TCH/UC Family Medicine Residency Presents:

Global Health in Haiti

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Haiti: Background

Haiti shares the island of Hispaniola with its neighbor to the east, Dominican Republic. Its total area is 27,750 square kilometers. It was devastated by earthquake in 2010, but has received much international aid and is steadily rebuilding.

Haiti was the first black-led post-colonial nation gaining independence in 1804. It had successfully defeated France, England, and Spain, becoming the only country in the Western Hemisphere to defeat 3 super powers.

Haiti's population is 9,996,731. In 2013, its per capita annual income was $1300, with 50% of this from service industry and 24% agriculture. It is the poorest country in the Western Hemisphere.

In 2012, only 60% of Haiti's children were vaccinated. The average life expectancy is 61/64 (M/F) years. An average of $84 is spent on health care per capita per year, which is 6.4% of their GDP. Maternal mortality is 380/100,000 live births and birth asphyxia accounts for 11% of under 5 deaths.

AHDH

AHDH (Association Haitienne de Developpement Humain) is a grassroots organization founded in 1986 by a Haitian-American physician, Dr. Charles Rene, commonly known as Dr. Charles, who strives to give back to his native country. Three times a year they organize brigades (usually February, June, and November) to travel to La Vallee de Jacmel and serve at a hospital. The brigades are surgery focused, with ophthalmologists and general surgeons, but there is a huge need and use for primary care as well. Throughout the year the hospital is staffed by Haitian physicians, who are typically completing their 1 year required public service following medical school. Patients must pay for the visit and medications when a brigade is not present. During brigades, patients still have to pay a small registration fee as well as fees for surgery, but medications are distributed free of charge. My goals for the trip were primary to be of service, build relationships, and learn as much as I could about the community and Haitian culture. I also hoped to find an organization which I would want to potentially partner with in the future.

The Scourge of Preventable Cancer

Our first patient Monday morning was a frail, elderly woman who was allowed to the front of the line because of bleeding. We soon realized that getting a meaningful, accurate chronologic history was next to impossible. But what we were able to gather is that she had had vaginal bleeding for probably one year. She was helped on to the examination table, and upon placing the speculum, there was so much blood we realized visualization of the cervix was not going to happen. Dr. Charles came to assist and upon bimanual exam matter-of-factly stated, "She has invasive cervical cancer." He left the room to find a stretcher to put her on and take her to an inpatient ward. My colleague, Angela, and I helped our patient off the table and within seconds of standing up, she lost consciousness, slumping over into our arms.

Though he did not verbally express his disappointment and defeat, it was obvious Dr. Charles took this diagnosis personally. He has been working tirelessly to establish routine cervical cancer screenings at the hospital. A majority of our work during the brigade was doing colposcopies on patients who required follow up and doing pap smears on all women over 30 who had not had one in 5 years. She did have a transvaginal ultrasound at our facility and then was sent to the larger hospital down the mountain likely for palliative care.

Cervical cancer is a huge public health issue globally, the screening for which requires infrastructure, close follow up, and a large amount of manpower. VIA, or visual inspection with acetic acid, is a reasonable alternative when the developed world's traditionally accepted pap smears and colposcopy is not readily available (Sankaranarayanan 1). There have been multiple case reports such as one in Tamil Nadu, India demonstrating that VIA is an acceptable alternative to standard cervical cancer screening methods when in a resource limited setting (Sankaranarayanan 2).

The CDC reports a steady decline in cervical cancer rates within the United States from 1999-2011. When broken down by ethnicity, Hispanics have the highest rates and American Indian/ Alaskan Natives have the least (CDC Website). Women in Ohio have rates of 7.4-8.0 new diagnosis per 100,000 women per year and rates of death were 2.4-2.7 in 2000. In Haiti, nearly 3000 women are diagnosed yearly, with about 50% of them dying from the disease. This equates to 54 deaths per 100,000 women (PIH). There is hope that these statistics can be improved through targeted screening programs, implementation of early HPV vaccination among school aged girls, and improved education. A project with Haiti's Ministry of Health fully vaccinated nearly 3,000 girls, or 75% of those who received the first Gardasil vaccine (PIH). Even within the United States, United Kingdom, and Australia, only 77–79% of men and 85–93% of women know the association between HPV infection and cervical cancer. Additionally, only 70–74% of men and 73–76% of women know that HPV is sexually transmitted (Marlow). There is much work to do in the arena of cervical cancer screening and education globally. I have a strong feeling that Dr. Charles and AHDH will be doing their part in La Vallee de Jacmel, Haiti.

References

Centers for Disease Control and Prevention. Cervical Cancer Statistics.
http://www.cdc.gov/cancer/cervical/statistics/race.htm\

Marlow, Laura et al. "Knowledge of Human Papilloma Virus and HPV Vaccination: An International Comparison. Vaccine. Volume 31, Issue 5, 21 January 2013, Pages 763–769

Partners in Health. http://www.pih.org/blog/curbing-cervical-cancer-in-haiti/

Sankaranarayanan, Rengaswamy et al. "Effective Effective screening programmes for cervical cancer in low- and middle-income developing countries." Bull World Health Organ vol.79 n.10 Genebra Jan. 2001.

Sankaranarayanan, Rengaswamy et al. "Effect of visual screening on cervical cancer incidence and mortality in Tamil Nadu, India: a cluster-randomized trial." The Lancet. Volume 370, Issue 9585, 4–10 August 2007, Pages 398–406

AHDH: http://www.haitiahdh.org/