



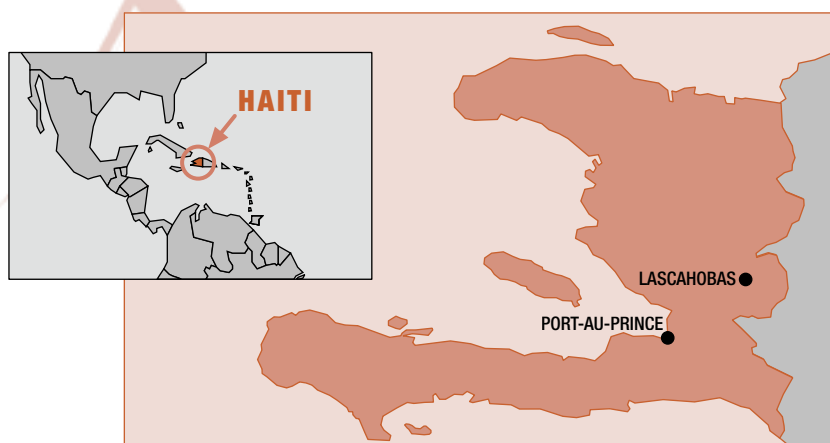
the triumph of hope over despair:

how Anna and Joseph helped change the history of HIV/AIDS

Plagued by decades of political instability and civil unrest, Haiti is the poorest country in the Americas, and one of the hardest hit by the rapid spread of HIV/AIDS. Largely as a result of the epidemic, average life expectancy fell from 57 years in 1993 to 50 years in 2002. According to the Global Fund to Fight AIDS, Tuberculosis and Malaria:

“Haiti faces the worst AIDS epidemic outside of Africa. Last year, 30 000 Haitians died from AIDS; twice the number who succumbed to the disease in the United States. An estimated 250 000 people are living with HIV/AIDS; half of whom are women.” (1)

Despite these bleak statistics, Haiti’s health crisis is not hopeless. The remarkable stories of two Haitians whose lives have been transformed by antiretroviral therapy show why this is so. Even with recent political unrest, they are continuing to receive treatment as part of an innovative project to strengthen local health service infrastructure.





Joseph's story

Joseph Jeune is a 26-year-old peasant farmer from the town of Lascahobas, in Haiti's lower Central Plateau. Joseph felt well until August 2002 when he started to lose weight and experience fevers. With the help of his family he travelled to several clinics seeking help, but his health deteriorated rapidly, and he eventually became bedridden with a gastrointestinal opportunistic infection. By this time Joseph had given up all hope of recovery and his parents, resigned to losing him, had already bought his coffin.

Emaciated and close to death, Joseph was admitted to the Lascahobas clinic in March 2003 after being referred there by a community health worker. Doctors at the clinic diagnosed HIV and tuberculosis coinfection and started him on antiretroviral therapy for HIV/AIDS and treatment for tuberculosis. He remained at the clinic for almost two months, gradually fighting off the infections. Overall, Joseph's recovery has been remarkable, and his weight has increased by over 18 kg. He is now strong enough to have resumed farming, and he earns an additional income by shining shoes at the local market.

Speaking about antiretroviral therapy, Joseph says:

"These medications have brought me back from the brink of death. Everyone except my mother had given up hope for me until I started treatment, but now nobody would know I am sick unless I told them. I feel as good now as I have in years. This treatment has been miraculous for me, and for others. To think that my family had already bought my coffin when I started treatment – and now look at me!"





David Walton/Partners in Health

Anna's story

Anna Vincent, 36 years old, is also from Lascahobas and, like Joseph, had been very ill – suffering total body rash, weight loss, and abdominal pains – before being brought to the clinic. She too had been to several hospitals. Eventually, in October 2002, Anna was diagnosed with HIV/AIDS and tuberculosis and was hospitalized for three weeks, receiving treatment for both conditions. Anna has made an excellent recovery, including a weight gain of more than 16 kg.

Anna was training to become a seamstress until illness forced her to abandon the classes. Anna's husband worked in Haiti's capital, Port-au-Prince, and returned to Lascahobas every two weeks. As her illness worsened, she and her husband parted.

“Without antiretroviral therapy, I would not be here for my children. I would not be here at all,” Anna says. “My family has always been there for me, but without treatment they could only arrange my funeral. Now I can create a future for my children.”

Anna plans to resume her seamstress classes and in the meantime has been awarded a grant by the Lascahobas clinic to become a market vendor. She can now be seen daily in the local market with a smile on her face.



Strengthening local health systems

Antiretroviral therapy in Haiti was first started in a hospital in the village of Cange in 1998. Recently, the Global Fund and the Boston-based Partners In Health have funded a project that enables HIV/AIDS and tuberculosis treatment services to be expanded – from Cange’s catchment area of 55 000 people to an area with 260 000 inhabitants covering the lower Central Plateau. The project consists of four pillars:

- (1) comprehensive HIV/AIDS care, including antiretroviral treatment and prevention;
- (2) aggressive case-finding and supervised treatment of tuberculosis;
- (3) aggressive case-finding and treatment of sexually transmitted infections;
- (4) improved women’s health services.

One of the collateral benefits of the project has been its impact on primary health care. Because it has led to an influx of medical personnel and essential medicines, implementation of the four pillars has had a favourable and measurable impact on a number of primary health goals, including vaccination, family planning, prenatal care, tuberculosis case-finding and cure, and health promotion. Other benefits, though less easily measured, include improved staff morale, enhanced confidence among the population in public health services, and greater community participation.

The Lascahobas clinic was the first expansion site under the project and now offers 15 beds for acutely ill patients. It receives more than 300 patients a day compared with about 30 a day in mid-2002. Previously the clinic, which is government operated, had been severely underfunded and understaffed. Implementation of the four components of the project began in late August 2002, only two months before Anna Vincent was admitted. Since then more than five clinics and hospitals have followed suit, covering the entire lower Central Plateau.

The HIV/AIDS treatment programme at Lascahobas builds on a pre-existing programme for tuberculosis whereby patients receive daily visits from community health workers, known as *accompagneurs*, for the duration of their treatment. The *accompagneurs* now also administer antiretroviral therapy to patients with HIV/AIDS, visiting their homes each morning and evening to watch them taking their drugs. Only acutely ill patients are hospitalized and, like Anna and Joseph, once they are clinically stable they can return home and receive daily treatment there.

Anna and Joseph were both treated by David A. Walton, MD, who divides his time between the Lascahobas clinic and the Brigham and Women’s Hospital, Boston, USA.

“I’m so very glad that Anna and Joseph’s stories are being told,” he says. “They provide a powerful example of how antiretroviral treatment saves and transforms lives when all seems lost. They also show what is possible with fairly limited resources, and demonstrate the urgency of scaling up antiretroviral treatment in other developing countries.”

Reference

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Portfolio of grants in Haiti* (<http://www.theglobalfund.org/search/portfolio.aspx?countryID=HTI>, accessed 24 February 2004).

Note: Further information on the treatment strategy of integrated HIV/AIDS prevention and care can be found in: Farmer P, Léandre F, Mukherjee JS, Claude M, Nevil P, Smith-Fawzi MC et al. Community-based approaches to HIV treatment in resource-poor settings. *Lancet*, 2001, 358:404–409.

The World Health Report 2004 full press kit can be obtained on the WHO Internet home page <http://www.who.int/whr/>
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