

“Mache chache pa dòmi san soupe” is a Haitian Creole phrase meaning “seek and you will find”. In the tuberculosis (TB) field, “seek and find” represents an emphasis on active and enhanced case finding as compared to the passive approach of waiting for TB patients to present to a clinic.

Haiti

An added benefit of the Mache Chache program is that local partnerships are being built and collaborations between stakeholders are strengthening. These achievements promise to increase TB awareness and strengthen TB diagnostic and treatment capacities beyond the duration of the project. The knowledge and experiences newly accrued through Mache Chache at the field level are also poised to impact health policy and programmatic TB activities of the country.

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The “Mache Chache” Project is a TB REACH Wave 3 funded collaboration between the University of Maryland-Baltimore/Institute of Human Virology and four partners in Port-Au-Prince, Haiti. It aims to increase TB case finding in four vulnerable populations: 1) the catchment area around an urban reference hospital (Hôpital Foyer Saint Camille [HFSC]); 2) a camp for displaced persons (Canaan) which sprang up after the 2010 earthquake with only one clinic for over 300,000 people; 3) an industrial park for unskilled workers (Centre Professionnel de Femmes Ouvrières [CPFO]); and 4) a community hospital in a densely populated area (Hôpital de la Communauté Haïtienne).

Haiti has the highest TB prevalence and incidence in the Americas. TB case finding is mostly passive and treatment outcomes fall below WHO targets. The 2010 earthquake devastated many infrastructures for TB diagnosis and care which existed under the auspices of the

National TB Program agency’s (Programme National pour la Lutte contre la Tuberculose [PNLT]). Many people were thus forced to re-settle under poor housing conditions in areas without access to TB services.

The project’s programmatic platforms are: 1) Increasing early TB case detection by mentoring community health workers, volunteers and community leaders to perform active case finding, and by implementing provider initiated screening for high risk patients in health facilities; 2) Building laboratory capacity through expansion of microscopy and GeneXpert technology, and by linking community programs with facilities that have TB care capabilities; and 3) Ensuring a sustainable program through partnering with the governmental health services and local stakeholders.

Case finding activities were launched in July 2013. Initial activities focused on expanding diagnostic capacities in the clinics and hospitals through provision of new dual light/LED microscopes and through intensive training of clinical, laboratory and community staff. In the first six months, 25,513 people were screened verbally. Of these, 4,453 were identified as TB suspects and 2,158 had sputum smears performed. A target of 1,066 additionally detected sputum smear-positive cases has been set. In a continuous effort to reach this goal, activities are being refocused to optimize the verbal screening protocol and to improve the quality of sputum sampling and processing.

Through Mache Chache, TB services and community activities for TB education are being offered for the first time at the CPFO and Canaan clinics. Also a first, contact tracing has been instituted at HFSC, where GeneXpert MTB/RIF technology is also being implemented. Through linkage with the National HIV program (Programme National de Lutte contre le Sida [PNLS]), HIV screening and counseling activities have started at Canaan. Mache Chache has facilitated this hospital to become part of a national network of facilities offering advanced TB diagnostics under the guidance of the Laboratoire National et de Santé Publique (LNSP). One goal of introducing Xpert technology to HFSC is to increase TB diagnosis in HIV-positive, smear-negative TB suspects; specifically to detect an additional 300 Xpert-positive TB cases.



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