

Haiti Work Plan

FY 2025

Program Year 7

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ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program provides critical support to governments to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

In Haiti, Act | East Program activities are implemented by RTI International.

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Figure 1. **Error! Bookmark not defined.**

ACRONYMS LIST

ACES	Adapted Coverage Evaluation Survey
Ag	Antigenemia
ALB	Albendazole
CDC	United States Centers for Disease Control
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CP	Community Promoter
DEC	Diethylcarbamazine Citrate
DHIS2	District Health Information System-2
DOT	Directly Observed Treatment
DPMMT	Pharmacy Department (<i>Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle</i>)
DSA	Disease-Specific Assessment
EA	Enumeration Area
EDC	Electronic Data Collection
EMS	Epidemiological Monitoring Survey
EU	Evaluation Unit
FTS	Filariasis Test Strips
FY	Fiscal Year
HNTDCP	Haiti NTD Control Program
HSS	Health Systems Strengthening
IDA	Ivermectin, Diethylcarbamazine Citrate, and Albendazole (Triple Therapy)
IEC	Information, Education, and Communication
IR	Intermediate Result
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
Mf	Microfilaria
MMDP	Morbidity Management and Disability Prevention
MSPP	Ministry of Public Health and Population (<i>Ministère de la Santé Publique et de la Population</i>)
NTD	Neglected Tropical Disease
PAHO	Pan-American Health Organization
PROMESS	Essential Drug Program (<i>Programme de Médicaments Essentiels</i>)
Q	Quarter
RPRG	Regional Program Review Group
SAC	School-Age Children
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TAS	Transmission Assessment Survey
TCC	The Carter Center
TFGH	Task Force for Global Health
USAID	United States Agency for International Development

VDOT
WHO

Virtual Directly Observed Therapy
World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

Haiti's Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population* [MSPP]) launched its Neglected Tropical Diseases (NTD) Control Program (HNTDCP) in 2001. At that time, baseline mapping showed that lymphatic filariasis (LF) was endemic in all 140 communes, caused by *Wuchereria bancrofti* transmitted by *Culex quinquefasciatus* mosquitoes. Approximately 11 million people required mass drug administration (MDA) using diethylcarbamazine citrate (DEC) and albendazole (ALB). By 2012, the HNTDCP reached 100% MDA geographic coverage with funding and technical support from its partners at the time: the U.S. Agency for International Development (USAID) through the ENVISION project, University of Notre Dame, The Carter Center (TCC), the United States Centers for Disease Control and Prevention (CDC), The Task Force for Global Health (TFGH), and the Pan-American Health Organization (PAHO).

USAID's Act to End NTDs | East (Act | East) program is one of the main partners supporting the Government of Haiti's NTD control and elimination efforts. Since 2012, Haiti has made incredible strides toward its LF elimination goal and has seen a significant decline in prevalence, despite several environmental, health, and sociopolitical challenges. By the end of the first half of fiscal year 2024 (FY24), 121 communes no longer require treatment, representing 7,834,271 Haitians no longer at risk for LF transmission (Figure 1). Entering FY25, 19 communes continue to require treatment, and 2 communes are implementing targeted treatment, with 4,390,670 people living in areas at risk for LF.

The HNTDCP works closely with donors and implementing partners to attain its goal of eliminating LF through capacity building, MDA, disease-specific assessments (DSAs), and operational research activities. The MSPP's 5-year (2019–2024) LF strategic plan focuses on MDA strategies, including triple drug therapy with ivermectin (IVM), DEC, and ALB (known as IDA); vector control; and morbidity management and disability prevention (MMDP). USAID has supported the HNTDCP to implement LF elimination and soil-transmitted helminth (STH) control activities since 2008 through the USAID NTD Control Program, ENVISION project, and now the Act to End NTDs | East (Act | East) program.

STH is endemic throughout Haiti, as determined by mapping conducted by the MSPP in 2002. The HNTDCP's goal has been to control STH in school-age children (SAC) through annual treatment with ALB to reduce the intensity of infections and protect infected individuals from morbidity. Since the start of the LF program, SAC have received treatment through an integrated approach: MDA with DEC and ALB is conducted in schools by community drug distributors (CDDs). This approach has been strongly supported by partners and donors, and USAID has funded integrated STH and LF MDA since 2008. Integrated treatment continues in the remaining LF-endemic districts; however, because LF MDA has scaled down substantially and there are few partners supporting STH-only treatment, the MSPP will

Figure 1. Progress toward LF elimination in Haiti, number of persons no longer at risk as compared to persons ever at risk



need to determine the best strategy for future deworming efforts after the interruption of LF transmission.

Haiti is endemic for four other NTDs, including leprosy, rabies, scabies, and dengue. In 2023, PAHO and the government of Canada announced a 5-year partnership that includes a plan to assess trachoma through rapid assessments in prioritized communities, particularly in the North, Northwest, South, and Grand'Anse departments.

2024 Security Situation

Haiti has experienced political instability for more than three decades in addition to significant natural disasters, including the devastating 2010 earthquake, 2016 hurricane, and August 2021 earthquake that severely impacted the southern region.

Political instability has considerably weakened the Haitian state, including its systems, institutions, and ability to provide basic services to its citizens. The situation deteriorated further with the assassination of Haitian President Jovenel Moïse on July 7, 2021. Prior to his assassination, terms for other national parliamentarians and mayors had lapsed, which left President Moïse and 10 senators as the only formerly elected officials in the country at the time. Power struggles over the nation's leadership are ongoing; heavily armed gangs occupy key areas, including Port-au-Prince; and a continued rise in kidnappings, shootings, and murders cause mass fear and instability. In early 2024, Prime Minister Ariel Henry was forced to step down. After intense negotiations between Haitian political factions, a nine-member Transitional Presidential Council was sworn in on April 25, 2024, and a new Prime Minister, Garry Conille, was appointed.

The security situation remains unpredictable in Port-au-Prince and its surroundings, which carry an "extreme risk" rating. Criminal violence is very high, especially in the metropolitan area of Port-au-Prince, where firearms circulate in abundance. Gang activity increased in 2024 and, as a result, there has been population displacement from several neighborhoods and a state of emergency throughout early 2024. Due to gang activities, it is not safe to move in or out of the metropolitan area of Port-au-Prince by road. To address the unraveling situation, a Kenyan-led Multinational Security Support Mission has been deployed since the end of June 2024.

Any travel planning within Port-au-Prince must include a review of daily travel routes to mitigate the risk from incidental violence and kidnap-for-ransom. Act | East staff continue to work remotely from their homes, traveling to the office as needed only. Northern Haiti remains relatively secure, and Act | East supported the MSPP to safely complete MDA and survey activities in the North Department in FY24.

2. INTERMEDIATE RESULT (IR)1 PLANNED ACTIVITIES: LF

LF: Proposed FY25 Activities

Act | East proposes to conduct the following FY25 LF activities. These activities take into consideration limitations imposed by insecurity, and the best time for MDA.

- **LF MDA.** Act | East will support commune-wide MDA in one commune, MDA in parts of two communes, and targeted treatment¹ in two communes. These communes were selected based

¹ Targeted treatment is drug distribution in areas that have passed a survey.

on their most recent prevalence and coverage data, with consideration of the local security situation. All communes will be treated with IDA, and all will undergo microplanning or refresher microplanning. Act | East will seek to incorporate best practices from other partners' experience with IDA into the planning process. In FY25, Act | East will continue MDA adaptations including snacks, hotline cards, mixed distribution strategy, MDA enrollers, social mobilization advisors, and systematic tracking of MDA inputs in all communes. Act | East will also continue our successful social media campaign through Facebook.

The strategies and location they will be implemented in are as follows:

- **Limbé—Commune-Wide MDA.** Unfortunately, a recent Transmission Assessment Survey (TAS)2 failure identified 13 positive cases (with a critical cut off 4), making 2 more cycles of MDA mandatory. The HNTDCP will learn and gain strategic foresight for several other communes that share similar features. HNTDCP and Act | East will conduct the following MDA strengthening activity:
 - **Pre-MDA Census.** The last nationwide census in Haiti took place in 2001; significant population movement and migration has taken place since then. Act | East will support HNTDCP to conduct a pre-MDA census in Limbe, as an accurate denominator is required to calculate program reach and effective coverage.
- **Port-de-Paix Urban—MDA in Part of Commune.** HNTDCP, with Act | East support, will conduct MDA in Port de Paix in FY25 Q2. Specifically, MDA will take place in the urban EU along with a peri-urban suburb that failed TAS1 in FY24. As Port-de-Paix is known to be a difficult zone in terms of MDA acceptance, in FY24 Q4, Act | East will collect qualitative data to better understand how to reinforce social mobilization. HNTDCP and Act | East will support the following MDA strengthening activity:
 - **Qualitative assessment in Port-de-Paix.** Port-de-Paix urban failed TAS in FY23 and has a history of systematic non-compliance; during the most recent re-TAS1 in Port-de-Paix rural, parents of positive cases refused LF treatment – this is in contrast to recent experience in the North Department, where parents wanted their children to be treated and the school directors suggested the whole school be treated. In order to better understand Port-de-Paix's systematic noncompliance, Act | East will use a qualitative approach to get more information on how best to respond to community concerns and address resistance to MDA. This activity was started in FY24 and will be completed in FY25 Q1.
 - **Enhanced community mobilization in Port-de-Paix.** Based on results of the qualitative assessment above, Act | East will work with high-risk communities in Port-de-Paix to design and implement community mobilization and health promotion activities before MDA to respond to major reasons of refusal and improve community knowledge of LF and MDA, including the links between mosquitos and LF transmission. To gain public attention, we will develop targeted messaging and use local methods to attract crowds, including the use of mosquito masks to attract people, especially younger audiences.
 - **Supervisors Coverage Tool (SCT).** Coverage survey data from FY22 indicated areas in Port-de-Paix where consumption is low, in some cases less than 30%. While tracking those areas with EDC in FY25, Act | East will use SCT to deep dive in areas where further efforts are needed. SCT will be conducted in the middle of the MDA to allow us adapt if needed and address lingering problems in those neighborhoods.

- **Virtual Directly Observed Therapy (VDOT).** During the 2022 MDA supervision in Port-de-Paix, we observed that some participants refused to take drugs in front of the distributors (DOT refusers) and thus were not treated. For many years, despite program warning and training on DOT enforcement, Port de Paix has been known as one of the communes where people used to receive MDA medicines to take at home. To cater to community needs, in FY25 we will offer VDOT as an option to people who refuse DOT.
- **Post MDA After-Action Review.** Following the MDA, Act | East will support national and departmental MSPP staff to conduct an after-action review with communal authorities and community members to review MDA implementation, discuss lessons learned, and identify opportunities to improve MDA in future.
- **Adapted Coverage Evaluation Survey (ACES).** The most populous commune in the Northwest Department has often had low coverage and faced challenges with enforcing DOT and accurate reported coverage. The program intends to conduct ACES after the MDA; this will validate reported coverage on one hand, and on the other it will inform on the soundness of tailored strategies implemented there. Furthermore, as it will be the very first use of IDA, it is expected that people will be talkative about the acceptability of the three-drug regimen.
- **Acoul-du-Nord Peri-urban EU—MDA in Part of Commune.** Acoul-du-Nord rural EU successfully passed TAS1; however, a mini-cluster of two positive cases were found in the peri-urban EA. After discussion, HNTDCP plans to conduct a second round of MDA in this peri-urban part of the commune with Act | East support, following a first round in FY24 Q4. The urban EU will undergo an Epidemiological Monitoring Survey (EMS) in FY25 (see below).
- **Dondon City Center—Targeted Treatment.** The same considerations hold true for Dondon, where segmentation of the commune in two EUs for re-pre-TAS in 2020 uncovered a residual hotspot in the city center. The commune as a whole passed TAS1, but to address the positive cases and prevent the resurgence of LF in the commune, HNTDCP plans to conduct a second round of targeted treatment in FY25, following a first round in FY24 Q4.
- **Chansolme 4 EAs—Targeted Treatment.** Data show a steady increase of positive cases from three to five as Chansolme moved from TAS1 to TAS3, and it is likely that this transmission persists. In FY25, HNTDCP and Act | East plan to conduct a second round of targeted MDA in the four EAs where positive cases were found, following on a first round in FY24 Q4.
- **Updating and Targeting Facebook Advertising.** The HNTDCP will use social media to mobilize people to participate in MDA. In FY23, HNTDCP advertisements generated more than 600,000 views, and in FY24, they garnered 1 million views. Based on those past 2 years of experience, in FY25, Act | East will conduct 3 Facebook advertising campaigns, 1 in Port-de-Paix and Chansolme and 2 in the Northern communes of Acoul-du-Nord, Limbé, and Dondon. Act | East will place 1 ad at the very beginning of social mobilization to encourage household conversations about LF and prepare people for the outreach of CLs, CPs, and Local Advisors. One week prior to the launching of the campaign, Act | East will release another advertisement to keep people focused on upcoming MDA and the benefit of consistent participation.

Surveys

Act | East plans to conduct EMS, TAS1, and TAS3 in FY25. For all previous surveys that did not meet sample size, the RPRG has recommended returning to the EUs to finish sampling in schools that refused or were on strike in the original surveys.

- **EMS in 3 EUs.** In FY25, Act | East will support EMS in Cap-Haïtien, Acul-du-Nord urban, and Limonade. The survey will follow the new WHO guidance of testing only adults aged 20 years and above and conducting microfilaria (Mf) tests for those found positive using FTS. Act | East will support the development of the protocol, training on the survey procedures, EDC, and the efficacy of the FTS administration, along with microscopy in line with forthcoming WHO guidance. Regional slide preparers will conduct the first reading of Mf samples. The samples will then be cross checked by a master trainer from the national lab who will be trained as part of the CDC global master training prior to the EMS.
- **Complete TAS3 in 3 EUs and Complete TAS1 in Port-de-Paix Rural.** In a number of surveys in FY22–FY24, the Haiti program struggled to meet the sample size. For the three TAS3 below in particular, the RPRG has recommended that HNTDCP return to the EUs to complete sampling, as these EUs achieved <80% of sample size and/or had high refusal rates. In addition, during the TAS1 in Port-de-Paix rural EU, it appears that the two rural communal sections may pass, but to meet the sample size, HNTDCP and Act | East need to return to the EU to sample additional schools.
 - Complete TAS3 in
 - EU21 (Bahon, Grande-Riviere-du-Nord, La Victoire, Pignon, Ranquitte, Saint-Raphaël)
 - EU6 (Capotille, Carice, Ferrier, Fort-Liberté, Les Perches, Monbin-Crochu, Mont-Organisé, Vallières)
 - EU8-1 (Baie-de-Henne, Bombardopolis, Jean-Rabel, Môle-Saint-Nicholas).
 - Complete TAS1 in 2 communal sections of Port-de-Paix rural EU.
- **Pre-MDA Census in Plaisance.** Discussion with PAHO is ongoing regarding whether to complete the TAS3 in Plaisance or to restart MDA based on the current data. MSPP and Act | East expect that, ultimately, MDA will need to be restarted. In preparation for the expected MDA, Act | East will support HNTDCP to conduct a pre-MDA census in Plaisance, as an accurate denominator is required to calculate program reach and effective coverage.

Other LF Activities

- **Pause and Reflect Meeting.** WHO's new M&E guidance has changed the critical cutoff values for TAS surveys. A quick comparison of these new critical cutoffs against historical TAS data indicated that some EUs that passed TAS under the old cutoff values would fail under the new. Given the focal nature of LF transmission and the challenges in reaching stop-MDA criteria in some communes, it is important to review old data against the new programmatic recommendations to determine whether re-MDA or targeted treatment should be implemented to ensure that disease transmission is halted. Act | East will support MSPP to conduct a virtual Pause and Reflect with implementing partners, WHO, PAHO, and other stakeholders, including USAID, CDC, and TCC, to review, analyze, and discuss survey and MDA data to determine the proper action that should be taken for each commune or EU.

Host Government/Partner-Supported LF Activities

In addition to USAID support, the HNTDCP benefits from the support of other partners, including IMA, which receives funding through CDC, and TCC. MSPP has just completed its second IDA MDA in Limonade in July 2024 with IMA support, making Limonade a good candidate for EMS in FY25. Unfortunately, insecurity prevented TCC from supporting IDA MDA in Léogâne and Gressier in FY24.

In addition to MDA support, TCC supported TAS3 in two EUs in Nippes and one EU in Southeast in August 2023 (FY23) and two EUs in South and one EU in Grand'Anse in November 2023 (FY24). There remains a backlog of TAS3 in Northwest, Artibonite, Centre, and West Departments, which are currently inaccessible due to insecurity.

The HNTDCP is keen to collect MMDP patient estimates so that MMDP services can be scaled up. So far, the HNTDCP has patient estimates for the 18 endemic communes, collected through various MDA activities (including the FY22 pre-MDA census). Since the end of the University of Notre Dame support in Haiti, TCC took over the lymphedema clinic at Hôpital Sainte-Croix and opened a new MMDP clinic in Gonaïves (Hôpital La Providence) in FY23. Act | East plans to provide information about the clinic on the hotline cards distributed to MDA participants. TCC has plans to expand MMDP clinics to three additional sites.

Congregation Sainte-Croix has assumed management of the factory manufacturing DEC-fortified salt, initially started by University of Notre Dame.

The HNTDCP is also establishing a national LF surveillance system. The CDC plans to support the LF epidemiological surveillance system through the Directorate of Laboratory and Research Epidemiology (*Direction d'Epidemiologie de Laboratoire et de Recherche*) and the national health information system (*Système d'Information Sanitaire National Unique*).

Dossier Status for LF Elimination

Haiti is hoping to implement its final TAS3 in 2030, which is the goal for LF elimination. LF data are stored in the PAHO-created LF Excel file that remains with PAHO. In September 2022, Act | East supported a virtual dossier development meeting to begin compiling historical data into the dossier data annex. At this meeting, MSPP and partners established a dossier data sub-committee that met virtually for several weeks in FY23 Q1 and Q2 to populate and review the dossier data annex. Note that some historical data pre-2008 are missing and could not be retrieved.

Dossier Support: In FY25, TCC (with non-Act | East funding) will hire a consultant to help draft the dossier, while Act | East will continue to help with data compilation.

3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING (HSS) STRATEGY ACTIVITIES

Improving Core NTD Program Functions:

Data Security and Management

In FY25, Act | East does not plan to support data security and management activities.

In the long-term, MSPP envisions mainstreaming some key NTD indicators into the District Health Information System-2 (DHIS2). Currently, DHIS2 only has two indicators on LF, related to lymphedema

and hydrocele. Integrating other LF indicators into DHIS2 would capture prospective LF data but not historical data, and this integration process will take time.

Drug Management

In FY25, Act | East will support the following drug management activities:

- **Drug Transport from National Warehouse to Regions.** Act | East will retrieve ALB, DEC, and IVM from PROMESS, the national medical warehouse, and transport the medicines first to the RTI warehouse in Port-au-Prince by road. Then RTI will fund transportation for the medicines by air to Cap-Haïtien, and then by road within Cap-Haïtien to the RTI warehouse. Air transport between Port-au-Prince and Cap-Haïtien is required, since the roads are under gang control.
- **Drug Transport from Cap-Haïtien Warehouse to Distribution Points.** Act | East will fund CPs to retrieve medicines from the RTI warehouse in Cap-Haïtien and deliver them to treatment areas.
- **Water Delivery to MDA Posts.** Challenges with accessing clean water throughout Haiti have led partners to supply clean water for all MDA. Act | East will fund CPs to collect bags of clean water from the RTI warehouse in Cap-Haïtien and deliver it to treatment areas.
- **Tent Management.** Act | East previously procured tents for use during MDA, which allow for easy identification of MDA booths by community members. The tents are large and require installation and transport, so Act | East will support CLs to collect and install the tents at the start of the MDA and take them down at the end.
- **Drug Kit Preparation.** Act | East prepares kits that include all the medicines required for treatment areas, which ensures there is no stockout and MDA runs smoothly. Act | East will hire eight Logistics Assistants and handlers to package the kits and will then distribute the kits. CPs are tasked with ensuring kit availability in the post of distribution.
- **MDA Logistics.** A few weeks before the start of the actual distribution activities, RTI calls on the services of Logistics Assistants to help with the process of preparing the kits, directing and supervising the activity of the handlers, and managing the quantity of water required, maintaining contact with the suppliers for collection and timely distribution to each CL. Throughout the distribution activity, these Logistics Assistants keep in close contact with each CL to anticipate and deliver any necessary inputs.
- **Reverse Supply Chain.** At the end of MDA, Act | East will fund people to collect and inventory all MDA materials and leftover medicines, and clean them as necessary, as well as handle waste.
- **Drug Incineration.** There is a quantity of DEC and ALB that will expire in September 2024 in storage at the Act | East warehouse. While some of this will be used during the targeted treatment and MDA taking place in FY24 Q4, some will need to be destroyed. MSPP will follow all government procedures and will be using the North Department-recommended incineration service, offered by *Hôpital Bienfaisance de Pignon*. In FY25, It is highly likely that MSPP will complete the installation of incinerators as they are already in country and sites are being actively prepared for their placement. Act | East will only support transport of expired DEC and ALB, intended for LF MDAs, from our warehouse to MSPP incinerators, and MSPP will handle the incineration of expired medicines.
- **JAP Support.** Act | East staff will assist MSPP in preparing the JAP. This includes getting accurate population figures to prepare and submit the JAP and providing updates, including re-MDA communes and focal MDA data.

Achieving Sustainability: Mainstreaming and HSS

In FY25, following discussion with USAID, Act | East does not plan to support mainstreaming and HSS activities in Haiti.

4. IR3 PLANNED ACTIVITIES: STH

FY25 Proposed Activities

In FY25, Act | East will support MSPP to carry out STH MDA activities that are integrated with LF activities.

1. **Integrated MDA.** Act | East will support MSPP to conduct integrated STH/LF MDA activities in two communes, MDA in part of another commune, and targeted treatment in two communes, as described under IR1 planned activities.