



# The Haiti Neglected Tropical Diseases (NTDs) Control Program

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Work Plan and Budget for IMA/RTI Program Year Five  
October 1, 2010-September 30, 2011

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## 1. Executive Summary

The Haiti Neglected Tropical Disease (NTD) Control Program is a joint effort between the Ministry of Health and Population (MSPP) and the Ministry of Education (MENFP) to eliminate and control Lymphatic Filariasis (LF) and Soil Transmitted Helminthes (STH) in Haiti. The Program is funded by USAID through the Research Triangle Institute (RTI) and by the Gates Foundation through the University of Notre Dame. IMA World Health leads in the implementation of the USAID/RTI funded program activities. The Program is supported by a group of collaborating partners who include World Health Organization/Pan American Health Organization (WHO/PAHO), the Centers for Disease Control and Prevention (CDC), University of Notre Dame (UND), Partners in Health (PIH) and GlaxoSmithKline (GSK). This collaborative effort includes regular meetings with Central, Departmental, and Communal MSPP and MENFP officials as well as among partners in the US and Haiti.

For the October 1, 2010 through September 30, 2011 time period, the key activities of the USAID funded NTD Control Program will be:

- Expansion: Implementation of MDA in one new Department (Grand Anse) and 18 new Communes in the South Department. This expansion will cover a total 30 new Communes with an estimated population of 1,075,438 and a minimum treatment goal (85% of the estimated population) of 914,122.
- Implementation of third round MDA activities in three Departments (North, North West and Artibonite) covering 42 Communes with an estimated population of 2,819,033 and a minimum treatment goal of 2,396,178.
- Implementation of third round MDA activities in two Departments (Southeast and Nippes) covering 20 Communes with an estimated population of 791,442 and a minimum treatment goal of 672,726.
- Implementation of second round MDA activities in one Department (Northeast) covering 13 Communes with an estimated population of 370,068 and a minimum treatment goal of 314,558
- Planning and advocacy workshops conducted for new Departments of South and Grand Anse.

In summary, the anticipated achievements for Year 5 of the Program will be the implementation of MDA activities for eight Departments and 106 Communes and will cover a total estimated population of 5,095,409 with a minimum treatment goal of 4,331,098. In addition to MDA, training of Community Leaders, Distributors, and Promoters will continue to be a key activity to ensure continued community participation in MDA. This work plan covers the training of 18,682 Community Volunteers (CLs, CDDs, and Promoters). (See Section 4.4)

## 2. Year 5 Program Goals

The USAID funded NTD Control Program goals for Year 5 are to:

- Scale up coverage to reach an additional 30 Communes in the South and Grand Anse Departments to cover a minimum target population of 914,122 persons in Year 5.
- IMA will continue to collaborate with all program partners to achieve national MDA coverage in Haiti by 2011.
- Establish 2 new sentinel sites for the continued monitoring of NTD prevalence rates in Southeast and Nippes Department before the third round MDA. This will be in addition to the current sentinel sites located in the North (Quartier Moran), NW (Port de Paix) and Artibonite (Verettes).
- Successful completion of third round MDA in North, North West and Artibonite Departments, third round MDA in Southeast and Nippes Departments, second round MDA in Northeast Department.

## 2. Additionality

**Table 1**  
**Additionality from Year 2 to Year 5**

	<b>Number of Communes treated (Total Communes = 138)</b>	<b>Coverage rate (Geographical Coverage)</b>	<b>Targeted population</b>	<b>Treated population*</b>
Year 2	26	18.8%	1,328,531	1,393,466
Year 3	46	33.33%	1,961,922	2,132,926
Year 4	76	55%	3,549,182	3,599,143
Year 5	106	76.8%	4,331,098	

\*Number of persons treated is higher than population targeted due to possible reporting errors to the Haitian Institute of Statistics and Information (IHSI)

Expansion for the USAID funded NTD Control Program is also reflected in the effective sharing of resources among strategic partners. Examples of this form of additionality can be seen in the following ways:

- IMA and the Program have received considerable technical support from colleagues at the CDC with no costs to the IMA/RTI program. CDC will continue to support the Program in Year 5 specifically in the evaluation of sentinel sites and morbidity management components of the program. CDC will provide quality control for the use of ICT cards.
- UND adds to the National NTD program through support of MDA in select areas in the West and Central Department as well as through hydrocele surgeries performed at Hospital St. Croix.
- The Program will continue to benefit from WHO/PAHO support to assist in the procurement of Albendazole.
- Christian Blind Mission (CBM) will be introduced as a new program partner to work with LF patients on livelihood opportunities bringing additional resources to the program as a whole.
- IMA will continue to collaborate with the Hopital Sainte Croix (HSC) for the purpose of establishing sentinel sites in Southeast and Nippes Departments and HSC will lend support through staff time and donated equipment.

- IMA's collaboration with the MSPP and MENFP at the Department and Communal levels has contributed immensely to the success of the Program and will continue to play a significant role in achieving Program results. Specifically, the MSPP will continue to donate staff time, medical support, and drug storage space for the Program.
- Through private funding, IMA distributed 2,000 Healthy Kids Kits (HKKs) during MDA in June 2010 valued at \$16,000. HKKs contain essential items for good hygiene, case management, and the prevention of disease. Items include soap, washcloth, toothpaste, toothbrush, lotion, and comb.
- Through a new partnership with TOMS Shoes, IMA will distribute 500,000 pairs of children's shoes during October and November 2010 MDA with an additional 300,000 during spring MDA. Shoes valued at \$10/pair.
- Build partnerships with Catholic Relief Services (CRS), Management Sciences for Health (MSH), and other NGOs/FBOs in new Departments to create linkages with NTD Program

#### 4. Mass Drug Administration

**Table 2: Plans for MDA in Year 5**

<b>Date</b>	<b>Number of Communes</b>	<b>Commune</b>	<b>Treatment Goal</b>
<b>October 21-24</b>	<b>10</b>	<b>Quartier Morin, Limonade, Milot, Dondon, St Raphael, Pignon, La Victoire, Ranquette, Bahon, Grande Riviere du Nord</b>	<b>285,198</b>
<b>October 23-26</b>	<b>8</b>	<b>Limbe, Bas Limbe, Port Margot, Borgne, Plaisance, Pilate, Acul du Nord, Plaine du Nord</b>	<b>350,807</b>
<b>Nov.4-7</b>	<b>4</b>	<b>Jean Rabel, Mole St Nicolas, Bombardopolis, Baie de Henne</b>	<b>176,863</b>
<b>Nov.6-9</b>	<b>5</b>	<b>Port de Paix, Saint Louis du Nord, Anse a Foleur, Chansolme, Bassin Bleu</b>	<b>339,068</b>
<b>Nov.11-14</b>	<b>6</b>	<b>Gros Morne, Ennery, Marmelade, Saint Michel, Anse Rouge, Terre Neuve</b>	<b>346,678</b>
<b>Nov. 13-16</b>	<b>8</b>	<b>Dessalines, L'Esther, Saint Marc, Desdunes, Grande Saline, Verettes, La Chapelle, Petite Riviere de l'Art</b>	<b>663,246</b>

<b>January</b>	<b>1</b>	<b>Cap Haitien</b>	<b>234,318</b>
<b>April</b>	<b>33</b>	<b>Jacmel, Cayes Jacmel, Marigot, Belle Anse, Thiotte, Grand Gosier, Anse a Pitres, La Vallee, Bainet, Cotes de Fer, Miragoane, Paillant, Petite Riviere des Nippes, Petit TrouAnse a Veau, Arnaud, Grand Boucan, L'Azile, Fonds des Negres, Plaisance du Sud, Fort Liberte, Terrier Rouge, Trou du Nord, Sainte Suzanne, Caracol, Carice, Ferrier, Ouanaminthe, Perches, Vallieres, Capotille, Mont Organise, Mombin Crochu</b>	<b>987,284</b>
<b>May</b>	<b>31</b>	<b>Cayes, Torbeck, Tiburon, Coteaux, Les Anglais, Roche a Bateau, Port Salut, Aquin, Arniquet, Port a Piment, Chardonniere, Cavaillon, Chantal, Maniche, St Louis du Sud, St Jean du Sud, Iles a Vache, Camp Perrin, Baraderes, Abricot, Bonbon, Moron, Chambellan, Jeremie, Beaumont, Corail, Dame Marie, Les Irois, Pestel, Anse d'Haineault, Roseaux</b>	<b>947,636</b>

MDA Cost Efficiencies: In Departments conducting second and third round MDA, training for School Inspectors and Medical Staff will not be necessary in Year 5. Departments where training for Community Leaders was three days in Year 3, reduced to two days refresher in Year 4, and now only one day is needed. For new CLs, 3 day training is standard. The first 2 days is actual training and the third day is practice. The trainers feel very strongly that this is the best method. Community Leaders will use IEC posters from the previous year in order to sensitize the population although due to use, some will need to be replaced. The banners used in Year 4 will be reused in Year 5 when possible, only dates of the MDA will be changed. New banners will be printed for the South and Grand Anse Departments.

## **Lessons Learned:**

There are several best practices and lessons learned that have been established through previous MDA.

If we take the Northwest Department for example, it has 10 communes. MDA is suspended in one, we have started the NTD program in 7 and the MSPP worked in 2. Since last year IMA is working in all the communes. The 2 communes where MSPP worked didn't have the integrated approach that IMA uses. When IMA took over, the system of CL and Promoters was introduced, training, providing them IEC materials, etc. This has dramatically changed the NTD program in those Communes, for example coverage has increased and medical staff is now integrated. The lesson was to show the importance of the integrated approach. MDA was stopped on the island of La Tortue as it was a low prevalence area. Two rounds of MDA were completed. A follow-up to check prevalence will be conducted by CDC in the spring.

Many of the larger, more urban areas need a special strategy to ensure that water is available during MDA. For example, the CDDs may walk 3-4 miles to get water for the distribution post or schools. They have aquatabs but the water is not always accessible. Now that this issue has been identified, the IMA team will work with CLs and MSPP staff to ensure water will be available at every distribution post and school. There will be 5,382 distribution posts in Year 5 for 8 departments, approximately 1 post per 1,000 persons. One of the major success factors in the Program has been the role and commitment of the Community Leaders, Super Leaders, Community Drug Distributors, and Promoters. Their contribution has ensured the participation of the population in both rural and urban areas. Community involvement will continue to be a key strategy in the Program.

Overcoming challenges: Due to the January earthquake, many of the spring 2010 activities had to be re-programmed. The IMA team worked tirelessly to get the program back on track and open a new office in Saint Marc all while dealing with their own personal situations.

### **4.1**

#### **Cost-efficiencies**

The total number of trips have been reduced in Year 5. IMA staff from Headquarters will visit Haiti 3 times, one supervision visit in October during MDA and one visit to attend a partner meeting in February 2011. The third visit will be conducted by an IMA finance staff person to perform a refresher training for and technical support to IMA/Haiti finance staff. IMA/Haiti staff will only travel to attend a partner meeting in September 2011. Due to the purchase of vehicles, IMA will no longer need to rent multiple vehicles for long periods of time during MDA.

The MSPP will continue to provide the clearance of drugs through customs and will provide donated storage space for drugs until needed for MDA. Once drugs leave Port Au Prince and are transported to the field, they will be stored at a Departmental warehouse of the MSPP, the delivery of drugs to the distribution posts will be done by the Communal Level MSPP

### **4.3 Drug Estimates and Logistics**

#### **Table 3**

<b>Drug</b>	<b>Source of drug</b>	<b>Date of Donation application (MM/YR)</b>	<b>Expected delivery date of drugs (MM/YR)</b>
DEC	IMA/RTI	10/2009	02/2010
ALB	GSK/WHO	08/2009	02/2010
DEC	RTI	10/2010	02/2010
ALB	GSK/PAHO	08/2010	02/2010

Upon arrival, drugs will be stored at Promess, the storage facility that houses all drugs and supplies for the MSPP.

Since there is no cost efficiency in changing from 50 mg DEC tablets to 100 mg DEC tablets, the MSPP does not feel that it is a priority to switch. Such a change may disrupt and confuse the target population and volunteers.

#### **4.4 Training**

In the Departments where the Program will scale up, training will be conducted for the Medical Staff, the School Inspectors, the Community Leaders, the Promoters and the Community Drugs Distributors (CDDs). The duration of this training will vary between one and three days depending on the group being trained, see **Table 2 and Table 2.1**. The training of the Medical Staff, the School Inspectors and the Community Leaders will be conducted by IMA/ Haiti staff and the Central level of the MSPP; the training for the Promoters and the CDDs will be conducted by the Departmental and Communal levels of the MSPP and the Community Leaders. In the Departments where the Program is already implemented, refresher trainings will be conducted for the Community Leaders, the Promoters and the CDDs.

The Haiti Finance Manager will continue informal training of Department Accountants through phone and Department visits to recuperate receipts.

During the Year 5, half day refresher training for CDDs in the North, North West, Artibonite, Northeast, Southeast, and Nippes Departments will take place.

#### **Training Workshops - New Personnel**

**Table 2**

<b>Training Group</b>	<b>Topic of Training</b>	<b>No. to be Trained</b>	<b>No. Training Days</b>	<b>Location of the Training</b>
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<b>Community Leaders and Promoters</b>	<ul style="list-style-type: none"> <li>• LF and STH basics</li> <li>• MDA responsibilities</li> <li>• Supervision</li> <li>• Reporting</li> </ul>	576	<p>3 days for Community Leaders</p> <p>1 day for Promoters</p>	South (18 Communes) and Grand Anse Departments
<b>Medical Staff and School Inspectors</b>	<ul style="list-style-type: none"> <li>• LF and STH basics</li> <li>• MDA responsibilities</li> <li>• Supervision</li> <li>• Reporting</li> </ul>	135	<p>2 days for Medical Staff</p> <p>1 day for School Inspectors</p>	South (18 Communes) and Grand Anse Departments
<b>Distributors</b>	<ul style="list-style-type: none"> <li>• LF and STH basics</li> <li>• MDA responsibilities</li> <li>• Reporting</li> </ul>	3,498	1 day	South (18 Commune) and Grande Anse Departments

### Training Workshops - Refresher Training

Table 2.1

Training Group	Topic of Training	No. to be Trained	No. Training Days	Location of the Training
<b>Community Leaders and Promoters</b>	<ul style="list-style-type: none"> <li>• LF and STH basics</li> <li>• MDA responsibilities</li> <li>• Supervision</li> <li>• Reporting</li> </ul>	1,960	<p>2 days for Community Leaders implementing 2<sup>nd</sup> round MDA</p> <p>1 day for Community Leaders implementing 3<sup>rd</sup> round MDA</p> <p>1 day for Promoters</p>	North, Northwest, Artibonite, Southeast, Northeast, Nippes and Camp Perrin Departments
<b>Distributors</b>	<ul style="list-style-type: none"> <li>• LF and STH basics</li> <li>• MDA responsibilities</li> <li>• Reporting</li> </ul>	12,648	½ day	North, Northwest, Artibonite, Southeast, Northeast, Nippes and Camp Perrin Departments
<b>Distributors</b>	<ul style="list-style-type: none"> <li>• LF and STH basics</li> <li>• MDA responsibilities</li> <li>• Reporting</li> </ul>			

	<ul style="list-style-type: none"> <li>• Specifics on shoe distribution</li> </ul>			
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#### 4.5 Supervision

Supportive supervision is an essential component of the USAID funded NTD Control Program. Prior to MDA activities, the MSPP personnel in the Communes will supervise the work of the Community Leaders in social mobilization activities as a key strategy to prepare the population for the coming MDA activities. During this pre-MDA period, the IMA Country Management Team (comprised of the Program Manager, Assistant Program Manager, and Logistics Officer) will also conduct supervisory visits to select Communes.

During the MDA activities, supervisory activities will be carried out in the following manner:

- Country Management Team will provide direct supervision for the first 2 days of MDA in several Sections in each Commune;
- Country Management Team is available through the extensive mobile phone network to ensure coordination and resolve any issues that may arise; and
- Central and Departmental level MSPP personnel will supervise MDA in several other sections in select Communes.
- Community Leaders and Promoters will supervise 2-3 distribution posts and schools in their respective Communes.

The purpose of the supervisory activities include the monitoring of the MDA activities to ensure compliance with the national protocol, recommending solutions to on-site problems and providing supplies to the distribution posts. By their presence, these MDA supervisors will provide assurance to the population the merits of the Program.

The overall financial management of the USAID funded NTD Control Program for IMA will continue to be the responsibility of the VP for Finance/Chief Operating Officer of IMA World Health. Program oversight will be provided by IMA’s HQ Program Officer for Haiti and the Haiti Country Program Manager. At the country level, the Finance Manager with assistance from the Finance Officer will be responsible for all IMA/Haiti country office financial managerial functions and activities.

Logistical support and drug procurement needs will be the responsibility of the Logistics Officer (LO) who will work with the Program Manager to ensure efficient delivery of drugs for MDA. The LO will also coordinate distribution and recuperation of drugs and supplies and collaborate with MSPP on clearance and storage of drugs. Additionally, the LO will assist in training and supervising of Community Volunteers as needed.

#### 4.6 Short-term Technical Assistance

IMA/Haiti Staff and the MSPP will identify 2 new sentinel sites to realize the impact of MDA on NTD prevalence rates. The evaluation of these sites will be conducted with the assistance of staff from the Hopital Sainte Croix, a Department Assistant, and technical assistance from the CDC.

In addition, technical assistance will be requested from RTI. The IMA/Haiti Program Manager and Logistics Officer will work closely with RTI staff to identify the drug needs and quantities to implement MDA. Due to the technical difficulties the IMA/Haiti staff has in reliable communication with IMA Headquarters, an IT Consultant may be retained to visit the Haiti Office to train staff on new and appropriate technologies as well as respond to current challenges. This technical assistance is essential to ensure the timeliness of reporting and the capacity of the program to manage and analyze data with limited interruption.

Task	Technical skill required	Number of Days required
IT Consultant	IT skills	5 days

#### **4.7 Management of Severe Adverse Effects**

Post MDA, there is a possibility that some members of the population may experience secondary effects caused by the DEC and Albendazole, referred to as Severe Adverse Events (SAEs). During sensitization, Community Leaders will inform the population about the possibility of secondary effects and advise them to visit the distribution posts and health centers where they can access free medication to treat their symptoms. It is important to note that the training of Medical Staff is imperative pre-MDA in order to train the staff to respond appropriately to SAEs. The drugs used to treat SAEs, procured by IMA, are distributed to the Health Centers so that cases referred to the Health Center will be treated free of charge by the MSPP.

#### **5. Post-elimination strategies**

Following MDA, 2 new Communes (Nippes and SE Departments), to be determined by the MSPP, will begin documentation in order to evaluate the prevalence level of LF and STH. According to WHO protocol, the Communes where the LF prevalence is lower than 1%, MDA will be discontinued. However where the LF prevalence is higher than 1%, MDA will continue. The Communes where the prevalence is lower than 1%, documentation will reoccur in two years to confirm there are no new infections and the transmission has been stopped. The Communes where MDA will continue will be documented again to determine if prevalence is decreased in six months following MDA. Currently, a strategy for STH control without LF has not been outlined by MSPP.

A postponed partner meeting is now scheduled for September 28 and 29, 2010. Due to the passing of MSPP/LF Coordinator Dr. Vely, a new Coordinator has been selected by the MSPP, Dr. Roland Ocard, and attended the meeting. The plan for national coverage as well as continued program funding will be discussed. Bi-monthly Friday meetings in Haiti continue to take place as well as monthly conference calls among US partners.

#### **6. Monitoring and Evaluation**

After receiving MDA results from the Departmental Level of the MSPP, the final results will be sent to RTI in the MDA reporting template within the 90 days required. This report gives the epidemiological coverage and the geographical coverage details. In order to expedite MDA results from the Departmental Level, the Community Leaders will submit MDA results for their Communal section one week after the last day of the MDA. The MSPP Communal Level will submit the result for their Commune to the MSPP Department Level two weeks

after receiving the results from the Communal leaders. The Departmental level will send the results to the Program Manager one week after getting the results from the Communal level.

## 7. Advocacy

According to the Sustainability Continuum presented by RTI, the USAID funded NTD Control Program is currently between Stage 2 and Stage 3. All three Program Benchmarks have been achieved in Stage 2. The NTD Control Program has been an integrated approach including STH and LF since 2007, previous to that the two programs ran separately. The NTD Control program in Haiti has worked in consortium with both the Ministry of Health and Ministry of Education along with Program partners towards this integrated approach since 2007. There is a budget line for NTD work, however it is not currently sufficient to support MDA at a national level. Given recent events in Haiti, it is not likely that NTDs will be prioritized in Haiti so increased funding from the government is not expected at this time.

The current strategy implemented to ensure the sustainability of the NTD control activities is a Departmental workshop with the potential stakeholders working to eliminate the NTDs, the integration of the two programs (LF and STH) of the MSPP and the involvement of the Departmental and Communal level of the MSPP in the planning of the field activities. IMA will continue to solicit government support in new Departments in Year 5 through advocacy workshops in the South and Grand Anse. IMA will also continue to work with current and new program partners to advocate for additional NTD funds through various channels. The involvement of the Community Leaders, the Promoters and the Community Drug Distributors in MDA increases the participation of the population.

## 8. Cost Share

In order to meet cost-share requirements for the USAID funded NTD Control Program, IMA will continue to advocate to obtain donated drugs and supplies from manufacturers for the treatment of secondary effects of drugs, known as Severe Adverse Events (SAEs). Presently, we project these donations will account for \$10,000 of the FY 2011 budget.

IMA will also continue to contribute to the overall health system strengthening in Haiti by donating supplies and medicine to AISCH partner hospitals that assist in MDA implementation. Through these donations, IMA will also strengthen the ongoing relationship with AISCH which has allowed increased support of MDA activities throughout Haiti. IMA estimates shipping supplies and medicine valued at \$428,000 in Year 5.

Medical Supplies	\$100,00
Medicine	\$300,000
SAE Drugs	\$10,000
Safe Motherhood Kits	\$18,000
Total	\$428,000

## 9. Report Writing

In order to document and monitor Program success, IMA will submit semi-annual and annual reports by September 30<sup>th</sup>, 2010 and March 30, 2011. In addition, IMA will also provide bi-weekly updates to RTI and other information as requested.

### 10. Timeline of Major Activities

Provide a proposed timeline for implementation of major activities in the scope of work.

Activity	Oct 2010	Nov	Dec	Jan	Feb	Mar	Apr	Ma	Jun	Jul	Au	Sept
Distribution of Drugs and Supplies to field												
MDA supervision												
CDD Training												
Radio and Media spots												
Purchase sentinel site materials												
Prepare DEC order												
Receipt Recoup												
Recoup drugs/materials												
Planning for advocacy workshops												
Advocacy workshops in S and GA												
MDA Cap Haitian												
School inspector and Medical staff training												
CL trainings												
Promoter trainings												
Sentinel Site set-up												
Planning for the 2 <sup>nd</sup> round MDA in Northeast												
Planning for the 3 <sup>rd</sup> round MDA in Southeast and Nippes												
Refresher training for CLs and Promoters in Northeast, Southeast and Nippes												
Planning for a 4 <sup>th</sup> round MDA in North, Northwest and Artibonite												
Refresher training for CLs and Promoters in North, Northwest and Artibonite												

### List of Acronyms Attachment 1

- AISCH- Association of Christian Health Care Institution of Haiti

- ALB- Albendazole
- CDC- The Centers for Disease Control and Prevention
- CDD- Community Drug Distributer
- CL- Community Leader
- DEC- Diethylcarbamazine
- DPP- Diflucan Partnership Program
- GSK- GlaxoSmithKline
- HSC- Hopital Sainte Croix
- KAP- Knowledge, Attitude, Practice
- LF- Lymphatic Filariasis
- LO- Logistics Officer
- MDA- Mass Drug Administration
- MSPP- Ministry of Health and Population
- NTD- Neglected Tropical Disease
- PAHO- Pan American Health Organization
- RTI- Research Triangle Institute
- SAE- Severe Adverse Events
- STH- Soil Transmitted Helminths
- UND- University of Notre Dame
- WHO- World Health Organization



# Couverture jusqu'en 2011

## Organization Responsible for MDA

- UND
- IMA World Health
- MDA Halted



Source:  
 Institut Haïtien de Statistique et d'Informatique (IHSI),  
 4ème Recensement Général de la Population et l'Habitat  
 Bureau du 4ème Recensement, Aout 2003



The boundaries depicted, names shown and the designation on this map do not imply the official endorsement or acceptance of United Nations.