronald Eveillard (SHP, HUEH)
- 18- Dr. Elsie Pothel (SHP, HUEH)
- 19- Dr. Luisa Roy Oriol (SHP)
- 20- Dr. Andrenne Vilton (Centre Médical Beraca, Port-de-Paix)
- 21- Dr. Caleb Pongnon (Résident – HUEH)
- 22- Dr. Déjanire Azor (Résident- HUEH)
- 23- Dr. Marjorie Condestin (Résident –HUEH)
- 24- Dr. Johane Désormeaux (Résident- HUEH)
- 25- Dr. Sandra Viala (CMMB)
- 26- Dr. Yves Carmelle Jeannot Amisial
- 27- Mme Carine Réveil Jean-Baptiste (ANILH)
- 28- Dr. Gladys Duchatelier (UNIQ, Grace Children's Hospital)
- 29- Dr. Gyslaine Lerebours
- 30- Dr. Guerardine Etienne Désamours
- 31- Dr. Marjorie Préval
- 32- Dr. Nadège Charlot
- 33- Carine Polycard (Infirmière-HUEH)
- 34- Marie-Jude Jean-Louis (Infirmière-HUEH)
- 35- Dr. Yvette Sénat Jean-Charles (GCH)
- 36- Mme Ruth Pierre-Louis (GCH)
- 37- Marie- Alice Limage
- 38- Dr. Martine Canal (Hôpital de la Paix)
- 39- Dr. Virginie Monitor (Hôpital de la Paix)
- 40- Dr. Hans Muller Thomas
- 41- Dr. Abel Jaime Lopez

- 42- Dr. Lucille Louis Riché
- 43- Dr. Elsy Fanfan
- 44- Dr. Marline Paul
- 45- Dr. Jean Alouidor
- 46- Dr. Claude Suréna
- 47- Dr. Gérald Lerebours
- 48- Dr. Jules Grand Pierre
- 49- Dr. Héberte Joint
- 50- Dr. Gyrlande Bois
- 51- Dr. Frimose Calixte Pierre
- 52- Dr. Lyonnell Allen
- 53- Dr. Marie-Sherley Villefranche
- 54- Dr. Margarethe Blaise
- 55- Dr. Marie-Carmel Dorismond
- 56- Mme Kettly Altidor
- 57- Dr. Hermione Roselyn Louis
- 58- Agronome Jean Claude Carré
- 59- Dr. Amalia Dorélien
- 60- Dr. Benjamin Gitterman
- 61- Dr. Marlene Goodfriend
- 62- Dr. Jenny Pronczuk
- 63- Mme Marie-Noel Bruné-Drisse
- 64- Dr. Ruth A. Etzel

For 1 or 2 days :

- 1- Dr. Marie-Denise Milord
- 2- Dr. Jean-Hugues Henrys
- 3- Dr. Alain Louis
- 4- Dr. Keith Flanagan
- 5- Mme Mireille Exumé
- 6- Mme Michèle Gonzales
- 7- Agronome Gary Mathieu
- 8- Dr. Yolène Suréna
- 9- Agronome Joaneson Lacour
- 10- Dr. Alain Louis
- 11- Ingénieur Jean Fritz Chamblin
- 12- Dr. Carl-Henry Saint-Amand

Only for their presentation :

- 1- Ingénieur Frantz Metellus
- 2- Mme Nora Salnave