Delivering AIDS Care in Crisis Situation

Session on Responding to HIV in complex environments

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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. Mérieux...

- Continuous support from NIH (1983), Fogarty (1988)
GHESKIO: One of HIV/AIDS and TB largest centers in the Americas

HAART in Haïti
1993–2017

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

TB cases diagnosed 2009 -2016

- Haiti
- GHESKIO Network

- Pediatric
- Adolescent
- Adult
- Total
## GHESKIO STUDY OVERVIEW

**April  2017**

<table>
<thead>
<tr>
<th>Site</th>
<th>Network</th>
<th>Volunteers</th>
<th>Total protocols</th>
<th>Enrolling</th>
<th>Ongoing / Not enrolling</th>
<th>Closed</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Active</td>
<td></td>
<td></td>
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<tr>
<td><strong>ACTG &amp; IMPAACT</strong></td>
<td></td>
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<tr>
<td>ACTG - INLR</td>
<td>ACTG</td>
<td>938</td>
<td>273</td>
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<tr>
<td></td>
<td>IMPAACT</td>
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<td>17</td>
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<td>GHESKIO - IMIS</td>
<td>ACTG</td>
<td>331</td>
<td>214</td>
<td>7</td>
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<td>Other NIH Network Research</td>
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<td>ACTG - INLR</td>
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<td>Independent Research</td>
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<tr>
<td>ACTG - INLR</td>
<td>Test and Treat Adults (NIH)</td>
<td>762</td>
<td>628</td>
<td>1</td>
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<td>Test and Treat (Ado)</td>
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<td>78</td>
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<td>TBRU</td>
<td>1,420</td>
<td>1,400</td>
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<td>CIPRA</td>
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<td>643</td>
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<td>HPV vaccination</td>
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<td>1,897</td>
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<td>Rapid pathway</td>
<td>1,799</td>
<td>1,745</td>
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<td><strong>Total</strong></td>
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<td>8,534</td>
<td>7,142</td>
<td>36</td>
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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

- Completed CD4 count: 100% Standard, 100% Same Day
- Initiated ART: 92% Standard, 100% Same Day
- Alive and in Care at 12 months: 71% Standard, 80% Same Day
- Alive with undetectable VL: 50% Standard, 61% Same Day

Sample sizes: Standard (285), Same Day (279)
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