



PIH Bulletin

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Based in Boston, Massachusetts, PARTNERS IN HEALTH (PIH) works hand in hand with its partners in Haiti, Peru, Russia and Boston. Since 1987 we have dedicated ourselves to developing and implementing a unique model of health care: we bring an ethic of social justice to the practice of medicine. (For more information, visit www.pih.org).

Treating Multidrug-Resistant Tuberculosis in Russia

Rates of MDR TB in Russia are among the highest in the world. It is considered one of the "hot spots" of TB, rivaling Kazakhstan and select Chinese provinces. PIH has been involved in Russia for over five years; our work there ranges from direct patient care to advocating for federal level policy changes.

Partners In Health's multidrug-resistant tuberculosis (MDR TB) treatment program in Russia is a comprehensive effort that includes training physicians, nurses, and mid-level health-care workers to provide efficacious MDR TB treatment, equipping laboratories, providing social support to patients and providers, transporting health care workers to their patients' homes to ensure directly observed therapy, conducting research projects, and many other components. As in Haiti and Peru, Partners In Health (PIH) works in Russia among disenfranchised populations suffering from poverty, disease, and lack of access to health care. However, given the

wealth of highly educated health care professionals in Russia, we rely more heavily upon our relationship with local partners in the established health care institutions for the success of our MDR TB treatment intervention than we do at our other sites.

When the Soviet Union collapsed in the late 1980s, so too did the strong public health system that cared for the basic health needs of its citizens. Poverty and illness skyrocketed. As of 2004, nearly 30% of Russians live under the poverty line, and male life expectancy has plunged over the past 10 years from 70 to 59 years of age. In this setting of economic strife, petty crimes perpetrated for survival and because of drug addiction have become a way of life for

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MDR TB patients take Directly Observed Therapy (DOT) at an ambulatory care center in Tomsk

Valery Kasatkina

many Russians and, as a result, the prison population exploded to over one million detainees at the end of the 20th century, second only to the United States. In addition, national resources devoted to keeping TB in check in both the prison and civilian populations were greatly decreased. What had been an internationally renowned system of TB control collapsed into a disorganized, underfinanced system of care and treatment. Although doctors were well trained and knowledgeable about appropriate TB treatment, until the very end of the 1990s they were forced to treat patients with drug-sensitive TB using inadequate medication regimens due to national shortages, aware that by doing so they risked increasing resistance among the population.

To explain the development of MDR TB in Russia, especially in the overcrowded prisons, PIH developed a “several spigot theory.”¹ The spigots include:

- High rates of transmission in pre-trial detention facilities.
- Drug resistance acquired through intermittent therapy and/or inadvertent mono-therapy, leading to amplification. If a patient is already resistant to two or three drugs in a four-drug regimen and is treated over and over with the same drugs, it is likely that s/he will become resistant to the remaining drugs.
- Transmission of drug-resistant strains in prisons and now, more often, in the civilian populations.
- High rates of progressive TB due to poor prison conditions and deteriorating

conditions related to poverty in civilian areas.

- Patients with drug-resistant TB remain smear-positive and infectious during and after treatment with first-line drugs and are likely to infect more persons.

This deadly combination of factors led to an outbreak of MDR TB in the Russian prison system, and subsequently in the civilian sector. The MDR TB problem in Russia was so daunting that in 1997 public health experts realized the urgency of developing a plan of containment and treatment. To make matters worse, not long after the WHO-endorsed, Directly Observed Therapy, Short-course (DOTS) program was initiated in Tomsk Oblast (with the assistance

also need to be addressed immediately through effective treatment regimens. Based on our experience in Peru, as well as on international advocacy for improved treatment of MDR TB, PIH was asked by Merlin and PHRI to step in and provide consultation and services for prisoners and civilians with MDR TB. In September 2000, PIH began collaborating with these two groups, as well as with the Tomsk Oblast TB Service (TOTBS) and the Tomsk Department of Corrections (UIN), on a DOTS-Plus project.² Through funding from the Open Society Institute, The Bill & Melinda Gates Foundation, and the Eli Lilly Foundation, PIH-Russia began providing technical and financial support to TOTBS and UIN.



Tomsk Oblast in Russia

of Public Health Research Institute (PHRI) and the British NGO, Merlin), it became clear that far too many patients were failing DOTS regimens instead of being cured; this indicated high levels of MDR TB, which would

Since then, our work has expanded to include exploring ways of managing other health problems affecting the local populations, including HIV and alcohol abuse (see insert on page 10).

To date, 479 patients have been

¹For more information on the spigot theory, see *The Global Impact of Drug-Resistant Tuberculosis*, PIDSC/Harvard Medical School, 1999.

²DOTS-Plus is a strategy to treat MDR TB using regimens of 4 to 7 anti-TB medications to which the patient's TB remains sensitive. Treatment lasts for 18 - 24 months on average.



Zanmi Lasante's General Assembly: Celebrating 21 Years of Solidarity

Zanmi Lasante, PIH's sister organization in Haiti, once home to a two-room clinic, now supports a full-service 104-bed hospital, a TB and HIV inpatient treatment facility, a women's health center, four community-based clinics, a school, and several cottage industries. Starting twenty one years ago years ago – with a work force of three original founders– the organization now supports a work force of over 1000 (most of them community health workers). The story of Zanmi Lasante is the story of a community coming together to fight poverty and diseases of the poor.

Today, December 20, 2003, throughout Haiti's Central Plateau, hundreds of *accompagnateurs* — community members who deliver Directly Observed Therapy (DOT) and accompany the sick during their treatment — woke a little earlier. Their first hurried steps were covered by darkness as they made their morning rounds to deliver life-saving HIV and TB medicines to their neighbors. The *accompagnateurs* then joined hundreds more of their Partners In Health/Zanmi Lasante (PIH/ZL) co-workers aboard crowded, brightly-painted buses to make the trip to Cange for PIH/ZL's yearly General Assembly.

I have traveled back and forth to Haiti for seven years, first as a volunteer teacher and now as a volunteer physician. It seems as if the entire country is always up before the dawn — including

every last chicken and goat. To be honest, I have never fully adapted to the schedule, but getting started today was easy. It's an exciting and hopeful time to work in central Haiti. The fact that the Assembly took so much effort to organize is a sign of our expanding presence in the region. Buses were not needed from Lascabobas, Belladère, Boucan Carré, or Thomonde two years ago; PIH/ZL did not yet have a clinical presence there. Today, there were two trips from Boucan Carré alone — the most isolated of PIH/ZL's expansion sites, more than an hour and a half from Cange over difficult roads.

Once in Cange, the meeting was convened at the church by the sound of the Zanmi Lasante band. The small combo — including our radiology technician, two laboratory workers and several other employees — kept the growing crowd entertained with their mix of electric guitar-and-bass kompa rhythms and Christmas hymns on the electric organ. After a brief welcome from Dr. Fernet Léandre, PIH/ZL's Director of the Global Fund Project and of the Pavillon Thomas J. White, the podium was turned over to Paul Farmer with a request to put the day in context. For anyone who has not heard our Dokte Polo at the lectern, his rhetorical style would make the most evangelical Haitian hilltop preacher proud.

Paul reminded the collected PIH/ZL family of nearly 2,000 people that the United States, is the only other

country in the Western hemisphere to celebrate a bicentennial such as Haiti was approaching on January 1, 2004. But the U.S. marked its bicentennial on false pretenses: For the first 89 years of “independence,” slavery persisted in the supposedly-free nation. Haiti is the first nation in the Western hemisphere to celebrate a true bicentennial. And, Paul reminded the audience, the original constitution of Haiti, written in 1805, declared the nation free of all forms of slavery and a safe haven for all enslaved or indigenous people who could reach her shores. Oppressed people everywhere have had Haiti as an example of freedom from slavery for two centuries. The oppressed may now also turn to Haiti — and to Cange, most specifically — to lead the way toward freedom from the diseases of the poor.

Those of us who work in the clinics in the Central Plateau see the embodiment of social injustice every day. We witness that tuberculosis never visits just a single family member but that it clusters in poor households. We observe how HIV affects the most vulnerable in our region, as it continues to ravage the most vulnerable worldwide. In this context, having made a “preferential option” to remain in the Central Plateau, PIH/ZL is orchestrating one of the most deeply rooted expansions of HIV triple therapy³ in the world — engaging the entire community through treatment, prevention, and education while advancing the ideals of social justice. Many eyes — in the

³Triple therapy or combination therapy or Highly Active Anti-Retroviral Therapy (HAART) is the name given to the treatment of HIV with at least three different drugs from at least two of the three classes of HIV medicines. Combination therapy is the standard of care worldwide, including Central Haiti.



Zanmi Lasante's General Assembly: Celebrating 21 Years of Solidarity continued from page 3

African Diaspora and beyond — are fixed on Central Haiti, with hopes that our present day heroes — our *accompa-*



Ti Gran Moun, Zelima Charite, and her proud signature

gnateurs, cooks, nurses, drivers, and doctors — may show the way to freedom from the diseases of poverty. Paul concluded that love, compassion, and solidarity are the tools of the heroes involved in this healthcare revolution.

Paul went on to describe a new partnership in the expansion of PIH/ZL services across the entire Central Plateau. “In each site where we now work,” he announced, “we will build a micro-credit bank with the cooperation of Fonkoze” (an established non-profit micro-lender in Haiti — see accompanying article, “PIH/ZL and Fonkoze: A New Partnership in Haiti”). The motto of this new initiative is *Kraze Sik la Mise a* or Break the Cycle of Misery, in recognition of the social context in which all of those who are sick

and poor suffer.

PIH/ZL has also been involved, since August 2003, in a nation-wide initiative of the Aristide government to increase literacy. Twenty-four teachers from this program are now employed by PIH/ZL across the Central Plateau, and most were in Cange on this day to celebrate.

Zelima Charite — a 65-year-old *ti gran moun* (or “little old lady,” a term of endearment among the peasants of rural Haiti) from the village of Palisade — was called forward to read from the *Alfabetizasyon* text, the standard literacy text. She began slowly and clearly with phonics, and then jumped immediately into a few complex sentences. In her best white going-to-church-on-Sunday hat, she was radiant. I had tears in my eyes.

When I spoke with her after the festivities, she said: “I thought I was too old to go to school and learn to read. When I heard about the national literacy program, I thought maybe it

The literacy teachers, led by Lourde Jean Baptiste, one of the teachers from nearby Domond, sang the following song about literacy, to a great round of applause (see insert below).

A brief report on water projects in the Central Plateau followed, given by PIH/ZL's water engineer. The island's fresh water supply, once adequate, has been diminished by deforestation and population pressure, to the point that, in a recent water-poverty index of 147 countries, Haiti ranked last, behind even drought-stricken Ethiopia. To Haiti's poor majority, the lack of clean water is not only an environmental problem, but a matter of life and death. PIH/ZL has actively worked on improving public health infrastructure in the area, and have now, thanks to private donors, completed ten new water projects in the Central Plateau. Just one of these projects, in the village of Bois Joli, will provide clean water for tens of thousands of local residents.

*Alfabetizasyon se lekòl lavi a
Se fè moun vini plis moun
Pou l sevi tèl li byen
Se fè l yon sitwayen
Ki kab patisipe ak tout kò l ak lespril
Nan konstriksyon peyil*

*Depi nou tout vle fèl lap fèt vre
Se pa gen de pawòl lap fèt vre
Si nou gen tet ansanm lap fèt vre
Ak Zanmi Lasante lap fèt vre*

*Literacy is the school of life.
It makes every person more of a person,
able to care for things themselves.
It makes them a citizen able to
participate with their whole body and
spirit in the construction of their country.*

*When we all want to do it, it'll happen.
If its not just empty words, it'll happen.
If we put our heads together, it'll happen
With Zanmi Lasante, it'll happen.*

was possible for me. The literacy center is just one hour from my home. I've been studying for one year and think I am doing very well. I hope others can participate too.”

Next, Marie Flore Chipps, who for over a decade has ably served as the Coordinator of Zanmi Lasante's health care services, presented 41 newly graduated patient assistants who will soon



Don't Forget the Suitcase!

This is the story of a suitcase. It's a black Samsonite® hard side, notable only for its scratched, beat-up appearance, and its lack of a left rear wheel. It has logged more miles than most of the Partners In Health (PIH) staff. It may look like a candidate for the scrap heap, but at Partners In Health, it's a critical piece of equipment. The suitcase may contain dialysis solution for a young Haitian patient with kidney disease. It may be full with materials for a tuberculosis training course in Tomsk. It may carry slides for a presentation. Regardless of its contents, this suitcase is an instrument of pragmatic solidarity at its simplest, as it moves resources from areas of plenty to areas of need.

Redressing inequality and redistributing health resources are the underpinning of PIH's work; Sometimes these resources are intangible – experience, training, solidarity – but more often they are material. Moving medicines, surgical supplies, or an x-ray machine brings unique challenges. The procurement of medicines and supplies is a system that begins with prediction and purchasing, and follows products through to their destination. Over time, PIH has developed strategies and put personnel in place to ensure that goods move quickly and efficiently to their destination. The efforts of field-based staff are coordinated through the Boston office, and overseen by the procurement team.

As recently as five years ago, our trusty suitcases were the backbone of PIH's procurement efforts. Any PIH

staff member traveling to a project site was required to tote at least one heavy black bag. Medicines were requested – often urgently – from our partner projects. The drugs were purchased locally, from the Brigham and Women's Hospital or retail pharmacies. Paperwork was prepared to assist with import and customs clearance. The flow of travelers to Peru and Haiti – our only project locations at that time – kept the projects supplied, but not always perfectly. Travel schedules were not consistent and stock-outs sometimes occurred before we could re-supply a site. On more than one occasion, we sent a staff member to Peru to drop off a bag of medicines, only to turn around and take the next flight back to Boston.

As our patient load grew, it became clear that sending a suitcase or two at a time would not allow us to meet the increasing drug needs of our project sites. With the addition of some new staff members, PIH began laying the groundwork for our current procurement system.

The first step was to refine our sources for purchased drugs and medical equipment. Instead of buying from multiple local pharmacies, we sought out experienced suppliers, like the International Dispensary Association (IDA), in the Netherlands. IDA is the world's largest nonprofit provider of high-quality, low-cost medicines, and our relationship with them has proven to be essential to our efforts in Haiti and Peru. In order to take full advantage of IDA's low prices, we had to place large orders – enough to supply a project for 9-12 months. Orders of this size

were large enough to fill at least one 40-foot shipping container. Although this was a different approach from PIH's usual practice, the benefits were immediately clear. In 1999, we spent approximately \$1.3 million on a volume of medicine of 512 cubic feet. By 2000, working closely with IDA, our purchasing costs had risen to \$1.76 million, and that amount bought us 4,300 cubic feet of medicines.

The transition from emergency purchasing to bulk buying required significant changes in how we managed the existing drug supply at our project sites. To accommodate this increased volume of drugs, a warehouse was constructed in Cange. The medicines warehouse is a secure facility where incoming drug shipments are processed and stored. A paper stock card system, modeled on that used by the WHO, was implemented. This system allows the pharmacy staff, headed by chief pharmacist Sauveur Marcel, to check the inventory level of any product at a glance. Additionally, the stock card system lets us collect data on the outflow of medicines. We are able to monitor usage over time, and predict future drug use. Recently, these efforts have been improved through the development of the Electronic Medical Record (EMR). The EMR, which PIH has been developing over the last three years, is a Web-based database that analyzes patient enrollment, prescribing patterns, and drug usage in order to make more accurate predictions about drug needs.

At the same time that new purchasing systems were being put into place, PIH was also working to



Haitian Red Cross Launches New Blood Bank in Central Plateau

Early in the afternoon of December 16, 2003, Haitian Red Cross President Dr. Amadée-Gedeon cut the ribbon on a three-room, modern blood banking facility in Cange, which will permit Partners In Health/Zanmi Lasante (PIH/ZL) to collect, screen, and transfuse blood and blood products as an official station of the Haitian Red Cross. The collaboration between the Red Cross and PIH/ZL, the largest health NGO in the Central Plateau, was in essence part of Haiti's ambitious AIDS prevention-and-care program, supported in part by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Funding for this project was received less than a year ago, but the team involved worked hard to ensure that difficult conditions did not slow the establishment of the facility, the first of its kind in rural Haiti.

During her day in Cange, Dr. Amadée-Gedeon visited with AIDS patients, including many whom she'd met on previous visits to PIH/ZL and who were now working in the clinic as staff. Several of those present had received blood prior to their beginning antiretroviral therapy (HIV is one of Haiti's leading causes of severe anemia). "It's wonderful to see so many of you doing so well and even more wonderful that you've chosen to become health-care workers," she commented. The clinic was bustling, but all work outside of the operating room stopped as Dr. Amadée-Gedeon addressed patients and staff: "Giving


blood is giving the gift of life and we never know when even a few drops can save a life. But the Red Cross is about more than blood. Its core values are compassion, solidarity, neutrality, and service. The Red Cross will always be on-hand during difficult times, and we are proud to partner with our friends here in the Central Plateau."

The President of the Haitian Red Cross has been a frequent visitor to Cange. During her tenure as Haiti's Minister of Health, she launched a series of public-private partnerships with PIH/ZL — she was standing, as she spoke to patients, in the Thomas J. White Pavilion, which she had dedicated in 1999 — and these partnerships have since spread across central Haiti. PIH/ZL now helps to administer Ministry of Health facilities from Belledère to Thomonde and has engaged in major construction efforts in Lascahobas and Boucan Carré. With GFATM assistance, we are planning on continuing the expansion by working with public facilities throughout Haiti's Central Plateau.

After Dr. Amadée-Gedeon cut the ribbon, Father Fritz Lafontant blessed the new facility as laboratory and medical staff looked on. "We all know these are difficult times," acknowledged co-medical director Dr. Maxi Raymonville, an obstetrician-gynecologist who a few days earlier had saved the life of a woman hemorrhaging from a condition known as placenta previa. "But some projects simply cannot wait. The blood bank is part of

our expansion of services for the destitute sick of our country. We encourage our colleagues elsewhere in Haiti to continue to fight for greater access to quality medical care — and safe transfusions are definitely part of that struggle."

Surgeon Pedro Ung, a Cuban volunteer who has been working for PIH/ZL for over a year, told Dr. Amadée-Gedeon that the blood bank was "all that was needed to make PIH/ZL's operating rooms the best in the Caribbean." The Red Cross President, one of the architects of the Cuba-Haiti medical collaboration, thanked Dr. Ung on behalf of the Haitian people. Also present at the ceremony was PIH board member Diane Kaneb, of Boston, who commented that this, her first visit to Haiti, had been a life-changing trip.

Prior to leaving Cange, Dr. Amadée-Gedeon promised that she and other members of the Red Cross would be back often in order to facilitate both ongoing staff training and community participation. The blood bank is one of what we hope will be a series of new endeavors, in the Central Plateau and elsewhere in Haiti, that involve public-private partnerships that will help support the sagging public health infrastructure of Haiti and serve as a model for other developing countries. 

Don't Forget the Suitcase! continued from page 5

expand our sources for donated equipment and medicines. Over the past few years, we have built strong relationships with several reputable domestic donor agencies. These agencies are able to provide us with supplies of such basic products as vitamins, nutritional supplements, and antibiotics. We also look to these organizations as sources of new and reconditioned laboratory, hospital, and surgical equipment. Direct and frequent communication with our project-based staff allows us to source only those items that are most needed, thereby avoiding “dumping” of unneeded equipment.


Concurrent with the developments in our general medicines management was a growing need for specialized drugs, especially for the treatment of HIV/AIDS. Partners In Health/Zanmi Lasante (PIH/ZL) was the first provider of HIV care to Haitians, offering AZT treatment to pregnant women in 1995 for the prevention of mother-to-child transmission of HIV. By 1998, we had begun to provide highly active antiretroviral therapy (HAART), the standard HIV treatment in developed countries, to HIV patients who were near death. Sadly, the high cost of the antiretroviral (ARV) drugs prevented PIH from reaching all those in need. When we began offering HAART, a course of drugs cost about \$10,000 per patient per year. Today, we are able to offer a HAART regimen for less than a dollar a day per patient per year.

The dramatic decrease in prices can be attributed to a number of factors. The central reason was the activism of groups like ACT UP! and

South Africa's Treatment Action Campaign (TAC). The public and legal pressures that were put on the pharmaceutical companies resulted in concessional prices, the involvement of generic companies, and increased access to the life-saving drugs. PIH and its patients have been the beneficiaries of the tireless work of such committed individuals and groups. Prices are continuing to fall as other concerned organizations, such as the William J. Clinton Presidential Foundation, enter the arena and negotiate further discounts with generic manufacturers.

While there have been many positive developments in the procurement area, significant challenges remain. In Haiti, the withholding of desperately needed humanitarian aid has resulted in a collapse of the public health infrastructure. As a result, PIH/ZL has had to absorb a growing numbers of patients, who arrive at our clinic from increasing distances. The satellite sites we opened in 2002 and 2003 were expected to decrease the burden on the Clinique Bon Sauveur in Cange. Instead, the patient load in Cange remained steady, and each of the new sites was overrun with patients. This unpredictable flow of patients puts a significant strain on our existing resources, and also results in difficulty predicting the needed quantity of drugs and supplies. The work of managing and adapting our procurement efforts in response to so many variables will be central in the year ahead.

And what of our suitcase? What is its role in these increasingly complex systems? Another fundamental tenet

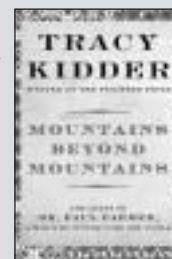
of PIH's work is building on successes and not discarding proven means. So our suitcase retains its place in the procurement machine, more a cog than a gear. It stands by the front door, ready to be picked up by the next traveler. There is still no safer way to deliver a new laptop to Haiti and no faster method of getting medicines on the pharmacy shelves. There are few more effective ways of displaying pragmatic solidarity than arriving at a site, suitcase in tow, and sharing its contents with the hope that at least one life will be saved. 

—Kathryn Kempton

Still Available

**Mountains
Beyond Mountains:
The Quest of
Dr. Paul Farmer,
A Man Who Would
Cure the World**

By Tracy Kidder



To learn more, please visit our website at www.pih.org or contact Edward Cardoza at 617-432-5256.



A First-Year Medical Student's Seven Weeks in Boucan Carré

After finishing my first year at Harvard Medical School, my wife Julie — a nurse-midwifery student at Yale — and I went to rural Haiti to spend seven weeks working in Boucan Carré, one of Partners In Health/Zanmi Lasante's (PIH/ZL) expansion sites.⁴ I was very excited to experience first hand how medical care was delivered in a developing country, knowing that it would be a far cry from what I had become familiar with during my training in Boston.

On July 1st, we arrived at the Boucan Carré clinic, situated one hour by car from Cange, the home of PIH/ZL's main medical complex. The Boucan Carré commune (similar to a U.S. county) is Haiti's largest and consists of a seemingly endless series of barren hills and small mountains packed in so tightly that they practically dissolve into each other. Flat ground is a welcome rarity and, as such, is usually settled and farmed. Many patients walk over seven hours on small, snaking mountain trails to get to the clinic. Patients who are not able to walk must ride a horse, donkey or mule, an impossible feat for the sickest of them, who can't even hold themselves up. It is not uncommon for family, neighbors, and friends to carry patients who can't walk to the clinic on a bed or a makeshift stretcher. Even if people living in the hills of Boucan Carré could afford a motorcycle or car,

these would be of little use on most of the steep trails, which are rarely more than a foot wide.

Despite the challenges of getting to clinic and the level of sickness of the

the classic black eschar of anthrax, as I had just completed my Immunology and Infectious Diseases block in medical school, where, in a lecture on bioterrorism, we learned to detect cutaneous and inhalational anthrax.)

Most of the children that came in were malnourished; on my first day, I saw three children with severe malnutrition. The children are of special concern to us. Disease and malnutrition together take a hefty toll in the Central Plateau on those between the ages of one and five, who suffer a disproportionately high rate of death (about one-third of all Haitian children die before they reach the age of 5). The infant mortality rate in

Haiti, a consequence of acute diarrheal disease, typhoid, and malaria (all treatable illnesses) is distressingly high — perhaps the highest in the Western Hemisphere (81 for every 1,000 births, compared to 7.1 for every 1,000 births in the United States). Those under 15 years of age as a group are susceptible to the infectious diseases of kwashiorkor, tuberculosis, and typhoid. HIV/AIDS runs a close fourth in the larger catchment area.

Patient Visits

Many of my days were spent walking alongside PIH/ZL doctors and *accompagnateurs* (community health workers), visiting HIV and TB patients to ensure that they were doing well and getting their daily medicines. Almost



Patients in Boucan Carré waiting to be seen

average patient, hundreds of people come in every day. To meet patient needs, PIH/ZL decided to expand the small clinic that was already on the site into a large hospital that would provide services and care equal to those in Cange. This expansion project is a collaborative effort with the Haitian Department of Public Health to bolster health care at a national level — a daunting yet much-needed response to the dismal health outcomes of the Haitian poor.⁵

My first day in the clinic I shadowed a Haitian physician and was given a quick introduction to the diseases of this poor area. In a four-minute span, we saw a woman with typhoid fever, a baby with tetanus, and a 12-year-old girl with cutaneous anthrax on the back of her calf. (I had no trouble recognizing

⁴In 2002, the PIH/ZL medical and community health worker teams began expanding their services to include the towns of Lascahobas, Boucan Carré, Thomonde, and Belladère.

⁵At the time of this writing, work on the hospital was in its very last stages of completion.



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start working to help care for the inpatients at the Clinique Bon Sauveur in Cange. The idea for these 41 new jobs came to Marie Flore after she noticed a high dropout rate from the secondary grades at Ecole Bon Sauveur, the medical complex's school. Several young women had dropped out of school after becoming pregnant. "Times are so difficult here," states Marie Flore, "that one of our girls became pregnant at the age of 17 in return for a very, very small amount of money. She felt forced by her poverty to trade sex for money. Something had to be done."

After a four-month training period, this group of 41 young men and women are ready to begin caring for our patients. There are plans to provide the same services and opportunity for local youth at the four expansion sites this year.

Ecole Bon Sauveur was next on the agenda, and its staff announced proudly that they taught 824 students in the 2002 - 2003 school year and employed 32 teachers – 21 in the primary grades and 11 in the secondary school. Lucien Nourrissant, an educator, also reported on two continuing education seminars that were hosted in Cange: one, in cooperation with Zanmi Lasante supporters in Paris, focusing on teaching techniques, and the other, in conjunction with Haitian education specialists, on the appropriate evaluation of students.

This current school year, Ecole Bon Sauveur boasts 913 students, 37 teachers, and a small but functioning

library. All of this is in addition to the *Lekol Popile* – People's Schools, teaching in the first few grades – that PIH/ZL supports in communities in the hills of central Haiti. By law, education should be free and compulsory in Haiti for children between the ages of 6 and 12, but in practice, access to education is sharply limited by school location, language comprehension (classes are often taught in French), the cost of school clothes and supplies, the availability of teachers, and the need for children to stay home to help their



Villagers on the road to Cange enjoy their clean water

Quy Ton

families with chores or farming. Only about 15.2 percent of the primary-school aged children actually attend school. As a consequence of limited educational opportunities, only 65 percent of the adult population is literate.

After this overwhelming display of the depth and breadth of solidarity that Zanmi Lasante maintains in the Central Plateau, Dr. Fernet Léandre reported on PIH/ZL's progress in 2003 in the realm of public-health and medical care. Among the highlights of the year's achievements are:

- In 2003, Cange saw over 328,000 patient visits (including in clinic, at home, or through the mobile clinic). In Lascahobas, patient visits were at 227,000 – more than 20 times the number prior to PIH/ZL's engagement in the area. In Thomonde, Boucan Carré and Belladère combined, patient visits were at 100,000.
- HIV and TB initiatives, the backbone of our expanded service in the entire Central Plateau, have grown very rapidly, raising the level of primary care in the region.
 - Currently, we're still shy of our goal of 1,000 patients on HAART (highly active antiretroviral therapy, or triple therapy) for advanced HIV infection. Dr. Léandre reminded everyone that many patients still arrive in an advanced state of disease, and there is still much progress to be made through active case-finding in every community.

Case finding for PIH/ZL includes extensive work with, and education for, traditional healers in the region.

- Dr. Léandre announced that PIH/ZL will have (at least) 2004 patients on triple therapy during 2004.
- Last year, the Central Plateau ranked as the last of the country's nine departments (i.e., counties) in terms of vaccinations. This year – thanks in large part to the ever-expanding network of *accompagnateurs* and *ajan sante* (community health workers) — our area now



HIV in Russia

As PIH-Russia continues to address the MDR TB epidemic in Tomsk Oblast, another epidemic threatens to compromise the treatment successes gained through the implementation of DOTS and DOTS+ programs. In the last decade, Russia, like all other regions in the former Soviet Union, has become a hotspot of a spreading HIV epidemic. The rapid growth of HIV infections in Russia is worrisome enough; however, in the context of Russia's ongoing epidemic of MDR TB, it is even more frightening since people living with HIV/AIDS are significantly more susceptible to TB. The intersection of the fastest rising HIV epidemic in the world and existing, dangerously high levels of MDR TB in Russia could be the "perfect storm" of epidemics. The proximity of these twin epidemics is drawing increased international concern.

The epidemic of HIV in the Tomsk Oblast reflects the HIV epidemic in Russia as a whole. Isolated cases of HIV infection were first registered in Tomsk in 1993. By May 2003, there were already 660 registered cases in the Oblast. Although initially spread almost exclusively through intravenous drug use, by the beginning of 2002, sexual transmission accounted for 20% of newly detected HIV cases in the Tomsk Oblast. As in other countries with rapidly spreading epidemics, the greatest number of cases is found in cities and camps with high numbers of temporary workers; in Tomsk, these workers labor in the gas and oil industry in the northern part of the oblast. Unfortunately, the HIV portion of the Global Fund to Fight AIDS, Tuberculosis and Malaria application submitted in May 2003 was not approved; however, PIH-Russia plans to work with local colleagues in Tomsk to continue fundraising for this growing problem.

enrolled in the Tomsk DOTS-Plus treatment program. Although the setting of Siberia is quite different from that of Lima, Peru, where we operate another large-scale MDR TB treatment program, many of the same treatment principles have been applied. Much of the treatment now takes place in outpatient settings, thus lowering costs and easing the burden of treatment for many patients. The initial results of the program (based on smear-conversion and treatment completion) are very encouraging, especially in the prisons. Preliminary patient analysis reveals projected cure rates of nearly 80 percent. We credit our success to date on the deep level of commitment by Tomsk health professionals to treating MDR TB appropriately; extremely strong political and general program support from the local prison system and federal system, including high levels at the Ministry of Justice; political support at all levels in the province; well-trained staff; social support of patients, including nutritional support, free transport to health care facilities, counseling by trained professionals; and patients who understand the critical importance of adhering to their treatment and are willing to do so for up to two years.

The treatment program is not without its challenges, however. Among them are the decreased health budgets from the federal level due to federal deficits (and also to the fact that international funding is available through our project, which influences local officials to lessen their support); the lack of strong political support at the Ministry of Health, even though

our positive outcomes have elicited tacit support; an inconsistent supply of key medications needed to treat MDR TB as a result of worldwide shortages of certain medications and pharmaceutical registration difficulties in Russia; low salaries for health professionals in Russia; continued economic problems in the area (increased poverty means increased incidence of TB); and the need to improve directly observed therapy of patients taking medications, in many cases twice a day.

PIH-Russia is committed to supporting the treatment of 630 MDR TB patients in Tomsk Oblast. Unfortunately, due to steadily increasing rates of transmission, this is only about half of the patients needing treatment today. In January 2004, our partners in Tomsk learned that their application to the Global Fund to Fight AIDS, TB and Malaria (GFATM)⁶ was approved to treat the remaining patients, paving the way for the Tomsk health services to continue the program and build upon its successes.

One enormous project success in Russia has occurred in the prison setting. In 2001, the case fatality rate of prisoners from TB was 144 per 100,000 prisoners. Since implementing DOTS and DOTS-Plus, this number has decreased to zero in Tomsk Oblast. The decrease in infection and mortality rates in the prison sector is due to its ability to enroll a larger proportion of patients in appropriate treatment and, under controlled conditions, to have a more stable population. However, in the civilian sector,

⁶The Global Fund is a public-private partnership whose purpose is to attract, manage and disburse resources in order to reduce the impact of HIV/AIDS, tuberculosis and malaria. (<http://www.theglobalfund.org/en/>)



with high rates of homelessness, alcohol and drug abuse, and poverty, the patients are more complicated to reach and, once reached, face further difficulties in remaining adherent for 18 to 24 months of therapy.

In addition to the immediate goal of treating MDR TB patients in Tomsk, PIH-Russia is working with Russian partners to expand the country's capability to effectively curb the TB epidemic in years to come. Many of the TB-control measures used in Russia have been based on years of practice without reliable clinical evidence of treatment success. Surgery, for example, has been an important tool in treating MDR TB in Russia, but research studies to prove its effectiveness and efficacy are lacking; meanwhile, second-line medications (anti-TB medications not used in standard DOTS regimens) were largely ignored due to their expense and unavailability. Recent research suggests, however, that medical treatment of MDR TB should play a primary role in any MDR TB treatment program and that surgery, while often necessary for clinically advanced and/or severely resistant cases, should play a secondary role. Growing debate about such changing treatment practices is leading to increased interest and support for the development of evidence-based medicine (EBM) in Russia.

In order to initiate EBM in TB treatment in Russia, PIH-Russia and Moscow Medical Academy (the pre-

mier medical institute in Russia) are collaborating to start a Clinical Effectiveness Program (CEP) in Moscow, similar to the one that the Harvard School of Public Health currently operates. The Harvard CEP is designed to teach analytical skills to clinicians and health care managers so that they can interpret and design clinical studies and thus both use and contribute to the medical literature. It is this project's goal to help train




TB nurse draws blood to monitor patient's MDR TB therapy side effect

Valery Kasatkin

physicians as public health experts who can then return to Russia, carry out studies, and teach analytic skills to a new generation of Russian physicians. Three Russian colleagues have already completed the CEP, and two others have continued their studies and are on their way to earning master's degrees in Public Health. We anticipate having four new students in the summer of 2004.

The treatment protocols that have been developed in the Tomsk project over the past three years are now being used as a model for TB treatment in the Russian federal prison

health system. The training of physicians in Tomsk Oblast continues, and many of the Tomsk-based MDR TB doctors trained through this initiative have been invited to Moscow and other provinces to train others and share their experience. Similarly, the Tomsk laboratory has developed the local capacity to perform the analyses needed for the timely and appropriate diagnosis of MDR TB. With support from our funders, PIH-Russia has begun training doctors from eight other Russian regions in DOTS-Plus therapy, and we hope to triple that number in the next two years. Through collaborative research and teaching efforts with the Moscow Medical Academy, the project is beginning to bring a solid, evidence-based approach to the treatment of tuberculosis in the Russian Federation. We believe

that the MDR TB program in the Tomsk Oblast will benefit not only individual patients and their families, but will have long-lasting effects on tuberculosis control in Russia as a whole. 

—Donna Barry and Gwyneth Jones

Zanmi Lasante's General Assembly: Celebrating 21 Years of Solidarity

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ranks first.⁷

- Energy and resources will be directed particularly at Boucan Carré, a region that has never had consistent medical care, where much remains to be accomplished. Boucan Carré will soon inaugurate an inpatient facility. Clinical and laboratory facilities are already functioning well and will be expanded to match what is available at other PIH/ZL sites.
- Malnutrition has emerged as a major problem in the region of Boucan Carré. Our initial response has been to provide food and milk subsidies, replicating successful programs that started in Cange. As we learn more, these efforts will expand. To give one example: the clinical team in Boucan Carré noticed a large number of children (and adults) from the locale of Bouly presenting with *kwashiorkor* or protein-deficiency malnutrition. When we explored this community further, we learned that this year's bean crop had failed for unclear reasons. We are now working with the community and an agronomist to hopefully ensure a successful crop next year.
- Services at the expansion site of Belladère will also grow this year. This site — near the border with the

Dominican Republic — has a large population, and, we suspect, a high concentration of HIV and TB.

- A few remote areas of the Central Plateau are not yet reached directly by Zanmi Lasante. Outreach into



Close up of PIH/ZL sites in Haiti's Central Plateau

these areas is already under way.

With a surgeon's precision, Dr. Maxi Raymonville, PIH/ZL's Chief of Obstetrics, announced simply that the operating room *and* its services are functioning well and at full capacity. He also added that soon women throughout the Central Plateau will have access to an operating room and blood for life-saving transfusions — thanks in large part to new Red Cross-supplied blood banking facilities at Cange — for the complications of pregnancy (see accompanying article,

"Haitian Red Cross Launches New Blood Bank in Central Plateau"). Dr. Maxi concluded the medical report by declaring that this meeting is "a sign that the Haitian people are still struggling together to realize what is possible in independence."

After a ceremony to recognize outstanding PIH/ZL employees, everyone shared a delicious meal before community health workers headed out to deliver their evening medicines and prepare for another day in service of the Haitian poor. The bicentennial and new year are just weeks away. It is my personal hope that the world will recognize, if only for a moment, the great contribution that Haiti has made to the history of free people everywhere.

With the assistance of everyone in the extended PIH family, Partners in Health/Zanmi Lasante, which has had a presence in the Central Plateau for 21 years, vows to continue to fight alongside the sick and poor. *N'ap kenmbe fem la*, as the Haitians would say: "We will remain." 🇸🇰

—Evan Lyon

⁷Accompagnateurs are community members whose primary responsibility is to provide Directly Observed Therapy (DOT) by delivering medications to our patients once or twice a day. Accompagnateurs initially receive a brief training (by the PIH/ZL medical staff) on the medicines they will deliver, on the signs and symptoms of serious illness, on patient confidentiality, and on the need for unflinching DOT. Ajan Sante are more extensively trained — including an intensive community-health course in Port-au-Prince — and are responsible for many aspects of health in their communities, from public-health education, to sanitation and hygiene, to monitoring the health of pregnant mothers and young children, to referring critically ill patients and their close contacts to our clinics. Some, but not all, ajan sante deliver medicines for DOT. All our community health workers participate in continuing health education meetings on a monthly basis.



PIH/ZL and Fonkoze: A New Partnership in Haiti

Partners In Health's commitment to the overall well-being of our patients has engendered an exciting new partnership with Fonkoze — Haiti's Alternative Bank for the Organized Poor. The Fonkoze Foundation, founded in Port-au-Prince in 1994, is the largest microfinance institution in Haiti, with over 48,000 depositors, 18,000 active borrowers, and branch offices in every department of Haiti. Each branch supervises the provision of a whole suite of services, including microcredit, savings, currency exchange, money transfers, literacy, and business development. Fonkoze will be opening branches in all the towns and villages where Partners In Health/Zanmi Lasante (PIH/ZL) is located, with PIH/ZL providing infrastructural support.


Microfinance has become an increasingly popular tool for economic development in resource-poor settings.

Recognizing that the poor are often unable to establish themselves in the formal economy, microfinance projects help provide access to capital resources — typically in the form of microloans — and also emphasize microenterprises, self-employment activities, and household enterprises, all considered essential activities for achieving large-scale social and economic progress. Microfinance programs are frequently targeted at women — over 80% of Fonkoze's clients are female — who would otherwise have no means of self-sufficiency.

In addition to providing financial services to the poorest of the poor, Fonkoze also addresses the crucial link between education and development. Fonkoze borrowers who cannot read and write are entitled to and responsible for attending literacy sessions, taught by already-literate borrowers, that focus on business skills and also reproductive health, especially

HIV/AIDS.

Poverty is the root cause of much sickness and death in rural Haiti, the poorest country in the Western hemisphere. At PIH, we have always believed that the patients we treat need more than medications: they need social and economic support in order to break the cycle of poverty. Our partnership with Fonkoze will advance our joint commitment to health, education, and economic sufficiency for all.

Fonkoze is supported through grants and donations, primarily through its Fonkoze USA office in New York. For more information on Fonkoze — including micro lending, business skills and literacy training programs, and business development — visit www.fonkoze.org. Future newsletters will keep you up-to-date on these exciting developments. 

—Alice Yang



David Walton

Many families in Haiti's Central Plateau live in houses made of thatched tree bark



David Walton

PIH/ZL housing projects build homes with tin roofs and cements walls



The 3 by 5 Initiative: 3 Million People on HIV/AIDS Treatment by the End of 2005

“Lack of access to antiretroviral therapy is a global health emergency.... To deliver antiretroviral treatment to the millions who need it, we must change the way we think and change the way we act.”

J.W. Lee, M.D., Director-General of the World Health Organization (WHO)


Every day, 8,000 people die of AIDS. Six million people currently infected with HIV in the developing world need antiretroviral therapy to survive, but only 400,000 have this access. To address this emergency, in December 2003, the WHO, along with the Joint United Nations Programme on HIV/AIDS (UNAIDS), announced a global initiative to provide antiretroviral therapy (ART) to three million people with HIV/AIDS in developing countries

by the end of 2005. The target is aptly called The 3 by 5 Initiative.

The WHO 3 by 5 report⁸ acknowledges the toll the pandemic takes on health care infrastructure and recognizes that treating 3 million people by the end of 2005 will require major investments in countries' health care systems, as well as concerted, sustained action by many partners. Globally, up to 100,000 people need to be trained for the initiative. This includes those involved in managing and delivering ART services, those working on testing and counseling, and the many community treatment supporters assisting people living with HIV/AIDS who are receiving medication.

The challenge is enormous, but, in the words of Dr. Jack Chow, WHO's Assistant Director-General for

HIV/AIDS, Tuberculosis, and Malaria, scaling up access to treatment is a human imperative: “We must liberate those living with HIV/AIDS from their immense suffering and avoid unnecessary deaths.”

We are profoundly encouraged that an organization such as the WHO would put this initiative on its official agenda. This does not mean, however, that any of us can give up our vigilance and support for the fight against HIV/AIDS. The WHO itself is clear that work must continue beyond 2005; even if 3 by 5 is fully successful, only one half of those in need of immediate treatment will receive it. At PIH we pledge to continue doing all we can, using all the means at our disposal, to fight this disease and ensure that treatment reaches all those who need it. 

⁸Visit the WHO website (<http://www.who.int/>) for more information on the initiative, including a full copy of the 3 by 5 report.

A First-Year Medical Student's Seven Weeks in Boucan Carré continued from page 8

invariably they were. In spite of Haiti's severe deforestation, I found the hills and mountains quite beautiful, with farmed plots of land, side by side, on all but the steepest terrains. Every arable square foot of land was put to good use.

My first home visit in Haiti was to a woman named Paulette, a patient co-infected with TB and HIV. The thatched roof of her home had become a sieve for rain and she had no money to repair it or the crumbling mud and rock walls. As we approached the small, one-room

shack, she stepped out, little more than dried skin and bones. She could barely stay standing, and as she leaned on her collapsing wall, it looked as if she were about to melt into the baked-earth siding of her house. Swallowing my initial shock, I asked her a few questions. She told me that just over a month before she had not been able to get up out of bed, let alone walk the 40 feet to her sister's house. She had been receiving medications twice a day for just over two months from an *accompagnateur*.

The cost of these medicines would be prohibitive for Paulette, but through PIH's procurement program, Paulette not only receives her daily medicine but also food and milk. PIH/ZL was also in the process of building her and her family a new house to replace her current one.

Walking home, storm clouds filled half the sky. The powerful wind that shoots about in every direction, warning of upcoming rain, blew ferociously as we started walking faster, enjoying the respite from heat that the cool breeze



A First-Year Medical Student's Seven Weeks in Boucan Carré

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gave us. I was lost in thought, pondering the important reminder of what I, as a physician, could some day do for patients like these, also aware that many patients — especially in a poor community — need a high level of social assistance that current paradigms of medical care don't provide.

We got home and had just sat down to eat when the rain started crashing down on our tin roof. It made me smile; I knew I would sleep well that evening. At the same time, I could not help picturing those same raindrops rushing through the holes in Paulette's roof, pelting her frail body.

Birth and Death

Death is not a taboo subject in Haiti, either among doctors or among patients, in a country that experiences the lowest adult life expectancy in the Western Hemisphere, at 53 years. In my first few weeks there I saw three patients die: one from typhoid, another from malnutrition, and the third from an abscess that closed her seven-year-old throat. On the day that the seven-year-old died, I received word that the father of a friend of mine had died, two days before that friend's wedding. That night, I tossed and turned, thinking of the little girl dying, gasping for breath, and the pain that I saw in her grandmother's eyes. I imagined the same pain in my friend's eyes and recognized it as the same pain I had seen in the mirror a few years earlier when my own father and stepmother died. Death makes brothers of us all.

One night, a couple of weeks later, after I'd gone to bed, we received word that a woman was in labor at the clinic.

I grabbed two flashlights, knowing that at the very least I could be of use holding a light, as there was no electricity in the clinic. Marielle, the recently hired Haitian midwife, and Julie, my wife, led the charge to the clinic through the pitch-black Haitian night. When we arrived, we found a woman in her late twenties accompanied by her husband



Quyn Ton

Accompagnateur walking up hilly path to deliver HIV and TB medicines

and her parents. Marielle and Julie assessed her frequent contractions and moans and then set up the room and got to work. A gas lantern was lit, and its warm glow illuminated the woman and her family, who were softly singing prayers as her groans accelerated and intensified. As the baby came out, a quick maneuver by Julie prevented the umbilical cord from strangling him. Soon, his cries filled the room and everyone smiled and exchanged relieved glances. In rural Haiti, a safe birth is never taken for granted. The new hospital in Boucan Carré and a full-time midwife will surely reduce the local infant and maternal mortality rates. I felt fortunate to witness this successful birth while

holding a flashlight and the woman's hand. It was a small but important victory in a setting where death — at a young age — is commonplace.

Back in the U.S.

While still in Haiti, I thought I would never forget the devastating poverty and conditions I had witnessed. Even my years spent as a Peace Corps volunteer in Burkina Faso or my work involving resettling refugees or my experiences in juvenile detention centers had not prepared me for the depth of poverty I saw in Haiti.

Back in the U.S., though, I quickly got wrapped up again in my medical studies, excited by the knowledge of how valuable they could be in the future. And yet, in spite of my resolve not to return to life as before, in time I noticed myself forgetting that urgency of waking up knowing that a long line of extremely sick patients was already forming just a short walk away from where I slept. To keep me from forgetting, I started wearing a T-shirt with a Haitian flag to spark conversations. It worked. Many Haitian-Americans, noticing it, stopped to talk. A cab driver even pulled over to the side of the street to talk to me. I got to practice my Kreyol, but more importantly, it kept Haiti, all the people I had admired and the countryside I had grown to love, alive for me. Most of all, it reminded me of the need for broad, all-encompassing care, a need that screamed out at me in Haiti, a need that is too easy to ignore from the vantage point of my comfortable life back home.

Coming back to the US has been, for me, about not forgetting what I saw. 🇭🇹




Support the Work of PIH

Ninety-four cents of every dollar you give to PARTNERS IN HEALTH goes directly to our patient projects. (Charity Navigator™ gave PARTNERS IN HEALTH its highest, 4-star rating, indicating that PARTNERS IN HEALTH “exceeds industry standards and outperforms most charities in its cause.”) When you contribute to PARTNERS IN HEALTH, your money goes where it

counts most: to place beds in rural clinics and hospitals, to buy AIDS medications for patients living in poverty, to build clean-water projects in villages, and to train health professionals to administer treatment programs.

Please contribute to PIH through a credit card donation (using the secure server at www.pih.org), a donation of appreciated securities, or by

sending us a check. For more information contact Ed Cardoza, Director of Development, at 617-432-0049 (ecardoza@pih.org). Checks may be sent to: PARTNERS IN HEALTH • 641 Huntington Ave. • 1st floor • Boston, MA 02115. 

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Events and Announcements:

(Save the Date! For all events, check www.pih.org for further details as date approaches)

Saturday, 8 May 2004, 9:00 a.m. – 1:00 p.m • IHSJ Spring Forum — The Institute for Health and Social Justice at PARTNERS IN HEALTH invites you to attend “*Collateral Benefits of Complex Health Interventions Among the Poor.*” Presentations and discussion will center on the medical and social benefits of timely, comprehensive care for AIDS and MDR TB patients in poor settings in Haiti, Peru and Russia.

Harvard Medical School • 77 Ave. Louis Pasteur, • Boston, Massachusetts (The Conference Center in the New Research Building)
Open to the general public, particularly medical and public health students and professionals interested in social and economic rights. (Co-sponsored by the David Rockefeller Center for Latin American Studies)

Monday, 5 April 2004, evening • Film and Panel Discussion • Time and location TBD — Pote Mak Sonje: *The Raboteau Trial (Whoever Bears the Scar Remembers)*, directed by Harriet Hirshorn. This film explores the 2000 Raboteau trial, the best criminal prosecution ever in Haiti and one of the most significant human rights trials in the Western Hemisphere in the last 20 years. Panelists: *Paul Farmer*, MD, PhD, Partners In Health/Zanmi Lasante; *Jennifer Harbury*, JD, Radcliffe Institute Fellow; and, *Brian Concannon*, JD, Bureau des Avocats Internationaux, Port au Prince, Haiti.