# Revamping the strategy for mass drug administration for lymphatic filariasis in urban metropolitan areas of Port au Prince, Haiti

**Abstract #3187**
**Presentation #1944**

**Authors:** Alain Javel[1], Carl Fayette[1], Franck Monestime[1], Eurica Denis[1], Ellen Knowles[2], Sarah Craciunoiu[2], Cudjoe Bennett[2], Jean-Frantz Lemoine[3], Abdel Direny[4]

**Affiliations:** [1]IMA World Health, Port-au-Prince, Haiti, [2]IMA World Health, Washington, DC, USA, [3]National Program to Eliminate Lymphatic Filariasis, Ministry of Public Health and Population, Port-au-Prince, Haiti, [4]RTI International, Washington, DC

## Introduction

To achieve global goals to eliminate lymphatic filariasis (LF), the Haiti NTD Control Program (HNTDCP) follows WHO's recommendations to implement rounds of annual mass drug administration (MDA) of diethylcarbamazine and albendazole for at least five consecutive years among at risk populations to halt LF transmission by 2020. In 2018, 84% of the 140 communes are under surveillance.

Among the 23 communes that have not achieved the criteria for stopping MDA, five are in the densely populated Port au Prince (PaP) metropolitan area where MDA coverage has declined each year since 2012; from an average of 86% to 44% by 2017. Two surveys were conducted after the 2017 MDA: use of the supervisor's coverage tool in Tabarre commune and a social mobilization survey in a neighboring commune (Croix des Bouquets).

## Objective and Method

HTNDCP and its partners organized a workshop to analyze the situation and adopt improved strategies tailored for the urban setting to improve coverage. During microplanning meetings, coverage zones were mapped and previous distribution posts were geolocalized, which identified gaps in supervision areas, while others overlapped.

## Results

**Figure 1. Mapping LF for Metropolitan Area**

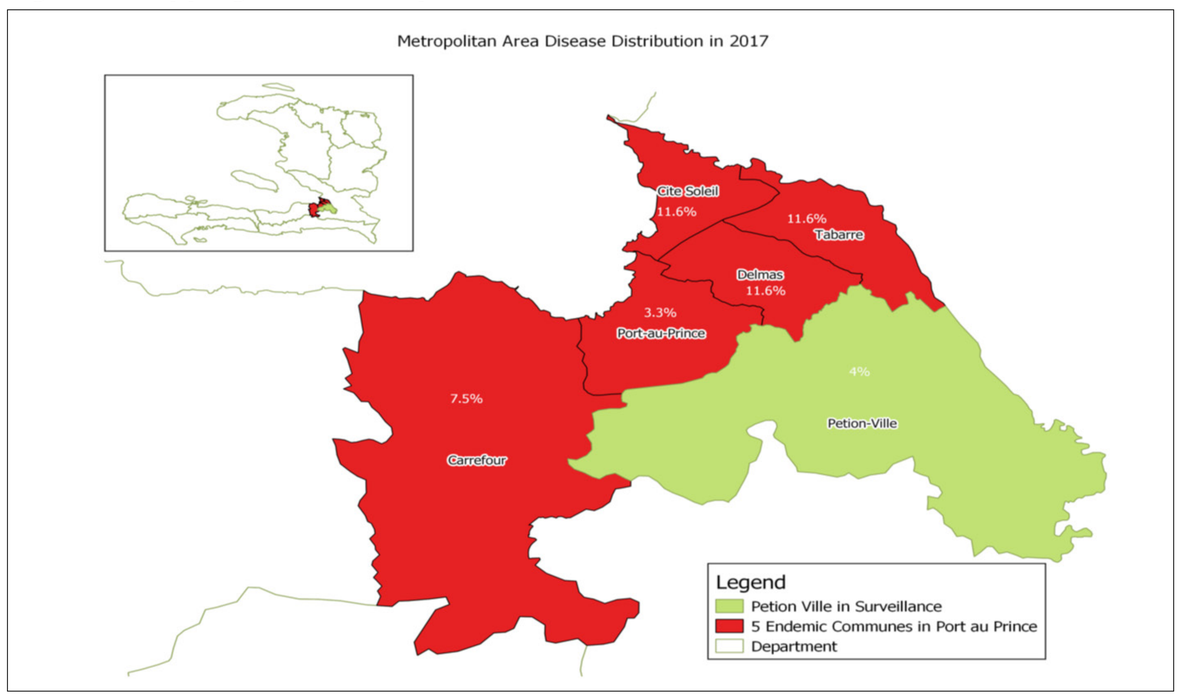


**Table 1. MDA Coverage in Metropolitan Area**

| Communes | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|
| **Tabarre** | 136% | 99% | 87% | 77% | 65% | 50% | 116% |
| **Cite-Soleil** | 78% | 77% | 78% | 72% | 67% | 50% | 93% |
| **Delmas** | 94% | 71% | 67% | 58% | 54% | 45% | 69% |
| **Port-au -Prince** | 72% | 57% | 54% | 48% | 45% | 38% | 81% |
| **Carrefour** | 75% | 57% | 47% | 48% | 46% | 37% | 72% |
| **Petion-Ville** | 67% | 54% | 59% | 59% | 36% | Surveillance | Surveillance |

Microplanning sessions made the following recommendations to revamp the strategy:

- Increase visibility and access to drugs by increasing the pool of community volunteers with updated communication materials;
- Increase distribution days from four to five;
- Adjust distribution times to catch hours of high foot traffic;
- Intensify community sensitization through revamped IEC messages including TV and radio spots that have been tested by focus groups and adjusted;
- Reinforce supervision with clear plans (random and purposive selection of distribution posts) and tailored tools;
- Update data collection tools to facilitate rapid daily reporting for key indicators and mobile technology to be used for real time reporting; and
- Implement a toll-free hotline to respond to community questions and help with side effect management and referrals.

As a result of the revamped strategy, MDA coverage increased in all five communes increasing MDA coverage in PaP from an average of 44% in 2017 to 86% in 2018.

## Conclusion

The revamped strategy produced during workshops and microplanning meetings was integral to increasing MDA coverage in PaP.

## Recommendation

In the future, microplanning and tailored MDA strategies can be used to increase MDA coverage rates in urban area communes that experienced low MDA coverage or that had failed pre-TAS and TAS.

## Acknowledgements

**This poster was prepared by IMA World Health with funding from the U.S. Agency for International Development's ENVISION project, led by RTI International under cooperative agreement no. AID-OAA-A-11-00048. The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.**