

In Haiti, collapsed AIDS clinics fret over new challenges

Haiti, which once had the highest rate of HIV/AIDS outside of sub-Saharan Africa, has in recent years seen a decrease in infections. Once lumped into what some called the US Centers for Disease Control and Prevention's '4-H club' of risk factors—homosexuals, hemophiliacs, heroin users and Haitians—the country's HIV incidence plunged from around 6% in 1995 to closer to 2% in recent years. But the 12 January earthquake that shattered the lives of Haitians and destroyed more than half of the AIDS clinics in Port-au-Prince could threaten to reverse this progress.

Profamil, an affiliate of the International Planned Parenthood Federation (IPPF), saw two of its clinics, one in Port-au-Prince and another in Jacmel, reduced to rubble in the quake. After the disaster, it organized mobile health units to provide basic health care and HIV prevention services to the temporary shelters in and around both cities. Even so, "the distribution chain is uneven because of the chaos," says Carmen Barroso, IPPF's director for the Western Hemisphere, who worries that antiretrovirals and contraceptives are not getting to all those who need them.

The Gheskio clinic, among the oldest nongovernmental organizations working in HIV/AIDS care in the world, also experienced earthquake damage. The walls around its downtown Port-au-Prince site and its satellite campus near the airport were destroyed, and a laboratory at the downtown site was sealed off after vials of pathogenic tuberculosis bacteria shattered.

But many of the clinical buildings at Gheskio's downtown complex sustained only minor structural damage. This allowed the center, which provides antiretroviral therapy to more than half of all patients in Haiti, to maintain HIV care and attend to the more than 6,000 of newly homeless people who camped out on Gheskio's three-acre downtown property. Ultimately, the Gheskio clinic was back up and running within 24 hours of the quake.

"I was utterly amazed by how rapidly they were able to reorganize, regroup and get right back to their mission," says Kenneth Hover, a structural engineer at Cornell University in Ithaca, New York, who traveled to Haiti a week after the quake to assess the safety of the Gheskio buildings.

Supply and demand

Thanks to a disaster contingency plan, people with HIV/AIDS in Haiti had two weeks worth of extra drugs, and Gheskio staff also carried extra supply. This reserve ensured continuous treatment until an emergency shipment of drugs from the US President's Emergency Plan for AIDS Relief arrived one week after the quake. Around 65% of Gheskio's 7,000 patients on antiretroviral or tuberculosis drugs are now receiving their medications at the main clinic in Port-au-Prince; another 15% are going to four designated satellite sites throughout the city; approximately 20% of patients remain unaccounted for (*N. Engl. J. Med.* doi:10.1056/NEJMp1001015, 2010).



Clobbered clinic: Profamil's rubble in Jacmel

Four New York-based AIDS groups have formed a coalition to fund and operate three other damaged Haitian clinics. Additionally, coalition member Aid for AIDS, which collects antiretrovirals from HIV-positive North Americans who have excess unexpired meds, has collected enough donations to continuously treat more than 1,000 people in Haiti for one year. Jesus Aguais, executive director of Aids for AIDS, has also had discussions with an Indian generics manufacturer to obtain more doses. "Our role is to fill in the gaps," Aguais says. "What we're trying to do is avoid treatment interruption," which can lead to drug resistance.

But just because HIV-positive Haitians have access to antiretrovirals doesn't guarantee that they will maintain their treatment regimen, warns Maeve McKean, a legal fellow at the International Community of Women Living with HIV and AIDS and at the Center for Health and Gender Equity in Washington, DC. "If people don't have food, they won't take the drugs because it makes them so violently ill," she says.

What's more, McKean adds, because of the economic insecurity, many women desperate for food and shelter are likely to resort to sex work or stay in unhealthy relationships, which will further erode gains made in stemming the tide of HIV. "There's at least been a setback of five years," she says.

As *Nature Medicine* went to press, the Haitian government's ministry of health was still working on its own national plan to respond to the HIV/AIDS epidemic. The office of the country's National Strategic HIV/AIDS Plan, first launched in 2002, was decimated by the quake. "It's a very long job at this moment," says Barbara Renamy, an advisor on communicable diseases for the Pan American Health Organization. "If the government at the central level is not working very well, you can only imagine what it's like at the different departments."

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Photo by Petty Officer 1st Class Joshua Kelsey

Recovery act: Displaced campers at Gheskio's downtown Port-au-Prince campus