



Regional Platform
Latin America and Caribbean
Support, Coordination and Communication



Situational analysis of Latin American and Caribbean countries in accordance with the policies of the Global Fund

Haiti

Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities.

SITUATIONAL ANALYSIS OF LATIN AMERICAN AND CARIBBEAN COUNTRIES IN ACCORDANCE WITH THE POLICIES OF THE GLOBAL FUND

Haiti

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Introduction



The LAC Regional Platform is one of several initiatives of the Global Fund aimed at improving the coordination of technical assistance and key information to civil society groups at the country level, as well as to offer greater support to CSO at all levels of their processes.

The LAC Platform along with five others located in Asia and the Pacific, Anglophone Africa, Francophone Africa, the Middle East and North Africa and Eastern Europe and Central Asia contribute to the achievement of the overall goal of the Strategic Initiative on Community, Rights and Gender (SI CRG). The objective of the SI CRG is for civil society and communities to participate in an effective way and to contribute in the elaboration, execution and supervision of programs financed by the Global Fund.

The series “Analysis of situations in Latin American and Caribbean countries in accordance with the policies of the Global Fund”, is intended to help communities and other key actors in the regional response to increase their understanding of the processes that the Global Fund is implementing through its financing mechanisms. For this reason, it is particularly important to understand the technical assistance needs of civil society organizations in the context of the sustainability, transition and co-financing policy of the Global Fund, as well as the main elements of the process in 18 countries of the region related to implementation of this policy.

01. Global Fund in Haiti

With an estimated adult prevalence rate of 2%¹, of which around 150,000 people are living with HIV in 2016, Haiti is one of the countries in the Americas and the Caribbean most affected by the HIV epidemic with total number of HIV cases among the highest in the region.² This prevalence is significantly higher among women (2.3%) than among men (1.6%)³. According to WHO, Haiti is also one of the priority countries for tuberculosis control in the Americas due to the high rate of disease-associated morbidity, with incidence and prevalence rates estimated at 213 new case and 296 cases per 100,000 inhabitants.⁴ There are many HIV and TB risk factors in Haiti, such as low socioeconomic status, precarious levels of education, risky behaviours, and low awareness of HIV transmission. Malaria is also a concern in Haiti. According to the annual reports of the National Malaria Control Program (NMCP), the number of confirmed malaria cases has decreased from 36,774 in 2008 to 16,872 in 2014, with a peak of 84,153 cases in 2010. According to the evaluation mid-term of the National Strategic Plan for the Elimination of Malaria 2016-2022 (PSNEM), the number of confirmed cases in 2017 was 19,135 and 8,430 cases for the period from January to December 2018. These data confirm the trend towards the decline in the disease burden.⁵ Despite political instability, economic difficulties and recurring natural disasters, including the devastating earthquake of 2010, the prevalence of HIV, TB and malaria in Haiti has declined

¹EMMUS VI (2016-2017), 2018.

²UNAIDS Global Report, 2017.

³EMMUS VI (2016-2017), 2018.

⁴Rapport mondial TB, OMS 2012 publié en 2013.

⁵Concept Note of the Global Fund on Malaria, Haiti, 2014.



over the years due to the effectiveness of national programs on HIV, TB and malaria; and the contribution of international donors such as the Global Fund and PEPFAR.

Despite this progress, Haiti has one of the lowest income per capita in the world and faces enormous challenges in basic services and health. HIV, TB and malaria remain major public health problems. For this reason Haiti continues to be a priority country eligible for GF support for HIV and TB which are considered “severe” disease burden and Malaria which is “moderate” disease burden.⁶

From 2003 to 2018, the Global Fund committed a total of US \$ 479,631,935 to support the response to HIV, TB and malaria in Haiti. A total of USD 210,422,460 was disbursed for HIV and USD 34,531,945 for TB. Haiti currently benefits from two active grants for the period 2018-2020, which represent a continuation of previous grants, one for malaria (2015-2017) and the other for TB and HIV (2016-2017).

Table 1: Global Investments in Haiti

Component	Signed	Committed	Disbursed
HIV	210 422 460	210 422 460	210 422 460
TB	34 531 945	34 531 945	34 531 945
Malaria	86 912 519	74 303 205	70 793 574
TB/HIV	147 765 012	95 258 872	79 402 976
Total	479 631 935 USD	414 516 481 USD	395 150 955 USD

⁶ GF Eligible Countries List 2018.



02. Active Haiti Global Fund Grants

Haiti currently benefits from two active grants for the period 2018-2020, which represent a continuation of previous grants, one for malaria (2015-2017) and the other for TB and HIV (2016-2017).

The implementation of the Malaria grant which commenced in 2018 focuses on two areas: Treatment and vector control. The overall goal is the elimination of malaria by 2025.⁷ The activities of this grant are based on the following strategies:

- Confirm all suspected malaria cases by microscopy or RDT;
- Correctly treat 100 percent of positive cases diagnosed by microscopy or RDT according to the national protocol;
- Raise awareness among 80 percent of populations in at-risk areas about malaria transmission methods, the use of individual protection measures and participation in community-based activities to control malaria;
- Implement an effective system of passive and active surveillance and epidemiological data about malaria in Haiti to enable sound decision-making;
- Identify and appropriately treat all malaria outbreak areas (100 percent);

⁷ Following the mid-term evaluation, of the PSNEM 2016-2022, the National Program to fight Malaria (PNLP) decided to postpone the elimination date of malaria in Haiti from 2020 to 2015.



- Implement an effective monitoring and evaluation system to make available epidemiological data and enable a selection of effective, relevant and targeted interventions;
- Coordinate activities and update in information with other initiatives supporting malaria elimination at national and binational level; Put in place an effective prediction, early warning and response system for epidemics;
- Introduce appropriate changes to the national health system relevant to the administrative, technological and financial aspects of malaria elimination in Haiti;
- Define and set up an administrative and legal framework for the National Malaria Program (PNCM) with a view to eliminating malaria in Haiti;
- Strengthen community participation in the management of malaria in rural areas;
- Increase ASCP (Agent de Santé Communautaire Polyvalent) coverage in hard-to-reach areas and in migrant camps;
- Strengthen healthcare provider capacity;
- Strengthen national Sub-recipient capacities;
- Support the strengthening of the national Supply Chain System for health facilities as well as the Polyvalent Community Health workers program; and,
- Support the transparent and ordered transition towards a national Principal Recipient, through adequate capacity development efforts.

The goals of the HIV and TB grant are 1.) To stabilize the zero prevalence among adults; 2.) Increase the survival rate for adults and children living with HIV on ART and 3.) To reduce the proportion of HIV positive babies born to mothers living with HIV. The activities are based on the following strategies:

- To expand and improve hot-spots targeting (through updated 2015 IBBS studies) of outreach services for key populations (MSM, female SWs and young people) including the introduction of rapid point of care HIV testing and counselling by peer educators at the community level and peer-facilitated linkage to care.
- To enhance the capacity of treatment organizations and facilities to increase the number of people living with HIV (PLHIV) retained in pre-ART care, initiated on ART, while refining follow-up and patient support approaches to improve retention and adherence.
- To ensure that seropositive pregnant

^a Haiti Integrated Grant Description for Malaria, Global Fund 2018.



women and their new-born have access to an adapted package of services to reduce the risk of mother to child transmission.

- To support and increase the capacity of the National Blood Safety Programme to provide a safe blood supply to health facilities across the country.
- To support the transition towards a new health information and management system (DHIS-2) to improve the timeliness, reliability and representativeness of data quality and to strengthen nationally-led M&E capacity.
- To increase the notification and maintain the therapeutic success rate for PTB+ and PTB- at 85%.
- To scale-up MDR-TB diagnosis and treatment capacity and improve geographical coverage of MDR-TB services.
- Increase diagnosis capacity, particularly through the installation and functioning of 20 Gene Expert machines throughout the country.
- To further develop community level screening to improve notification rates of all TB types.
- To support the national Results Based Financing (RBF) program for health facilities as well as the Polyvalent Community Health workers program.



03. The situation of Haiti and the Transition, Sustainability and Co-financing Policy of the Global Fund

Based on the World Bank and WHO criteria, Haiti is considered a priority country by the GFs and thus, is still eligible for transition due to its high disease burden as well as its low income classification. However, based on the GF Funding Model, the Global Fund recommends and requires that the country, in spite of its economic classification, will gradually contribute domestic funding to address the situations of HIV, TB and malaria programming in Haiti through the promotion of greater national ownership. Haiti is starting this process through its “willingness to pay and co-financing” commitments.



04. Communities, Rights and Gender

	TB	HIV	Malaria
Has an assessment of the legal environment been conducted to assist in the reform of policies and practices that violate the rights of the people affected?	No	No	No ¹⁰
Has a disease-focused gender assessment been conducted to determine gender barriers and help alleviate inequalities	No	Yes	No
Have the National Programmes defined and prioritized vulnerable and neglected populations in order to eliminate barriers to access essential services?	No	Yes	Yes
Are there national networks or groups for people affected by diseases that actively advocates for a person-centred response?	No	Yes	No

¹⁰ This is presently being completed by UNDP for all three diseases.



05. The Situation of Civil Society Organizations

HIV

The civil society organizations have been at the forefront of the response to HIV in Haiti since beginning of the epidemic. As a country with low literacy and poor health settings, the response at the community level has played a tremendous role in spreading prevention programs targeting minority groups and key populations affected by stigmas and discriminations especially in hard-to-reach settings. Civil Society Organizations (CSOs) have been advocating with the government to address core needs at community levels where basics needs are not met. Ultimately, CSO leaders are major players in the work of the HIV response.

TB

In regards to TB, CSOs have not played an important role in addressing needs at the level of the community response towards this disease. However, two NGOs PIH and Gheskio are the main providers of diagnostic treatment for TB and MDR-TB cases in the country. While Haiti faces major issues in reaching out to active TB patients as well as those affected with MDR-TB, the CSO response is yet to be organized to bring the response on the agenda of community leaders as it is for HIV. Given the fact that HIV and TB are both considered preventable, co-infection programs are now being defined in order to address the needs but, it remains at the medical level. There are



plans to involve ASCPs, Agent de Santé Communautaire Polyvalent, (community health workers from MSPP) to play more active roles in case detection and case management at the community level for TB. Technical assistance can be provided to CSOs to organize themselves around the topic of TB so that they may be able to work in collaboration with the public health sector.

MALARIA

This is the same consideration for Malaria as for TB. However, there is a network of community-based organizations that provide services for malaria. ASCP plays a major role in detection and surveillance. There is need for a more organized CSO movement to meet the 2020 targets towards elimination of Malaria.



06. Access to Technical Assistance for CSOs

There hasn't been any official study to determine CSOs access to technical assistance in Haiti.

However, CSOs have been receiving much support from external donors over the course of the past 5 years. The Global Fund, in Haiti, operates in close collaboration and synergy with other donors such as PEPFAR (US Government funds), the French Government, the UN agencies, the Canadian Government and other key donors such as Malaria Zero, Gates Foundation, among others.

However, one of the greatest technical needs for civil society organizations remains the capacity to meaningfully participate in decision-making processes. Even though much has been invested in this area, they are still not being heard.

CSO Technical Assistance needs:

There is the need for a comprehensive assessment to be carried out to define those needs among civil society organizations. CSOs and communities have an important role to play in the process for the preparedness of the transition in Haiti. They must be fully involved in the advocacy aspects of the preparedness. This includes advocacy to sensitize the government, the private sector and others. For this to happen CSOs must be assisted technically in all aspects related



to the preparedness of the Transition so that they can effectively carry out their role.

The respondent to the LAC Platform questionnaire indicated that CSOs should be able to learn from other countries who have experienced a good transition; the GF should classify countries that have experienced good transition (per category/ economic level) and permit the CSO and communities of the countries of the same economic category to visit these countries that have a success story in their transition, in order to permit them to learn from them and to replicate this in their own countries. It is recommended that the Technical Assistance be mainly: Cross fertilization/ Sharing of lessons learned and learning-visits.



0.7 Challenges for the transition

The full involvement of civil society will be required for the process of preparing for the transition when the time comes. This will include strong advocacy skills to effect important changes at the level of the government budget and engagement, and at the level of the Parliament as well. This has to be done by the CSOs. However, for effective involvement to happen successfully, civil society must be empowered with the knowledge and skills. Presently, this capacity is lacking and will pose a challenge for civil society participation if it is not addressed.



08. Milestones for the transition

- Government to meet “willingness to pay” and co-financing commitments of present grant.
- Engagement of CCM and key partners in preparation for eventual transition.
- Successful implementation of present Global Fund grant
Implementation and review of present National
- Strategic Plan with a strong sustainability component





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