CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES

DEVELOPMENTS IN HAITI'S FIGHT AGAINST HIV/AIDS

PANEL 3: HAITI'S NATIONAL PLAN OF ACTION

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MR. STEPHEN MORRISON: Okay. We're going to move into a discussion of the national action plan. Dr. Augustin has kindly agreed to come and address this issue. He's an advisor, has been an advisor for a long time to the government of Haiti and many other actors there.

Welcome, Dr. Augustin. The floor is yours.

DR. ANTOINE AUGUSTIN: This morning, Carlos, my colleague here alluded to the situation in Haiti today. In order to talk about the action plan, I'll give you a very brief introduction of the process that led to the action plan. Then I'll go into what is the current situation today, why it is this way, what has been the response before, what are the gaps, and what's the new strategy. And it's all -- all these points are covered in the action plan.

But before that, I'll talk very briefly about the process. The action plan was launched -- the process of setting up an action plan was launched by President Aristide in May of 2001. And if there is one word that can characterize the process, it's broad based; broad based consultation of all sectors, feedback from all sectors, and taking into account the opinions of all stakeholders. And it took, let's see, from May to February 2002, for this action plan to actually be designed and be ready.

Carlos has alluded to the situation of HIV/AIDS in Haiti. Let's remind you, Haiti has eight million people, and when we talk about HIV/AIDS, we talk about adults, which is about five million people. Haiti is the size of Maryland, so imagine Maryland with eight million people, but with an income of $400 per capita. The infant mortality rate is 80 per 1,000.

And one of the positive things that was mentioned this morning is the fact that, based on HIV prevalence rates nationwide, the data seem to suggest certainly not a worsening of the infection, but some kind of stabilization. And this is confirmed not only by the national surveys that were done in '91, in '96, and 2000, but also by what I would call local area prevalence surveys.

You just heard Paul talk about the data from his area, where the prevalence rate has been constant at 5 percent. We have a program next door to Paul's, about a few miles away, and our data -- it's a rural area, it's in the neighborhood of 3.5 percent. It has been staying constant over the years.

Now, what's the rationale behind the action plan? Why is it that the rates are the way they are? It's still the highest rates in the hemisphere.

First, we have to deal with the issue of unsafe sex practices. Now, what is the definition of a safe -- of safe sex practices? Safe sex practices means sex within mutually faithful, monogamous unions, or sex accompanied by condom use.

Now, do Haitians practice safe sex? This is the issue that -- this is where we would like everybody to go towards. Unfortunately, in terms of people using condoms, you have to look at it in two ways: people using condoms or people being faithful and unfaithful.

In terms of people being -- using condoms -- when people in union hardly use condoms. Maybe 2 percent or so use condoms. But when you take bachelors, women say they use condoms -- 27 percent of the women say they use condoms and 32 percent of the men, meaning that 70 percent of the time, they do not use condoms, meaning that they are not engaging in safe sex.

The other point has to do with faithfulness. And it's -- 99 percent of the women in unions say that they are faithful to their partners. And I'm talking about surveys now, not focus groups where you might get some -- . And -- but 60 percent, only 60 percent of the men say that they are faithful. So I would say that, on both counts, you might say that we still have a long ways to go in terms of safe sex.

Now, the correlated question is why unsafe sex? Why do people either not use condoms, or why do people not stay in a faithful union? Well, first of all, 97 percent of the population know of AIDS in general. However, 80 percent or more think that they are not at risk of getting AIDS. And this is quite the notion to which the action plan has to deal with, because if people don't feel that they are at risk, they're not going to change their behavior.

The other issue with regard to the level of HIV prevalence is a concept of vulnerability. When you talk about vulnerability in Haiti, you talk specifically about two groups: young people and women. Young people are vulnerable because they have inadequate information. They don't know enough about AIDS, or because they're very young and they're more likely to be impressionable, especially if you have a young woman who's dealing with an older man.

In terms of women, which is the second group when we talk about vulnerability, you have the big issue of economic vulnerability. There is a term called "transactional sex," and it refers to women who are not prostitutes or female sex workers, but they are -- they have a sexual partner primarily because that partner provides means for economic survival. And it's very difficult in situations like that for women to be able to negotiate their sexual practices.

Another issue in Haiti is that a large number of women, maids or cooks or servants, some of them are unpaid, and they are quite vulnerable to practices by the males in the house where they live.

Now, what have been the past responses? The basic messages -- and by the way, the Haitian response has been one of the earliest in the world, primarily because way back in the early '80s, several researchers in Haiti, including Dr. Pape, who's a leading AIDS specialist in Haiti, who's a professor -- he's Haitian, but he's a full professor at Cornell Medical School.

Well, way back then in the early '80s, they were noticing many cases of Kaposi's sarcoma, which is a particular type of cancer, which later on was found to be associated with immunodeficiency and chronic diarrhea. And just by looking into their data set, then they found that it was associated with HIV/AIDS. So in Haiti, that group published the very first article in the medical literature on so-called "Tropical AIDS," and that was in the early 1980s.

So Haitians have been combating AIDS for a long time, primarily through behavior change communication programs. And the focus of the messages have been abstinence, monogamy and condom use. And this has been done through sex education in the schools, where they focused more on abstinence, and peer-to-peer counseling, using youngsters to -- training youngsters, youths, adolescents to teach other youngsters safe sex practices and condom promotion, where Haiti is using about 15 million condoms per year.

As you could see, with a program like this, there have been many, many gaps. There are a lot of gaps. One is that the previous program did not really address the issue of the capacity for sexual negotiation for women, which is really one of the underlying issues in terms of vulnerability.

The previous program did not address the issue of vertical transmission from mother to child. They did not address the issue of testing capacity of health centers. They did not address the issue of blood safety. They did not really address the issue of treatment of sexually transmitted infections. And certainly they didn't address the issue of AIDS case management and treatment and the issue of mitigation.

So the new strategy, while keeping some elements of the old, is trying to fill the gaps. And the three areas that the strategy will emphasize is the reduction of risk of acquiring HIV infection, the reduction of vulnerability, and the reduction of impact of the disease.

In terms of risk reduction, there will continue to be an emphasis on safe sex, but this time with more accent placed on personal risk assessment. So in terms of risk, there will be safe sex, treatment -- widespread access to treatment of sexually transmitted infections, increased availability of condoms and the promotion of their constant consistent use, blood safety, addressing the issue of maternal/child transmission by treating the mother, and increasing the number of voluntary and counseling centers throughout the country.

On the issue of vulnerability, as I said before, you're dealing on the one hand with youth and the program -- the plan is for improved sex education, not only for the children in the schools, also for their parents, messages in school with a specific message on delaying the first sex -- first sexual episode.

For women, there will be issues of gender, gender inequality, economic opportunity for women, and family planning because family planning is linked to poverty because it's linked to family size. And the plan also will deal with the issue of violence against women.

How is this plan going to be managed? Since 1989, Haiti has had a national council on HIV/AIDS. It became dormant after the military coup in 1991, and it was revived with the UNGASS meeting last year. And it has since met several times, including have met intensively to prepare the proposal to the Global Fund.

So this group, which is a multi-sectoral group with many ministries, private for-profit sector, the private un-profit sector, and some donor agencies, is going to be kind of the board of directors of this action plan. It will be responsible to be the umbrella organization to oversee all HIV/AIDS activity in Haiti.

Now, the arm, the executive arm of this group will be a coordination unit which -- and the unit is being provided leadership by the Minister of Health, but it is expected to include several technicians from the various sectors, like education and so on and so forth. And that unit then will oversee the various activities of all the implementers in the field, whether they are private like Paul Farmer's group, or public like public hospitals.

And the -- the trasitic (sp) plan tried to make an exercise in terms of budgeting, and they came with a budget of $70 million needed for five years.

MR. MORRISON: Thank you very much.

Our next presenter is Dr. Rose-Irene Verdier. Thank you very much.

DR. ROSE-IRENE VERDIER: First, I'd like to apologize for my English, which is not so good. I'm about to talk about the activities we are doing at (inaudible) centers, the institution run by Dr. Pape. And talk about what we have done, what we will be doing in the few years, and what some other institutions are doing or plan to do.

Haiti, as you have heard, has the highest rate of HIV infection in the world outside of Africa, with about 5 percent of adult population infected. Next.

The Caribbean region is the most affected region in the world after Africa. With over 36 million population, there is an estimated 420,000 people living with AIDS. In Haiti, for a population of 8 million, we have close to 300,000 people living with HIV/AIDS, meaning that for less than 25 percent of the Caribbean population, we have more than 65 percent of all HIV cases in the region. In fact, the island of Hispaniola has more than 80 percent of all HIV cases.

Next. Now, in 1982, we discovered the first case of HIV/AIDS in Haiti. The scientific challenge were at that time: were we dealing with the same disease described in the U.S.? What were the risk factors for Haitians? We still remember the stigma for age. Can the disease be controlled in Haiti? Next.

In the last 20 years, we have faced a lot of major challenges. Political, with almost -- more than twice, or some say, 15 new government. We have also other challenges like economic, cultural and scientific.

Economic challenges. Haiti is the poorest country of the hemisphere with the highest rate of (inaudible), the lowest per capita income, the highest rate of tuberculosis, and the highest infant mortality due to infantile diarrhea and acute respiratory infections. Next.

For less proportion of the population, AIDS is a supernatural disease, meaning that it could be transmitted by spirit. As a consequence, many of them have unsafe sexual habits such as multiple sex partners, (inaudible) commercial sex, low rate of condom use and, as a result, high rate of sexually transmitted diseases. Next.

For almost a decade, we have conducted three national epidemiologic surveys. According to the projection made, the rate of HIV prevalence would have reached 10 percent in 2000. In fact, the last survey conducted by (inaudible) centers and institutions in France showed that the curb has plateaued around 4.5 percent, with even a tendency to decrease. Incidentally, this is the same trend we have observed with syphilis for the same population. Next.

In Port-a-Prince, the decrease is more striking. From 13 percent, the rate has dropped now to less than 4 percent.

Next. What accounted for this stabilization of HIV infection in Haiti? A large array of activity has been developed. There are interventions that are not directly implicating the community, community associated intervention, and community based intervention. Next.

The first (inaudible) in Haiti was the creation of the Haitian group of opportunistic infection in Kaposi's sarcoma (inaudible) run by Dr. Pape on May 2nd, 1982. Our mission is services to the patient, training of medical and non-medical personnel, operational research in diarrhea diseases, HIV/AIDS, sexually transmitted disease and tuberculosis. And in 1996, rehabilitative health services have been introduced for the high risk population. Next.

Intervention not directly implicating the community, but have huge impact on community. First, the prevention activity of HIV transmission by blood and blood products. The commercial blood bank had been shut down in 1986, and Red Cross exclusively have been in charge of blood banking operations. Training of the Red Cross personnel mostly by (inaudible) for proper screening of HIV, syphilis and Hepatitis B. Then prevention treatment for sexually transmitted disease. Training was done also by (inaudible). Now we have trained more than 5,000 helpers in algorithmic treatment of STI. That means that there are not requiring laboratory support so they can be used in the country site. Next.

Community social intervention. That means first, this is information, education and communication, and social marketing of condoms. Next.

The EIC -- IEC, general public information through billboards, radio-TV program, creation of a hotline for AIDS. This is a telephone (inaudible) run by two organization (inaudible). There are also activity and mobilization of (inaudible) carnivals and other social or popular gatherings. The mobile artistic group, held by the Ministry of Health and partners, informative sessions in schools, creation of houses for the youth. And from maybe two years ago, we had the creation of (inaudible), which is a group of journalists dedicated to HIV and training journalist advocacy, brainstorming, and decision of standardized message to prevent HIV/AIDS.

(inaudible) intervention. Even if a (inaudible) is not a real community based institution, our impact on the community is huge because we intervene at various levels in the community. First, we have several training sessions for community and religious leaders. More than 600 have been trained. But we have community leaders, we have session also with voodoo priest or voodoo people so they can go back to their community to transmit the messages.

And we train also all medical personnel for most of the institutions in the country. And recently, we have created the community advisory board with a very large representation: HIV people, infected people, members of three main religious cults: Catholic, Protestant and voodoo, professionals in various sectors: education, press, human rights association, universities. And at (inaudible) itself, we use face-to-face contact. We have developed the largest voluntary counseling and testing center in Haiti. This model will be replicated throughout the country.

As a main neutral center for HIV in Haiti, the number of people coming in our center is increasing. Last year we had received more than 12,000 people, new people. And this year, we are expecting around 15,000.

This is a view of our waiting room in a normal day for the whole institution. We can receive between 300 or 400 people coming for HIV testing, prevention program, or care.

What are the advantages of voluntary counseling, testing centers? They are offering the opportunity to intervene in both prevention and care.

How they will be functioning? At the center, you can see the free counseling. Each and every person coming at the institution will have pre-test counseling for HIV, syphilis, and tuberculosis.

If they have a -- if the physician or the social worker suspicion of tuberculosis, the same day will do the TB screening and will start TB treatment right now at the same day. And then, few days after, they will come back for having the result and test counseling. And from there will have other services, meaning reproduction health services, STI management treatment. And we have also open some unit to receive (inaudible) and medical personnel with accidental blood exposure. Next.

And at the center, as you can see, we have 20 percent of HIV positive from the population visiting (inaudible), 32 percent have STI. For TB screening, we have 20 of all persons are telling that they are coughing since you with actually active TB patient.

And we have started in 1999, the mother-to-child transmission program. And this is a pilot program run by the Ministry of Health. And from 30 percent, we have dropped the rate to 9 percent. So this intervention is feasible and is acceptable. But we have developed structure to receive and to give messages about breast feeding because this is a huge issue now. We have to push emphasis about the necessity of family planning to avoid second pregnancies and everything. Next.

We were really -- in a few -- few years ago, we wonder if we need, those expensive medications would be available for poor countries like Haiti. In fact, the heart of ARV treatment has been introduced slowly and gradually in Haiti, first by partner in health held by Dr. Paul Farmer, he start. And by using clinical criteria to enroll patients.

And (inaudible) center has started more than one year ago, and now we have 100 patients on heart, mostly women from inter-city program. And we are developing algorithm for this treatment because one of the issues of this heart treatment will be that everybody will want to use it. And we want to make sure that we write rules and procedures to avoid loss of medication and loss of energy and everything.

And if you can recall, we have still a lot of problems with the TB compliance treatment. So we have to think about the new challenges about HIV treatment. And the third part is the social marketing of condoms. As you can see, from 1992 to 2001, we have really a big increase in the sale of condoms. Next.

And the other community based intervention. We have developed a lot of them, like support group for HIV, people living with AIDS, now also men having sex with men have opened some new organization. As you know, Haitian don't want to talk about homosexuality. Most of them don't tell that they are homosexual.

We launched some support group for all affected families and they're run by World Vision. We have home care programs. We go home and give services and care to those people who cannot reach the institution. And we have some orphanage. There are still few orphans because we, as you have heard, we have more than 1,000 orphans. So we have to open new facilities for them. And we have nutritional support from USAID support, and we give food to the needy families. And we have created also some income generating activities.

The knowledge about HIV/AIDS, you can see even in urban or rural area, there was a good knowledge about HIV. And at least more than 50 percent know more than two mode of transmission to prevent HIV/AIDS.

And so maybe there are some general (inaudible) being done of HIV epidemic in Haiti. There is a creation of solid partnerships between public and private sectors. We have some dedicated NGOs with specific intervention, and we have a political leadership. And under this leadership, all organizations really work together to have a common fight. Next.

And a new national AIDS plan implicating all sectors of the society, medical and non-medical. And we hope that we will be able to have a planned Hispaniola plan, to have a better way to fight the epidemic. And we do give our firm support. We'll extend those activities known to be effective so far.

Thank you.

MR. MORRISON: Thank you very much, Dr. Verdier and Dr. Augustin. What I suggest we do is take two quick questions and ask our speakers to respond, break for lunch, come back and talk about the development of the application for the Global Fund. And I would invite Dr. Augustin to speak to that issue. And I would ask Dr. Verdier. I hope she will be able to join us for that discussion too, because I think there is quite a bit translation of many of the issues that have been put on the table right now into that next discussion.

Hans.

MR. HANS VINSLANGER (sp): (Inaudible).

MR. MORRISON: Okay. The question that Hans Vinslanger (sp) poses is how people living with AIDS are incorporated into these --.

MR. VINSLANGER: (Inaudible).

MR. MORRISON: -- the planning and -- as actors within these interventions.

Let's take one other question, please. Question or comment? Okay. We'll come back to Hans' question right now.

DR. AUGUSTIN: In terms of the action plan, as I said before, there is a full implication of all sectors and all stakeholders, including people living with AIDS. In addition to this, in the national council which oversees AIDS programming, there is a representative (inaudible).

DR. VERDIER: At (inaudible) centers, we work together with some organization with people living with AIDS. And I can't answer for the national program, but as a referral center for Haiti, a lot of them come to us, even to have material to do education for other people, or to have the follow up for the treatment, or to help them organize. That's all I can say for myself.

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