

National Program of fighting against Tuberculosis

Haiti TB Strategic Plan

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Background

- With an incidence of 213/100,000, Haiti remains the highest burden Tb country within the America;
- 50 years of existing Tb program;
- 15,323 new cases detected in 2011;
- 16723 new cases detected in 2012

Background (fwd)

- DOT's strategy has been introduced in 2000;
- Increasing of success rate from 64% in 2004 to 83% in 2011
- Detection rate increases from 64% to 76%;
- Management of MDR/Tb (GHESKIO, PIH)

Mission

Ensure that all patients have full access to diagnosis and quality treatment in order to reduce the social burden and economic inequality due to Tuberculosis.

Vision

Provide permanent availability of TB services through integrated primary health care in order to reduce Tb morbidity and mortality in Haiti.

GOAL :

1. Individual level:

- Decrease Tb morbidity and mortality rate

2. Community level :

- Reduce TB transmission.

OBJECTIVES :

- Detect at least 70% of new smear + cases
- Cure at least 85% of them.
- Reduce TB Prevalence by 25% from 2013-2015:
- Reduce the default rate to 3%.

Organization

- 1 Central Coordination;
- 10 Departemental Coordinations;
- 256 TB care centers. (232 CDT & 24CT)
- 1 National Reference Lab (LNSP)
- 1 microscopy network
- 2 regional labs (Cayes and Cap)
- 2 MDR/Tb sites

Strategic lines

- Improve DOTs quality ;
- Focus on risk groups;
- Strengthen laboratory network;
- Strengthen MDR interventions;
- Intensify communication and social mobilisation;
- Improve private-public partnership ;
- Increase capacity building
- Improve TB / VIH integration
- Carry out Operationnal research;
- Improve binational interventions

Operational strategy

- Increase TB case detection rate to 70%
 - Estimated at ~62%, probably ?45%
- Increase treatment success rate for new smear-positive cases to 85%
 - Current rate is ~70
- Improve TB prevention
 - Screen children and close contacts for TB
 - INH prophylaxis
 - HIV testing of TB patients
 - Infection control

Activities

- Passive detection
- Contact tracing
- Monitoring and evaluation
- Training
- Surveillance of TB reporting and case finding

Activities (followed)

- Clinical microscopic and radiological facilities to improve diagnosis
- Norms revision
- Advanced TB Diagnostic Tests
- Infection Control

Activities (followed)

- Monitoring and evaluation by central PNLT support tools:
 - TB case registry
 - TB respiratory registry
 - Contact tracing registry
- TB case reporting and departmental quarterly meetings
- Validity, completeness, and accurate collection of TB case data
- Timely analysis for national policies and international reporting through maintenance of national TB reporting

Main ONG Partners

- **GHESKIO;**
- **Partners in Health;**
- **International child care;**

- **IHV/Um, CMMB, Un of Miami, HTW,MSH**

Internationals Partners

- Global Funds +++
- PEPFAR /CDC Financial and Technical support ++
- PAHO / WHO : Technical support+++
Financial support +

Challenges

- Community intervention for contact tracing
- Active Contact tracing;
- Tb/HIV integration at peripheral level
(microscope- Xray machine PPD - space)

Challenges (followed)

- Nutritional support for Co-infected and MDR patients ;
- Structure to house MDR patients;
- MDR Tb ambulatory follow-up;
- Tb Infection control at peripheral level (space, waiting room- lab space etc);

Advocacy

- To restructure ;
 - 1- Sanatorium of Port-au-Prince which is a teaching hospital where residents are reluctant to go by lack of structure;
 - 2-Sanatorium of Les Cayes which is an emergency according to the Ministry of Health
- Infection control is difficult to implement by lack of space(waiting room- lab space etc);

Advocacy

2-Sanatorium of Les Cayes which is an emergency according to the Ministry of Health to become an MDR regional center who visited that place which the Departmental Director and PNLT coordinator 1 month ago

Advocacy

- MDR/TB outpatient for southern patients
- Referral center for severe TB cases
- Teaching place to receive medical student on training ;

Advocacy

- 3-Sanatorium of Port-de Paix where bacilloscopy , patients follow up and drug distribution are being done in a one single small room. No waiting room for patients
- What about infection control?
- 4-CDT of the Gonaives Hospital which is a departmental hospital to reopen and need basic materials.

Thanks