



GHESKIO's Model of Patient Care During Civil Unrest in Haiti

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IAS Webinar on responding to HIV in humanitarian and conflict settings
27 February 2025

Agenda

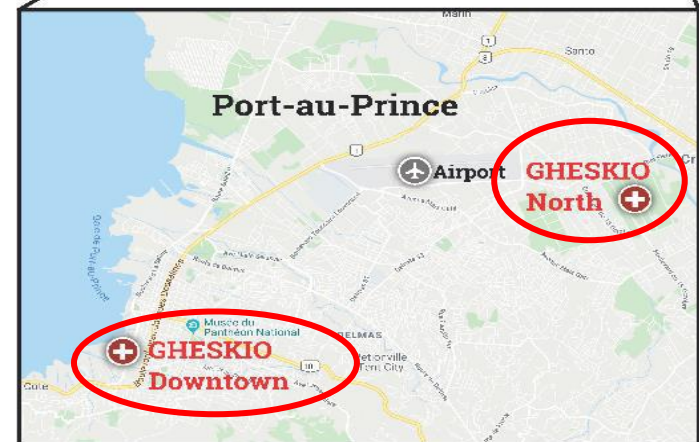


- GHESKIO and its mission
- Challenges in Haiti – The last decade and recent events
- Operational challenges in conflict settings
- How GHESKIO dealt with challenges during the civil unrest
- Impact of halting the PEPFAR program in Haiti
- Lessons learned and perspectives

GHESKIO Centers



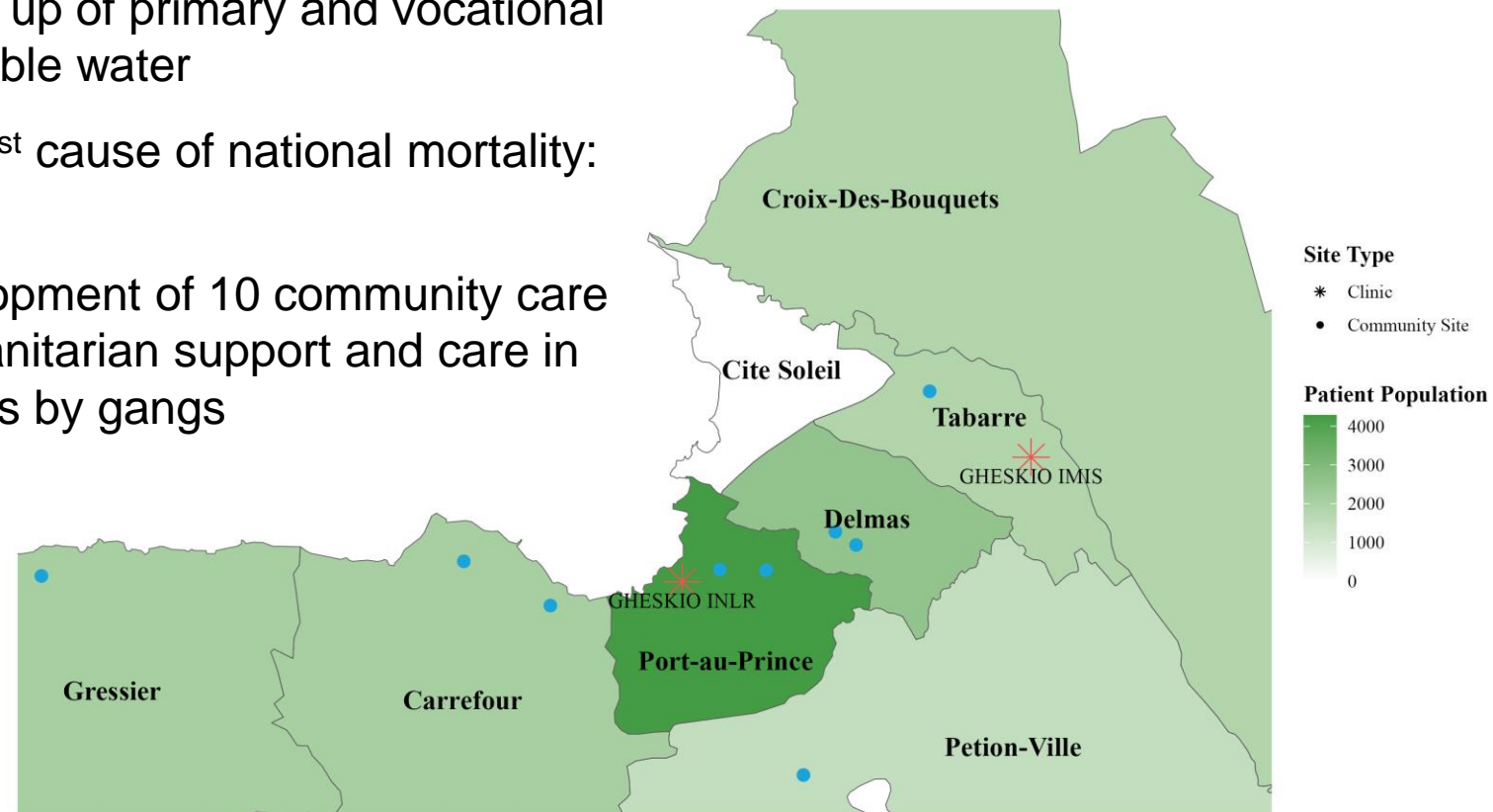
- **1982: Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections (GHESKIO)** founded with mission for **research, service, and training** on AIDS and associated diseases
 - 2 central facilities in Port-au-Prince, 13 collaborative hospitals, 10 community centers
 - Haiti's main research center
 - Haiti's largest referral training center for post-graduates
 - Accredited MPH and NP program
 - Lab technician and community health worker training
 - Only functional BSL-3 laboratory in Haiti, conducting 40% of all national viral loads
 - Partnership: Ministry of Health, Quisqueya University, and 116 local institutions
 - International collaboration: Weill Cornell (New York), Fondation Mérieux (Lyon), Analysis Group (Boston)
 - Continuous support from NIH (since 1983), Fogarty International Center (1989), GFATM (2003), CDC/PEPFAR (2004)





- **1993:** Creation of 2 foundations by private sector to support GHESKIO
- **2000:** Granted status as “Public Utility” by Haitian government
- **2010:** Post-earthquake/cholera epidemic: expansion to **global health**, care for internally displaced persons, set up of primary and vocational schools, scholarships, microcredits, potable water
- **2016:** Cardiovascular diseases (CVD) 1st cause of national mortality: set-up of CVD unit
- **2021-2025:** Increasing insecurity: Development of 10 community care centers for GHESKIO patients and humanitarian support and care in 15 camps for internally displaced persons by gangs

Mapping of Port au Prince, Capital of Haiti





Haitian Revolution (1791-1804)	Deemed one of the most influential revolutions in history First successful slave-led revolution, abolished slavery in the country
Politics: A failed-state (A succession of man-made calamities)	30 Years of dictatorship and political instability (1957-1986) Natural Disasters: earthquakes (2010, 2021), hurricanes (2016) Poor governance, irresponsible elite, indifferent civil society Rise of extreme gang violence and humanitarian crisis
Population:	11,753,943
Median age:	25
Sex ratio (M/F):	0.97
Life expectancy at birth:	65.6 years
MDs/10,000 inhabitants:	2.5
Human Development Index:	158 th /193 countries
Number of people experiencing food insecurity	5 Million
Internally displaced persons	> 1 Million (IOM)
Economy	Inflation and negative economic growth for 6 consecutive years



Aftermath of 2010 earthquake

- **1993-2019:** 10 UN Missions
- **2010:** Major 7.1 earthquake (300,000 deaths) + 1st cholera epidemic (10,000 deaths)
 - One of the worst natural disasters in recorded history
- **2016:** Category 5 Hurricane Matthew
- **2018:** Increased insecurity, kidnapping
- **2019:** Numerous country-wide lockdowns due to political turmoil, massive transportation strikes
- **2020:** COVID-19 pandemic
- **2021:** 7.4 earthquake in Southern Haiti

Current Political Crisis



Over 1 million Haitians are internally displaced

- **2021:** Haiti's government collapses following July 7th assassination of President Jovenel Moïse
- **2021:** Gangs take over 90% the capital, causing months-long fuel blockades and over 100 cases of armed kidnapping/month
- **2021-2024: Largest exodus of Haiti's best and brightest**
- **2022:** Mass protests, rising fuel prices, and start of humanitarian crisis
 - Prime Minister and his cabinet request the deployment of foreign troops to oppose the gangs on October 12.
- **2023:** United Nations Security Council Resolution 2699 adopted on October 2 creating the Multinational Security Support (MSS) Mission and Humanitarian Parole Program
- **2024: Humanitarian crisis:** Haiti plunges into a **failed state**
 - > 1 Million Internal Displaced Population mostly women and children; many of them displaced several times.

Recent Events in Haiti



- Understaffed police force (< 7,000) are outmatched by gangs
- Continuous large-scale attacks, violence, mass kidnappings: 30% of gang members are kids (UNICEF)
- > 50% of the health system dysfunctional; access to medical care has never been more limited.
- **March 2024**
 - Gangs storm Haiti's largest prisons, releasing over 4,000 inmates
 - Foreign citizens are evacuated
 - Port-au-Prince International Airport closed due to perimeter breach
- **April 2024:** Transitional Presidential Council formed
- **June 2024:** Multinational Security Support (MSS) Mission led by Kenya deployed
- **November 2024:** Port-au-Prince International Airport closed again
- **January 2025:** Temporary pause of the PEPFAR program an additional challenge
- **February 5-11, 2025:** Limited PEPFAR waiver for life-saving interventions
- **February 11, 2025:** PEPFAR activities resume only at CDC/PEPFAR sites



The international community continues to observe without emotion

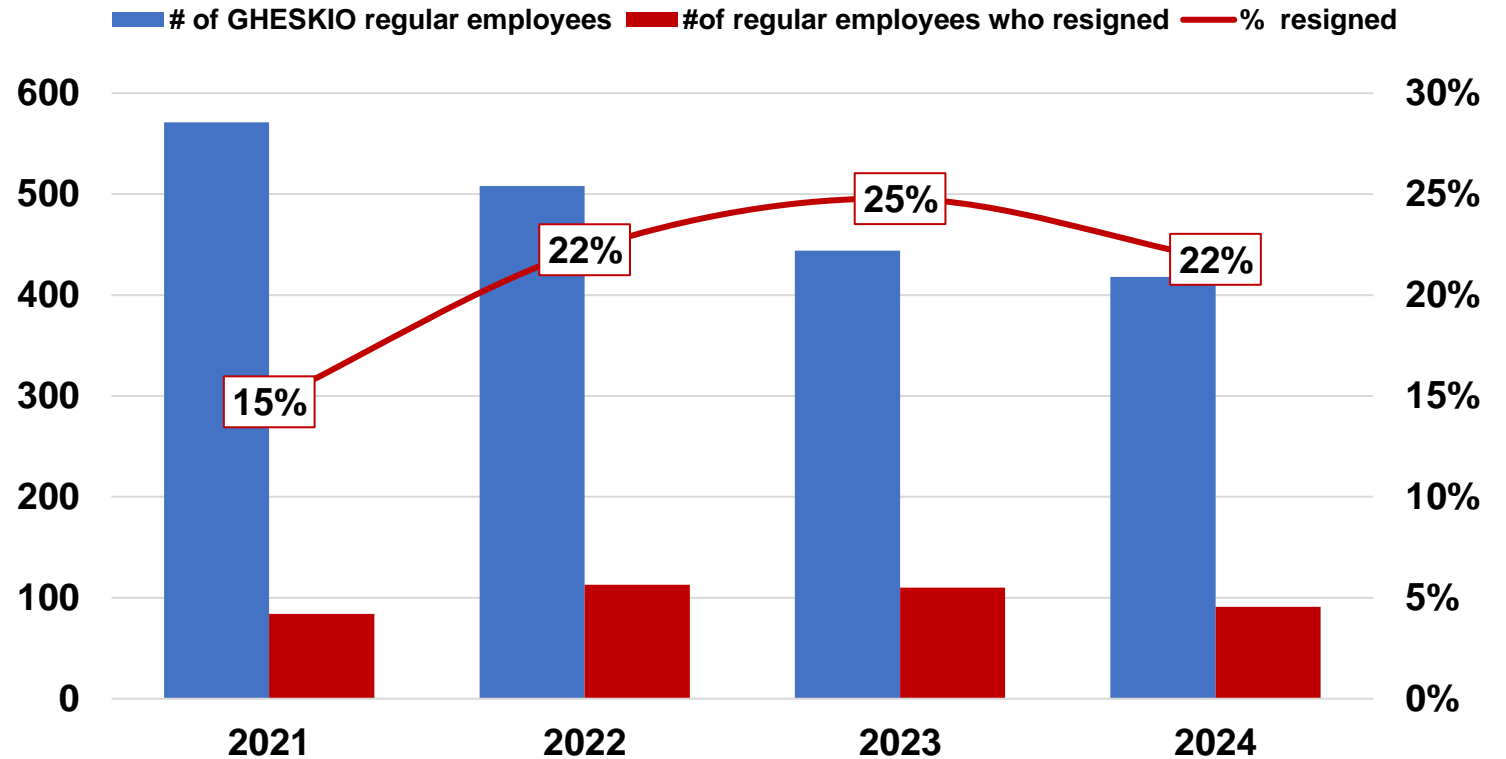
Impact of insecurity on GHESKIO



2021 – 2024

- 24** Employees have been kidnapped
- 398** Employees have resigned and left the country due to insecurity
- 456** Employees have been forced to abandon their homes

Year	Number Kidnapped
Total	24
2021	1
2022	11
2023	10
2024	2









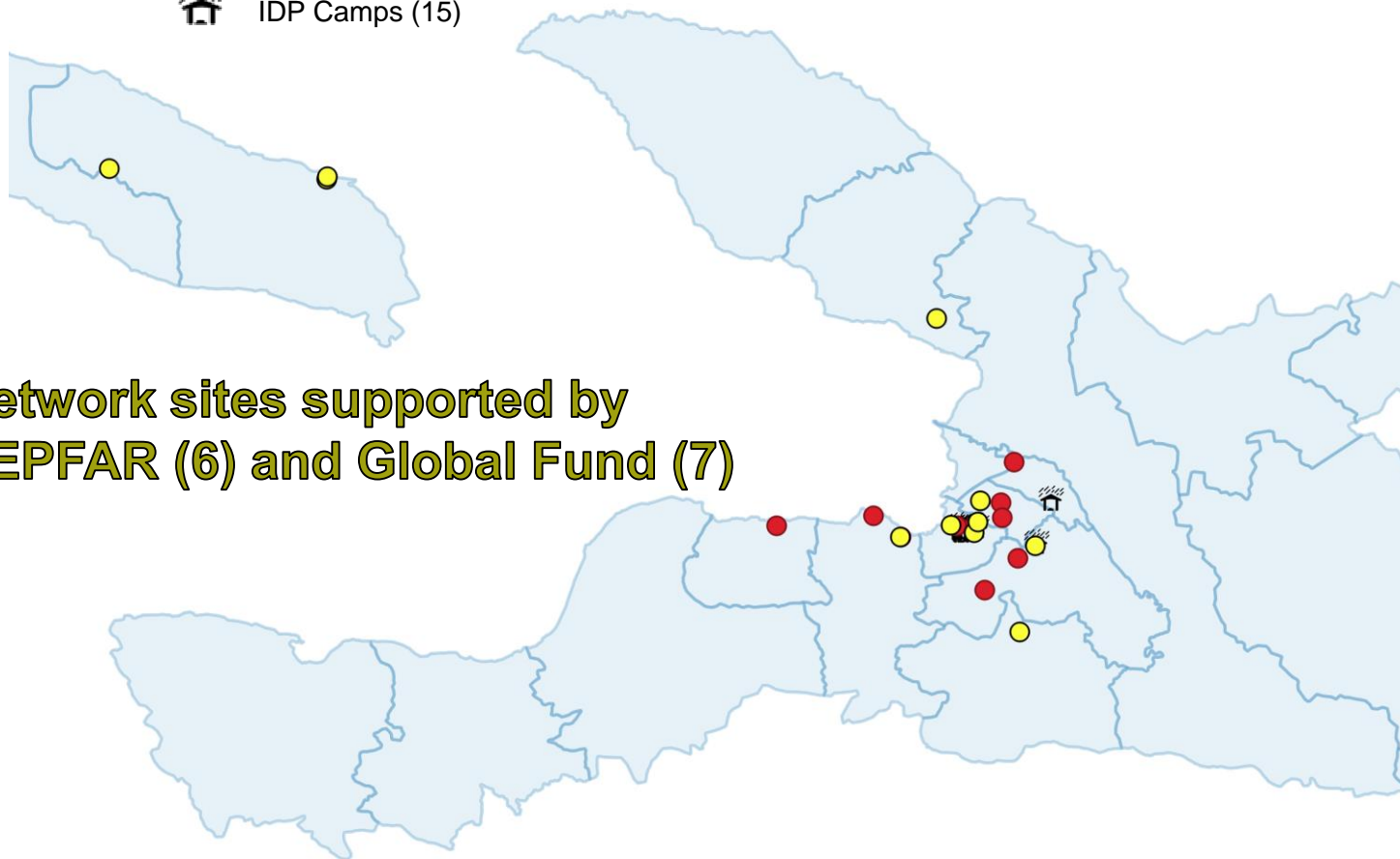
Maintaining Care and Services



GHESKIO MOH Network in 2025

13 Sites, 10 Community Centers, and 15 IDP Sites

-  GHESKIO Main Sites (2)
-  GHESKIO Network Sites (13)
-  Community Centers (10)
-  IDP Camps (15)



Network sites supported by PEPFAR (6) and Global Fund (7)

HIV Care and Services

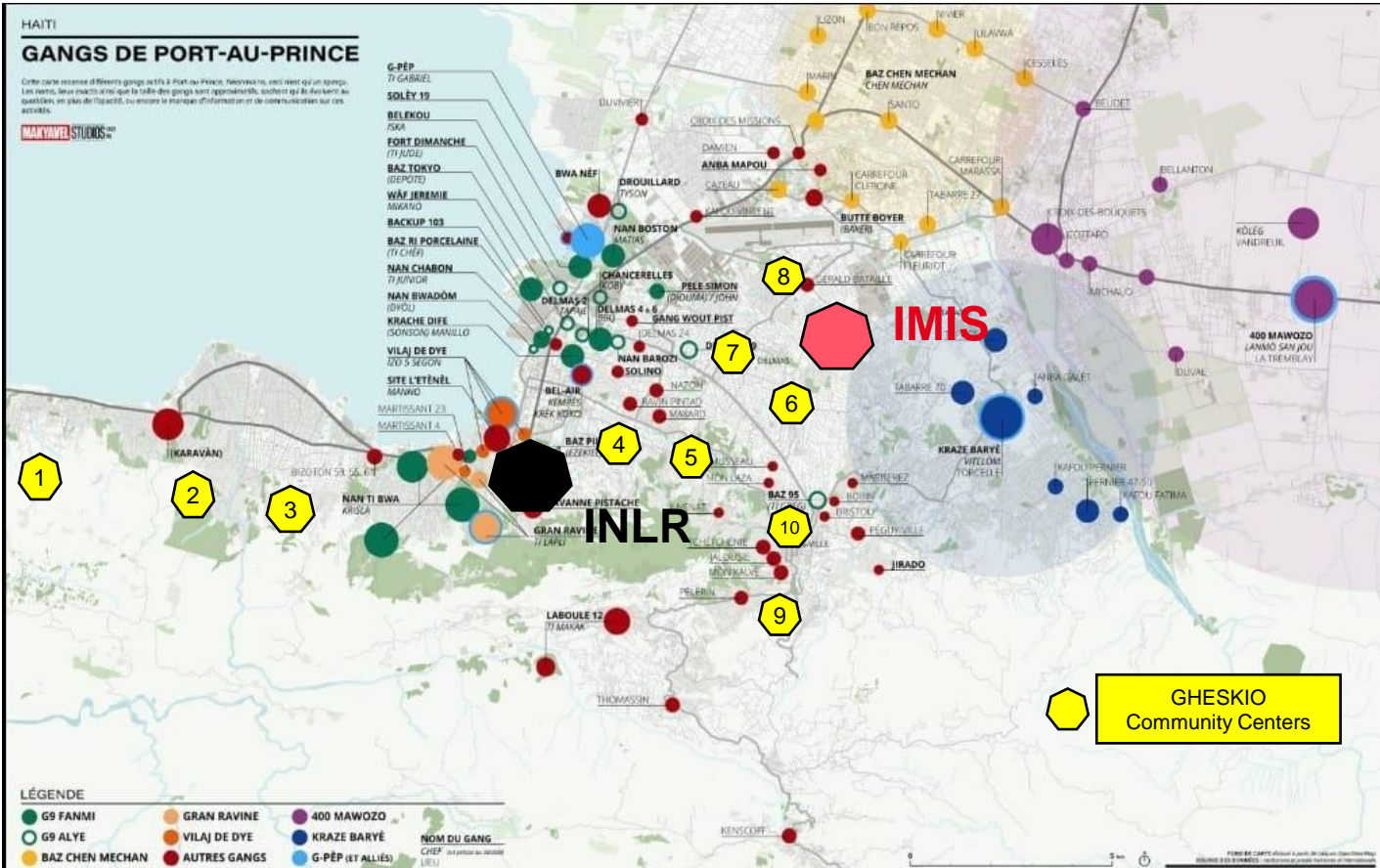
October 1st 2023 to December 31th 2024

Indicators	National (Haiti) Numbers	GHESKIO MOH Network	% of GHESKIO/MOH Network in Haiti
VCT Testing	448,591	33,932	8%
New HIV+	15,634	1349	9%
PW Testing	150,569	3,007	2%
PW HIV+	3,787	268	7%
PW on HAART	3,783	242	6%
New ART	15,296	1327	9%
Active on ART	142,746	15,582	11%

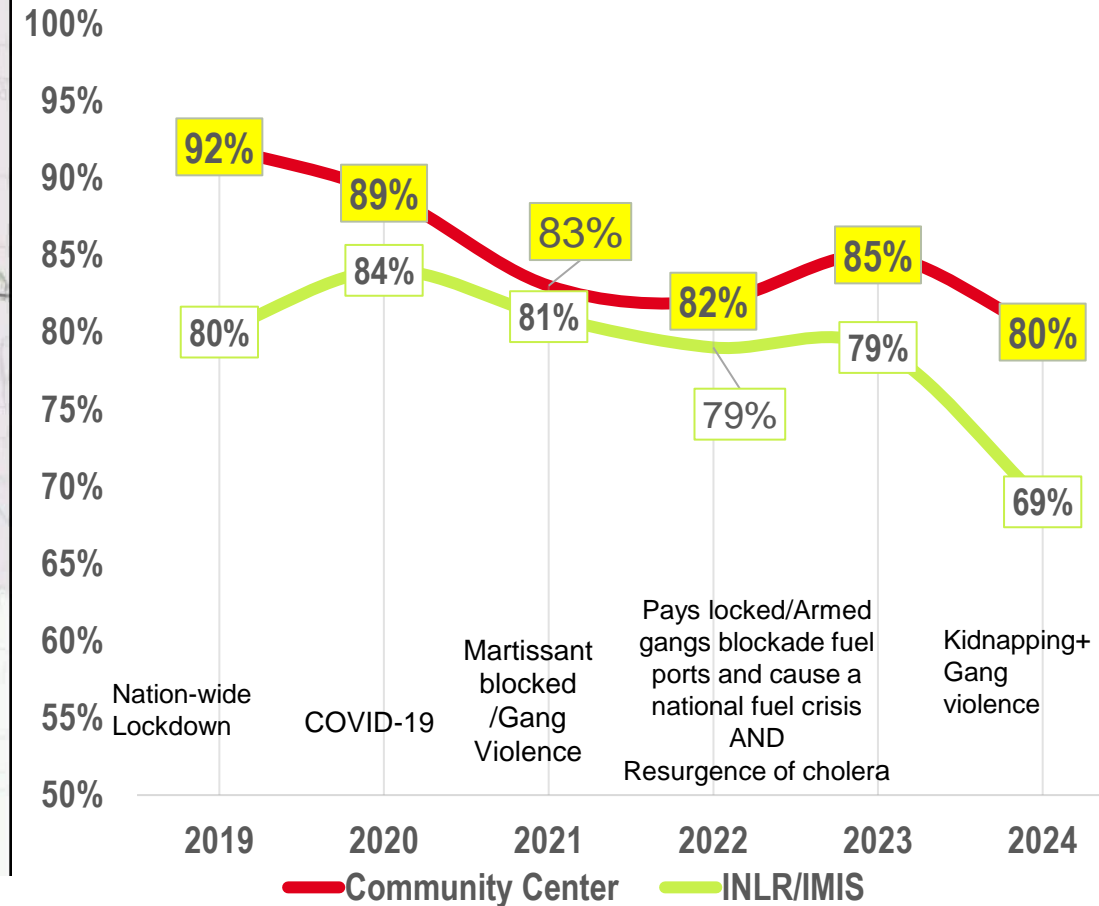


Half of Patients Active on ART Followed Through Community Sites

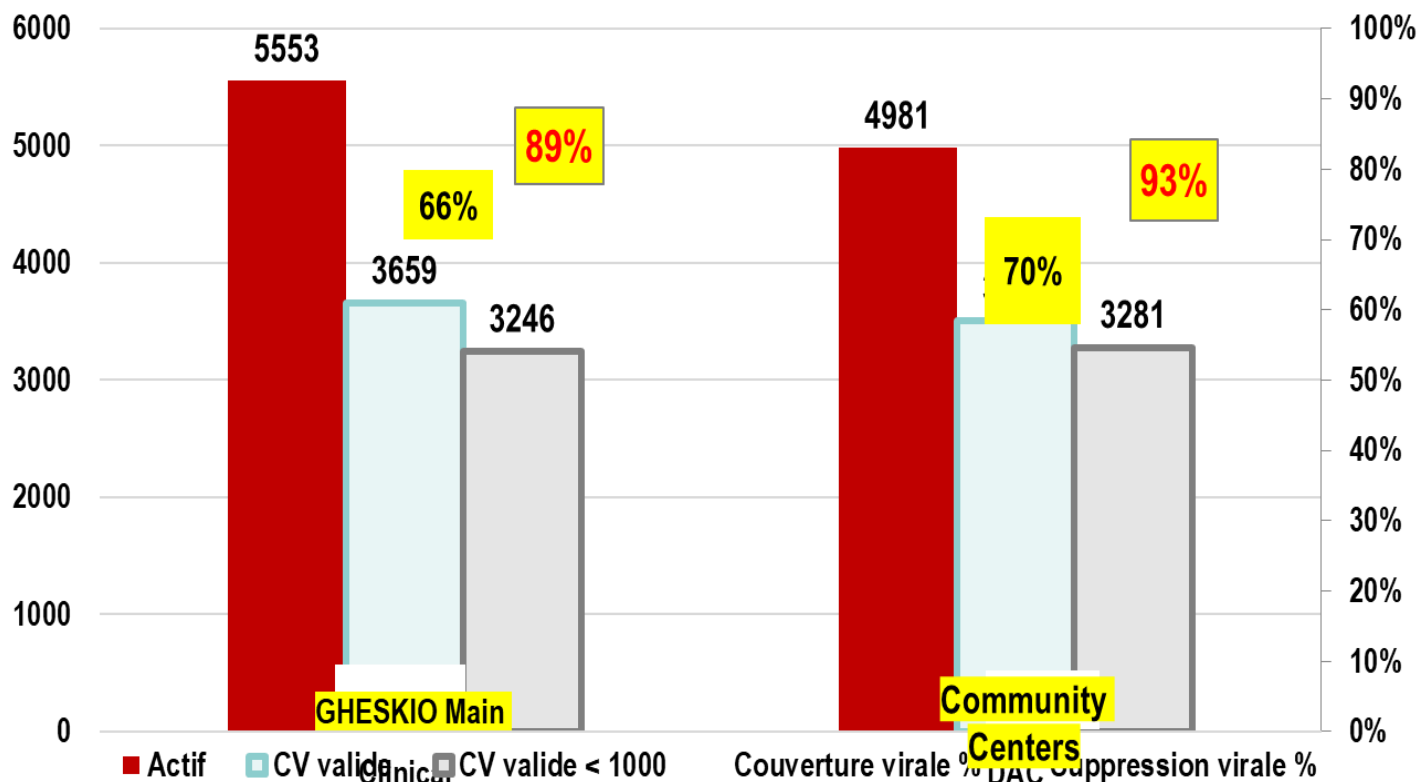
2019-2024



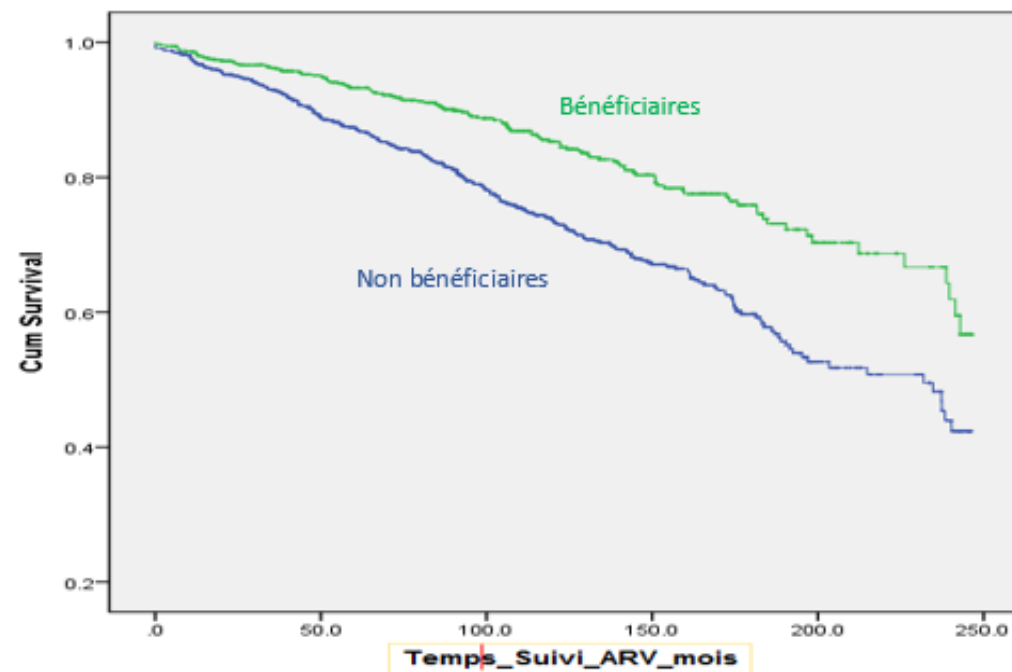
10 GHESKIO Community Centers



Stronger VL coverage and suppression for patients followed at community centers



Improving retention on ART through Food Support



Better retention in ART care in intervention group: 105.8 months VS 91.4 months of follow up

Sole functional BSL-3 laboratory in Haiti

Conducts 3,000 sputum samples for TB /month
40% of all viral loads in the national program
Only accredited lab in Haiti
Accreditation renewed in 2024 despite extremely difficult conditions

Largest post-graduate training program in Haiti

HIV/AIDS Training
3,685 Lab Techs
1,672 Social Workers
7,782 Nurses and Nurse Assistants
5,223 Physicians
617,280 Community Health Workers
MPH and NP specialized training

Clinical Trials Unit

31 ongoing research studies (HIV, TB, CVD, HPV)
Over 3,500 participants in follow up
99% retention rate

Cardiovascular Diseases Unit

Following largest and only longitudinal cohort in the region (N = 3,000)

Maintaining GHESKIO's Global Health Model During Crisis



Humanitarian support to **15 IDP Camps** with **25,000 individuals**



Primary School with over **350 pupils**



Vocational School : **Job opportunities > 5,000 women**



Mon Cash Money Transfers **>15,000 beneficiaries**



IAS 2024 GHESKIO Publications During Civil Unrest



Operational Challenges Continuing Challenges for Patients

1. Roads are blockaded
2. Internally displaced
3. Migration (provinces)
4. Kidnapping
5. Violence
6. Starvation
7. No Public Transport
8. Gang warfare
9. Sexual Violence

Continuing Challenges for Healthcare Workers

1. Stress, anxiety, and burnout
2. Displacement
3. No transportation to workplace
4. No fuel
5. Ongoing risk of being kidnapped
6. Brain drain

JAMA Cardiology | **Original Investigation**

Neighborhood Social Vulnerability and Premature Cardiovascular Disease in Haiti

Nicholas L. S. Roberts, MPH; Rodney Sufra, MD; Lily D. Yan, MD; Reichling St. Sauveur, MD; Joseph Inddy, MS; Youry Macius, BS; Michel Théard, MD; Myung Hee Lee, PhD; Nour Mourra, BS; Rehana Rasul, MA; Denis Nash, PhD; Marie M. Deschamps, MD; Monika M. Safford, MD; Jean W. Pape, MD; Vanessa Rouzier, MD; Margaret L. McNairy, MD

PLOS **GLOBAL PUBLIC HEALTH**

RESEARCH ARTICLE

Successful outcomes for patients with drug-resistant tuberculosis despite civil unrest and COVID-19 in Haiti

Stalz Charles Vilbrun^{1*}, Ariadne Souroutzidis², Kathleen F. Walsh^{3,4}, Joshua Ellis⁵, Colette Guiteau¹, Sobieskye Delva¹, Guy Joissaint¹, Patrice Joseph¹, Jean William Pape^{1,3}, Serena P. Koenig⁶

FULL TEXT ARTICLE

GHESKIO's model of patient care during civil unrest in Haiti

Marie Marcelle Deschamps, Mongoljin Bat-Erdene, Ann Duerr and Jean William Pape

Lancet HIV, The, 2024-09-01, Volume 11, Issue 9, Pages e572-e573, Copyright © 2024 Elsevier Ltd

Continuity of care during severe civil unrest with a model of community-based HIV care: a retrospective cohort study from Haiti

How Do We Deal With Present Challenges ?



- Maintain the healthcare infrastructure of GHESKIO clinics through our **adaptive Contingency Plan**
 - Maintaining constant communication with staff and patients
 - Staff that live close to the site can come in even when roads are blocked
 - Secure safe housing for staff living in dangerous neighborhoods or those who have been forced to abandon their homes
 - Remote access to EMR , installed STARLINK services at community centers
 - Maintain a 2 month fuel reserve at the 2 main centers at all times
 - Decentralized clinic visits near patient residences
 - Home visit for ART distribution through Community Health Agents
- Comprehensive nutritional and social support
- Complete services for survivors of sexual assault, microcredits, school and vocational training
- Collaboration with international organizations to raise awareness of current upheaval
- Constant retraining of medical staff and training back-ups for those who resigned
- Personnel working on a volunteer basis during the pause of the PEPFAR Program
- Improved collaboration with civil society/PLHIV association volunteers

Consequences of Halting the PEPFAR Program in Haiti



- **PEPFAR's impact on Haiti**
 - AIDS is no longer the first cause of mortality; it is now the seventh cause of death.
 - HIV prevalence has dropped by 2/3
 - > 140,000 patients are currently receiving life-saving ART
 - Tuberculosis, the most commonly-associated infection in AIDS patients has been controlled
 - National health system has been strengthened (health care workers, training, supply chain, public-private collaboration, laboratory infrastructure and information system ect)
- **Consequences of halting the PEPFAR program:**
 - Disruption in care and services
 - Additional burden on already strained health institutions
 - Thousands will lose access to care with the risk of increased infection, transmission, HIV drug resistance, and deaths
 - **Setbacks of decades of progress**

IAS Lessons Learned and Perspectives



- Worst humanitarian crisis in Haiti in > 40 years that has gravely affected the country and our institution
- GHESKIO has a long experience working in challenging conditions
- All our interventions in care, training and research are still operational because of our **adaptive contingency plan**
- However, this unprecedented humanitarian crisis has had a negative impact on HIV and TB diagnosis and retention in care.
- Innovative solutions such as community-based care can support health systems resilience when facing political instability and severe civil unrest

The situation remains dire, but **“when there is no hope, it must be invented.”**

(Albert Camus)

Acknowledgements



- Our volunteers and our patients
- Our dedicated staff
- Our international and national collaborators
- Our donors

