HIV/AIDS Situation in Haiti
The PEPFAR Program

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IOM Committee Evaluating the PEPFAR Program,
Washington, DC, April 19-21, 2005
AIDS Challenges in Haiti

- Political
- Economic
- Cultural
- Public Health
  - Annual health expenditure/person: $8.00
  - Physician/10,000-67,000: 1

Pregnant women at 1st antenatal visit

MSPP/IHE/CDC/GHESKIO
Haitian Study Group on Opportunistic Infections and Kaposi’s Sarcoma (GHESKIO) May 2, 1982

● Mission
  ● Services/Training/Operational Research
    – In Diarrheal diseases; HIV/AIDS; Other STIs; TB

● Affiliated with
  – US universities: Cornell/Vanderbilt
  – French Institutions: Alfred Fournier/Pasteur/bioMerieux

● Support
  – Care: USAID; CDC; UN agencies
  – Research: NIH; ANRS
  – Training: Fogarty; USAID; CHART; CDC
  – Others: French/Japanese Cooperation; UN Agencies
National Plan for Scaling-up HIV services

- Resources

- Strong political leadership

- National program with point of Entry for patients requiring services

- Personnel Training and supervision

- Set-up and activation of clinical Sites (adherence and pharmacy plans)

- National system for drug and reagents ordering, stocking and distribution

- Monitoring and Evaluation
Cornell-GHESKIO VCT model with integrated services

STI Management

Post-HIV exposure Counseling and HAART

Pre-test Counseling HIV, Syphilis, Tuberculosis

Post-Test Counseling

Reproductive Health Services (family planning and prenatal care)
HIV+ women
Prevention HIV MTCT with HAART

Care to HIV infected individual / affected family
- OI Rx/Px
- HAART for AIDS or CD4 count ≤ 200
- Nutritional support
- Psychosocial support

Same day TB screening / Rx / Px

RX = Treatment
PX = Prophylaxis

New individuals tested for HIV at Cornell-GHESKIO VCT

Years

Individuals
0 5000 10000 15000 20000 25000
3450 5223 4716 6963 7987 8757 10310 13245 16087 21279 23313
Steps for ARV Site Activation

- Personnel training at GHESKIO
  - Certificate for institution
  - Certificate for staff
- Site construction/renovation
- ARV Adherence plan
- Pharmacy plan
- ARV available
- Workshop on site with all institutions involved

<table>
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<th></th>
<th>92-95</th>
<th>96-99</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005*</th>
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<td>220</td>
<td>30</td>
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<td>131</td>
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<td>111</td>
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<td>301</td>
<td>12</td>
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<td>356</td>
<td>322</td>
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<td>342</td>
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<td>0</td>
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<td>202</td>
<td>219</td>
<td>13</td>
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<td>Religious community leaders</td>
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<td>571</td>
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<td>0</td>
<td>23</td>
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<td>1726</td>
<td>2672</td>
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<td>586</td>
<td>842</td>
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*Training activities up to March 2005
Supervision and Continued Training

- GHESKIO hired and trained personnel to create 6 mobile teams for supervision with at least one site visit/month
- Workshop: Q 4 months
- E-mail: 24 hour medical advice for any clinical problem for sites with internet access (32 at present)
- Teleconference weekly available at one site and to be extended to all sites
Site visit By GHESKIO team with provision of supplies (drugs, HIV reagents)
Laboratory supervision
On site Training
# Development of new Sites

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<tr>
<td>VCT sites</td>
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<td>PMTCT sites</td>
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<tr>
<td>ART sites</td>
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<tr>
<td>Category</td>
<td>Count</td>
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<tr>
<td>People tested for HIV</td>
<td>158,718</td>
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<td>Pregnant Women tested for HIV</td>
<td>37,233</td>
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<td>HAART</td>
<td>3,702</td>
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Antiretroviral Therapy and Survival

Patients on ART

Historical controls with AIDS/pre-ART

Time in Months

Proportion Alive
PEPFAR Issues

1. Pressure from Washington
2. Coordination
3. Capacity building of local institutions
4. Monitoring and Evaluation (HAART, PMTCT)
5. Availability of ARV drugs
6. Absence of nutritional support
PEPFAR Coordination Efforts

- USAID or CDC + Local Partner + MOH

- Clusters
  1. Care for orphans/ vulnerable children
  2. BCC/Community Mobilization
  3. Logistics for Equipment/commodities
  4. Site Management/Renovation
  5. Surveillance/Monitoring/Evaluation
  6. Lab Strengthening QA/QC
Coordination

- Lack of coordination among donors
  - US public health agencies and GFATM and their sponsored institutions
  - UN/E. Glaser: decrease funding in PEPFAR countries
- Frequent directives to USG team limited time for coordination
  - Entire effort is on planning with new plan due Q 3 months
  - ARV data collection forms changed 7 times in 6 months
- Many new and irrelevant partners
  - Too many generals, too few soldiers
- How can this be overcome?
  - National program is the guide; Greater CCM leadership
  - Identify key institutions for coordination for each major program
  - More authority to USG team on site
    - Faster mechanism for funds release
Capacity Building

- Encourage twinning with US universities
- Provide indirect cost (IDC) to local institutions
  - IDC provided by NIH/GFATM but not by PEPFAR
- Training young talents
  - No need to train new staff if institutions are not strengthened
- Strengthening local institutions for
  - Drug/reagents ordering, storage and distribution
  - Monitoring and Evaluation
Demonstration for Ambassador Tobias of the EMR for keeping track of ARV stock
Mortality in HIV-infected children < 12 months old of PMTCT mothers

- PMTCT with AZT
- NASBA, bactrim, formula
- HIB vaccine, E, Glaser, HAART for Mothers with AIDS and their HIV+ children
- p-24 for early diagnosis

HIV Tran. Rate 30% to 8%

Years
1999 2000 2001 2002 2003 2004

Percent Deceased
0% 20% 40% 60% 80% 100%
Availability of ARVs

- No disbursement of 1st quarter funding by GFATM
- Serious limitations of PEPFAR to order ARVs (cost 3X more).
- Limitation of resources of GFATM and PEPFAR namely ARV drug availability has slowed down the expansion of ARV services
- Solutions?
  - Activate release of funds from GFATM and PEPFAR
  - Establish flexible quotas for ARV sites and constant monitoring of their ARV stock
  - Need capable agency in charge of ARV drug ordering, storage and distribution for both PEPFAR and GFATM
  - Shift resources to purchase more ARVs
Summary

- PEPFAR is already a huge success in Haiti

- It is possible to activate 100 sites capable of providing ART to 25,000 patients by 2009
Summary: Major challenges

1. Coordination among donors and their recipients
2. USG team on site needs more time for coordination and more authority to lead the program
3. Capacity building of local institutions
4. Long delay for funds to reach USG team/local partners
5. Improvement of the logistics of drugs/reagents ordering, stocking and distribution; long delay in availability of ARV: major obstacle right now for site expansion
6. Nutritional support for ART adherence
7. Necessity to invest in monitoring of impact of costly interventions particularly PMTCT and ART