

## Why Haiti Needs DOT: Treating HIV in Poor Countries.

### HIV treatment is effective:

The advent of the anti AIDS cocktail of medicines has allowed HIV positive people to return to health and active lives. People with access to these drugs can now expect to live 20-30 years and not fall ill with infections.

However, few of the world's 42 million persons currently living with HIV have access to the anti AIDS cocktail (highly active antiretroviral therapy—HAART). This poor access is due to the cost of drugs and the difficulty of delivering daily therapy for life in a resource poor setting.

### HIV treatment has not been available in poor countries:

Haiti has a population of 8 million people, of whom 6% have HIV. Having HIV in Haiti means death in 7 to 10 years. The life expectancy is shorter in poor countries because of malnutrition, lack of clean water, and infections like tuberculosis. Fewer than 1000 of Haiti's 300,000 HIV+ persons receive HAART.

### Prices of AIDS drugs have dropped but implementing programs is still a challenge:

The price of HAART has fallen from \$15,000 per person per year to \$285 per year putting the medicines in reach of poor countries. New initiatives such as the Global Fund to Fight AIDS, and President Bush's HIV initiative have committed money in support of AIDS treatment.

However, the fact remains that AIDS treatment is daily, life long and requires good adherence to get good results. Implementing HIV therapy properly in settings such as Haiti is the critical challenge as we scale up HIV treatment world wide.

### Addressing the Challenge of HIV Treatment with DOT:

- Other groups in Haiti have begun to adapt a system of community health workers who administer medicines daily to patients with HIV. This approach, Directly Observed Therapy (DOT) has been used successfully in over 70 poor countries in the treatment of tuberculosis, another disease that requires daily therapy for a long time.
- Like tuberculosis, AIDS can become resistant to medications if they are not taken on schedule. Drug resistant infections create an enormous threat to the public health and could easily spread to other countries. The DOT workers are the cornerstone in making HIV therapy work in a place like rural Haiti where there is little infrastructure.
- DOT is critical, because no human being can be expected to adhere to the HIV medication schedule without help and encouragement. If people with HIV don't take at least 95% of their scheduled doses of medication ON TIME, the virus mutates, and becomes resistant.
- The key to preventing resistance is to adhere strictly to the first regimen ever chosen.

### What does MARCH do?

- Management And Resources for Community Health is a non-profit organization run by a Haitian doctor named Antoine Augustin. MARCH is funded by Save the Children, US AID (Agency for International Development), the Global AIDS Fund, the CDC, and others.
- MARCH delivers health care to 150,000 persons in the villages surrounding Mirebalais (a town in Haiti's rural central plateau) through mobile clinics.
- Each day, jeeps leave the Mirebalais hub to visit sites in villages 2-3 hours away. The jeeps bring nurses, food, vaccines and health educators to a location easily accessible to villagers.
- Children are immunized, and babies are weighed. Malnourished children are placed in rehabilitation. Women with high risk pregnancies are referred for special attention.
- The focus of services provided by MARCH is on prevention, nutrition education, and maternal and child health.

## A Call for Support Haiti Needs

# DOT

Directly Observed Therapy



Photo by Libby Goff



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## THE TULANE-HAITI INITIATIVE

The mission of the Tulane Infectious Diseases faculty includes excellence in teaching and clinical research on HIV care, both locally and globally.

- Dr. Antoine Augustin of the Haitian foundation MARCH (Management and Resources for Community Health) has forged a relationship with Tulane Infectious Diseases faculty to permit a scientific exchange between rural Haiti and New Orleans.
- A few excellent physicians in Haiti have the necessary experience for AIDS clinical care, but more are needed.
- Drs. Ruth Berggren and Holly Murphy of Tulane have helped Haiti develop guidelines for preventing of HIV transmission from mothers to infants, by presenting global data to committees from the Ministry of Health and to policy makers.
- With the help of recent graduates from the Tulane School of Public Health, Dr. Susan McLellan is surveying the baseline HIV situation, including safe infant feeding options and clean water for the population being served.
- When HIV treatment and prevention protocols are fully operational in the near future, the team will be able to measure improvement, identify problems, and modify strategy as necessary.
- Drs. Berggren, Murphy, and Augustin have received initial funding from the World AIDS Foundation and the American Society for Tropical Medicine and Hygiene to fund Prevention of HIV Transmission from Mothers to Children in Mirebalais, Haiti.



Photo by Libby Goff

## DOT Worker Job Description

**TRAINING:** DOT workers undergo a two day training period and attend a monthly group meeting with their patients and a supervisor. The meeting is used to reinforce training and to discuss medication side effects .

**PATIENT LOAD:** Each DOT worker follows 4 -5 patients who live within walking distance of their own home.

**FREQUENCY OF DAILY VISITS:** The minimum effort by a DOT worker is a once daily visit. Many make visits at least twice daily.

**PROCUREMENT OF MEDICATION:** Once a month, the DOT workers take the patients to the clinic for their physician evaluations. At the storage depot, they sign for the necessary medications to supply each of his/her patients for one month.

**THE DAILY VISIT:** The home visit by the DOT worker lasts 10-15 minutes. This is more than just a physical dispensing of medication. The DOT worker greets the patient, talks to them about how they are doing, and provides encouragement and moral support. The DOT worker must directly observe the swallowing of the pills.

**RECORD KEEPING.** The DOT worker has a medication log for each patient. They turn these records in to the pharmacist at the depot monthly.

**CONFIDENTIALITY AND DISCLOSURE ISSUES.** In this part of Haiti, the DOT system was introduced in 1986 for tuberculosis. Thus the community was already familiar with a daily visit by a health worker. Sometimes, especially early after the HIV diagnosis, patients decline to disclose their illness to others. This choice by the patient is respected by the DOT worker, who still encourages the patient to disclose to the family. In some cases, the problem is resolved by having the patient come to the DOT worker's home to get the medication and to be observed.

**ADHERENCE:** When patients start feeling better, they are less inclined to be home at the appointed time. The DOT worker may need to physically search for them, and spend extra time in counseling and education about the critical need for never missing a single dose of medication.

**DURATION OF FOLLOW-UP.** HIV treatment involves lifelong pill taking, usually twice daily. Until a cure is found, there is no exit strategy. Even DOT workers who are themselves patients have their own personal DOT worker for life.

**HONORARIUM.** DOT workers are paid approximately \$300 (Haitian dollars) per month. This translates to about \$450/year (US), or the per capita GNP of Haiti.

Photo by Libby Goff



## HOW CAN YOU HELP?

Our goal is to train and employ 60 DOT workers by July 2004. The first group of workers started working with AIDS patients in summer 2003.

You can join us in the global fight against AIDS by sponsoring a DOT worker for a year. For just \$37.50 per month, your contribution will create a job that supports a family, and ensures that five AIDS patients will receive directly observed therapy. You will have helped prevent a serious problem with resistant HIV that could spread around the world, and you will give the gift of life to people who desperately need it.

Your tax deductible donation check can be made out to Tulane MARCH, and sent to:



Tulane Adult Infectious Diseases Section  
c/o Haiti DOT Project Donations  
1430 Tulane Avenue, SL-87  
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In return, we will send you a gift receipt for your tax records, and an annual progress report with photos of our DOT workers in Mirebalais. Please help us fight this unforgiving disease, and thanks for being generous!