HAITI

PAHO/WHO Technical Cooperation

in the aftermath of the earthquake 2010-2011





Priority Communicable Diseases: TUBERCULOSIS

Haiti has the highest estimated rates of incidence (306 cases per 100,000 population) and prevalence (366 cases per 100,000 population) of all forms of Tuberculosis (TB) in the Western Hemisphere (according to WHO estimates for 2008). For 2008, due to implementation of the STOP TB strategy, the detection rate of new smear positive cases was 60%, and the success rate of treatment was 82% for the cohort 2007. The goal of the National Strategic Plan for TB 2006-2013 is to reduce the incidence, prevalence, and mortality rates. This objective is in line with the following indicators proposed by WHO: a detection rate of 70% of estimated new cases of smear positive pulmonary TB, and the rate of treatment of 85% of these cases.

The National Program for Tuberculosis (NPT) currently does not have adequate resources and the Global Fund (GF) has been financing most of the country's TB activities. The GF grant ended in July 2009, leaving the NPT with no financial resources to pursue its activities until the arrival of the next grant.. A proposal for Round 9 of the Global Fund to Fight AIDS, Tuberculosis and Malaria was submitted to help finance the National Program activities. Approval for this proposal was given in March 2010 and National authorities will undertake the grant negotiations in order to have it signed by March 2011.

After the devastating earthquake of 12 January 2010, TB control was critically affected by the destruction of the headquarters of the Ministry of Health and Population (MSPP), with loss of the offices of the National TB Program, and the destruction and collapse of the health system. TB centers for diagnostic and treatment (CDT) have been offering TB care in difficult conditions. Many of the TB diagnosis and treatment centers were affected or destroyed. The momentary interruption of care in the West department could affect the success rate of treatment for the 2009 cohort with the increase in defaulters. The lack of coordination of the interventions from institutions and health agencies operating since January has also raised concerns with regards to TB response.

Activities carried out:

- Support to the National TB Program in assessing TB situation
- Support the National TB Program in reinforcing its leadership
- Support to a TB interagency meeting with national and international partners
- Facilitate high level coordination of the post-disaster response among the major partners and stakeholders in the TB area
- Evaluation of health facilities with regards to TB services and laboratory capacities
- Submittance of a TB proposal to ensure access to TB medicines for the next months
- Submittance of a TB proposal to support the MSPP TB activities, until disbursement of the GF funds
- Participation to the reconstruction of the destroyed TB Sanatorium in Leogane

Next Steps:

- PAHO will provide technical support in June 2010 to the country to facilitate the negotiation phase with the GF for Round 9
- Active participation in the review of the National Strategic Plan on Tuberculosis.
- Support for the epidemiological data collection for the development of annual reports.
- Strengthen the six axes of intervention of the National Strategic Plan that are in line with the "Stop TB Global Strategy" which are:
  - Updating national regulations regarding:
    - * Standards for management of sensitive TB - change the initial scheme.
    - * Standards for management of multi-drug resistance to TB (MDR-TB).
  - Laboratory network: introduction of cultures, coverage expansion for quality control of sputum-smear microscopy.
  - National study of anti-TB drugs resistance.
  - Guarantee the number of treatments and drug supply system.
  - Coordinating the monitoring, evaluation and transmission information system of the National Program for TB.
  - Detection and management of pediatric cases.
  - Management of the resistant multiple drug tuberculosis (MDRTB) cases.
  - Increase in the collaboration between the National Program for TB and the National Program for HIV/AIDS, as well as with clinical epidemiological surveillance.
  - Preparation of effective programs targeting vulnerable populations.
  - Initiate community mobilization.
- Active participation in the writing process of the National guidelines and training material for TB diagnosis and treatment.