

Haiti Work Plan

FY 2024

Program Year 6

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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 and WI-HER.

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ACRONYMS LIST

AAR	After-Action Review
Act East	Act to End NTDs East
AE	Adverse Event
ALB	Albendazole
ASCP	Multi-Skilled Community Health Workers (<i>Agents De Santé Communautaire Polyvalents</i>)
BCT	Behavior Change Team
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CL	Community Leader
COVID-19	Coronavirus Disease 2019
CP	Community Promoter
DEC	Diethylcarbamazine Citrate
DOT	Directly Observed Treatment
DPMT	Directorate of Pharmacy and Traditional Medicine
DSA	Disease-Specific Assessment
EA	Enumeration Area
EDC	Electronic Data Capture
EU	Evaluation Unit
FAA	Fixed-Amount Award
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
HNTDCP	Haiti Neglected Tropical Diseases Control Program
IDA	Ivermectin, Diethylcarbamazine Citrate, and Albendazole (Triple Therapy)
IDB	Inter-American Development Bank
IEC	Information, Education, and Communication
IMA	IMA World Health
IR	Intermediate Result
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
LOE	Leve of Effort
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
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
P&R	Pause and Reflect
PAHO	Pan-American Health Organization
PROMESS	Essential Drug Program (<i>Programme de Médicaments Essentiels</i>)
Q	Quarter
RTI	RTI International
SAC	School-Age Children

SAE	Serious Adverse Event
SOP	Standard Operating Procedures
STH	Soil-Transmitted Helminth
TA	Technical Assistance
TAS	Transmission Assessment Survey
TCC	The Carter Center
TFGH	Task Force for Global Health
UND	University of Notre Dame
USAID	U.S. Agency for International Development
VDOT	Virtual Directly Observed Treatment
WHO	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 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 million¹ 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 (UND), The Carter Center (TCC), the U.S. Centers for Disease Control and Prevention (CDC), Task Force for Global Health (TFGH), and the Pan-American Health Organization (PAHO). Since then, 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 2023 (FY23), 122.5 communes had achieved the criteria for stopping MDA, representing 7,644,369 Haitians no longer at risk for LF (figure 1). Entering FY24, 17.5 communes remain wholly or partially (Cabaret) endemic for LF, with 4,178,858 people living in areas at risk for LF. One commune (Chansolme) is planned for focal MDA² in four enumeration areas (EAs). Haiti's LF elimination goal date is 2030.

Figure 1 Progress toward LF elimination, Haiti



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 five-year (2019–2024) LF strategic plan for Haiti focuses on MDA strategies, including triple drug therapy with ivermectin (IVM), DEC, and ALB (known together 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

¹ CIA World Factbook (June 2022 estimate): <https://www.cia.gov/the-world-factbook/countries/haiti/summaries>

² Given the clustering of positives in Transmission Assessment Survey (TAS)³, the PAHO Regional Program Review Group recommended splitting it into a new evaluation unit and implementing two rounds of focal MDA in that area.'

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

August 2023: 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.

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 formally elected officials in the country at the time. Power struggles over the nation's leadership are ongoing and protests are common. As of August 2023, no date has been set for presidential elections. Discussions between political actors are ongoing to reach a consensus that would allow for the appointment of a president.

The security situation remains unpredictable in Port-au-Prince and its surroundings, which carries 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 2023 and, as a result, there has been population displacement from several neighborhoods. Due to gang activities, it is not safe to move in or out of the metropolitan area of Port-au-Prince by road. 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 on an as-needed basis only. Northern Haiti remains relatively secure, and Act | East was able to safely complete MDA and survey activities in the North Department in FY23.

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

FY24 Proposed Activities

The following FY24 proposed activities take into consideration limitations imposed by insecurity, and the best time for MDA.

- **MDA in Cap-Hâitien Commune:** Cap-Hâitien had a baseline antigen prevalence of 28%. As the capital of northern Haiti, it attracts people from a wide area. It is surrounded by four high prevalence communes (Plaine-du-Nord, Milot, Acul-du-Nord, and Quartier-Morin). After five consecutive effective rounds of MDA, Cap-Hâitien passed pre-TAS in 2015 and was eligible for TAS1. During the TAS1, the number of positive cases was equal to the critical cut-off, and given transmission in surrounding areas, experts recommended continuing MDA. After two additional rounds of MDA in 2016 and 2017, Cap-Hâitien did not pass re-pre-TAS in 2018 (5% antigenemia [Ag]) and underwent two additional MDA rounds in 2018 and 2019. The commune was split into three EUs during the 2020 re-pre-TAS: two EUs failed with an Ag prevalence of 2.8% and 3.5%, respectively, and one EU passed with a prevalence of 1.3%. All of Cap-Hâitien was considered as needing MDA because the EU that passed re-pre-TAS was located between the two that failed, with substantial movement between them. FY23 was the first round of re-MDA following the 2020 re-pre-TAS failure, and coverage was 69%. The second round is planned in FY24.

- **Refresher Microplanning:** Micro-planning continues to be an essential step for effective communal MDA planning. It supports each CL and CP by helping them visualize the work to be done through maps and data. Through microplanning, CLs and CPs are better prepared to train CDDs to understand their specific post and catchment area for drug distribution and the appropriate time of distribution. Over the past two years, microplanning has been a key platform to disseminate the FY22 Pause and Reflect (P&R) strategy and use pre-MDA census data to plan catchment areas and refine estimates for needed human resources logistics and drugs. This has led to reduced stock-outs at the posts. Microplanning is a useful opportunity for local political consensus as the Board of the Communal Section, Assembly of the Communal Section, mayors, and other local influencers agree on the overall implementation strategy and their specific contributions, including to social mobilization activities. Lastly, through partner WI-HER, Act | East also integrates gender equity and social inclusion (GESI) concepts into micro-planning, inviting trained GESI and behavior change teams (BCTs) to participate in the process. In FY24, microplanning will be a part of the CLs and CPs MDA training by adding on one extra day.
- **Finalize MDA Training Curriculum:** In FY23, the MSPP convened implementing partners for a 1-day virtual session to plan the creation of a national MDA training curriculum. Partners shared existing documents on LF and STH and various information, education, and communication (IEC) materials, including posters, brochures, job aids, and ads. Training and IEC materials currently exist from each partner in piecemeal; there is a lack of a national training module to ensure that minimum standards for LF and STH MDA are imparted to each level of the health system in a methodological way. During the virtual workshop, MSPP and partners took stock of existing training and IEC materials and assessed gaps and opportunities for incorporating new knowledge into the national curriculum. Participants agreed to incorporate evidence from recent coverage surveys and operational research, the P&R strategy, the FY22 safety workshop, and GESI concepts. In addition, participants agreed to integrate modules on leadership, team spirit, and adult learning techniques, and to cover both IVM+DEC+ALB (IDA) and DEC+ALB (DA) administration. Act | East will provide technical support to MSPP to finalize the training curriculum in FY24 and convene a second virtual workshop to validate the materials.
- **Trainings for MDA:** Refresher trainings for CLs, CPs, CDDs, supervisors, enrollers, and social mobilization advisors are required to properly conduct MDA. Following the FY23 MDA trainings, trainers recommended adding an additional training day to allow enough time for trainees to understand the material presented to them and incorporate role playing. Extending the training will also give sufficient time to incorporate modules on leadership, team spirit, and learning techniques anticipated in the new training curriculum. The following training plan will be implemented in FY24:
 - Training of supervisors will be three days.
 - Training of CLs and CPs will be two days, with the first day dedicated to administrative procedures and fundamentals of LF and MDA, and the second day dedicated to modules on community sensitization, team spirit, leadership, and role playing. A third day will be added for microplanning.
 - Training of social mobilization advisors will be two days.
 - Training of CDDs will be conducted by the CLs with the support of the supervisors for one day.
- **Social Mobilization:** In FY24, Act | East will continue implementing the revised social mobilization plan and further refine MDA messaging. For example, FY23 MDA data showed that women consistently received less treatment and were less likely to be reached than men. From the GESI

behavior change work led by WI-HER, Act | East noted that women are more likely to object about the number of pills and vocalize their fear that the pills could cause an abortion. Women also turn to their partners to decide if they should take MDA and men relay fears that the pills could cause prolonged menstruation. These misconceptions will be added to the frequently asked questions (FAQ) hand-out for CDDs, CLs, and CPs so that they are prepared to respond should the topics be asked. Act | East will also use the FY24 proposed GESI behavior change activity to pre-test and refine new messages specifically for women.

- **Distribute MDA Hotline Cards:** Act | East will design, print, and distribute wallet-sized “MDA hotline cards” for MDA in Cap-Häitien in FY24. The hotline cards will be given out to MDA participants and include information on the dosage received, date of MDA, and a prompt to call the hotline in case of side effects. Space permitting, the card may also include information on where to refer patients in need of MMDP services. This idea comes in response to MDA participants who experienced side effects in FY23 and wanted a record of the date and dosage of MDA to take with them to the nearest health facility. It will also help better promote the hotline, which was under-utilized in FY23, and contribute to the perceived professionalism of the campaign.
- **Virtual DOT in Cap-Häitien:** In FY23, RTI piloted a virtual DOT (VDOT) intervention in a semi-urban setting where most residents had access to a smartphone, and offered to residents of the four EAs that had refused DOT and who had a smartphone with WhatsApp. Based on results of the pilot, MSPP and Act | East propose to expand VDOT to Cap-Häitien in FY24, as it is a more urban setting where cellular connectivity and smartphones are more available, particularly among the younger population. Scaling up VDOT in Cap-Häitien is relatively cost effective as the intervention will use the existing infrastructure of MDA enrollers already trained in EDC. Enrollers will be trained to offer VDOT to those who refuse DOT and enroll participants, including the option to enroll other members of their household.
- **MDA Supervision:** In FY24, like in FY23, Act | East will support real-time data collection during MDA in Cap-Häitien to enhance supervision. Supervisors receive real-time updates from enrollers who electronically enter MDA treatment and drug stock data. This allows supervisors to make decisions on where MDA and social mobilization efforts need to be intensified or which areas need mop up. Supervisors also track and report on adverse events (AEs). When community members see that the community workforce always has direct guidance and on-the-ground supervision, this helps reinforce the perception that MDA is professional and trustworthy.
- **GESI Behavior Change Activity in Port-de-Paix Urban EU:** In FY24, Act | East will implement the behavior change activity in a new commune—Port-de-Paix Urban— due to its FY22 CES results (72% offered, 56% swallowed) and challenging urban environment. Pending availability of additional funding, Port-de-Paix Urban, alongside Chansolme, will also newly implement IDA in FY24. Act | East will initiate the GESI activity in early quarter (Q)2 to provide more time for coaching and support to the commune’s GESI team and BCTs. Act | East will support BCTs in tailoring their social mobilization messages to address the population’s fears and misconceptions identified in FY23 by engaging with medical doctors, pre-testing messages specifically for women, and using new IEC materials for IDA. The BCTs will be encouraged to expand the focus of community-driven solutions to include longer-term solutions around community-based vector control and awareness, access, and support for morbidity management.
- **MDA GESI Learning Workshop:** Following GESI activity implementation in Port-de-Paix and, pending availability of funds, WI-HER and RTI will organize a post-MDA learning workshop with BCTs, root agents/health workers, and the communal GESI team, to confirm who from the cohort

took the MDA and who did not. Participants will assess how the BCTs' interventions impacted the MDA and what can be improved. They will develop an action plan for the next MDA based on their learning.

- **Re-Pre-TAS in Three Communes (Four EUs):** Act | East will support re-pre-TAS in Quartier-Morin, Milot, and Plaine-du-Nord communes. Plaine-du-Nord will be split into two EUs: one rural and one urban EU. This EU split was implemented successfully in FY23 for Acul-du-Nord and Port-de-Paix; it allows MSPP and Act | East to more effectively allocate MDA resources in areas where transmission is ongoing. The training will include an extra day on the protocol for microfilaria testing of night-blood smears on FTS positives.
- **TAS1 in Two EUs:** Act | East is planning to conduct school-based TAS1 in two EUs in FY24 (Acul-du-Nord and Port-de-Paix Rural EUs), which passed re-pre-TAS in FY23.
- **TAS2 in One EU:** In FY24, Act | East will support TAS2 in Limbe. This EU is being prioritized by Act | East because it is secure enough to access. There remains a backlog of TAS3 surveys in Northwest, Artibonite, Centre, and West Departments which are currently inaccessible.

Prior to TAS implementation, Act | East organizes a planning meeting in each EU involving official representatives, school inspectors, local health authorities, and leaders. The planning meeting helps ensure buy-in from these local stakeholders. The survey team also collects information on the list of schools and children aged 6-7 years old to finalize the protocol. For all LF DSA activities, data will be recorded using the Secure Data Kit mobile application.

Lastly, we note that in FY23, survey teams had a difficult time reaching the sample size during school-based TAS. Inaccurate figures on school attendance were provided by the school directors, and some public schools were closed due to strikes. The MSPP will seek guidance from the Regional Program Review Group regarding the TAS that did not reach sample size. In FY24, Act | East will collect school enrollment data directly from teachers (rather than directors) and cross-check with the school attendance lists to avoid this issue.

Host Government/Partner-Supported Activities

In addition to USAID support, the HNTDCP benefits from the support of other partners, including IMA World Health, who receives funding through CDC, and TCC. IMA is planning to support IDA in Limonade (North Department) in September 2023. Act | East will seek to learn best practices from this first roll-out of IDA MDA in Haiti to plan for IDA in Port-de-Paix and Chansolme in FY24. TCC could not support IDA in Leogone and Gressier in FY23 due to insecurity and does not anticipate implementing MDA in these communes in FY24 unless the security situation improves.

In addition to MDA support, TCC will support 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 surveys in Northwest, Artibonite, Centre, and West Departments, which are currently inaccessible due to insecurity.

A priority of the HNTDCP is collecting MMDP patient estimates and scaling up MMDP services. 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 UND LF intervention programs in Haiti, TCC has taken over the lymphoedema clinic at Hôpital Sainte-Croix and opened a new MMDP clinic in Gonaïves (Hopital La Providence) in FY23; this will likely attract people from Gonaïves itself and surrounding communes including the Northwest as MMDP care is very scarce in Haiti. TCC has plans to

expand MMDP clinics to three additional sites. Congregation Sainte-Croix has assumed management of the DEC-fortified salt factory.³

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*).

Program Gaps

The largest funding gap is for MDA in five metropolitan area communes (Delmas, Port-au-Prince, Cité Soleil, Tabarre, and Carrefour) and Croix des Bouquets. MDA in these communes has not been conducted since FY18, when ENVISION and its partners implemented its revised urban strategy. Given the ongoing security situation, no partner has committed to supporting MDA in any of these six communes in FY24, nor in Gonaïves, Arcahaïe, or Cabaret, which are inaccessible due to insecurity. Act | East is unable to support TAS1 in Milot, Plaine-du-Nord, and Quartier-Morin (assuming they pass pre-TAS) in FY24 due to funding constraints.

Dossier Status for LF Elimination

Haiti is expected to implement its final TAS3 in 2030, which is the goal for LF elimination. LF data is stored in the PAHO-created LF Microsoft Excel file that exists with PAHO. In September 2022, Act | East supported a virtual dossier development meeting to begin compiling historical data into the dossier data annex. During 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. Thanks to their efforts, the data annex has been populated with all available historical data; copies of this data annex are stored with the MSPP, partners, and on RTI's SharePoint server.

Proposed FY24 Dossier-Related Activity

- **LF Dossier Development Meeting:** Now that the Excel-based dossier file is nearly fully populated with all historical LF data, Act | East proposes to support MSPP to begin drafting the narrative component of the dossier in FY24. Act | East will plan to recruit a consultant fluent in French and English who can begin writing the dossier narrative, drawing from existing publications and reports, so that institutional knowledge on Haiti's LF program to date is not lost. The draft dossier narrative will be reviewed during a virtual meeting with MSPP and partners.

3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING STRATEGY ACTIVITIES

Improving Core NTD Program Functions

4. DRUG MANAGEMENT

Proposed FY24 Drug Management Activities

- **Finalize and Validate SAE Management Plan:** In FY22, Act | East provided technical and funding support to MSPP, in coordination with PAHO and TFGH, to conduct Haiti's first-ever workshop on

³DEC-fortified salt can be used in conjunction with standard regimens of DEC tablets to eliminate LF. See Houston, R. (2000). Salt fortified with diethylcarbamazine (DEC) as an effective intervention for lymphatic filariasis, with lessons learned from salt iodization programmes. *Parasitology*, 121; Suppl:S161–173. <https://doi.org/10.1017/s0031182000007150>

MDA safety. The workshop convened MSPP technical and communications staff, head nurses from endemic departments, and the Central DPMT, to familiarize participants with the latest global guidance on MDA safety and to formulate recommendations for improving safety in the Haitian context. The workshop supported broader regional efforts led by PAHO. A key recommendation was the development of clear standard operating procedures (SOPs) for SAE management, reporting and communications, and outlining of the roles of MSPP and DPMT in each step. To help MSPP achieve this goal, Act | East will work hand-in-hand with the HNTDCP and the Directorate of Pharmacy to draft and validate the SOPs ahead of FY24 MDA. In FY24 Q2, RTI will convene a high-profile semi-virtual meeting in Cap-Hâitien to present the plan and ensure key stakeholders of the MSPP and DPMT are aware of their role in the process.

- **Support Drug Supply and Commodity Management:** Act | East will support the HNTDCP with routine drug supply and management activities in FY24. This includes drug transport from the national level to RTI's Cap-Hâitien warehouse and from the Cap-Hâitien warehouse to the communes and distribution points; water delivery to MDA posts; transport and set-up fees for pop-up tents; drug kit preparation and MDA logistics; reverse supply chain and inventory management; and drug and materials storage. The purpose of inventory is always two-fold: (1) assess the quantity of medicines in stock to support the JAP preparation and (2) select the medicines to be used in upcoming MDA according to their expiration dates.

Achieving Sustainability: Mainstreaming & Health Systems Strengthening

MSPP GESI Integration and Knowledge Transfer

In FY23, Act | East, through partner WI-HER, led knowledge transfer on GESI integration activities to the National GESI Taskforce. Act | East and the National GESI Taskforce held regular planning calls to manage the GESI behavior change activity, including developing a timeline and supervision schedule for Cap-Hâitien and Plaine-du-Nord. In FY23 Q4, Act | East will hold a post-MDA learning meeting with MSPP to review how FY23 learnings can be integrated across MSPP programs and plan adaptations and learning goals for FY24. National GESI Taskforce action items for FY24 will be decided in this meeting and may include working with officials from the General Management office to support the integration of GESI in other government programs, such as malaria. In FY24, Act | East will support MSPP monitoring visits for the GESI behavior change activity to strengthen their ability to manage GESI integration in NTD programming, and to enhance post-MDA learning integration in FY24 MDA planning, micro-planning, and social mobilization (budgeted under IR1 GESI activity). Act | East will regularly hold planning calls with MSPP in FY24 to support their ongoing efforts advocating for GESI integration in NTDs and other programs. As described in the IR1 section, Act | East is also supporting integration of GESI concepts and learning into the national MDA training curriculum.

5. IR3 PLANNED ACTIVITIES: STH

Proposed FY24 Activities

1. **Integrated MDA:** Act | East will conduct integrated STH-LF MDA activities in four communes in FY24, as described under IR1 planned activities.