The Republic of Haiti has a vibrant culture and a proud history as the world’s first free black republic. Today, however, more than 80 percent of its estimated population of 9.7 million lives in poverty, making Haiti the poorest country in the Western Hemisphere.1 Haiti has one of the highest rates of HIV outside of Africa, with an estimated 2.2 percent of its adult population infected with HIV.2 Since the epidemic first appeared in Haiti, both public and non-profit sectors have joined forces to curb its progression. International funding, such as PEPFAR and the Global Fund, has created opportunities for unprecedented expansion of programs to provide voluntary counseling and testing (VCT) for populations at risk for HIV, for services to prevent mother-to-child HIV transmission (PMTCT), and for care and treatment services in general. In the past seven years, 220 VCT centers, 124 PMTCT centers, and 56 antiretroviral medication centers have been established.3

One priority for Haiti’s Ministry of Health (MoH) is to better understand infectious disease and emerging trends. HIV/AIDS is a focus, and NASTAD has supported the development of an HIV/AIDS surveillance system that provides data on HIV infection rates, populations at higher-risk for HIV, and connection to and retention in treatment and care services—and longer-term health outcomes for—those with HIV. These data are critical to planning and monitoring activities related to the prevention of HIV transmission and the treatment of those with HIV.

2 http://www.measuredhs.com/topics/hiv/data.cfm
3 http://www.mesi.ht

**NASTAD**
The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the United States’ chief state and territorial health department program directors responsible for coordinating, administering, and managing HIV prevention, care, and support services. NASTAD’s Global Program works to build the organizational, programmatic and human resource capacity of its regional/state public sector AIDS program counterparts across the world. In Haiti, NASTAD works in partnership with the U.S. Centers for Disease Control and Prevention Global AIDS Program (CDC/GAP) as part of the unified U.S. response to the HIV pandemic through PEPFAR.
ACTIVITIES

Surveillance Systems & Processes
Since 2003, NASTAD has worked to assist the Haitian MoH to implement a more comprehensive and complete infectious disease surveillance program. NASTAD undertook a situational analysis to evaluate the different components of a successful, sustainable HIV/AIDS surveillance system, and from there, worked with the government and partners to discuss a potential surveillance system, draft a protocol and case reporting forms for a pilot HIV/AIDS case-based surveillance system, and test the process.

In 2007, national consensus was reached on the HIV/AIDS case-based surveillance model, and planning began for nationwide implementation. Processes and procedures were revised to better match site-level services, and over 900 Haitian providers were trained in basic surveillance, epidemiology, patient privacy and data security, and the national system and process; the joint paper- and electronic-based system was launched nationwide on December 1, 2008.

Haiti’s HIV/AIDS case-based surveillance system provides a historic understanding of the HIV/AIDS epidemic in Haiti, and allows for the observation of emerging trends. Cases of HIV and AIDS from around the country are reported to the central system on a daily or monthly basis, and national epidemiologic data reports from the unique, unduplicated case count are available. NASTAD supports the data quality and use via support to the decentralized HIV/AIDS and epidemiology offices.

To supplement the case-based surveillance system, NASTAD is also supporting the MoH in the development and implementation of HIV surveillance among pregnant women, looking to reduce the rates of perinatal HIV transmission.

Leadership & Management
Throughout the design and implementation of the case-based surveillance system, NASTAD has worked collaboratively with the MoH and local NGOs to support and maximize the benefit of in-country leadership and management strategies. Using the HIV/AIDS surveillance system structure and processes as a basis for learning and examples, NASTAD has provided applied leadership and management trainings to decentralized MoH staff, and has facilitated active use of the skills and tools in the trainees’ job roles.

PROCESS

From the inception of this project, NASTAD has acted as an invited partner at the table. While NASTAD has content and process expertise, and has the ability to support development and implementation work, all work is planned and put into action in close collaboration with the MoH. NASTAD is committed to local sustainability and indigenous expertise, and works to ensure both through clearly defined training, targeted technical assistance, and side-by-side applied capacity building. NASTAD meets with the MoH on a weekly basis to allow for coordinated planning and validation of processes.

Next Steps
Through 2011 and beyond, NASTAD will continue to support the expansion of Haiti’s HIV/AIDS surveillance system, and the use of the generated data for evidence-based planning. NASTAD will further its peer-to-peer TA between surveillance experts in Haiti and the U.S., to build human resources and programmatic sustainability for infectious disease surveillance and for the implementation of special HIV surveillance studies.

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