

Delivering AIDS Care in Crisis Situation

Session on Responding to HIV in complex environments

JEAN WILLIAM PAPE, MD

*Howard and Carol Holtzmann Professor of Clinical Medicine,
Center for Global Health, Department of Medicine,
Weill Cornell Medical College, New York, New York, USA
Director, Les Centres GHESKIO,
Port-au-Prince, Haiti ,*



IAS Educational Fund Workshop
Rio de Janeiro, Brazil ,April 5, 2017



Worldwide Natural Disasters: 1996-2015

Data analysis of >7,000 disasters over past 20 years:

- 1.35 million deaths
- 90% were from low/middle-income countries
- Haiti accounted for 1/6 of all deaths
 - Earthquake: 2010 (230,000 deaths, 1.5 IDPs)
 - Hurricanes : Matthew 2016 (>1,000 deaths, 1.5 IDPs)
- Other factors affecting Haiti
 - Epidemics: 2010 cholera (9,000+ deaths); zika, chikungunya
 - Political instability



Les Centres GHESKIO (May 2, 1982)

- AIDS, TB Comprehensive Center for:
 - Translational research: 2 publications/month
 - Training: largest post graduate training center in Haiti
 - Services: one of the largest AIDS and TB centers in the Americas
- Extended to diarrheal diseases, malaria, dengue, HPV, nutrition...
- Post-earthquake: global health aimed at the poor: care for IDPs, primary, vocational, education and microcredit programs
- Partnership: Ministry of Health and 116 local institutions
- Granted of “Utilité Publique” by Haitian government (2000)
- Strong international collaboration: Cornell, F. Mérioux...
- Continuous support from NIH (1983), Fogarty (1988)

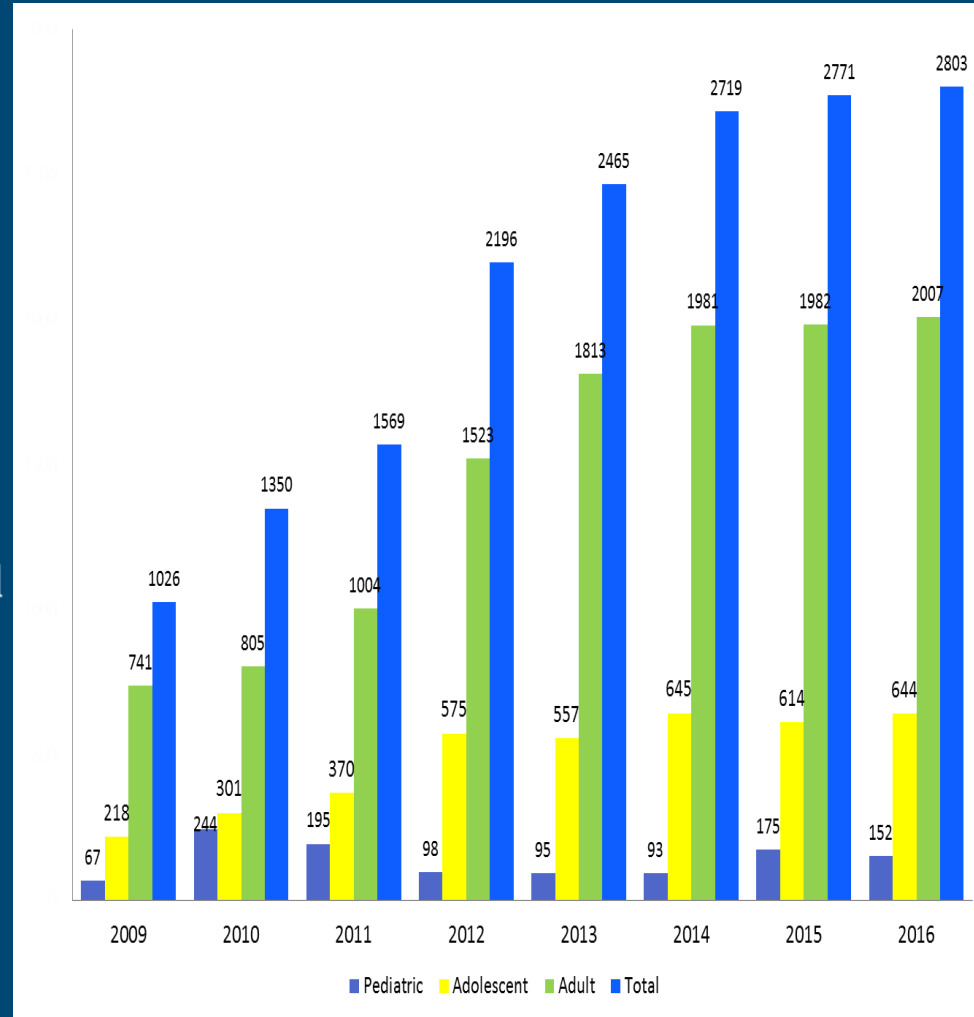
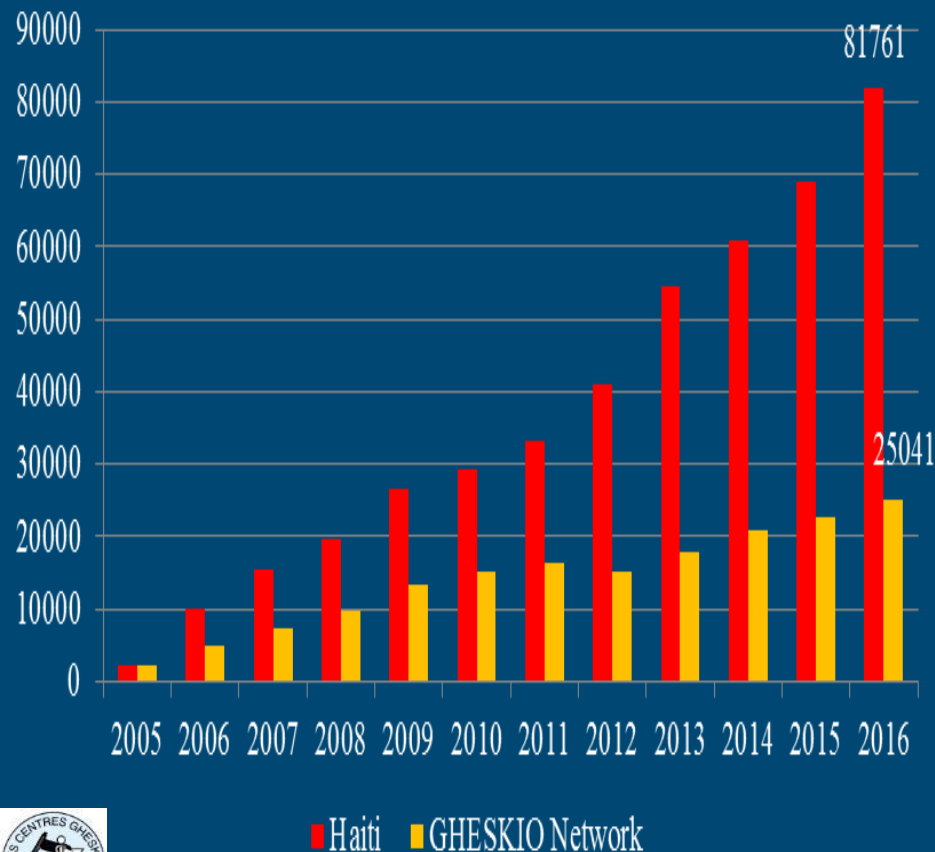


GHESKIO: One of HIV/AIDS and TB largest centers in the Americas

HAART in Haiti 1993–2017

TB cases diagnosed 2009 -2016

31% of all patients on HAART in Haiti are in the GHESKIO network



GHESKIO STUDY OVERVIEW

April 2017

	Site	Network	Volunteers		Total protocols	Enrolling	Ongoing / Not enrolling	Closed
			Total	Active				
ACTG & IMPAACT	GHESKIO-INLR	ACTG	938	273	12	2	2	8
		IMPAACT	98	17	4	2	1	1
	GHESKIO-IMIS	ACTG	331	214	7	3	3	1
Other NIH Network Research	GHESKIO-INLR	VRC	60	59	1	0	1	0
	GHESKIO-IMIS	TCHARI adherence study	200	180	1	0	1	0
Independent Research	GHESKIO-INLR	Test and Treat Adults (NIH)	762	628	1	0	1	0
		Test and Treat (Ado)	102	78	1	0	1	0
		TBRU	1,420	1,400	1	1	1	0
		CIPRA	816	643	1	0	0	1
		HPV vaccination	2,000	1,897	1	1	0	0
		Rapid pathway	1,799	1,745	1	0	1	0
	GHESKIO-IMIS	NTZ	8	8	1	1	0	0
Total			8,534	7,142	36	10	12	15

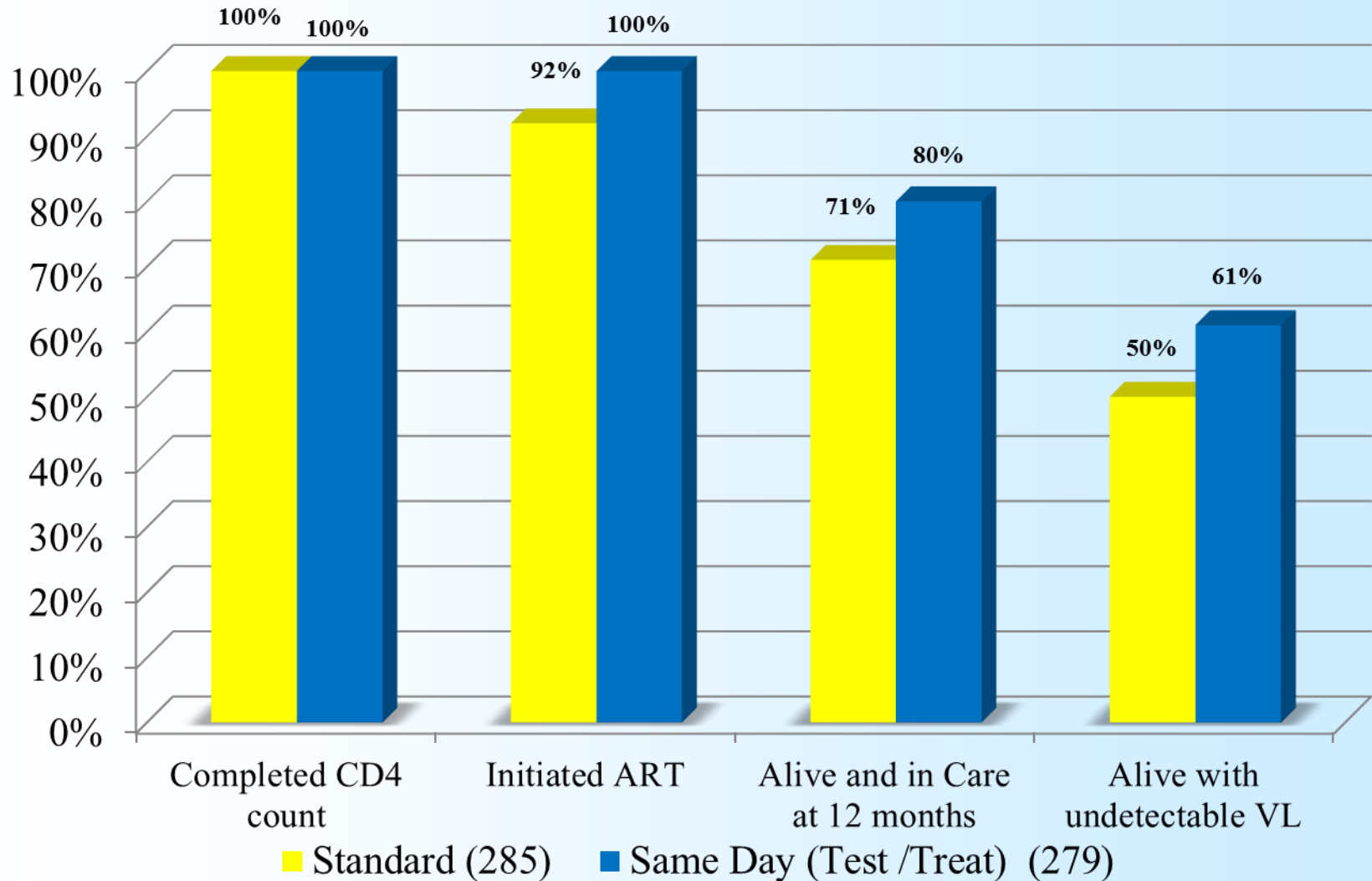


Two worldwide challenges in the provision of care to AIDS patients

- Linkage to care
- Retention in Care
- GHESKIO developed 2 plans to tackle these 2 issues:
 - Test and treat to increase linkage to care
 - Rapid pathway to increase retention in care



Standard vs. Same-day ART



Rapid pathway to increase retention

- **Objective:** evaluate retention in stable patients who received expedited care
- **Method:** 1,799 patients stable on ART for 6 months enrolled:
 - Seen by a nurse; vital signs taken; ARV drugs provided within a 30 minutes max visit
- **Outcomes:** Median 12-month adherence of 97% (IQR: 86-100%)
- **Multivariable analysis:** predictors of 12-month retention in care:
 - Female gender (OR 1.62; 95% CI: 1.08-2.43)
 - Time on ART (OR 1.13; 95% CI: 1.05-1.21),
 - High adherence in the 6 months prior to RP enrollment (OR 1.01; 95% CI: 1.01-1.02),



Preparation for disasters: GHESKIO Strengths

- 2 large centers located South and North of Capital providing comprehensive care
- 26 collaborative centers throughout the country
- 24 hour hotline for raped victims
- 3 Interdisciplinary mobile teams
- Community Unit with polyvalent field workers
- DOT MDRTB program with twice daily visits
- EMR: linking centers
 - Each staff enter own data
 - Daily list of all patients who missed visit to send field workers at their home



Back-up for all key positions



Preparation for disasters? (2)

- Pharmacy:

- 3 extra week of essential medications: ARV, TB
- Warehouse for meds at key spots within city;
 - EMR provide correct home addresses of our patients and list by neighborhood

- Medical Unit: At each clinic visit:

- Query about patients travel within country and abroad
- Inform patients about all collaborative centers throughout the country
- Renew questioning about change in phone number, home address and info about correspondent



Contingency Plan

- Staff:
 - Chain of command from direction to field workers
 - List of all Heads of each unit and their back-up with phone number and address
 - Establish 4-5 multidisciplinary teams grouping staff leaving within the same neighborhood to facilitate transportation and organize rotation to provide services
- 3 month reserve of meds, lab tests
- 2 weeks fuel reserve
- Communications:
 - Activate 24 hour hotline
 - Radio telephone communications
 - List of radio stations to pass a message



Summary

In complex environments associated with frequent socio-political crises and/or natural disasters one must develop strategies to deliver the best possible AIDS Care

- Research plays a key role to offer adapted solutions
- Contingency plan must also be in place
 - Reviewed, updated and improved after each disaster
- Dedicated staff and community trust essential

