

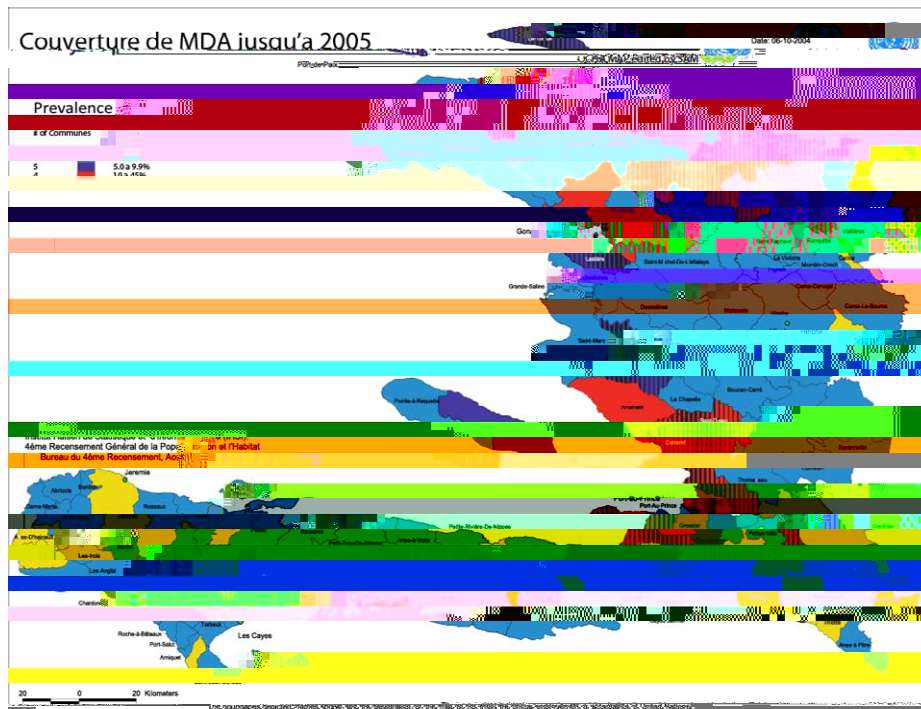
## **INTRODUCTION**

This document lays out the MPHP's (Ministry of Public Health and Population) strategic plan for the neglected tropical disease (NTD) program. It is a description of the planned activities for the NPELF (National Program for the Elimination of Lymphatic Filariasis) and the deworming program over a period of five (5) years, running from the year 2011 to the year 2016. Not only are the program's strategic

Within the scope of the mass treatment, the LF and deworming programs use the same medication: Albendazole (400 mg), which is distributed free of charge to the recipients. The distribution of Albendazole for the deworming program was done twice a year while the LF program campaigns took place yearly and was given in conjunction with Diethylcarbamazine Citrate.

Thanks to financing from the Gates Foundation through the University of Notre Dame du Lac (UND), and the Centers for Disease Control and Prevention (CDC), the lymphatic filariasis eradication program began its first mass distribution of medication in the municipality of Léogâne in 2000. After this distribution, a considerable decrease of microfilaremia was noted in this community. The Léogâne experiment was quickly replicated in other communities throughout the country. Thanks to financing from the Gates Foundation/University of Notre Dame, 24 municipalities followed Léogâne's example up to 2005: 11 in 2003, 10 in 2004, 3 in 2005, split up in the following manner: 1 in the department of the Center, 1 in the department of the South, 12 in the department of the North, 2 in the department of Artibonite, 2 in the department of the West, 3 in the department of the Northeast and 3 in the department of the Northwest. The Ile de la Tortue (Turtle Island), department of the Northwest, due to, amongst other things, its geographical position, was used as the target to evaluate the treatment's impact on the population. After two consecutive distributions, a considerable decrease of the antigenemia level was recorded. It was thus decided to discontinue the MDAs on Turtle Island.

Because of the depletion of funds and political unrest, the distribution activity came to a halt in 2005. In 2007, the UND funds were renewed and other financing sources, including USAID for the integration of the filariasis and deworming programs, were allocated to IMA World Health. To repeat what was said by Dr. Patrick Lammie, of the CDC, this halt [in activity] resulted in a 3 year back up, taking into consideration the data collected in the research done in the community of Léogâne after this



MDA coverage up to 2005



MDA coverage up to May 2009  
Current Status

## II STRATEGIC AXES

In order to attain its goals, the PNEFL has listed strategies, which have been grouped in 6 categories:

### 2.1 Strategy 1: Mass treatment

**Mass treatment** provides the means to cut the chain of transmission in the targeted populations, and thus prevent new filariasis infestations. As the disease was chain transmitted, a break in the transmission in a given community, with coverage of 80 % of the population over a period of 5 years or 2 years, depending on the selected treatment, will free the zone of all transmission and will contribute to the worldwide trend of the elimination of LF by 2020. There are 2 treatment strategies: the DEC Albendazole combination and iodine fortified

This reduced treatment time will be enough to interrupt the filarial transmission in those zones where the transmission is very high. Each of the distribution strategies has its own preparation period; shorter for the pill based distribution and longer for the distribution of fortified salt.

With respect to mass treatment, the coverage goals have successively









From July 2010 to December 2011, thanks to the same sponsors, the departments of the Grande Anse, the Center and the Metropolitan Zone will be covered (See table).

Department	Number of Communities	Recipients
North	19	IMA World Health
Northwest	9	IMA World Health
Artibonite	14	IMA World Health et UND
Northeast	13	IMA World Health
South	19	IMA World Health
Nippes	10	IMA World Health
Southeast	10	IMA World Health
Grande Anse	12	IMA World Health
Center	12	UND
West	20	UND

The map below summarizes the realignment plan for national coverage up to December 2011.

[Coverage up to 2011]



## **Strategy 2: The handling of morbidity**

Open three (3) clinics to handle filarial lymphedema.

Teach and introduce the new techniques for handling lymphedema in medical universities and university hospitals.

Teach the surgeons and urologists the new techniques for handling lymphedema and the resection of hydrocelesols.

Train 80% of the department's providers in the handling of lymphedema.

Implement the surgery program for hydrocelesols in two other institutions.

## **Strategy 3: Awareness / social mobilization and community participation**

Inform and raise the awareness of the population of 100% of the communities targeted by the mass treatment activity.

Develop additional communication material and distribute this preventive material in 100% of the country's communities.

Use new strategies for the purpose of sensitizing the urban population of the metropolitan area (documentaries, sketches, interviews in the media, etc...).

## **Strategy 4: Financial mobilization**

Identify and obtain additional resources for the continuation of the project.

Strategy



## A Biannual medication distribution

In the event that on site research reveals that a single distribution of the medication was not sufficient in certain communities in the country, the option of a biannual distribution will be considered. In order to do this, each partner institution will be responsible for organizing a second mass distribution in its respective community.

## B Doubly fortified salt

In partnership with the MSPP, the Congrégation Sainte Croix (CSC), and the SPES Group, the University of Notre Dame will continue with the expansion of the fortification program of doubly fortified salt in order to achieve national coverage. For the moment, the efforts are concentrated in the Carrefour zone, with the possibility of expansion toward Port au Prince. However, following the report of the investigations which will be done in the country, if it proves necessary to make the salt available to red or needy zones, the UND will try to execute the plan as indicated.

### Doubly fortified salt distribution plan

The distribution of doubly fortified salt will be done in three phases. The first, which consists of a concentrated distribution in the Carrefour zone, is presently underway. The second phase will cover the distribution of the salt in the communities of Tabarre, Léogâne and the metropolitan area of Port au Prince, with an option of making this salt available to the community of Gonaïves. The last phase will make the salt available in areas with high endemicity levels.

### Financing

In the long term, no financing source has yet been found. The University of Notre Dame is looking for funds which would allow it to attain this goal.

## C Water and Draining

In order to eliminate NTDs in Haiti, the control of water quality has proven to be of enormous importance: the intervention of other MSPP entities and the government must be part of this fight against NTDs.

Improving the surroundings and the environment by cleaning the canals and the sewers will be a step toward the elimination of the mosquito larva beds. It is imperative that the work be done in concert with the Ministries of the Environment, Agriculture and the TPTC in order to attain this goal.

The University of Notre Dame would like to work in concert with the Interamerican Development Bank in order to integrate this aspect with respect to Port au Prince. Discussions will be initiated soon.

D Materials treated with insecticides + vector control

The University of Notre Dame and IMA World Health would like to work in concert with the malaria program to coordinate the distribution of impregnated mosquito nets in their respective intervention zones. Other approaches such as the household distribution of materials treated with the treated

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X – COST AND FINANCING

Budget

**MTN Program Budget**

September 10, 2009

	Funding Needed					
<b>Total Program</b>	<u>2011/2012</u>	<u>2012/2013</u>	<u>2013/2014</u>	<u>2014/2015</u>	<u>2015/2016</u>	<u>Total</u>
Departments	10	10				