

**USAID Support for Sexually Transmitted Infections and HIV/AIDS
Programming in Haiti:**

**Assessment and Recommendations
for Future Action**

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September 2001



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ACKNOWLEDGMENTS

The assessment team was helped at every step by informed and supportive people who share a deep commitment to reduce HIV transmission and mitigate the impact of HIV/AIDS in Haiti. We list most of these people at the end of this report, but a few deserve special mention here.

The USAID/Haiti population, health and nutrition office, under the leadership of Carl Abdou Rahmaan, provided a consistent, orderly approach to the realities of Haitian politics and programs. It was unfailingly responsive to our logistical and information requirements. We especially thank Genève Mongène for anticipating our needs even before we knew them ourselves.

We thank the staff of the Ministry for Public Health and Population, and in particular, the national AIDS coordinator, Dr. Joël Daes. We wish her every success as she shepherds along the planning process and subsequent actions.

We express appreciation to Dr. Jean-Robert Brutus, resident advisor for FHI/IMPACT, and Dr. Elke Konigs, from Management Sciences for Health/Boston, for accompanying us to the field and for their informal discussions. Their insights substantially broadened our understanding of the issues.

Finally, we thank the Synergy staff in Washington, and in particular Sonja Schmidt, for being helpful and responsive throughout the assignment. Sonja handled the difficult logistics and complex technical needs of the team with great good humor and flexibility from beginning to end.

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August 2001

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ACRONYMS

AIDSCAP	Acquired Immune Deficiency Syndrome Control and Prevention Program
CDC	U.S. Centers for Disease Control and Prevention
CDS	Centre de Développement Sanitaire
CRN+	Caribbean Network for People Living with HIV/AIDS
FHI	Family Health International
FOSREF	Fondation pour la Santé Réproductrice et de l'Éducation Familiale
FY	fiscal year
GHESKIO	Groupe Haitien d'Étude du Sarcome de Kaposi et des Infections Opportunistes
HIV	Human Immunodeficiency Virus
HS-2004	Health Systems 2004 (USAID vehicle for funding FP and reproductive health in Haiti)
IHE	Institut Haitien d'Enfance
MSH	Management Sciences for Health
MSPP	Ministère de la Santé Publique et de la Population
NACP	National AIDS Control Program
NGO	nongovernmental organization
PAHO	Pan American Health Organization
POZ	Promoteurs Objectif ZeroSIDA Foundation
PROMESSE	Commodity Procurement Agency of MSPP
REHVIH	an association of Haitian NGOs fighting AIDS
STD	sexually transmitted disease
STI	sexually transmitted infection
TB	tuberculosis
UCS	Unités Communautaires de Santé
UCSF	University of California-San Francisco
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

The Caribbean, constituting some 36 million people in 16 sovereign states and 18 territories, dependencies and semi-autonomous island states, has the highest HIV prevalence in any region outside Africa. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Pan American Health Organization (PAHO) estimate that 2 percent of adults in the region are seropositive, 85 percent of whom live in Haiti and the Dominican Republic. The epidemic is concentrated in young adults and is transmitted mainly through sexual contact. However, perinatal transmission is rising in some areas, particularly in Haiti. A 1998 study¹ estimated that the HIV infection rate in Haiti is 6 percent in urban areas and 4 percent in rural areas, making Haiti the hardest hit country in the Caribbean region. The true extent of the epidemic, however, may be even worse since a dependable epidemiological surveillance system that meets Haitian and international standards does not exist.

In recent years, health sector funding by major bilateral and multilateral international agencies has been reduced or discontinued in Haiti, despite a growing epidemic and increasing national determination to respond to the epidemic as effectively as possible. In Fiscal Year (FY) 2002, the U.S. Agency for International Development (USAID) will reduce its overall funding from \$50 million to \$35 million, which will affect the Mission's population, health, and nutrition activities. In order to program resources as efficiently as possible, a team of consultants was asked to review and assess USAID's current HIV/AIDS portfolio in Haiti in May 2001.

The team found that while there were significant accomplishments, such as a high level of awareness of HIV among the population (studies show that 98 percent of the population knows about AIDS, and more than 65 percent understand the modes of HIV transmission) and the establishment of a national condom social marketing program, protected sex is not widely practiced and multiple sexual partners are common.

The assessment team was struck by what it perceived as a growing commitment, in both public and private sectors, to confront the challenges of ignorance and discrimination, poor health systems, lack of access to care and support, and an absence of political will. The launch on May 7, 2001, of a new national strategic planning process by the Ministry of Health gives rise to the hope that policy guidance and funding commitment will follow. The national plan acknowledges the direct linkages between sexually transmitted infections (STIs), HIV and other infectious diseases, such as tuberculosis (TB). It will become operational by the end of 2001.

Responding to the generalized HIV/AIDS epidemic in Haiti requires a dual approach: to provide decentralized prevention and care services throughout the country, while ensuring extra coverage of high-risk settings or "hot spots" where transmission is most rapid. **The team recommends, therefore, that USAID pursue two mutually reinforcing strategies:**

- A departmental approach to expanding access to counseling and services and developing a second generation of messages on prevention, safe sex, human rights, and care and support for the afflicted, and

¹ E.Gaillard and Coll., *IMPACT du SIDA*. 1998: POLICY Project.

- Increased focus at the national level on vulnerable or high-risk communities most in need of services.

In the development and implementation of these strategies, related issues of commodity security, funding, and program and donor coordination will have to be addressed.

Major Recommendations

Departmental Strategy

The **team recommends** that a partnership between the public and private sectors be established in order to control STIs and HIV in Haiti. This partnership should entail the development of “Centres de Référence,” or Referral Centers, which would provide high-quality voluntary counseling and testing (VCT) and other STI and HIV services. These Centers should first be established in three departments where the more experienced private and public health facilities are located. These three departments are:

Département du Nord: Hôpital Départemental Justinien in Cap Haitien, Centre de Développement Sanitaire (La Fossette), and FOSREF

Département de L'Artibonite: Hôpitaux Départementaux de Gonaives et de St. Marc, Hôpital Albert Schweitzer, and FOSREF

Département de Grande Anse: Hôpital Départemental St. Antoine in Jérémie and the CARE Program of Support to Persons Living with HIV/AIDS

Additional departments can be added as experience is gained, such as in the Département du Nord-ouest, where statistics show incidence of HIV to be high, especially around Port de Paix.

The **team recommends** that ad hoc technical committees be convened and coordinated by Groupe Haitien d’Étude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO) to update national protocols for management of STIs and adopt target interventions for specific groups that are vulnerable or at risk.

The **team recommends** that Management Sciences for Health (MSH) oversee the adaption of syndromic management approaches and monitoring systems; Family Health International (FHI)/IMPACT provide technical support for counselling protocols and training; and Centers for Disease Control and Prevention (CDC) oversee the development of surveillance systems.

VCT is becoming the cornerstone of national HIV/AIDS prevention strategies since it provides critical information to individuals that, when linked to support and care services, empowers them to maximize their own health and protect others. The **team recommends** that FHI/IMPACT, Population Services International (PSI)/AIDSMARK, and GHESKIO partner to assess clinical and community-based public and private facilities in and around the Centres de Références for their potential capability and willingness to collaborate in providing a comprehensive VCT package.

Communication approaches and tools with the goal of helping at-risk citizens better understand their options have not yet been created. Approaches creating awareness of the burden borne by people living with AIDS and of the harmful effects of discrimination are similarly lacking. The **team recommends** an in-depth review of information, education and communication, and behavior change communication activities supported to date under USAID/Haiti's population, health and nutrition portfolio, to assess their quality and impact and the context they create for new HIV/AIDS communications.

Strategy to focus on people at high risk

The team focused on three groups which stood out because they were at especially high risk for becoming infected:

- adolescents and young people,
- young men with disposable income, and
- sex workers.

While each target group requires a group-specific approach, the team identified several elements that each intervention package should contain:

- Participation of target audiences for formative research;
- Appropriate education and behavior change messages to reduce health risks associated with particular behaviors;
- Promotion and provision of condoms;
- Targeted STI management:
- Development of treatment protocols to address group-specific STI/HIV prevalence;
- Periodic screening for syphilis and HIV and presumptive STI treatment for asymptomatic, high-risk female populations;
- STI services for clients of commercial sex workers, using syndromic case management;
- Services to meet other health and social needs, including VCT, family planning, and child care;
- Peer education as a community organizing process to reach out to people at risk and find solutions for social and health problems and other issues they confront; and
- Developing opportunities for linking with other sectors, such as education, microenterprise, and tourism.

Commodity security

Confidence that commodities such as condoms, VCT kits, reagents and medications will be available when needed is essential to successful development and acceptance of program initiatives. A satisfactory national logistics and information management system, however, is missing. USAID/Haiti is urged to take the lead in mobilizing support to meet Haiti's commodity supply and logistics needs, especially as they impact national STI/HIV/AIDS programs.

Funding strategy

The team proposes that 60 percent of available funding be devoted to the departmental strategy and the remaining 40 percent to the strategy that focuses on people at high risk of infection. To the extent that available funding is less than hoped for, the team recommends that highest priority be given to the first strategy.

Regional strategy

USAID/Haiti should make a modest financial contribution to the regional strategy and in return, negotiate for benefits of the strategy—especially training and advocacy—to be earmarked for Haitian governmental and nongovernmental partners.

In addition, USAID/Haiti should collaborate closely with USAID/Dominican Republic to ensure well-coordinated joint efforts to provide information and services to mobile and high-risk populations in 'hot spots' along the Haiti/Dominican Republic border, and to build constituencies at the national and regional levels for enhanced HIV prevention, care and support.

Program and donor coordination

There was widespread hope expressed to the team that USAID will vigorously involve itself in helping advance the process of developing the National HIV/AIDS Strategic Plan. At the same time, effective coordination of donors and implementing partners is essential for successful national programs. The partner agencies consulted during this assessment urge USAID/Haiti to take the lead in improving coordination of all of the principal players in the HIV/AIDS program.

I. INTRODUCTION

This report examines the role that the U.S. Agency for International Development (USAID) should play in Haiti during the next two to five years to support national efforts to combat the HIV/AIDS epidemic. The team was convened in May 2001 at the request of the USAID Mission to Haiti. The U.S. Congress earmarked \$4 million for HIV/AIDS prevention and control assistance to Haiti in Fiscal Year (FY) 2001, along with \$1 million for prevention of tuberculosis (TB), which represented a threefold increase in the amount of such funding in recent years for these purposes in Haiti. Unfortunately, funding for all USAID activities in Haiti for FY 2002 will be reduced from \$50 million to \$35 million, which will seriously affect the Mission's population, health, and nutrition programs.

Haiti's current political crisis, which grew out of the flawed 2000 legislative elections, has led to drastic reductions or discontinuation of health sector funding by the World Bank, European Union, United Nations Population Fund (UNFPA), and the Dutch government, as well as USAID. This is especially unfortunate because the government of Haiti seems willing to invest significant energy in combating the HIV/AIDS epidemic.

The timing of the assessment coincided with two significant public events that took place in Haiti in May 2001, the first just as the team was beginning its work, and the second near its conclusion. First, on May 7, 2001, the government of Haiti launched a formal six-month process to develop a national strategic plan to combat HIV and AIDS. Second, on May 20, 2001, churches, youth groups, community organizations, and institutions throughout Haiti celebrated the International AIDS Memorial with formal events and informal gatherings, candlelight vigils, and personal testimonies. The scope and fervor of participation in the Memorial provided compelling evidence of the extent to which HIV/AIDS affects all aspects of Haitian life, and spoke to the growing willingness of people to spread messages of prevention, care, and personal support.

These events seemed to indicate a national determination to draw on all available resources to deal with the epidemic as forthrightly and effectively as possible.

II. APPROACH TO THE ASSESSMENT

The seven-member assessment team collectively has many years of experience working with the AIDS pandemic as well as technical and operational skills in the diagnosis and management of sexually transmitted infections (STIs), voluntary counseling and testing (VCT), management of opportunistic infections, behavior change communication, social marketing, community mobilization, and program policy and management. One team member from the health staff of USAID/Haiti gave the team important access to the Mission's assessment of health program priorities. Another member has been HIV-positive for several years, and lended an intimate understanding of the counseling and support needs of people living with AIDS. Three team members are Haitian, three are from the United States, and one is Egyptian.

The team's work was guided by the two objectives stated in its scope of work:

- To prepare an updated situation analysis of the HIV/AIDS epidemic in Haiti with a focus on USAID-supported geographic and technical areas; and
- To identify priority areas for the most strategic and efficient use of USAID/Haiti to support efforts to prevent and control STIs and HIV/AIDS.

Because a more in-depth assessment of the HIV/AIDS epidemic in Haiti is expected to be conducted in September 2001 by the Centers for Disease Control and Prevention (CDC), the team spent most of its time reviewing the current status of USAID-supported HIV/AIDS activities, the donor environment, and the national program.

The team was also asked to consider different budget scenarios and therefore to prioritize projects that could be supported by USAID according to different funding levels.

To gather information, the team met with officials of the Ministry of Public Health and Population (MSP), major bilateral and multilateral donors, international technical assistance organizations, and Haitian nongovernmental organizations (NGOs) closely associated with HIV/AIDS prevention and control initiatives (Appendix A). To conduct fieldwork, the team was divided into smaller groups. Team members traveled to the central plateau and to the Grande Anse, Artibonite, Nord, and Nord-est departments. The purpose of these trips was to meet with public and private sector health service providers and administrators to better understand their ability to address STIs and HIV, and to absorb the lessons of related community-based activities and reproductive health programs.

The assessment team reviewed many reports and documents that provided background and analysis of the response to HIV/AIDS in Haiti. Two reports were particularly helpful. The first was a 1998 USAID internal HIV/AIDS assessment, which covered findings and recommendations of an earlier review of the Mission's response to the epidemic in Haiti. The second was the report of a review of the Mission's support for TB prevention activities, which took place in April 2001, also at USAID/Haiti's request, a few weeks before the HIV/AIDS assessment. The team drew on the recommendations of the second report, especially the discussion of integrating STI/HIV services and counseling with those for TB and opportunistic infections. These and other references are listed in Appendix B.

III. SITUATION ANALYSIS

This section presents a status report on the HIV/AIDS epidemic in Haiti, based on available epidemiological, social, and behavioral data; documents reviewed; and the views and reports of program and policy experts who were interviewed by the team. It then briefly summarizes the team's findings in an attempt to set priorities for activities by implementing agencies funded by USAID and other donors, and, where possible, the lessons that can be learned from them.

3.1 Status of the Epidemic

Sentinel HIV surveillance has been conducted in Haiti since the early 1990s. A 1998 study² estimated an infection rate in the adult population of 6 percent in urban areas and 4 percent in rural areas. Even though infection rates are no longer rising and may be declining in some areas, these statistics make Haiti by far the hardest hit country in the Caribbean region. For example:

- Between 260,000 and 300,000 Haitians are HIV-positive, with 35,000 to 45,000 new cases occurring each year (POLICY Project projection, as presented by MSPP to the United Nations General Assembly Special Session on HIV/AIDS, June 2001).
- Of 8,000 patients tested in 2000 at the Groupe Haitien d'Étude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO) Centers, 22 percent were sero-positive for HIV.
- On average, 110 people die from AIDS in Haiti each day. The cumulative number of deaths from AIDS in Haiti could reach one million by 2010.
- In 2000, 9,124 cases of TB were reported to the World Health Organization.
- According to GHESKIO Centers, 50 percent of patients with TB in hospital have AIDS, and 30 percent of patients AIDS who do not receive treatment develop TB.
- A 1994 study³ of 1,000 pregnant women in a poor section of Port-au-Prince showed that 47 percent had at least one STI. Nationwide, across all population groups, 40 percent of pregnant women when tested were diagnosed with at least one STI.
- Studies by E. Gaillard and S. Hunter⁴ suggest that 133,000–190,000 children under age 15 had lost one or both parents to AIDS by 1998, and that the number could reach as high as 400,000 by 2010.
- Dependable VCT services are available at only four sites in Haiti, all in the private sector. Although as many as 10 public hospitals have HIV testing kits, because of faulty equipment, lack of training, or other reasons, none provide acceptable VCT services.
- A dependable epidemiological surveillance system that meets Haitian and international standards does not exist.

Controlling the epidemic in Haiti and limiting its negative consequences are difficult for multiple reasons that have behavioral, social, and political factors. They include:

² E. Gaillard and Coll., *IMPACT du SIDA*. 1998: POLICY Project.

³ Frieda Behets, étude KAP Cité Soleil 1994.

⁴ S. Hunter, *Orphans Programming in Haiti: Developing a Community-Based Response*.

⁴ MSPP/OMS/OPS, *Analyse de la Situation Sanitaire*, 1999.

- Protected sex is not widely practiced, despite a nationwide condom social marketing program (in 1995, condom use among women and men was 12 percent and 32 percent respectively, according to the Acquired Immune Deficiency Syndrome Control and Prevention Program (AIDSCAP));
- The common behavior of having multiple sexual partners, and lack of empowerment by women to negotiate sexual relationships (37 percent of women interviewed in a recent study⁴ reported having been forced to have sexual relations without their consent);
- High levels of denial by families and communities, and the acute stigma attached to persons with HIV and their families, especially in rural areas;
- Country-wide lack of access to competent screening for STIs and voluntary counseling services;
- Intermittent government leadership, which has rarely extended beyond support for the planning process, and governments that have not been able to provide resources to ensure adoption of norms and delivery of services in the public sector;
- Government involvement with the HIV epidemic is confined to the health sector, and relies almost entirely on a dedicated but underfunded National AIDS Coordinator within MSPP;
- Most services, in both public and private sectors, are located in urban areas, whereas 65 percent of Haitians live in rural areas;
- A feeling that Haiti has been isolated from international participation in AIDS forums and dialogue, especially since the close of the AIDSCAP office in 1996.

AIDS has been an additional burden to a country that has chronic poverty and deficiencies in good governance. Some Haitians still refer to HIV as “Kat Aches,” Créole for “four H’s,” as though they were unaware of the regrettable legacy of blame and shame that the term represents (see Farmer 1991, et seq⁵).

3.2 The Policy Environment

National leadership in the battle against HIV/AIDS in Haiti has historically not been strong. Although high-ranking MSPP officials have spoken out on the importance of fighting HIV and STIs, their verbal commitments have rarely translated into sustained support for information, services, or resource commitments. (One exception is that MSPP permitted allocation of a portion of the World Bank’s First Haitian Health Loan to support HIV/AIDS prevention services.)

Accomplishments such as a high level of awareness of HIV among the population (studies show that 98 percent of the population knows about AIDS, and more than 65 percent understand its modes of transmission) and the establishment of a national condom social marketing program, have in large measure been due to the efforts of NGOs. In the early 1990s, political turmoil led USAID and most other bilateral donors to route all of their health sector support through NGOs.

⁴ In the late 1980s, official U.S. government publications referred to the principal risk populations (or “vectors”) for HIV as hemophiliacs, heroin addicts, homosexuals, and Haitians. A compelling history of cultural and political legacies at play can be found in Farmer’s book, *Haiti and the Geography of Blame*.

The health assistance plan developed by USAID in 1996 attempted to invest in health projects through the Haitian government's plan to ensure a basic package of services through *unités communautaires de santé*. But in light of subsequent political developments, this plan has been redesigned to again invest most resources in NGOs that can be held accountable for their results.

As in many other countries, official response to the epidemic by the Haitian government was characterized first by denial, and later by a medical approach to virus control. The problems of poverty were the acknowledged bedrock of risk behaviors for transmission of HIV and STIs, and there were significant deficits in information and services, but in Haiti as elsewhere, it was not clear how to involve non-health sectors in the solution. Policy documents identified a comprehensive range of responses, including prevention and care, but interventions tended to focus only on prevention. Also in step with AIDS programs elsewhere, the epidemiological logic of focusing resources on populations that were at highest risk of infection had the unintended consequence of marginalizing those who were infected or suspected of being infected. High-risk population categories tended to be stigmatized (e.g., sex workers, women or men with multiple partners, men who have sex with men), thereby encouraging discrimination.

Because donor resources for health flowed largely through NGOs, and government officials either remained silent about HIV/AIDS (except for speaking out on World AIDS Day) or had insufficient resources to move AIDS initiatives beyond the planning stage, it was left largely to private sector institutions and NGOs to sustain a high level of public awareness and concern. These organizations also took responsibility for sensitizing the population to the needs of those infected, and to the emotional and practical trials to which their families are subjected.

3.2.1 National Strategic Plan

Haiti's first (1990–1995) and second (1996–2000) medium-term plans for its national AIDS campaign, which were developed with assistance from the Pan American Health Organization (PAHO) and through extensive consultation with Haitian and international experts, were comprehensive and ambitious, and called for a range of prevention, care, and support activities that then reflected the state of the art. They had some successes but they were never fully implemented, due to lack of funds and the absence of a strong, official imprimatur.

The government's new insistence on a multisectoral approach to the campaign places it in concert with current international acceptance that the health sector alone cannot achieve or finance an expanded, comprehensive response to HIV. The approach will be led by MSPP in close collaboration with UNAIDS, and the government of Haiti has secured commitments of substantive participation from the Ministries of Social Affairs, Women's Affairs, Tourism, Finance, and Youth and Sports. All will be represented on the ministerial-level steering committee that will oversee the process of strategic plan development. Technical committees will be responsible for developing analyses and drafting the plan itself, drawing on expertise from the ministries, NGOs, the private sector, and other civil society entities.

Another positive factor in the development of the national plan is the direct linkage acknowledged between STIs, HIV, and other infectious diseases (such as TB). Sexually transmitted infections have long been recognized as opening the door to HIV and AIDS. Treating

one in isolation of the other avoids getting at critical root causes of infection. Recognition that HIV and TB are closely linked arrived more recently. This is because TB is the most commonly fatal opportunistic infection to afflict Haitians with advanced immune deficiency, and because immune deficiency caused by HIV has greatly increased the prevalence of active, transmissible TB. The Haitian government appears to be embracing a more holistic, realistic approach to these issues.

Management of the strategic plan development process has been assigned by MSPP to the Institut Haitien d'Enfance, which is closely supported and facilitated by UNAIDS. The goal is to have the plan finished and operational by the end of 2001. The assessment team discussed the process with the various parties concerned and how USAID/Haiti can best assist in forming a visionary, dynamic plan, as well as in determining the policy agenda that should guide its implementation.

3.2.2 Survey Data

Currently, the most widely used source on HIV prevalence is the December 2000 report of sentinel surveillance⁶ conducted by Institut Haitien d'Enfance and the GHESKIO Centers under the auspices of MSPP, with financial support from the Pan-American Health Organization. The study, conducted in 12 sentinel antenatal clinics in 10 departments (three in Département de l'Ouest), produced an estimated national adult sero-prevalence rate of 4.5 percent, down from 6.0 percent in 1996 and 6.2 percent in 1992, with major declines exhibited in Port-au-Prince and Cap-Haitien. Rates of serologic syphilis in the sentinel populations showed similar trends. On the other hand, the rate of infections among 15- to 24-year-olds increased from 1996 to 2000. Because prevalence among 15- to 19-year-olds is usually accepted as a proxy for HIV incidence, the increased rate in this group does not support a conclusion that Haiti's epidemic is under control.

The sample size may not have been sufficiently large, and the sentinel sites may not have been sufficiently numerous or representative. The UNFPA, for example, expressed concern that the survey did not sample important vulnerable and high-risk populations, such as adolescents and sex workers.

However, because MSPP has accepted the survey results for planning purposes, and in the absence of dependable conflicting reports, the assessment team concluded that rejecting the data now will serve no useful purpose. Rather, the questions raised should spur the establishment of a dependable surveillance system and infrastructure in the future, which would provide policy makers with a statistical basis for their actions, and keep the issue of the dependability of national data out of the policy arena.

The report also highlighted "hot spots" with marked increases in seroprevalence, such as Port-de-Paix and towns along the border with the Dominican Republic. This underscores the importance of examining population movements and other individual and situational risk factors.

⁶ Etude de séro surveillance par méthode sentinelle de la prévalence du VIH, de la syphilis et de l'hépatite B chez les femmes enceintes en Haiti, 1999-2000, IHE et Centres GHESKIO, Décembre 2000

3.3 Activities of Principal USAID-Funded Implementing Agencies

3.3.1 Management Sciences for Health

For several years, Management Sciences for Health (MSH) has been the largest conduit of USAID funding for reproductive health activities in Haiti, through the Health Systems 2004 project (HS-2004). Under Phase II of HS-2004, MSH and its subcontractors, Pathfinder International, Johns Hopkins University/CCP, Group Croissance, Institut Haitien d'Enfance, and Guillaume Associates, channel technical and financial support to 29 NGOs that provide reproductive health services. Support is also provided to five institutional partners, such as GHESKIO; thus the overall network currently has 34 partners. FY 2001 USAID funding of HS-2004 totaled \$12 million. According to a recent MSH report, since April 2000, the organization has spent \$560,000 on HIV/AIDS-related activities.

Except for a few key institutions, prevention efforts (mass media or face-to-face information and mobilization, counseling, condom promotion, promotion of dual protection), and treatment and care services (screening, syndromic management of STIs, VCT, care and support for people living with HIV/AIDS) have not been major elements of the reproductive health activities of HS-2004 partners, even though many provide family planning and maternal and child health services to women.

MSH is presently undertaking a formal service delivery assessment of each of its partners to determine 1) which ones are in the best position now to integrate such services into those they already provide, 2) which ones would be able to do so with additional training and technical assistance, and 3) which ones do not have the necessary capacity. The service delivery assessment should be completed by late summer 2001. The MSH network, while expecting to receive as much as \$1 million more from USAID per year to expand STI and HIV/AIDS activities, may also be called on to absorb reductions in USAID's overall portfolio. To maintain quality services, some NGO partners may have to be dropped altogether.

A few key HS-2004 partners have been involved in the delivery of STI and HIV/AIDS information or services. These institutions have been relied upon by USAID and other donors to play an important leadership role on the national scene. These include Fondation pour la Santé Réproductrice et de l'Education Familiale (FORSREF), Centre de Développement Sanitaire (CDS), and GHESKIO.

Fondation pour la Santé Réproductrice et de l'Education Familiale

FOSREF has the largest program targeting youth with STI and HIV services, including education and counseling, and, in some sites, diagnostics and clinical care. It has an annual budget of \$1.3 million, and in addition to its HS-2004 support through MSH, has received funding from FHI/IMPACT, the Gates Foundation, and other donors. FOSREF centers, which are largely staffed by young people, target peers with safe sex and related messages through training, youth clubs, theatrical activities, and home visits. In addition to its main center in Port-au-Prince, the assessment team visited a newly opened center in Gonaives and one that has been in operation for a year in Cap Haitien. Centers provide condoms, clinical examinations, and counseling free of charge, and drugs to treat STIs at reduced rates.

FOSREF has expanded rapidly, and now has youth centers in five departments. It also operates Projet Lakay (“the home” in Creole) which provides services, counseling, and support to 3,600 commercial sex workers with STIs in metropolitan Port-au-Prince, and has plans to expand this service to Cap Haitien. FOSREF management is regularly called on to open new centers and to provide other technical assistance to youth initiatives. Staff admit that they are in danger of being overextended.

FOSREF has much to offer as a technical consulting organization for youth programs, and may be able to realize income, and thereby begin to establish some degree of long-term sustainability. But by their own admission, FOSREF staff do not know how to structure the organization to meet this end. There is ample room for technical assistance to the organization, with FHI perhaps being the most logical source, to help it sort through these issues and understand its limits.

Centre de Développement Sanitaire

CDS is one of largest nongovernmental partners of MSH and is a major provider of reproductive health services. The assessment team visited its large and busy La Fossette clinic in Cap Haitien, which sees about 200 new STI cases and 30 new TB cases each month. La Fossette provides VCT, using rapid tests, which are confirmed by enzyme-linked immunosorbent assay at the nearby Hôpital Justinien. The high number of patients limits outreach activities for contacting partners of infected individuals, and CDS management expressed the need for training in all aspects of STI/HIV screening and treatment, and guidelines for managing opportunistic infections. La Fossette has worked hard on cost recovery, deriving 30 percent of its funding from fees, while 50 percent comes from USAID via HS-2004 and 20 percent from MSPP, largely through salaries of clinic staff who are Ministry employees.

CDS also manages MSPP hospitals at Ouanaminthe and Fort Liberté in the Département de Nord-Est, which provided an excellent example of the obstacles that must be overcome to make STI/HIV services and counseling fully accessible to the public. Both hospitals are located close to the Dominican border, in areas acknowledged to have high rates of HIV transmission. Yet despite their support from CDS, which ensures better-than-average facilities, training, and supervision, and despite their obvious motivation, hospital administrators and staff feel unable to meet the need.

Although CDS personnel are nominally equipped to do VCT (via rapid tests), they are too short-handed to meet other hospital needs. Given these staff constraints, outreach to families and partners of those who test positive is impracticable. The fact that STIs and HIV are treated vertically makes integration with other services difficult. Because of limited time and training, staff feel ill-equipped to provide adequate pretest and post-test counseling, and patients rarely return for follow-up.

Closer analysis of these and other facilities enabled the team to summarize the needs and weaknesses of clinical services in Haiti as follows:

- Generalized lack of adequately equipped testing facilities, commodities, and skilled counseling services;

- Inadequate application of the syndromic approach to management of symptomatic cases of STIs. Treatment protocols need to be adapted to different settings;
- Cost-ineffective application of syndromic STI case management in family planning settings, where most clients are asymptomatic women;
- Clear need for training and re-training in all aspects of STI management, with particular emphasis on counseling;
- Quality of HIV rapid testing and confirmatory testing need to be evaluated;
- Integration of services for HIV and other STIs, and family planning, reproductive health, and TB must be strengthened;
- Lack of effective monitoring and supervision, made more problematic by inconsistent data management; and
- Limited collaboration and integration of messages and services with those involved in education and mass communication interventions.

Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes

A major recipient of HS-2004 funding through MSH, GHESKIO Centers also receive support, usually as research grants, from many other Haitian and international sources, not least through their historic academic links with Cornell University Medical College. (In 1993, the Fondation Haitienne des Maladies Endémiques was created by a group of Haitian entrepreneurs specifically for the purpose of supporting GHESKIO's work.) Since its creation in 1982, GHESKIO has been closely affiliated with MSPP. The Ministry has provided GHESKIO with laboratory research facilities and looks to it as a principal resource for data on the HIV/AIDS epidemic.

Currently, GHESKIO Centers receive about 100,000 patient visits per year. Patients are not charged for services or medications, and standards of care rank with the best private practitioners and facilities in Haiti. In 1991 GHESKIO established a counseling unit, and to date it has trained more than 2,000 Haitian health professionals and 300 community leaders. Its STI referral center, also established in 1991, receives patients that have been referred from more than 40 institutions. GHESKIO has developed simple algorithms for integrated STI diagnosis, treatment, and preventive counseling. All patients are also screened for HIV and TB. The TB referral center serves the largest outpatient TB population in Haiti, with more than 600 patients receiving anti-TB drug treatment and another 1,000 receiving isoniazid medication to prevent TB.

GHESKIO places major emphasis on HIV/AIDS, other STIs, and TB by having created a dedicated counseling unit and introduced reproductive health services aimed at those infected with HIV. GHESKIO serves as a national referral center for HIV testing (more than 10,000 individuals tested per year, 65 percent self-referred), which is offered free of charge and is closely linked with pretest and post-test counseling. Free condoms, other family planning options, and nutritional support for more distressed patients are also offered. All patients screened for HIV, other STIs, and TB are referred to GHESKIO's reproductive health units, which are fully integrated with other services, and which have the capacity to oversee and supervise the use of antiretroviral therapy in attempts to interrupt mother-to-child transmission of HIV.

GHESKIO is seeking ways to extend clinical and testing capacity to departmental hospitals around the country, and in so doing, will begin to address the wide gaps in such services throughout Haiti. Two such initiatives, in Jacmel and Port-de-Paix, are being developed, but further expansion depends entirely on availability of new funding.

3.3.2 Family Health International

The IMPACT project, managed by FHI, has much experience with HIV/AIDS in Haiti, as well as an excellent technical reputation, having been the prime contractor for the AIDSCAP project in the 1990s. IMPACT (FY 2001 funding level, \$1.4 million) focuses on supporting local institutions to promote behavioral changes among four target population groups:

- *Young people and adolescents.* FHI/IMPACT supports FOSREF and the Volontariat pour Développement d'Haiti in efforts to reach young people with education, counseling, and messages to promote safe sex and prevent transmission of HIV and other STIs. Modes of action include peer education, materials development, theater clubs, and similar initiatives.
- *Commercial sex workers.* FHI provides funds through FOSREF for Projet Lakay, in urban Port-au-Prince and Carrefour. The objective of the project is to encourage sex workers to view Lakay as a source of comfort and support, promote the use of condoms, and to promote alternative means of income through job training, and thus increase self esteem.
- *Men who have sex with men.* Through Groupe de Recherche et d'Action AntiSIDA et Antidiscrimination Sexuelle, a local organization supported by Promoteurs Objectif ZeroSIDA, FHI has developed a curriculum (modeled on other similar projects in the region) that supports training for 60 peer educators, as well as print and audiovisual materials geared toward this population.
- *Media.* FHI has worked with Promoteurs Objectif ZeroSIDA, CECO-SIDA (a network of journalists concerned with AIDS), and REHVIH (an association of HIV/AIDS-oriented NGOs) to develop interactive media approaches, radio spots, and other behavior change communication initiatives, often using entertainment and sports personalities to give messages added impact.

FHI/IMPACT is an important participant in the CARE project in Grande Anse that has developed a unique approach to comprehensive care and support for persons living with HIV/AIDS. FHI/IMPACT is also a principal funder of Téléphone Bleu, the popular Port-au-Prince hotline created by Promoteurs Objectif ZeroSIDA for people seeking confidential information and guidance on HIV/AIDS and sexuality. It also works with Arc en Ciel, a Port-au-Prince NGO that provides shelter for children orphaned by AIDS and other causes, and strives to maintain linkages between the orphans and their communities.

FHI/IMPACT should be one of USAID/Haiti's principal weapons in its expanded program to combat STIs and HIV/AIDS. To this end, FHI/IMPACT should accelerate plans for a full review of its activities, and elicit honest feedback from its grantees to learn where it can best provide technical and material inputs.

3.3.3 CARE/Haiti

USAID/Haiti funding for the Project of Support to Persons Living with HIV/AIDS is managed by CARE (FY 2001 funding through HS-2004 was \$760,000). Before the project began, voluntary testing for HIV was not available at departmental hospitals, but since then, more than 1,700 tests have been administered, of which 14 percent were positive. Pretest counseling has been provided to more than 2,000 patients and post-test counseling to 1,500 patients. The project has sponsored more than 550 community meetings and 770 training sessions, which have led to the formation of numerous support groups and volunteer networks.

The project has succeeded in mobilizing and nurturing community support, ensuring access to screening and counseling services in public and private sector health centers and through community volunteers, and providing special services for children. Assessment team members who visited Grande Anse noticed the strong sense of collaboration and partnership that has been established among public and private sector service providers in the region. An independent analysis of the project's feasibility and sustainability are now needed (see recommendation in Section IV.2.5.)

CARE is actively seeking to expand its project to support persons living with HIV/AIDS to other unités communautaire de santé in the Grande Anse Department. It also has established excellent community networks through other development programs, notably the Artibonite, which could be used as sites for further testing this model and thus adapting it to settings with different cultural imperatives. This project seems to have found some keys to achieving this goal, and they should be exploited.

3.3.4 Population Services International/Haiti

Population Services International (PSI) is responsible for the social marketing program that now sells more than 15 million *Panté* condoms annually throughout Haiti. Indeed, the program has been the principal nationwide source of mass communication on HIV and STIs. PSI has also developed a proposal to market a STI treatment package.

PSI has broadened its communication efforts from marketing branded products to promoting knowledge and risk reduction. Its HIV/AIDS awareness raising, peer and community education, and behavior change communication initiatives among adolescents (through "club cool") and rural populations have been increasingly effective. The reach of its mass communications efforts is still more urban than rural, however, and its messages tend to speak primarily to a young, urban audience.

Many people interviewed by the team expressed fear of a rumored stock-out of condoms later this summer, because some of the regular sources of supply (UNFPA, World Bank) have evaporated. Stocks are in fact tight, but PSI has worked out a strategy using a grant from the Canadian government to ensure "condom security" for the next 18 months, and thus buy time in which to develop a sustainable condom supply system, conferring closely with USAID at every step in the process.

USAID support to PSI comes through AIDSMark (FY 2001 funding was \$700,000), and is used for marketing, distribution, and promotion costs rather than condom purchases. This is because condoms procured on the U.S. market, as they must be if USAID funds are used, are double the price of condoms on the world market.

3.4 Activities of Other Partners, Donors, and Key NGOs

Ministère de la Santé Publique et de la Population

Long-term sustainability of any STI/HIV/AIDS program requires a wholehearted investment of effort and resources by MSPP. To date, this investment has been erratic. For example, the office of the national AIDS program coordinator has had to operate on a shoestring budget, without computers or other key systems support. Political problems have led to limitations in direct donor assistance.

However, MSPP appears energized to spearhead development of the new national strategic plan, and has welcomed the involvement of other government departments. No opportunity for USAID and others to nurture this motivation should be missed. Notwithstanding legal impediments to direct funding by USAID of the work of the Ministry, other opportunities for providing technical assistance and strengthening capacity must be maximized.

The MSPP expressed to the assessment team a commitment to harnessing both public and private sector resources to increase access to HIV/AIDS services for the Haitian people. Recognizing the challenges of providing access to high-quality services for all, especially beyond Port-au-Prince, the MSPP continues to be committed to the concept of Unités Communautaires de Santé (UCS), and to integrating HIV, STI and TB services into other health care services for the general population. The MSPP and the National AIDS Control Program (NACP) see their role as providing technical and policy guidelines and standards, and convening partners to program their resources according to the MSPP guidelines. Their current focus, therefore, is on endorsing and setting the framework for the national HIV/AIDS strategic planning process.

Joint United Nations Programme on HIV/AIDS

The priorities of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for the national HIV/AIDS program are to expand access to VCT, as the key to prevention and care; establish a more dependable national surveillance system; mitigate HIV transmission; care for people living with HIV/AIDS; and promote empowerment of women. UNAIDS is the principal advisor and partner to the Institut Haitien d'Enfance and assists the Institute in developing a national strategic plan. In this capacity, UNAIDS is mobilizing technical working groups that will develop the plan's elements, and is seeking resources to supplement the modest funding that it has been able to commit to the process. UNAIDS is a key player in the development of HIV/AIDS prevention, control, and services efforts in Haiti. UNAIDS would like USAID to assume a leadership role in the process, and is sure to be a willing partner.

United Nations Population Fund

Within its overarching focus on reproductive health and family planning, the UNFPA has provided significant support to HIV/AIDS-related activities, with a particular emphasis on

adolescents. For the period 1999–2002 it gave \$150,000 to Promoteurs Objectif ZeroSIDA for the Téléphone Bleu hotline; \$500,000 to FOSREF for youth initiatives and Projet Lakay; and \$850,000 to Volontariat pour Développement d’Haiti for youth programs. UNFPA donated \$1.3 million to PSI for condom purchases, although that award is not being renewed. UNFPA has also funded GHESKIO to provide mother-to-child transmission interventions.

The UNFPA professional staff consider monitoring and evaluation to be a critical shortcoming in the programs they support. They are also interested in collaborating with other organizations that work with youth, and sharing tools and ideas for strengthening programs that serve youth. A steering committee reviews and supports several youth programs funded by UNFPA, but at this time, those programs do not include young people or people living openly with HIV.

UNFPA representatives expressed their concern that reliance on the 2000 sentinel surveillance data may make the epidemic seem less severe than it is, and that the data may promote complacency and inaction. UNFPA is a participant in the UNAIDS theme group, and would like to collaborate with USAID in working with MSPP and other interested parties to ensure long-term condom security.

United Nations Children’s Fund

UNICEF has made HIV/AIDS a top priority in its 2002–2006 program plan, especially in regard to support for vulnerable children. UNICEF staff members hope to be able to spend \$28 million during the 5-year period. Key objectives of its plan are to increase access to information by adolescents; expand counseling, care, and support initiatives; and reduce the rate of HIV infection by 25 percent in young people aged 15–25. UNICEF operates in departments along the eastern border of Haiti (Nord-est, Sud-est, Centre, Ouest).

UNICEF will work with 21 NGOs to prevent vertical transmission of HIV, including provision of antiretroviral medicines. This is a program originally started at GHESKIO and Hôpital de Cange. UNICEF is keenly interested in a Caribbean regional HIV/AIDS strategy (see Section III.5), notably as a way to reconnect donors that have phased out their support to Haiti. Finally, UNICEF sees the launching of the national strategic plan development process as an important symbol in that it bespeaks renewed government commitment. To reinforce that commitment, it vigorously promoted Haitian participation in the recent United Nations Special Session on HIV/AIDS.

Pan American Health Organization

PAHO staff told the assessment team that they have assured MSPP that condoms will be distributed free through the public sector for one year, but repeated the warning that condom supplies for the social marketing program are in jeopardy. The organization is collaborating with CDC to reinforce the University of Haiti Department of Epidemiology to strengthen national surveillance systems, including establishment of an HIV/AIDS “situation room.” In addition, the organization makes available free of charge a room on its premises in Port-au-Prince to house the phones and counselors of the Téléphone Bleu hotline.

World Bank

The World Bank is in the process of suspending loans and credits to Haiti. Since 1995, the Bank supported what its representative referred to as “the bulk of MSPP activities” through International Development Association loans. The Bank provided broad assistance to the campaigns against STIs, HIV, and TB, by supporting funding for screening reagents at the Croix Rouge blood bank and supporting counseling training at GHESKIO; procurement of condoms for MSPP and the social marketing program and mobilization of “AIDS Caravans”; supporting many NGOs; and funding medications.

The outgoing World Bank representative spoke of the need for greater coordination between donors, programs, and MSPP; concerns about the quality of sentinel survey data; a lack of effective targeting and follow-up in the national AIDS prevention campaign; and that community networks have not been fully used to spread messages and create awareness.

Promoteurs Objectif ZeroSIDA

The Promoteurs Objectif ZeroSIDA (POZ) Foundation was created in 1995, in part to compensate for the closing of the USAID-funded AIDSCAP project. Since then it has fought to reduce the social impact of HIV/AIDS on individuals, families, and society, by promoting the “three ships of the fleet of Hope,” also referred to as the “ABCs” of prevention of sexual transmission of HIV: abstinence, being faithful, and condom use. POZ has worked in many parts of the country to educate youth and raise awareness of community leaders. It has established a counseling center at its headquarters in Port-au-Prince, and at the request of MSPP, it has organized annual demonstrations marking World AIDS Day, and has coordinated annual celebrations of the AIDS Memorial. POZ was the founder of the highly successful hotline, Téléphone Bleu, which operates eight hours a day, and is seeking donor support to operate 24 hours a day.

The assessment team was impressed with the breadth of the organization’s activities, the commitment of its staff, and the success it has had in attracting support from a wide range of donors, thus avoiding dependence on any one source. Funders have included Plan International, FHI/IMPACT, UNFPA, the governments of Japan and the Netherlands, HS-2004, and many others.

Konesans Fanmi

Konesans Fanmi is the Créole name for Alliance for the Survival and Development of the Child. It encompasses a large number of NGOs, women’s groups, and private sector associations concerned with the promotion of health at the community level, mostly in rural areas, where maternal mortality is highest and ignorance of how HIV is transmitted is widespread. Konesans Fanmi promotes gender equity and works to sensitize communities to the concerns and needs of people living with HIV/AIDS. It has trained many young people as outreach workers, with impressive results. Its partners include Volontariat pour Développement d’Haiti, POZ, FOSREF, UNICEF, HS-2004, and MSPP. The alliance director has said that she has had considerable success securing financial support from the Haitian commercial sector.

U.S. Embassy

The American Embassy has worked with the U.S. Congress to ease the burden of its mandate to spend more money on AIDS without new resources. Embassy officials also signed an AIDS memorial tapestry at POZ. FHI is pursuing an opportunity to educate and enlist the Haitian police in an HIV/AIDS campaign, targeting them as a high-risk group for training, first in Cap Haitien and later, hopefully, nationwide.

Recent and Projected Budgets of Key Multilateral and Bilateral Donors in STI/HIV/AIDS Programming in Haiti

Donor	FY 2001	FY 2002 (est)	FY 2003 (est)	Notes
USAID	\$3million(FS)* \$1.35 (MSH) \$4.35 million	\$1.5 million (FS) \$2 million (MSH) \$200,000 (Deliver) \$50,000 (Measure) \$250,000 (Title II) \$4 million	NA	Mission-financed HS-2004 activities through Management Sciences for Health, CARE, FHI/IMPACT, and Population Services International/Haiti; limited inputs through CHANGE, POPTECH, Synergy, The Futures Group, RPM, and JHPIEGO.
CDC	\$2 million	Continuous	NA	Potentially available to develop surveillance system.
UNFPA	\$346,000 \$2.5 million	NA Continuous	NA NA	GHESKIO Information, education, communications/behavior change communication prevention for adolescents at FOSREF, Population Services International/Haiti, and Promoteurs Objectif ZeroSIDA.
UNICEF	\$250,000	\$600,000 to \$1million	\$600,000 to \$1million	FOSREF, GHESKIO, CANGE, VDH, NGOs, Departmental Hospitals. (UNICEF hopes to mobilize additional funding up to \$28 million over 5 years.)
UNAIDS	\$250,000	NA	NA	Behavior change communication and mother-to-child transmission initiatives; support strategic plan process
World Bank	—	NA	NA	Support ended March 31, 2001. May renew support through Caribbean regional initiative.
PAHO	\$132,500	\$195,000	Continuous	Seroprevalence survey, support to strategic plan process, blood security, community training
European Union	—	—	—	Funds may be available for STI/HIV/AIDS activities through Caribbean initiative
UNDP	\$150,000	NA	NA	Research studies, reduction of mother-to-child transmission, support to equip STI/HIV/AIDS library
Canadian Int'l Dev.	\$8 million**	Continuous	Continuous	Epidemiological surveillance; information, education, and

Assn.			communication; voluntary counseling and testing; care and support to HIV+; operations research; community mobilization/empowerment.
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NA: not available

*Field Support

**Funds to be expended over 5 1/2 years (9/2001–3/2007) in 1–3 unités communautaire de santé in the Artibonite.

3.5 Regional Issues, Initiatives, and Networks

The Caribbean has the highest HIV prevalence of any world region outside Africa. While the rate of increase of new HIV cases has declined in North America and has leveled off in South America since 1992, it continues to rise in the Caribbean region (PAHO, 1998), creating what UNAIDS refers to as a “mosaic” of epidemics. UNAIDS and the PAHO estimate that 2 percent of adults in the region are seropositive, 85 percent of whom live in Haiti and the Dominican Republic. As in Africa, the Caribbean epidemic is concentrated among young adults, and sexual transmission predominates. Only in the Bahamas and Puerto Rico is there a substantial problem of transmission associated with injecting drug use. In countries such as Haiti, where the majority of infections are transmitted between women and men, perinatal transmission and pediatric AIDS is becoming more common.

Although the cumulative number of AIDS cases reported by Caribbean governments in 1999 totaled 360,000, UNAIDS estimates that the actual number is closer to 500,000. Significant underreporting in the Caribbean was attributed to a familiar array of factors in a recent review by the World Bank (2000):

- Lack of a standardized, well-disseminated AIDS case definition, which impedes consistent diagnosis and reporting, and makes it impossible to accurately compare or pool statistics across countries;
- Limited sentinel surveillance data;
- Inadequate and differing national policies regarding HIV testing and reporting;
- Minimal access to high-quality, anonymous or confidential VCT services;
- Fear of stigma and discrimination stifling demand for VCT; and
- Preference for seeking testing outside one’s community or country to allay fear of breaches of confidentiality and consequent stigmatization and discrimination.

Weak infrastructures, and limited financial resources, technical capacity, and political will have led to gaps in data on national prevalence and geographic and sociodemographic distribution of HIV/AIDS in the region. Nevertheless, the World Bank reports that by 2000 all Caribbean countries had national AIDS committees and implementation programs involving governmental and NGOs, and the private sector. Caribbean AIDS programs vary widely in scale and coverage, from regional institutions (e.g., the Caribbean Epidemiology Center in Port of Spain, Trinidad) and subregional campaigns (AIDSCom’s information, education, and communication campaign in the Eastern Caribbean), to small, focused programs of exceptional quality (the GHESKIO Centers’ integrated HIV and TB services in Haiti). Successes in both prevention and care can be

found from Barbados (comprehensive HIV/AIDS education in secondary schools) to Jamaica (STI case management, including partner tracing) to Martinique (antiretroviral therapy provided by the government). These offer models for replication and sources of technical assistance for the entire region.

Short-term and long-term migration of people from rural to urban areas and from country to country is a hallmark of this heterogeneous region.

“Given that human movement throughout the Caribbean and between it and other geographic areas has been the basic foundation of this region’s existence since its formative days of ‘triangular trade’ of slavery and colonization, it is clear that an appropriate response to the HIV/AIDS epidemics must recognize the contributing factor of its geopolitical heterogeneity and the complete disregard by HIV of geopolitical boundaries”. (PAHO/WHO 1997. *Health Conditions in the Caribbean*. Washington, DC.).

Global experience confirms that mobile populations are at elevated risk of contracting HIV and other STIs. Migrants and travelers often find themselves in high-risk situations with few of the comforts, restraints, and health services of their home communities. Such risks are illustrated by high prevalence of HIV in tourist and port areas of Haiti’s Départements du Nord and Nord-Ouest, and “hot spots” for HIV and treatable STIs that have been identified in migrant worker communities on the Haiti/Dominican Republic border, in towns such as Ouanaminthe and Fort Liberté.

The interconnectedness of the people and economies of the Caribbean, and shortages of institutions and experience to respond to the epidemic, make it obvious that complementary national HIV/AIDS programs with regional activities need to be developed. In June 1998 UNAIDS, the Caribbean Community, and the European Union organized a forum for representatives of government, technical, business and community sectors that resulted in the creation of the Caribbean Task Force on HIV/AIDS. Chaired by the CARICOM⁷ secretariat, the task force includes representatives from regional, multilateral, and NGO (including POZ) sectors. The task force developed the Caribbean Regional Strategic Plan of Action for HIV/AIDS 1999–2004, which was approved by national AIDS program directors in June 1999 in Antigua. The plan provides a technically rigorous framework and recommendations for investment and action in six priority areas:

1. Advocacy, policy development, and legislation;
2. Care and support of people living with HIV/AIDS;
3. Prevention of HIV transmission among young people;
4. Prevention of HIV transmission among vulnerable populations (i.e., men who have sex with men, commercial sex workers, institutionalized and uniformed populations, and mobile populations);
5. Prevention of mother-to-child transmission; and

⁷ CARICOM member states include Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Monserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago

6. Strengthening of regional and national response capabilities.

Financing of the plan of action is expected to come from existing programs and organizations, but only a fraction of the resources needed has been mobilized so far. The European Union (which is no longer providing HIV/AIDS funding in Haiti) has pledged 6.425 million Euros to its Strengthening the Institutional Response to HIV/AIDS in the Caribbean project. The European Union aims to serve 24 countries, working with regional institutions to improve HIV surveillance, increase the capacity and use of health economics analysis, and promote greater involvement of persons living with HIV/AIDS in policymaking and advocacy. The European Union also hopes to strengthen the University of the West Indies to serve as a center of excellence and training capacity in HIV/AIDS prevention, care, policy analysis, and dialogue (World Bank, 2000).

Other innovative regional initiatives are underway in consultation and collaboration with the Caribbean task force on HIV/AIDS and UNAIDS. For example, the Caribbean Healthy Hotels Project led by PAHO, the Caribbean Epidemiology Center, the Caribbean Hotel Association, and Caribbean Action for Sustainable Tourism, is striving to integrate HIV/AIDS and STIs into its program to improve standards for health and hygiene. Given that the Caribbean is more economically dependent on tourism than any other region of the world (World Bank, 2000), this is a critical intervention for development⁸. The Caribbean Council of Churches participates in the Caribbean Task Force, and is working with various denominations to increase their constructive involvement in HIV/AIDS prevention and care.

Regional consultations and initiatives have proven to be extremely useful ways to share knowledge and move policy in areas of HIV/AIDS prevention and care that are either sensitive or underappreciated by local communities and policymakers. A good example is to sustain epidemiologically rational investments in services for vulnerable populations such as men who have sex with men, commercial sex workers, and sexually active youth.

3.6 USAID Programmatic Parameters

USAID/Haiti must operate within its own programmatic policies and guidelines. A brief summary of the Mission's current health program policies will establish the context for setting priorities for expanded support for STI/HIV/AIDS programs.

"Healthier Families of Desired Size," USAID's third strategic objective, which incorporates the population, health and nutrition portfolio, was recently reviewed as part of a Mission-wide mid-course review of the country strategic plan. Team members of the third strategic objective reviewed the original development hypotheses and revised the results framework. Changes

⁸ The broader development implications of HIV/AIDS, and the importance of multi-sectoral involvement at all levels of government, have been recognized in the Caribbean since 1999 (cf. the First Caribbean Workshop on HIV and Development was held by UNDP in Barbados in 1999). The encouraging call for multisectoral involvement in Haiti's national strategic planning process, from the minister of health, the director general, and the president of Haiti (cf. Notes from team interview with the director general, and speeches at the Hotel Montana on May 7, 2001), reflect this updated regional vision of the HIV/AIDS challenge.

reflected a realignment of the strategic objective at the intermediate result level to best articulate population, health, and nutrition strategic programming, including the following:

- The intermediate result linked to reproductive health services targeting young people and sexually active men was incorporated into a broader reproductive health intermediate result, which addresses all sexually active women and men.
- Given the significance of women’s empowerment issues, the related intermediate result was removed from being isolated in the SO3 results framework, so that it is now integrated into the fabric of all USAID-financed activities.
- A new intermediate result targets endemic infectious diseases: TB, STIs, and HIV/AIDS. This was in response to the FY 2002 congressional mandate directing USAID/Haiti to raise the level of funding for TB and HIV/AIDS prevention.

The area specified in the Terms of Reference of this assessment was defined within Intermediate Result #3 of SO3 the mission’s redesigned PHN framework, “Reduced Transmission of Selected Infectious Diseases”. Four sub-IRs were selected to meet its objectives:

- IR 3.3.1: effective HIV/AIDS prevention-to-care strategies adopted and implemented;
- IR 3.3.2: expanded availability and use of syndromic STI case management;
- IR 3.3.3: improved detection and management of TB cases; and
- IR 3.3.4: strengthened disease surveillance systems and related laboratory and diagnostic infrastructure.

The fact that the second sub-intermediate result is the only “use level” result in the results framework illustrates the importance the Mission places on strengthening syndromic STI management, notably through providing it in family planning settings.

Expansion of Mission support to HIV/AIDS and STI activities will have reinforcing effects on its intermediate results for reproductive and child health, where USAID has been strongly involved for two decades by supporting family planning, maternal health and child survival activities. These activities have been funded through USAID’s principal HS-2004 implementing partners, MSH, and its network of 34 NGOs and private sector institutions; FHI/IMPACT; CARE/Haiti; PSI/Haiti, and others. Populations targeted by these programs who are at risk for STIs and HIV include sexually active women, men, and adolescents; and high-risk, highly mobile groups such as the police and commercial sex workers.

Finally, newly submitted development activity proposals for food security over the next three years will be implemented through four private voluntary organizations—Save the Children, Catholic Relief Services, World Vision, and CARE. One of their objectives will be to strengthen the maternal and child health component of Title II initiatives.

The team recommends that USAID/Haiti initiate a process whereby all subcontractors and cooperating agencies modify their monitoring and evaluation plans to:

- ***Include indicators and targets for HIV, STIs, and TB (as appropriate) that contribute to achieving SO3 results;***
- ***Relate those indicators to the Mission’s results framework;***
- ***Devise and/or find data collection/analysis systems to produce the indicator data; and***

- *Train and supervise project managers in the use of monitoring and evaluation data to assess and improve their own performance.*

IV. Recommended Priorities for USAID

4.1 Introduction

The recommendations were framed by two factors: a) the epidemiological situation: a generalized, mature epidemic requiring national coverage of prevention, care and support services; and significant potential to slow expansion of the epidemic through focused interventions among populations at high risk for infection; and b) local priorities and perceived needs, including stakeholder interest in strengthening public as well as private sector service providers. The government of Haiti's interest in integrating HIV and STI services with other health services; intensified interest in and perceived need for case management and support for people living with HIV/AIDS; broad endorsement of building a multisectoral, community-based, national response; and recognition of the cost efficiency and appropriateness of expanding access to high-quality services through strategic partnerships. Through the reviews, consultations, and observations described earlier, the assessment team sought to identify the gaps and weaknesses in current STI/HIV/AIDS programs in Haiti, and to define perceptions of priority areas in which USAID/Haiti should intensify or expand its support.

The team recommends that USAID pursue two mutually reinforcing strategies. The first takes a departmental approach to expanding access to counseling and services and developing a second generation of messages of prevention, safe sex, human rights, and care for the afflicted. The second addresses at a national level those vulnerable or high-risk communities that are most in need of services. In each instance, we identify the agencies that in the short term appear positioned to take the lead in providing technical assistance and developing proposals for action. Such proposals would include detailed implementation plans, training requirements and timetables, logistical support, approaches to supervision, and monitoring and evaluation schemes.

In offering these recommendations, the team agreed upon certain principles that it believes must be seen as essential guides to thinking and planning:

- Top priority must be given to the prevention of sexual transmission of HIV through practice of the "ABCs" of safe sex; expanded access to high-quality testing, counseling and treatment for STIs; and eradication of the stigma surrounding persons living with HIV/AIDS.
- The public sector, primarily through MSPP, must be involved through all reasonable means in the context of building its capacity for the future.
- All activities should reflect understanding of the positive synergy between care for people affected and infected with HIV or AIDS and the prevention of new infections.
- USAID-supported program initiatives should be ambitious but not unrealistic. Overreaching leads to disappointment and disillusionment. This implies the need to make choices among options and target groups.
- Listening to and working with communities is a key guarantor of lasting impact.
- The assessment and any services recommended will be strengthened by the active participation and insights from persons living with HIV/AIDS.
- The substantial technical and programmatic capacity available in Haitian institutions must be strengthened. To this end, effective coordination is essential.

4.2 Departmental Strategy

Partnership between public and private sectors is vital for STI and HIV control in Haiti. While the limited private sector offers a better quality of services and greater access to specific groups at risk, a majority of the population seeks treatment at public facilities, whose geographic coverage is more comprehensive. It stands to reason that a system that integrates both sectors would benefit the whole community and make optimum use of available resources, while building public sector capacity for the future.

The assessment team recommends developing such partnerships for the purpose of establishing “Centres de Références”, or Referral Centers, for provision of high-quality VCT and STI and HIV services in public and private sector health facilities in selected Departments.

Referral centers could be established in Departmental hospitals and private sector facilities to provide follow-up care and support services for persons with HIV, including clinical care for patients with opportunistic infections. Services may be fully integrated with family planning, TB care and control, and antenatal care.

Private sector partners could be asked to provide training and ongoing technical assistance to ensure quality care. Common training, management, and reporting systems would be major partnership benefits, and an incentive for public sector staffs who have had few opportunities of continuing education.

The team suggests first establishing partnerships for the development of Centres de Référence in three departments (with one possibly doubling with a fourth) where some of the more experienced private and public sector facilities and programs are located:

Département du Nord: Hôpital Départemental Justinien in Cap Haitien, Centre de Développement Sanitaire (La Fossette), and FOSREF

Centre de Développement Sanitaire and Hôpital Justinien already have a good relationship on which to build, and both provide care to many patients. The hospital in particular is located in a populated area, and FOSREF has an experienced youth center.

It may be feasible and reasonable to link the Départements du Nord and Nord-Est in this partnership. The border towns of Ouanaminthe and Fort Liberté have large, full-service hospitals, and both towns demonstrate high rates of HIV transmission. In addition, the hospitals in both towns are already supported and supervised by Centre de Développement Sanitaire, under a contract with MSPP. Each has a limited capacity to provide VCT services, but these can be expanded, and they both have good relations with the Hôpital Justinien.

Département de L'Artibonite: Hôpitaux Départementaux de Gonaives et de St. Marc, Hôpital Albert Schweitzer, and FOSREF

The Artibonite has two departmental hospitals, and each serves many patients. The Albert Schweitzer Hospital is well known for its community outreach, VCT services, and reproductive health services. FOSREF operates a youth training center and outreach program. This site could serve as demonstration and training site, given that implementing the package would be relatively straightforward.

Département de Grande Anse: Hôpital Départemental St. Antoine in Jérémie and the CARE Program of Support to Persons Living with HIV/AIDS

The CARE program and public and private sector institutions in the Grande Anse have an excellent relationship. The CARE program provides critical care and support. However, it is unclear which private sector facility could serve as a referral center to complement the Hôpital St. Antoine, because CARE does not have its own center.

Each partnership will be guided by the goal of offering integrated services. To accomplish this it will be necessary to:

- Ensure MSPP collaboration and define responsibilities and scopes of work;
- Assess the quality of existing services, including resources and systems.
- Adapt or develop materials for training and counseling, and drug use guidelines and treatment protocols for STIs and opportunistic infections;
- Train trainers in theoretical and practical aspects of their work (e.g., counseling, treatment);
- Obtain necessary materials and equipment;
- Enlist the commitment of institutional and community leaders to respect confidentiality and practice nondiscrimination;
- Strengthen NGOs to provide services to persons living with HIV/AIDS;
- Establish an efficient monitoring system with continuous supportive supervision through MSPP and private sector networks; and
- Establish the capacity for operations research to improve provider attitudes, evaluate treatment seeking behavior and determinants of risk behavior, develop sentinel surveillance systems, and evaluate antimicrobial resistance.

The GHESKIO Centers should be asked to take the overall lead in developing the proposal for Centre de Référence partnerships, establishing technical standards and guidelines, and coordinating all participants. MSH could oversee development and management of referral centers and monitor their quality of services. Its HS-2004 network is well represented in the proposed partnerships (CDS, FOSREF, Albert Schweitzer). FHI/IMPACT can play a central role in accessing global experience and knowledge on VCT services and in developing behavior change communication strategies, personal risk assessment strategies, and counseling training. CARE's experience and expertise in community outreach and provision of services to persons living with HIV/AIDS will be essential. Potential operations research partners include Institut Haitien d'Enfance, FHI, and CDC.

4.2.2 Comprehensive STI Services

The assessment team recommends that ad hoc technical committees convened and coordinated by GHESKIO update national protocols for management of STIs and adopt targeted interventions for specific groups. Protocols now in use are based on a generic World Health Organization model, which is not adequately adapted for use in Haiti.

A comprehensive STI control program includes six points, listed below.

1. *Effective services for symptomatic persons using adapted syndromic approach.* Effective syndromic management includes 1) refining and updating existing syndromic management protocols and drug therapy guidelines; 2) developing and updating training materials; 3) training of trainers on the syndromic approach; 4) field assistance during implementation; and 5) ongoing monitoring and supervision. The syndromic approach should be used regularly for symptomatic men and for genital ulcerations in both men and women. (USAID G/PHN guidelines to this effect were issued in 1999.) The approach should continue to be featured in training and service delivery in facilities that serve significant numbers of symptomatic men and/or women with genital ulcerations. Different algorithms need to be developed for management of STIs in women, based on the level of clinical and laboratory settings, disease prevalence, and available resources. Investing in current syndromic approach models in family planning services is not a good use of USAID resources (cf de Zaluondo, Behet, et al, 1998). ***The assessment team recommends that a recent paper by Dr. Douglas Huber of Management Sciences for Health, attached as Appendix 3, be used as a guide to develop STI services at Centres de References.***

2. *Establishing syphilis screening and treatment programs for pregnant women attending antenatal clinics (cf de Zaluondo, Behets et al, 1998).*

3. *Applying practical methods for effective partner notification to provide treatment to individuals with asymptomatic or subclinical infections.* The feasibility of promoting prepackaged therapy for male urethritis for patients seeking an alternative source of care should be studied. It is also necessary to assess and avoid potential dangers for women and girls.

4. *Implementing effective monitoring and second-generation surveillance systems.*

Interventions should be targeted based on consistent and current data. Data collection should be ongoing for continuous updating of protocols and guidelines.

5. *Targeted services to high-risk and vulnerable populations.* High-risk populations recommended for targeted interventions are discussed in Section IV.3.

6. *Prevention counseling.* High-quality VCT services must be updated to include personal risk assessment and risk reduction planning. Training for counselors and counselor trainers is a critical part of the package of services provided by Centres de Références to patients with STIs. FHI/IMPACT has much experience and competence in this area.

GHESKIO could propose and coordinate technical committees to develop an STI package, FHI/IMPACT could provide counseling protocols and training, MSH can provide syndromic management approaches and monitoring systems, and the CDC can provide surveillance systems.

4.2.3 VCT Package and its Integration with STI Services

Since the late 1990s, HIV/AIDS VCT services have been recognized by UNAIDS and most HIV/AIDS programming experts as a critical and cost-effective component of HIV/AIDS programs, one that supports both prevention and mitigation objectives. A high-quality, accessible, anonymous VCT package—which includes post-test clubs for both HIV-positive and HIV-negative clients and referral to services for care and support—is viewed as a key to Uganda’s successful fight against HIV/AIDS. The UNAIDS/FHI/University of California-San Francisco (UCSF) randomized controlled trial of VCT versus traditional health education and condoms in Kenya, Tanzania, and Trinidad/Tobago provided strong evidence that VCT promotes risk reduction, especially in HIV-positive people. The study also solidified a “gold standard” methodology that works in developing countries.

The government of Zimbabwe and PSI developed, with USAID support, an innovative approach to combine the strengths of the counseling and testing procedures perfected by the UNAIDS/FHI/UCSF study with a marketing model developed by PSI and the government of Zimbabwe to build demand for high-quality anonymous services through mass media marketing and community mobilization. These and other recent experiences overturned years of skepticism about the feasibility of and demand for VCT in high prevalence countries in the developing world. VCT is also the cornerstone of the national HIV/AIDS prevention strategy recommended by CDC, because encouraging voluntary testing promotes early detection of people with HIV, which in turn, permits targeting prevention and care resources to people who most need them. These changes accentuate a shift in thinking about VCT: from a diagnostic, screening tool used by medical personnel to detect cases for medical purposes, to a tool for empowering HIV-negative and HIV-positive clients to understand and take responsibility for their health and behavior.

The emergence of effective treatments to reduce mother-to-child transmission of HIV has inspired great hope among clinical service providers and policymakers. It also creates enormous pressure for HIV testing of pregnant women—to identify potential candidates for mother-to-

child transmission interventions. There are ethical dangers surrounding promotion of HIV testing, many of which hinge on the potentially life-threatening dangers of discrimination and abuse that can accompany discovery and/or disclosure of HIV infection. This danger falls most acutely on women, who are more likely to seek HIV testing, and less likely to be able to convince their male partner to seek testing as well. Thus ensuring the “voluntary” in counseling and testing is a critical precondition to high-quality service. However, experience has shown that with sufficient investment in the counseling and community support components of the VCT package, these ethical pitfalls can be overcome. As suggested above, when carefully implemented and monitored, VCT provides critical information to individuals that, when linked with support and care services, empowers them to maximize their own health and protect others. Elements of the recommended VCT package include:

1. High-quality, client-centered pretest counseling with rigorously implemented informed consent and emphasis on personal risk assessment and risk reduction planning.

The ability to ensure anonymity, or at least confidentiality, of information shared, and counselor commitment to empowering clients’ decision-making, and not to overstate or push the advantages of testing are essential criteria of quality. If the pre-test counseling is adequate, a proportion of those counseled will decide they are not ready to go ahead with testing, but will still obtain the benefits of personalized prevention counseling.

2. High-quality clinical and laboratory procedures. The demands of collection, processing, and reporting on test samples varies depending on the testing method selected, but whatever the type selected, they must be set up and maintained to reach quality standards. Rapid tests that permit same-day results are highly desirable in settings where pre-test counseling services are strong. There are mixed reviews of rapid tests in antenatal settings, because clients are unlikely to have given HIV testing much thought before they are offered the service, and service providers may unwittingly pressure clients into accepting testing and learning their results without adequate preparation or attention to the consequences to the mother.

3. High-quality, post-test counseling and referral. Trained and experienced counseling staff turn post-test counseling sessions into opportunities for empowerment for clients with both positive and negative results. This involves a reprise of the pre-test personal risk assessment and risk reduction planning, and referral to supportive services. People who test negative need support to stay negative. People who test positive need even more emotional and practical support, which may be best provided over several counseling visits. Such people need information on their legal rights and on advocacy and support services. They also need information tailored to their specific case on what to expect clinically, and where they can turn for clinical services when their HIV infection progresses.

4. A network of service providers covering the prevention-care continuum. Effective referral requires service providers be prepared to receive the clients being referred to them. High-quality VCT services include a map of locally available services across the care continuum from psychosocial support to tertiary medical care, and to nutritional, economic, and legal support services to mitigate the impact of the illness on individuals, families, and communities.

5. *A system to appropriately build demand for VCT and mobilize community support for persons living with HIV/AIDS.* The main factors suppressing demand for VCT tend to be: 1) fear of receiving bad news, and 2) fear of the social and economic consequences of HIV/AIDS-associated stigma and discrimination. The range of communication channels, from peer education to mass media, can be used to build understanding and commitment to end HIV/AIDS stigma and discrimination. Careful audience and formative research is needed to develop and tailor communications for these purposes, and to market VCT services to the audiences for whom they will be most beneficial.

High-quality counseling is key for both syndromic case management of STIs and VCT. Staff resources to provide and supervise counseling make up the largest part of recurrent costs of these services. In facilities where few people seek these services (as at the outset, while demand is being created), cross-training in STI and VCT will lead to efficient utilization of limited staff resources and make it easier to support dedicated counseling positions.

The assessment team recommends that FHI/Impact, PSI/AIDSMark, CDC and GHESKIO form a partnership to assess the clinical and community-based public and private facilities in and around the Centres de Références for their ability and willingness to collaborate to provide VCT services.

Formative research may be required to update and tailor counseling and testing protocols for expected clients, and to design appropriate approaches to build demand and community support for VCT services. The formative research and communications design should be carried out in conjunction with the broader HIV/AIDS and population, health, and nutrition communication strategy review and design work recommended below. CDC should be an active partner in the design, training and monitoring and evaluation of VCT efforts.

Under GHESKIO coordination, FHI could provide technical input on updating counseling and testing protocols and integrating them with STI services, and to perform formative research on communication and a community mobilization strategy. GHESKIO could provide training and supportive supervision of VCT staff. PSI could develop community-based and mass media interventions to build demand and mobilize communities, and the CDC and FHI could perform monitoring and evaluation services.

4.2.4 Linkages with TB and Other Services

Experts interviewed at GHESKIO in Port-au Prince indicated that 50 to 60 percent of patients with TB presenting at their clinics tested positive for HIV. Nationwide, with the exception of this center, patients with TB are not tested for HIV, and persons with HIV do not receive proper counseling on TB preventive care. There are no national treatment guidelines for HIV TB co-infection or even for other opportunistic infections. Lack of VCT facilities is also a major barrier for TB/HIV care. On the other hand, directly observed treatment short-course is applied at the Centre de Développement Sanitaire centers in the north, and GHESKIO has demonstrated successful linkage of HIV and TB services by using adapted approaches that are practical for its resources. This experience should guide development of integrated services in Centres de Références.

Ensuring policy consistency for treatment of TB and HIV-related TB should precede implementation of interventions. Steps necessary for effective HIV and TB service integration include:

- Design of TB and HIV/TB communication strategies and materials, to be tested first by selected NGO service providers;
- Development of protocols for treatment of HIV-related TB;
- Assessment at Centres de Références to identify opportunities/barriers to implementation;
- Improving existing TB service through upgrading of clinical and laboratory services (training and equipment) in Centres;
- Establishing HIV services in TB clinics through education and VCT and by management of patients with TB who are also infected with HIV;
- Establishing TB control activities within HIV services by providing education and by offering TB preventive therapy to patients with HIV;
- Program monitoring and evaluation; and
- Sentinel surveillance of HIV infection among patients with TB.

A similar careful process of analysis and development of guidelines and strategies must be devoted to the integration of STI/HIV services and counseling with family planning and other reproductive health services.

Lead agencies under GHESKIO coordination could include FHI for technical input on service linkages, and MSH to provide management and monitoring services.

4.2.5 Communications for Changing Behavior

The purpose of creating department-level public-private partnerships and of establishing Centres de Références in both departmental hospitals and private sector service facilities, is to expand access to services within departments.

Numerous studies have shown that the vast majority of Haitians are aware of HIV/AIDS, its manifestation, and modes of transmission. Condom promotion has been sustained and is successful in urban areas, as measured by growth in number of condoms distributed. Therefore, the “first generation” of HIV/AIDS campaigns has informed people of the epidemic and its dangers and has promoted abstinence or condom use. Messages must go beyond providing factual information and motivate people to reduce their sexual risk and to break the silence around HIV/AIDS.

Communications approaches and tools to help at-risk citizens better understand their options have not yet been created. Tools to promote awareness of the burdens borne by people living with AIDS and the harmful effects of discrimination are similarly lacking. Approaches must take into account the importance of traditional healers in rural areas, who are accessible and credible members of their communities. Often healers are religious figures, or “houngans,” whose social power is considerable. The “second generation” of messages will be effective only insofar as they take into account these and other cultural realities, while they:

- Emphasize the "ABCs" of prevention and safe sex;
- Provide information about the dangers and modes of transmission of STIs;
- Address issues of risk perception and risk management;
- Stress the need for care of people living with HIV/AIDS, as both a human right and a critical element of prevention, and
- Confront head-on the stigma surrounding HIV/AIDS.

Taking a decentralized, departmental approach will give behavior change communication specialists the opportunity to tailor messages and approaches to the particular economic and cultural imperatives of a department, and to specifically promote the availability of VCT and STI services at the respective Centres de Références.

Before a detailed behavior change communication strategy is developed, the assessment team recommends an in-depth review of the quality of information, education, and communication/behavior change communication activities supported to date under USAID/Haiti's population, health, and nutrition portfolio. A new HIV/AIDS/STI communication strategy with four components should then be developed.

1. Information. Providing accurate information is a first step in effecting change in behavior. Most Haitians are aware of HIV/AIDS and that it is a fatal disease. Thus the primary objectives of new messages will be to provide complete and accurate information on how AIDS is and is not transmitted, how untreated STIs promote HIV transmission and mother-to-child transmission, and on opportunistic infections. Seeing HIV/AIDS communications through "second generation" lenses involves addressing care and treatment, which often leads in different directions for HIV and STIs.

2. Personal prevention strategies. Prevention of HIV transmission is a personal matter. Thus, sobering information about the AIDS epidemic must be followed by messages of developing personal prevention strategies and changing one's behavior accordingly.

Studies in many countries have shown that despite easy access to condoms and understanding the "ABCs" of preventing HIV, many people are unable to adopt them because they dislike condoms or because they have difficulty in negotiating condom use. Instead, they follow no risk reduction strategy, or attempt to rationalize risk by using variables they believe to be important, such as how long they have known a partner, where he or she is from, or his or her profession or educational level. Messages should address specific issues in the Haitian context, taking into account peoples' traditional information sources and creating awareness that risk may be reduced but not eliminated unless the "ABCs" are followed.

3. Care and respect for persons living with HIV/AIDS. Communication materials and events dedicated to this component should focus on the obligation of the community and the rights of persons living with HIV/AIDS to care and support. Recruitment of civic and religious leaders, as well as traditional healers, to be spokespersons and advocates will be important in this endeavor. A combination of flooding communities with accurate information and outspoken advocacy for care and support of persons living with HIV/AIDS should diminish the strong stigma that is still associated with the disease in Haiti.

4. Promotion of services. Behavior change communication materials and events should provide information on and promote the services of the public/private network to be established through Centres de Références in target departments. Emphasis should be placed on quality and affordability of the laboratory and treatment services, anonymity of VCT, and easy access to both. Careful attention is needed to link HIV with diverse service and referral packages (e.g., family planning, TB, palliative care, replacement feeding).

FHI should lead the behavior change communication strategy; and the CHANGE Project should review USAID-funded information, education, and communication/behavior change communication activities.

4.2.6 Mobilizing Communities in Support of People Living with HIV/AIDS

The project that has apparently been most successful in taking this effort to scale is CARE/Haiti's Project of Support to Persons Living with HIV/AIDS in Grande Anse, which has made great strides in mobilizing and nurturing community support for persons living with HIV/AIDS, and thereby has neutralized the effects of discrimination. The project has had a significant impact in the Grande Anse UCS, and CARE hopes to expand it to other UCS there and elsewhere.

Before expanding the model, the team recommends an analysis of its feasibility and sustainability in terms of permanent implantation. The approach, while clearly having an impact, is dependent on inputs that may be unrealistic over the long haul, in terms, for example, of logistical support, supervision, and follow-up. Devising ways to limit costs while preserving the essential mission of the project will make it all the more applicable.

The team recommends that additional resources be made available by USAID/Haiti to enable this model to be expanded and tested in other areas. In the Artibonite, CARE has substantial experience mobilizing communities for other development efforts. It would thus be a likely site for expansion of the persons living with HIV/AIDS model as well. Also highly relevant to such expansion is a program of "mobilization communautaire" which MSH, along with its HS-2004 subcontractor, Johns Hopkins University, recently launched at a meeting in St. Marc.

The team recommends that CARE/Haiti, with POZ and FHI, conduct these activities.

4.3 Strategy to Focus on People at High Risk

The second of the two major strategies is to provide information and services to vulnerable and high-risk populations. In so doing, the team urges USAID to build on work already accomplished and opportunities already apparent, and to draw on the technical expertise of Haitian organizations that have been active in this area.

4.3.1 Target Groups

Three population groups stand out as being 1) at especially high risk for becoming infected and/or transmitting HIV and other STIs, and 2) susceptible, by virtue of work already done and promising opportunities now apparent, to substantial, positive impact.

1. Adolescents and young people. FOSREF, largely thanks to its HS-2004 funding, has developed a national presence and reputation, with experience in training, peer education, youth clubs, theatricals, and special events. Its management acknowledges that the high demand for its services has taxed FOSREF's capacity to provide them. ***The team recommends that MSH coordinate the provision of technical assistance to help FOSREF effectively manage its growing program and take economic advantage of opportunities to provide technical assistance to adolescent initiatives.***

Konesans Fanmil, with its experience working with grassroots youth groups, Voluntariat pour Développement d'Haiti, POZ, and others, has substantial expertise to contribute to an expanded focus on targeting information and services to young people. The team suggests that FHI inventory programs and lessons learned to develop an adolescent/youth program that is national in scope. The three departments proposed for public/private partnerships in establishing Centres de Référence can serve as front-line laboratories for such an effort.

FHI/IMPACT could lead an adolescent program inventory, and could develop an expanded program with FOSREF, MSH, Voluntariat pour Développement d'Haiti, and Konesans Fanmil.

2. Young men with disposable income. These are young, working men who, by virtue of having a regular income, have multiple sex partners. The importance of showering these men with messages of responsibility, safe sex, equitable treatment of women, and setting good examples for their peers is obvious.

Groups mentioned by local informants included truck drivers and other highly mobile professions such as the Haitian police force. Thanks to communications between the American ambassador and the police commissioner in Cap Haitien, FHI/IMPACT has initiated a program of awareness and prevention seminars for police in Cap Haitien. The goal is to impress on the police the power they have in their communities, and how that power can be exercised by responsible behavior and overt advocacy. A subset of this target audience that is especially vulnerable to infection and social marginalization is men who have sex with men. ***A recommended approach is to recruit leaders to promote participation in prevention, care, and advocacy on behalf of less privileged men who have sex with men.***

FHI/IMPACT could serve as the lead agency for this initiative and work with MSH, POZ and others that have experience reaching men.

3. Commercial sex workers. In recent years, one of the best known efforts to reach commercial sex workers is FOSREF's Project Lakay in Port-au-Prince. Its limitations are that it reaches only a particular class of commercial sex workers; namely, street walkers. GHESKIO also has an active outreach program.

The opportunity is at hand to inventory projects for commercial sex workers now active in Haiti, pool lessons learned from them, and draw on the substantial literature of such programs in other parts of the world. The goal is to develop a comprehensive approach to behavior change communication/information, education, and communication and other services for all classes of commercial sex workers—street walkers, those who operate in houses of prostitution, and others who pursue the trade in a less formal manner. Special attention should be given to providing access to VCT, with special emphasis on anonymity and high-quality pre-test and post-test counseling. FHI, with headquarters support, appears best placed to lead and coordinate this process.

FHI/IMPACT could serve as the lead agency to prepare inventory and develop expanded initiatives with FOSREF, GHESKIO, POZ, and MSH.

4.3.2 Approach

While group-specific approaches to reach out to each target group will be needed, the intervention package for all vulnerable and high-risk categories should have similar elements:

- Participation of target audiences for formative research;
- Appropriate education and behavior change messages to reduce health risks associated with particular behaviors;
- Promotion and provision of condoms;
- Targeted STI management:
- Development of treatment protocols to address group-specific STI/HIV prevalence;
- Periodic screening for syphilis and HIV and presumptive STI treatment for asymptomatic high-risk female populations;
- STI services for clients of commercial sex workers, using syndromic case management;
- Services to meet other health and social needs, including VCT, family planning, and child care;
- Peer education as a community organizing process to reach out to people at risk and find solutions for social and health problems and other issues they confront; and
- Developing opportunities for linking with other sectors, such as education, microenterprise, and tourism.

FHI could serve as the lead agency with assistance from other organizations.

Of particular concern are orphans whose parents have died of AIDS. There are many advocates for action on this area, and if resources are sufficient to develop or expand activity in support of orphans, as well as the other target groups, the team recommends that such activities be undertaken. The team's selection of projects is based on what it considered ambitious but reasonable targets, where the most could be made of current opportunities and resources and past performance.

4.4 Commodity Security

Commodities must be available when needed, from condoms for the national social marketing program to VCT services, reagents, and medications for treating STIs and TB. There is common agreement on this issue among all parties in the national effort against STIs and HIV/AIDS.

4.4.1 Background

A satisfactory national logistics and information management system for essential drugs and commodities in Haiti is lacking. Some years ago MSPP set up PROMESSE as a purchasing agent, with support from various donors and managed by PAHO. Unfortunately, PROMESSE was designed to serve as a purchasing agent, and is not set up to be a logistics and information management system. It lacks the three key elements of a functional national logistics system: a national warehouse network with systems for stock management and movement, a comprehensive distribution system, and an information system that tracks minimum and maximum levels of stock for timely reordering. The result is constant stockouts or rumors of stockouts, and a perpetual need to plug gaps in supply.

4.4.2 Looking Ahead

Technical assistance for developing a functional national logistics and information management system can be accessed through the DELIVER Project, for which USAID has earmarked an estimated \$200,000 for FY 2002. Meanwhile, PSI will continue to run the national condom social marketing program by taking advantage of a donation from the government of Canada to ensure condom availability for the next 18 months. ***USAID/Haiti is urged to do whatever it needs to do to help PSI make the plan a reality, and to develop a reliable, long-term supply system. This should not include funding commodity purchases by USAID.***

UNFPA, PAHO, and UNAIDS are willing to work with MSPP to help solve Haiti's commodity supply and logistics problems. Technical assistance is available. For example, the World Bank is in the process of developing a \$150 million support package for HIV/AIDS programs in the Caribbean region.

PSI is able to coordinate contraceptive social marketing, and USAID can provide overall leadership.

4.4.3 Paying for Commodities and Services

The team understands that users of clinic services pay for laboratory testing, and for treatment of STIs and opportunistic infections. Condoms are distributed free through public sector hospitals and clinics and are for sale in the commercial sector through the contraceptive social marketing program. Clinics and hospitals purchase reagents, commodities, and drugs from PROMESSE (when supplies are available) or from local commercial distributors. Fees for laboratory services and drugs are undoubtedly a barrier for the very poor. On the other hand, entirely free services would negate any chance of program sustainability. ***The assessment team recommends that research be done to assess patient willingness to pay and price elasticity of products.***

V. POLICY INVOLVEMENT

5.1 National Strategic Plan

Institut Haitien d'Enfance, assisted by the Centre d'Analyse de Politique de Santé, is following UNAIDS guidelines in its role as coordinator of the national HIV/AIDS strategic plan and welcomes technical assistance in program monitoring and evaluation, secondary analysis of survey data, and participant management. ***The team recommends that USAID proactively offer assistance to Institut Haitien d'Enfance (IHE) in the form of information and technical support from the POLICY Project.***

The process involves oversight by a multisectoral, ministerial-level steering committee, and formation of technical committees and subcommittees that will draft plans. The POLICY Project can supply tools and case materials from other countries and regions that have developed, funded, and implemented comprehensive HIV/STI/TB strategic plans. The national planning process will also involve three consensus-building seminars to obtain input and comment from all sides. ***USAID is urged to offer its support and that of its partners to assist in planning and implementing these events.*** Similarly, USAID can offer lessons learned from patient notification, treatment of AIDS orphans, and access to drugs, to Institut Haitien d'Enfance and the government of Haiti.

Institut Haitien d'Enfance/CAP should take the lead in this effort, with close support from UNAIDS, the POLICY Project, and USAID.

5.2 Survey Data

Despite oft-expressed concerns over the reliability of the data contained in the GHESKIO/Institut Haitien d'Enfance December 2000 sentinel survey, the team does *not* suggest that the sentinel survey data be set aside. The report has been accepted by the MSPP, it probably provides the best national picture currently available, and to undermine it would damage the entire program and to the momentum generated by the launch of the strategic planning process. ***The team concludes, however, that the uncertainty over the data shows that a dependable, national second-generation sentinel survey system needs to be developed that includes both biological and behavioral surveillance.*** The team understands that CDC has \$2 million earmarked for additive funding for AIDS support for Haiti. It urges that these resources be mobilized to help Haiti build this essential infrastructure, which will provide key indicators of progress in the national response to STIs.

CDC should lead this effort in collaboration with Institut Haitien d'Enfance, GHESKIO, and USAID.

5.3 Regional Activities

Haiti is a critical player in the effort to control HIV/AIDS in the Caribbean region. ***USAID/Haiti should make a modest financial contribution to the regional strategy and in return, negotiate***

for benefits of the strategy—especially training and advocacy—to be earmarked for Haitian governmental and nongovernmental partners. By funding participation of Haitian HIV/AIDS experts in regional consultations and meetings, USAID can help Haiti contribute positively to the region and overcome Haiti’s recent isolation.

In addition, the team recommends that USAID should take the lead in confronting HIV/AIDS in the Dominican Republic and Haiti through well-coordinated joint efforts in support of constituency building initiatives on HIV prevention.

VI. PROGRAM AND DONOR COORDINATION

Despite a strong commitment by all participants to furthering the goals of programs to combat STIs and HIV/AIDS, poor coordination has left too many agencies unaware of what others are doing. The duplication of effort and failure to learn from each other that are the result of this shortcoming only lead to lost opportunities and poor use of scarce resources.

USAID/Haiti is urged to take the lead in improving coordination of all principal players in the HIV/AIDS program. It should do so by instituting a system of monthly meetings at which cooperating agencies and contractors share information, ideas, and lessons learned. USAID convened such a meeting of cooperating agencies for the assessment team. The team was struck by how much important information was exchanged in a short period of time and that so many participants said that it had been the first time they had met in this way, and wanted to do it regularly.

During the May meeting, participants outlined the necessary components of a regular communication system:

- What: Meeting of U.S.-funded cooperating agencies, contractors, and other organizations (e.g., CDC);
- When: Monthly, at a set time;
- Length: Maximum two hours;
- Co-chairs: USAID and POZ;
- Venue: USAID at the start; when regular, rotate to POZ and other organizations;
- Also invite: MSPP AIDS coordinator and UNAIDS representative (permanent participants); others as needed for special presentations;
- Mechanics: Host sets agenda in communication with participants; minutes kept and circulated.

Ad hoc technical working groups of members can be formed as needed to discuss issues and/or plan program interventions in greater depth. Such working groups already exist for behavior change communication/information, education, and communication; training; and logistics. These groups could certainly offer information to the technical committees of the national strategic planning process, but they should have a mandate founded on efficient, collaborative progress to a USAID/Haiti’s PR3.3.

Co-chairs of the monthly meeting should routinely participate in donor meetings called by MSPP and, if invited, to meetings of the theme group of United Nations agencies.

VII. FUNDING STRATEGY

Recommendations in this report are based on the assumption that the full HIV/AIDS earmark will be available for FY 2002, that CDC will fund national biological and behavioral surveillance activities, and that implementing partners and NGOs will be asked to submit proposals to perform activities up to the amount budgeted. The team proposes an allocation of available USAID resources between two recommended strategies.

First, up to 60 percent of available funding should be allocated to a departmental strategy. Centre de Référence partnerships, including service and counseling packages, training, and creation of a second generation of community-oriented information, education, and communication/behavior change communication messages will require resources. At the same time, materials and approaches developed will be applicable to the needs of the second strategy.

Second, 40 percent of available funding should be allocated to focus on people at high risk for HIV infection. To a significant degree, these efforts must build on existing outreach activities and services by NGOs. It should also draw significantly on the innovations and lessons of the departmental strategy.

To the extent that available funding is less than anticipated, the team recommends that highest priority be given to the first strategy. Support for Haiti's participation in regional programming also should be sustained in the face of budget shortfalls. The investment is likely to be small, while the benefits for Haiti's profile, and for the morale of Haiti's dedicated HIV/AIDS specialists, are likely to be large.

VIII. REVIEW OF RECOMMENDATIONS

Subcontractors/cooperating agencies:

The team recommends that USAID/Haiti initiate a process whereby all subcontractors and cooperating agencies modify their monitoring and evaluation plans to:

- Include indicators and targets for HIV, STIs, and TB (as appropriate) that contribute to achieving SO3 results;
- Relate those indicators to the Mission's results framework;
- Devise and/or find data collection/analysis systems to produce the indicator data; and
- Train and supervise project managers in the use of the monitoring and evaluation data to assess and improve their own performance.

Departmental Strategy:

Centres de Références: Public/private sector partnerships should be developed in three departments for the purpose of establishing Centres de Références that will provide VCT and other services for STIs and HIV (see Section IV.2).

Proposed partnerships include:

- Département du Nord: Hôpital Départemental Justinien in Cap Haitien, Centre de Développement Sanitaire (La Fossette), and FOSREF. If possible, Département du Nord-Est should also be included in this partnership, especially hospitals at Ouanaminthe and Fort Liberté;
- Département de l'Artibonite: Hôpitaux Départementaux de Gonaives et de St. Marc, the Hôpital Albert Schweitzer, and FOSREF;
- Département de Grande Anse: Hôpital Départemental St. Antoine in Jérémie and the CARE program of support to persons living with HIV/AIDS.

STIs: An ad hoc technical committee should be convened and coordinated by GHESKIO to update national protocols for management of STIs and adapt targeted interventions for specific groups (Section IV.2.2). Dr. Douglas Huber's algorithm of STI management should be used as a guide for developing STI services at Centres de Références.

VCT: FHI/IMPACT, PSI/AIDSMARK and GHESKIO should partner to assess the clinical and community-based public and private facilities in and around the Centres de Références for their potential capability and willingness to collaborate in providing a VCT package (Section IV.2.3).

Linkages with TB: Strengthen the capacity of the national health system to deliver directly observed treatment short-course therapy and ensure that policies for treatment of TB and HIV-related TB are consistent (Section IV.2.3).

Behavior Change Communication: Conduct an in-depth review of information, education, and communication, and behavior change communication activities supported to date under USAID/Haiti's population, health, and nutrition portfolio. The purpose is to assess their quality and impact, and to form the basis for developing a second generation of behavior change communication messages focused on the community, and linked to services offered through Centres de Références (Section IV.2.4).

Mobilizing Communities in Support of Persons Living with HIV/AIDS: An analysis of the feasibility and sustainability of the CARE-supported Project of Support to Persons Living with HIV/AIDS in Grande Anse (Sections III.3.3 and IV.2.5) should be conducted. If the analysis justifies expansion, additional resources should be made available by USAID to enable the model to be expanded and tested in other UCS in Grande Anse as well as other departments, such as Artibonite (Section IV.2.5).

Strategy to Focus on People at High Risk:

Adolescents and young people: MSH should coordinate technical assistance to FOSREF to help it effectively manage its program of support to adolescents and young people. It should also take economic advantage of opportunities to provide technical assistance to initiatives for adolescents. FHI/IMPACT should be invited to be an active participant in this support to FOSREF (Sections III.3.2 and IV.3.1).

Young men with disposable income: The awareness and prevention seminars sponsored by FHI/IMPACT in Cap Haitien for the police should be expanded nationwide if found to be effective (Section IV.3.1).

Prominent political and social leaders should be mobilized. Their participation in prevention, care and advocacy on behalf of all those affected by the HIV/AIDS epidemic, in particular the less privileged, should be sought.

Commercial sex workers: An inventory of projects aimed at commercial sex workers and lessons learned should be conducted and used to develop comprehensive behavior change communication activities and information, education, and communication materials (Section IV.3.1).

Commodity Security:

USAID should provide 1) all necessary support to PSI in making its plans for near-term condom supply to the contraceptive social marketing program a reality, and 2) overall leadership in developing a reliable, long-term supply and logistics system for Haiti (Section IV.4).

Research should be undertaken on the willingness and ability of patients to pay for health services and drugs, and on price elasticity of products in Haiti (Section IV.4.3).

National Strategic Plan:

USAID should provide assistance to IHE in the form of information and technical support from the POLICY Project. (Section V.1).

Survey Data:

A dependable, national sentinel surveillance system, which includes both biological and behavioral surveillance, should be established. Until this happens, sentinel survey data currently available (GHESKIO/IHE December 2000 report) should be used (Section V.2).

Regional strategy:

USAID/Haiti should make a modest financial contribution to the regional strategy and in return, negotiate for benefits of the strategy—especially training and advocacy—to be earmarked for Haitian governmental and nongovernmental partners.

In addition, USAID/Haiti should collaborate closely with USAID/Dominican Republic to ensure well-coordinated joint efforts to provide information and services to mobile and high-risk populations in 'hot spots' along the Haiti/Dominican Republic border, and to build constituencies at the national and regional levels for enhanced HIV prevention, care and support.

Program and Donor Coordination:

USAID should take the lead to improve coordination of donors and implementing partners. This should be done by holding regular monthly meetings at which all cooperating agencies and contractors share information, ideas and lessons learned (Section VI.)

Funding Strategy:

If the full HIV/AIDS earmark is available for FY 2002, 60 percent of the money should be allocated to developing the Centres de Reference and 40 percent to people at high risk for HIV infection. If the available funding is less than planning levels, the highest priority should be given to the first strategy.

APPENDIX A

PERSONS AND ORGANIZATIONS CONTACTED

Ministère de Santé Publique et de la Population

Dr. Emile Herald Charles, director general
Dr. Joël Daes, national coordinator, AIDS Program
Dr. Claude Loiseau, Grande Anse departmental director

Centre de Développement Sanitaire

Dr. Guy Dugué, Clinique La Fossette director, CDS/Cap Haitien
Dr. Jean Eddie Frédérique, regional administrator, CDS/Département du Nordest
Dr. Isnelle Decome, Chirurgien, Hôpital de Ouanaminthe (gestion CDS)
Dr. Jean Bernard Février, director, Hôpital de Fort Liberté (gestion CDS)

Les Centres GHESKIO

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CITYMED/MARCH

Dr. Antoine Augustin, director

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The Futures Group International/POLICY Project

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Management Sciences for Health/HS-2004

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Dr. Georges Dubuche, reproductive health advisor
Marie Christine Brisson, training and HRI advisor
Elsie Lauredent, behavior change communication advisor
Dr. Elke Konings, senior program associate (from MSH/Boston)
Ellen Israel, reproductive health consultant (from Pathfinder/Boston)
Dr. John Chalker, senior associate, drug management program (Washington)

Pan-American Health Organization/OMS

Dr. Léa P. Guido, representative Haiti
Dr. M. Hady Diallo, advisor in family and reproductive health
Viviane Cayemittes, consultant

Population Services International/Haiti

Moussa Abbo, project director
Gardenia Monrose, field director
Douglas Call, deputy director
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Fiona Pamplin, marketing manager, AIDSMark/PSI (Washington)

UNAIDS

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UNFPA

Dr. Rakotomalala, representative

Dr. Gary Conille

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Rodney M. Phillips, representative

Jacques Boyer, program coordinator

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APPENDIX B

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APPENDIX C

SYNDROMIC MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS: SUCCESS WITH SOME SYNDROMES, FAILURE WITH OTHERS

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APHA 15 November 2000

Syndromic management of sexually transmitted infections was introduced as a simplified approach to diagnose and treat common sexually transmitted infections that globally infect 333 million people per year. Experience in the context of family planning and reproductive health services has been mixed. Syndromic management of some sexually transmitted infections syndromes gives good results in terms of health impact, acceptability, and accessibility. Syndromic management of vaginal discharge has been disappointing.

The four most common syndromes applied in a family planning/reproductive health setting are presented with modifications that account of the strengths and weaknesses of each:

Urethritis in Men is manifest by burning or pain with urination, with or without a urethral discharge. Either discharge or burning during urination are adequate symptoms for treatment of both gonorrhea and chlamydia. Sensitivity and specificity are relatively high, such that there is growing confidence in letting lower level providers use syndromic management and provide treatment. For example, a prepackaged urethritis treatment kit for men sold by pharmacists in Uganda (*Clear Seven*), provides one tablet of ciprofloxacin (500 mg) for gonorrhea and fourteen tablets of doxycycline (100 mg) for a seven-day treatment of chlamydia, along with condoms, health education to reduce risk for sexually transmitted infections, and partner notification cards. The pilot introduction showed an increase in reported cures for urethritis from 47 percent to 84 percent; increased reported condom use during treatment from 18 percent to 36 percent; first-time use of condoms for 22 percent of treated men; reported partner notification 54 percent; and 37 percent reported their partners sought treatment (reported at XIII World AIDS Conference, Durban, South Africa, July 2000). Such active syndromic diagnosis and treatment of men may also prove to be a good way to reach women infected with gonorrhea and chlamydia.

Genital Ulcer Disease is relatively easy for providers to use when this includes visual assessment. Treatment for syphilis or chancroid works well. Providers can usually distinguish herpes, which responds less well.

The lower abdominal pain syndrome requires the most extensive history in order to rule out causes other than pelvic inflammatory disease. Examination is important, and decisions are similar to standard clinical management.

Vaginal discharge is the most problematic syndrome because the symptoms are common and the syndrome is neither sensitive nor specific for gonorrhea and chlamydia. This is true whether or not a speculum exam is performed. Diagnosing a sexually transmitted infection and

contacting partners on the basis of a very weak diagnosis can lead to marital conflict or physical violence. The vaginal discharge syndrome is more useful to manage vaginitis, with only carefully selected clients at high risk for sexually transmitted infections treated for gonorrhea and chlamydia with partner management.

Syndromic management is not always simple or effective; however, for urethritis in men, this method works well. Treating both gonorrhea and chlamydia for all women complaining of a vaginal discharge is expensive and results in little health impact.

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The flow charts illustrated on the next pages are based on and modified from: Prevention and Management of Reproductive Tract Infections, Module 12, A Comprehensive Reproductive Health and Family Planning Training Curriculum, Pathfinder International, Watertown, MA, August 2000.