

March 13, 2008

Dr. and Mrs. Jaime Olle  
Carretera de las Aguas, 181  
08021 Barcelona,  
Spain

Dear Jaime:

I am pleased to have this opportunity to provide you with a summary of the HAS activities and achievements in the case finding and treatment for Tuberculosis during 2007.

Despite the challenges in Haiti from the increasing economic pressures of inflation, and the challenges of maintaining a capable and dedicated work force, HAS has been able to successfully sustain its core clinical programs and to ensure that TB patients are identified and treated in a timely fashion, and that they successfully complete their treatment regimens.

The addition of Dr. Dorestan to the Community Health staff, with joint responsibility for the field management of both TB and AIDS, has brought strong and capable leadership in these areas.



We are very appreciative of the generous support which ACTMON has provided for the implementation of our Tuberculosis management program for many years; as HAS proceeds through significant transitions, the permanence of your support and friendship has brought a highly-regarded point of stability to the organization and its clinical programs.

To this end, and in support of your on-going fundraising efforts, HAS would like to feature ACTMON's work as the cover story of the May 2008 newsletter which is currently mailed to approximately 4,000 active donors in the United States, Canada and across Europe. I have enclosed a copy of the February newsletter for your information. To assist us in preparing the ACTMON story, I've asked Carolyn Grady in our Pittsburgh office to contact you via e-mail. She will share the draft story with you prior to publication and help with the selection of photographs. If you wish, Carolyn will also order additional copies of the newsletter for ACTMON's use.

We look forward to featuring the support by ACTMON and Sra. Figueres in the newsletter, and on our website. We hope that this will contribute to an awareness of the high regard with which we hold you and your many supportive friends.

With best wishes,

Ian G. Rawson  
Board Chair

c: Dr. V. Suresh

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## REPORT TO DONORS

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### **I. Overview**

Tuberculosis has traditionally been one of the most serious and common diseases in the HAS district. HAS has provided treatment for Tuberculosis since 1967. The TB program consists of four interconnected components: inpatient care for acute TB patients at the hospital, L'Escale (a tuberculosis recovery community), Directly Observed Therapy (DOTS) using a network of volunteer community health workers, and numerous education and outreach programs. The TB program is supported by ACTMON, the Global Fund, the HAS general fund, and a private donor. The Haitian ministry of health supplies HAS's TB medications.

During 2007, donations from ACTMON and Sra. Virginia Figueres provided financial support to L'Escale for nutritional rehabilitation and pure water resources, and to Community Health for field workers who identify new TB cases and ensure completion of DOT treatments.

### **2. Noteworthy changes in 2007**

#### *2.1 Restructuring Community Health*

2007 was a pivotal year for HAS and the TB program in several respects. First, the hospital and Community Health both underwent sizeable restructuring processes to reduce costs and improve efficiency. While most HAS services and programs remained stable, the restructuring process involved many staffing changes that required temporary reductions in CH activities to allow for adequate training and orientation.

#### *2.2 Integrating TB and HIV services*

The HAS tuberculosis and HIV programs became increasingly interconnected, in accordance 18% of all TB patients and 22% of those with active TB were HIV+ and 70% of TB deaths occurred in HIV+ individuals. The prevalence of HIV in the general population is currently estimated to be approximately 2.3%. Currently, all TB patients are tested for HIV (an "opt out" rather than "opt in" policy) and nearly all HIV patients are tested for TB. At the hospital, a single doctor coordinates clinical services for HIV and TB patients and the TB patient register now includes several HIV-related indicators. At the community level, many HIV *accompagnateurs* are also TB *accompagnateurs* and provide TB and HIV support simultaneously to co-infected individuals. The new electronic HIV and TB databases at Community Health are being linked to allow for better cross-analyses and data comparisons.

### *2.3 Increased attention to Evaluation*

Increased attention is being given to evaluation, particularly in HAS's division of Community Health. International standards and local epidemiological and behavioral trends are changing steadily and HAS's strategies must be adjusted accordingly. In September, a new monitoring and evaluation director was hired and began the task of systematically reviewing each of HAS's major public health priority areas: nutrition, HIV, TB, maternal and child health, and malaria. Evaluation methods include collection and analysis of quantitative data and direct communication with patients and the community through focus groups, interviews, surveys, and community meetings. Quantitative tuberculosis data is being entered into an electronic medical records system to enable faster and more accurate tracking of results and automated report generation.

### *2.4 Health Education and Behavior Change Activities*

HAS's conducted substantial community education activities related to tuberculosis in 2007. HAS now broadcasts more than 650 TB-related public service announcements and 4 hour-long radio shows across four local radio stations each month. A recent listenership survey revealed that 80% of residents in Liancourt, Deschappelles and Verrettes have a radio in their home, 79% listen to the radio at least twice per week, and 43% listen on a daily basis. A full 92% of the survey respondents recalled hearing a health-related message on the radio during the past two weeks and 62% were able to recall the specific subject of the message. One quarter of the messages they recalled were TB-related.

In addition to radio shows, HAS also conducts weekly education programs at its dispensaries, four to five education sessions in schools and an additional four to five community meetings about TB each month. While this extensive community involvement may not have an immediate impact on the incidence of new TB infections, HAS hopes that it will decrease stigmatization, motivate people to seek care earlier and adhere to their treatment regimens more reliably.

### *2.5 New Staff Members*

A final noteworthy change to the TB program is the addition of several new staff members:

- Dr. Darwin Dorestan, MD, HIV-TB coordinator (hired in January 2008)
- Dr. Nathalie Durandisse, MD, HIV-TB clinician (hired in January 2008)
- Ms. Adeline Azrack, MPH, Director of Monitoring and Evaluation (hired in September)
- Mr. Frantz Ismorin, TB data manager (hired in November)

## **3. L'Escale**

Thanks to ACTMON funds, HAS was able to construct a water pump at L'Escale that will have a sizeable impact on the village's sanitation. Several other important repairs, including the reconstruction of the cactus fence around the village, are planned for early 2008.



The L'Escale Christmas party, a decades-old tradition, was held on December 30 and attracted more than 200 patients, family members, friends, and HAS staff with spirited dance performances, music, theater, and speeches. The highlight of the afternoon was a local musician's performance of a song he wrote about his life-saving experience at L'Escale in 1998.

#### **4. Evaluation of Clinical Outcomes**

##### *4.1 Key Indicators*

HAS treated a total of 179 patients in 2007, of which 76 were TPM+ (active pulmonary tuberculosis appropriate for the full 8-month DOTS treatment) and 22% of TPM+ patients were also HIV+. 25% of patients were children under the age of 15.

Please refer to tables 1-3, below, for a quantitative summary of the clinical outcomes of HAS's DOTS program in 2007.

**TABLE 1: SUMMARY OF 2007 PATIENTS**

Total patients treated, Jan-Nov 2007 (includes TEP, TPM+, TPM-, transfers, etc)	1754
Total adults	134
Total children 6 or younger	45
HIV+	39(22%)
Pediatric HIV+	8(18%)
Deaths	10
Deaths HIV+	7(70%)
Deaths HIV-	1(10%)
Deaths HIV status unknown	2(20%)

##### **Summary**

% of TPM+ cured: 72%  
 % of TPM+ finished treatment or cured: 82%  
 % TPM+ deceased:  
 % possible loss to follow-up: 10%  
 Drug-resistant TB Cases: 0

#### 4.2 Analysis

HAS's 2007 goals, as detailed in last year's ACTMON report, were as follows:

- a. Increase case detection to 85%
- b. Screen and enroll 360 new patients
- c. Enroll 90% in DOTS program
- d. Cure rate of 95%
- e. Better integrate hospital, L'Escale, CH

HAS fell considerably short of its goal to enroll 360 new patients in the DOTS program. While this objective may have been overambitious, particularly given the fact that only 41% of patients were TPM+, it is clear that HAS could have pursued case finding more aggressively. Just under 100% of all TPM+ patients were enrolled in the DOTS program.

For the TPM+ patient cohort that began treatment in December 2006-March 2007, 82% completed the full course of DOTS treatment and 72% were confirmed cured by the HAS laboratory. The remaining 10% tested negative after 5 months but did not receive a lab test at 8 months. No cases of drug-resistant TB were detected. 10% of patients may not have completed treatment and are currently being researched by HAS's community health workers and *accompagnateurs*. These treatment results fall short of the 85% cure target established by the Global Fund and the 95% target established by HAS at the beginning of 2007.

The primary barriers to confirming treatment results with patients at eight months has been a shortage of trained and experienced field staff and *accompagnateurs*, and the logistical challenge of ensuring that all laboratory results are transferred into the patient registry regularly and accurately. HAS is currently addressing the first problem through tracking field activities more closely and helping field staff prioritize home visits according to risk factors.

The TB program coordinator, nurses, and monitoring and evaluation director are addressing the second problem through closer supervision of the TB registry's maintenance; considerable progress was made in recent months. More importantly, the new TB data manager is currently transferring all TB data into HAS's new electronic medical records system. This system will serve as central repository for all TB information and will allow for real-time monitoring of patient outcomes and automatic report generation.

The addition of the TB program coordinator and new Monitoring and Evaluation director, plus the increasing capacity of the TB nurse at Community Health has greatly improved the communication and coordination between the hospital, L'Escale, and Community Health.

## **5. 2008 Goals**

The Community Health administration and program coordinators are finalizing the division's budget and specific objectives for each of its programs. Objectives will be determined through a careful analysis of 2007 program data, epidemiological trends and goals, staffing levels and human resources, budget constraints, and grant requirements. Specific TB goals will be sent to ACTMON once this process is complete as an addendum to this report.

General goals are as follows:

1. Continue to pursue an 85% case finding and 95% cure rate
2. Increase enrollment through more aggressive case finding (exact target to follow)
3. Enroll all TPM+ patients in DOTS or confirm enrollment in a DOTS program at another institution
4. Decrease abandonment to no more than 5%
5. Ensure ongoing improvement of hospital-L'Escale-Community Health coordination and integration
6. Revise and circulate new educational messages in the community; pilot test all messages prior to use

### Expenses, 2007

#### ACTMON

(Note: All of these expenses were incurred at L'Escale)

<i>Category</i>	<i>Expense</i>
Nutrition and Food	10,443.03
Wages	4535.56
Pharmaceuticals/Medical Supplies	545.14
Fuel, transportation	159.48
Office Supplies	454.98
Cleaning Supplies	394.35
Hardware/Construction	109.11
<b>Total</b>	<b>16,641.66</b>

### Virginia Figueres

(Note: All of these expenses were incurred in remote locations, and represent wages for Community Health Agents assigned to TB Casefinding, Referral and treatment follow-up)

<i>Category</i>	<i>Expense</i>
Monthly Wages	1919.96
Bimonthly Wages	46,713.39
Temporary Wages	438.42
Insurance/ONA	1897.77
<b>Total</b>	<b>50,969.54</b>

Note: Detailed transaction-level expense reports are available on request.