

I. PROJECT IDENTIFICATION

1. PROJECT TITLE  
**COMMUNICABLE DISEASE CONTROL**

APPENDIX ATTACHED  
 YES  NO

2. PROJECT NO. (M.O. 1095.2)  
**521-11-510-070**

3. RECIPIENT (specify)  
 COUNTRY **HAITI**  
 REGIONAL  INTERREGIONAL

4. LIFE OF PROJECT  
 BEGINS FY **1974**  
 ENDS FY **1976**

5. SUBMISSION **3-28-74**  
 ORIGINAL  REV. NO.   
 CONTR./PASA NO.

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	D. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US = <u>5 Gdes</u> (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
										(A) JOINT	(B) BUDGET	
1. PRIOR THRU ACTUAL FY											Plus	
2. OPN FY 74	1,100	99	30	-	-	25	976	-	-		contri-	131
3. BUDGET FY 75	1,500	107	32	-	-	-	1,393	35	12		butions	300
4. BUDGET FY 76	1,300	54	16	-	-	-	1,246	35	12		in kind	500
5. BUDGET 12 FY								38	12			
6. BUDGET 13 FY	* Partial year funding. Part of the FY 74 budget (page 11) is being financed											
7. ALL SUBQ. FY	from project 033.											
8. GRAND TOTAL	5,900	260	78			25	3,615	108	36		440	931

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR PAHO UNICEF Child Care Foundation	(B) KIND OF GOODS/SERVICES Advisors Commodities Commodities/Advisors	(C) AMOUNT \$85,000/ann. 31-105,000/ " 50,000/annually
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III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER JK Burke, AL Abitua, JK Ramon  
 Revised/Edited by JTCraig  
 TITLE: Program Officer  
 DATE: 3/28/74

2. CLEARANCE OFFICER Scott L. Behsteguy  
 TITLE: AID Representative  
 DATE: 3/28/74

V. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL  
 PROP Approval limited to program proposed for CY 1974 and 1975.  
 Guidance and decisions of the L.A. DAHC on this PROP and its  
 implementation are contained in State 89294

2. CLEARANCES

BUR. OFF.	SIGNATURE	DATE	BUR. OFF.	SIGNATURE	DATE
LA/CAR	GGower	4-24-74	LA/DR	JRBreen	4/30/74
LA/DP	JLovaas	4-24-74	PPC/DPRE	FRANK KIMBAL	4/24/74
LA/DR	MIBrackett	4-24-74	GC	Gardiner, A.Z.	

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE Herman Kleine	DATE 5/1/74	SIGNATURE [Signature]	DATE 5/28/74
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TITLE: Asst. Administrator, AA/LA

4. APPROVAL A/AID (See M.O. 1025.1 VIC)  
 ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT  
 Deputy Administrator

COMMUNICABLE DISEASE CONTROL PROP  
521-11-510-070

I. STATEMENT OF THE GOAL

A. The Goal

To create an integrated health service which, in combination with programs to provide more and better food, will provide the medical services and preventive health information needed to bring about acceptable levels of health in Haiti.

B. Measurements of Goal Achievement

1. Successful integration of the National Malaria Eradication Service (SNEM) into an effective health service for the rural areas.
2. Establishment of a permanent adequate system of vital statistics collection measuring the status of health in Haiti.
3. Quantitative reduction in major health hazards.

C. Assumptions About Goal Achievement

It is assumed that:

1. The Government of Haiti will complete, support and adhere to a Health Development Plan detailing priority areas of emphasis which are consistent with the above goal.
2. The Government of Haiti and the international cooperating agencies will provide SNEM with the funds, logistical support, trained personnel, equipment and supplies required to assist in the implementation of the National Health Development Plan.
3. The Government of Haiti's budgetary allocations to the Health Sector will continue to constitute at least 13.4% of the total national

operating budget and GOH will make every possible effort to increase it as the needs require.

4. Adverse biological and environmental factors will not unduly hinder achievement of the project goal.

## II. STATEMENT OF PROJECT PURPOSE

### A. The Purpose

To transform SNEM into an organization which, as part of an integrated health program, will: (a) limit the number of cases of malaria to acceptable levels; (b) eradicate yaws; (c) protect the major portion of persons in its geographical areas of responsibility against other important health hazards, e. g. tetanus and - as a second priority - tuberculosis; (d) assist, as needed, other health-oriented efforts of the Haitian Government, e. g. health education (encouraging persons to visit clinics), support for training of traditional midwives, collection of statistics needed for improving the effectiveness of health Programs, anti-diarrheic program, and - possibly - family planning. See Annex 1.

### B. Conditions Expected at End of Project

1. The Government of Haiti will have initiated implementation of a plan for a comprehensive reorganization of the rural health administrative structure which will encompass a viable endemic disease control and prevention program as part of the basic health services available to the rural population.

2. Vital health statistics will be collected, at least on a

"sampling" basis, for use by appropriate agencies in devising realistic approaches to the improvement of rural health and in evaluating the effectiveness of programs.

3. SNEM will have kept malaria under reasonable control and will have completed protection of sizeable groups of population against tetanus and will have started similar attacks on tuberculosis and other priority diseases.

C. Basic Assumptions About Achievement of Purpose

1. In implementing its National Development Plan the Government of Haiti will provide an increasing share of the SNEM budget. (\$300,000 in cash during the GOH budget year 1974/75 and \$500,000 in cash during the GOH budget year 1975/76).

2. The Government of Haiti, in collaboration with donor agencies, will promulgate an effective health plan which provides for a system of coordination/integration of SNEM into the overall health effort of Haiti.

III. STATEMENT OF PROJECT OUTPUTS

A. OUTPUTS & OUTPUT INDICATORS

<u>KIND OF OUTPUTS</u>	<u>MAGNITUDE AND TARGET COMPLETION DATE</u>
1. <u>General</u> Reorganization of SNEM	Reorganization of SNEM into a broader endemic disease control unit, (Concrete action on new activities to be undertaken by July 1, 1974 and reorganization completed by January 1, 1976.)

KIND OF OUTPUTS

2. Immunization Against Tetanus

a) Training of vaccinators for immunizations.

b) Immunization of high-risk population against tetanus.

c) Establishment of a health card system.

d) Assistance to training of traditional midwives (Matrones). (Pilot project during 1974.)

3. Tuberculosis

a) Training of BCG immunization personnel.

b) Immunization of high-risk population.

MAGNITUDE AND TARGET COMPLETION DATE

40 SNEM employees to be trained in immunization by August 1. (Based on the experience during the summer and fall of 1974, a program for 1975 will be prepared by December 31, 1974.)

Immunization of 72,000 of the high-risk population against tetanus by December 31, 1974. (Based on the experience during the summer and fall of 1974, a program for 1975 will be prepared by December 31, 1974.)

Health card system for all immunized females in SNEM high-risk population (HRP) as immunization progresses.

To be determined within context of the Government's maternal/child care/family planning program.

See under Tetanus

Immunization with BCG of 54,000 persons against tuberculosis by December 31, 1974. (Based on the

experience during the summer and fall of 1974, a program for 1975 will be prepared by December 31, 1974.)

4. Malaria

Achievement of adequate coverage of malarious areas.

Continuation of epidemiological and entomological surveys, insecticide spraying, including possibility of using malathion in ultra-low volume application (ULV), and sporadic larviciding. Continuation of drug distribution and radical treatment of positive cases. Specific changes in the malaria eradication strategy may be determined by evaluation committee depending upon variations in the factors favoring the transmission of the disease.

5. Yaws

Completion of eradication.

Mop-up operations in areas known still to produce a few cases every year. By December 31, 1974.

6. Vital Statistics

Collection of statistics

Collection of statistics needed for health programming. (This work might involve collecting data on age, sex,

births, deaths and pregnancy status  
in several areas.) October 1, 1974  
to June 30, 1976.

7. Other Health Activities

Study of possible cooperation of SNEM with other health activities of DSPP, e. g. nutrition activities, anti-enteric disease programs, and possibly family planning. Discussion of a possible role of SNEM, starting July 1, 1974.

8. Studies Relating to Delivery of Health Services

Studies needed for improving the delivery of health services to rural areas, e. g. cost-effectiveness study of malaria program and a detailed analysis of epidemiological situation, resources in manpower/physical facilities, prospective financing and cost effectiveness of proposed health activities. As needed, on continuing basis.

9. Evaluation

Evaluation of SNEM activities and reorientation of activities based on results of evaluation. As needed, on continuing basis.

B. BASIC ASSUMPTIONS ABOUT PRODUCTION OF OUTPUTS

1. There will be a measurable slowdown in the outflow of trained medical and paramedical manpower from Haiti to other countries. (Achieving a slowdown will probably require government action to raise the salaries of professional medical and paramedical personnel employed in SNEM and other health programs.)
2. SNEM will continue to exhibit a high degree of professionalism, managerial efficiency and initiative.

IV. STATEMENT OF PROJECT INPUTS

A. Statement of Project Inputs

<u>Kind of Inputs</u>	<u>Magnitude of Inputs</u>	<u>Date Scheduled for Delivery</u>
1. <u>U. S.</u>		
a. Financial support	1,001	In FY 74
for SNEM.	1,393	In FY 75
	1,246	In FY 76
b. Malaria Advisory Services	One DH advisor	Services through June 30, 1975.*
c. Business management advisory services.	One contract advisor	Services through June 30, 1975.*
d. Short-term contract services.	18 man/months of services.	As needed.
2. <u>Haiti</u>		
a. Direct cash financial contribution.	\$131,000	In FY 73/74
	\$300,000	In FY 74/75
	\$500,000	In FY 75/76
b. In Kind Contribution	\$140,000	In FY 73/74
	\$150,000	In FY 74/75
	\$150,000	In FY 75/76

\* To be reduced to one person in FY 76.

<u>Kind of Inputs</u>	<u>Magnitude of Inputs</u>	<u>Date Scheduled for Delivery</u>
3. <u>Other Donors</u>		
a. PAHO - Technical Assistance	Up to \$85,000	In CY 1974
	Up to \$90,000	In CY 1975
	N/A	In CY 1976
b. UNICEF: commodities	Up to \$31,000	In CY 1974
	Up to \$105,000	In CY 1975
	N/A	In CY 1976
c. Child Care Foundation: Assistance to TB campaign	Up to \$50,000	Annually

B. Budget

CASH BUDGET FOR SNEM (SERVICE NATIONAL D'ERADICATION DES ENDEMIES MAJEURES

(In thousands of dollars)

	<u>1974*</u>	<u>1975</u>	<u>1976</u>
DIRECTION	48,414	50,547	52,000
ADMINISTRATION	168,837	184,707	185,000
GARAGE & TRANSPORT	209,705	234,977	240,000
ENTOMOLOGY	23,605	24,194	25,000
LABORATORY	71,327	71,212	72,000
ANTI-TETANUS, TUBERCULOSIS AND OTHER VACCINATION WORK	54,400	123,279	174,000
TRAINING OF MIDWIVES	30,928	31,000	31,000
EVALUATION & STATISTICS	263,867	251,314	252,000
ULV TRAINING	30,000	20,000	10,000
FIXED FIELD	260,261	283,534	285,000
SPRAYING OPERATIONS (INCL. COMMODITIES)			
TOTAL .....	349,951**	418,432**	420,000**
	1,511,295	1,693,196	1,746,000

\* Part of the 74 Budget is being financed from Project 033.

\*\* Does not include UNICEF's 1974 contribution of DDT. Because UNICEF will not make any DDT contributions in the future, SNEM's budget has been increased to cover the purchase of DDT.

Section 110(a) of the FAA is not considered applicable. SNEM was established and operates under the terms of a multilateral Memorandum of Understanding signed by the U.S., GOH, UNICEF, and PAHO. It is governed by an executive committee composed of one representative of each of these entities with the chairmanship rotating among the four parties. In accordance with the Memorandum of Understanding and the annual work plan and budget approved by the executive committee, each participating entity finances a discrete part of the program. The GOH is responsible for providing buildings and grounds, domestic air transport, tax exemptions, etc., and a modest cash contribution toward local operational costs. PAHO provides technical personnel, training grants and certain supplies and equipment. UNICEF provides vehicles, DDT and other pesticides and field and laboratory equipment. AID provides technical and administrative personnel and bears substantial responsibility for local operating costs. In addition, under the broader communicable disease control program a U.S. private voluntary organization, Child Care Foundation, will be a significant collaborator relative to the tuberculosis facet.

Although Section 110(a) is not applicable AID has already undertaken to negotiate a schedule of progressively higher contributions with the GOH which would permit their assumption of budget responsibility for SNEM within a reasonable time-limited period. Although the U.S. has historically financed approximately 76% of the costs of the program, increased GOH support since 1972, substantial progressive increased GOH contributions now being negotiated, and broader participation anticipated under the general communicable disease program, it is expected that the U.S. share of the cost of the program will be well below historical averages by the end of CY 1975.

(We would note with regard to UNICEF that its Board determined in 1971 that UNICEF support of malaria programs per se on a world-wide basis should be terminated not later than June 30, 1973 and UNICEF technically withdrew from the Haiti program as of that date. UNICEF did indicate, however, its willingness to contribute to a broader, horizontal communicable disease program. In view of the discussions to convert SNEM into such a broader entity, UNICEF has in fact continued to participate in the meetings of the executive committee and to provide commodities for the SNEM program.

It is understood that UNICEF will again become a formal participant when it is formally agreed, following approval of the PROP, to convert SNEM from a malaria-specific to a general communicable disease control agency.)

C. Basic Assumptions About Management of Inputs

The Government of Haiti and the international donors will make adequate and timely financial, personnel, and commodity support available to SNEM.

D. Technical-Administrative Review

A periodic evaluation of the malaria program has been carried out since 1964. The latest review completed in May 1973 requested by the Government was for the purpose of assisting in the planning for future SNEM activities and in expanding its functions to greater participation in various aspects of the general health plan in rural areas.

V. RATIONALE

Haiti is a small, extremely densely populated country which, if measured in terms of Gross National Product per capita (\$74.00) and illiteracy (approximately 80%), ranks as one of the least developed countries in the world. Nor is Haiti's rank standing substantially improved in terms of general health indicators of economic development. Although precise reliable data are not yet available, most recent information suggests that: life expectancy in Haiti is probably less than 50 years, infant mortality is between 150-200 per thousand live births, the ratio of physicians to population is 0.6 per 10,000, the ratio of hospital beds to population is 0.7 per 1,000 approximately (1). Communicable diseases, malnutrition and poor sanitary conditions are widespread in the rural areas. The scarcity of adequately treated water and the general absence of appropriate latrines aid the spread of diarrheas and other gastrointestinal infections. 80% of the infants dying from tetanus are less than one year old. In the rural areas some form of malnutrition was found in two-thirds of the pre-school children. There is no information available to suggest any reduction in this dismal situation in recent years.

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Sources: (1) CONADEP - Priorites de la Planification et Projections  
Quinquennales, Juin 1971.

The existing low level of health services is closely linked to the question of the availability of trained personnel, adequate resources and a viable physical and institutional infrastructure upon which to base a comprehensive rural health program. As shown in Table I below, Haiti suffers from both a severe shortage and an acute concentration of health, medical and paramedical personnel.

<u>Available Health Pers. Resources</u>	<u>Total Graduated</u>	<u>Presently in Haiti</u>	<u>Number in Port-au-Prince</u>	<u>Ratio per 10,000</u>	
				<u>Port-au-Prince</u>	<u>Rest of Country</u>
Physicians	960	302	205	6	0.2
Nurses	1,200	415	228	6.7	0.43
Auxiliary Nurses	771	771	---	7.20	1.21
Sanitation Eng.	4	4	---	-	-
Sanitation Officers	56	56	---	-	-
Sanitation Inspectors	123	123	---	-	-
Laboratory Technician	65	65	---	-	-

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 Source: Report of the Malaria Eradication Strategy Review Committee for Haiti 1970.

The output level of the health training institutions is small, numbering only about 50 to 60 medical doctors, 80-100 nurses and a lesser number of paramedical personnel per year.

Of these, a large percentage seek employment abroad and most of the remainder either set up practice or seek employment in Port-au-Prince or one of the major provincial towns. As a consequence of low per capita income in the rural areas, low salaries in the public sector and inadequate surface transportation, rural health service activities could be considered as practically inexistent and are concentrated in or near the major provincial towns. As is evidenced from the above statistics, progress in reducing the prevalence of endemic diseases in Haiti is directly dependent upon not only increasing the number of medical and paramedical personnel and expanding ongoing communicable disease program, but also extending basic health services to the rural areas where 80% of the population resides.

Unfortunately, the resources available for health services are extremely limited. The annual budget for the Department of Public Health and Population amounts to the equivalent of roughly \$4.5million, representing about 13 percent of the national budget. However, 70% of this health budget is used to cover personnel costs, and the budget has remained relatively constant for the past several years in the face of moderately high rates of population growth. As a consequence, the \$0.80 per capita available for preventive and curative health services are of very limited significance and utility in solving the massive health problem of the country.

In spite of the serious, almost overwhelming, nature of Haiti's rural health problems, the incidence of endemic diseases can be appreciably reduced through the maximum utilization and coordination of inputs of financial resources, consistent preventive measures, and firm action at the appropriate level of government. For example, yaws which numbered more than 1,710,000 cases in 1950 had been reduced to less than 100 cases in 1971 as a result of an intensive campaign by the Service de Sante Domiciliaire Rural (SANDOR), now integrated into SNEM.

Since 1961 USAID has supported a concentrated attack on malaria under the auspices of the National Malaria Eradication Service (SNEM), a semi-autonomous agency under the Ministry of Health and Population. Various attack measures have been employed against malaria during the years of SNEM operation. During the initial phase of the program (1962-1965) DDT house spraying was emphasized. In early 1965 the method of attack shifted to drug distribution (combination chloroquine-pyrimethamine) on a massive scale. In 1968 the number of individuals receiving drugs dropped from 2,000,000 to less than 30,000 due to a high rate of refusal. Since that time the incidence of malaria has increased from less than 2,600 cases in 1968 to at least 26,000 cases in 1972 and 23,000 cases in 1973. (The real increase is probably greater than indicated since 1.2 million slides were taken in 1968 compared with about 310,000 in 1972 and 1973.)

The Government of Haiti recognizes the important role that improvement of rural health will play in national development, and has therefore devoted special attention to the building of a viable infrastructure within the Department of Health and Population to cope with the nation's mounting health needs. In August 1971, the Government adopted a new organic law aimed at reorganization of the Department of Public Health and Population. Also in 1971 the official journal of the Government of Haiti "Le Moniteur" No. 58 dated August 26, 1971 published a law establishing a Division of Family Hygiene in the Department of Health and Population. In attempting to define the economic objective and strategy of the government for the period 1971-1976, the Haitian Planning Office has issued a document entitled "Priorites de la Planification et Projections Quinquennales 1971-1976" which, inter-alia, calls for major attention to improvement of health and sanitary conditions, with malaria, tuberculosis, umbilical tetanus and gastro-intestinal infections singled out for special attention.

The basic health programs under the National Health Plan are to be maternal and child health and family planning, communicable disease control, nutrition, environmental sanitation and medical care with the "DEPARTEMENT DE LA SANTE PUBLIQUE ET DE LA POPULATION" (D.S.P.P.) basically responsible for execution of the plan. This institution has two administrative systems by which health services are currently provided to the public - the permanent services established (or to be established)

in the health districts and the semi-autonomous organization known as SNEM whose heretofore aim has been to eradicate malaria throughout the country. Its current aim is to limit the number of cases of malaria to acceptable levels and to provide other health services.

The fulfillment of the needs of health services presents two main aspects:

- a) The coverage of the population living within the zones of influence of the permanent health services: this can be resolved through the activities of the permanent health services.
- b) The coverage of the populations of the rural areas which cannot be reached yet by the permanent health services. This second problem points out the need for SNEM to attend this part of the population until the permanent health services can be extended to all parts of the country.

Because of its administrative skills, because of its prestige and the fact that it is the only health organization effectively working in many of the rural areas (covering 60% of the total population) SNEM is being designated as the agency responsible for surveillance and control of tetanus, tuberculosis and malaria. It will also encourage the population to seek the care of the health services which are now available in the existing permanent health groups and as they will be developed in these areas. Because there is an acute need for adequate vital statistics for meaningful future health planning in Haiti, SNEM will undertake, as a peripheral responsibility, the collection of basic raw data

to the extent its services are requested. Although this activity is not a health activity per se, it appears that because of its rural orientation, SNEM is the only agency currently active in the Republic that can undertake this task with a minimum of difficulty and a maximum of efficiency, keeping in mind the physical, social and financial framework in which the work will have to be performed.

Finally, SNEM will keep surveillance activities on transmissible diseases, already reduced to a low level of activity, (such as yaws), in order to prevent any resurgence. Operating in this manner, SNEM will not only stand as a striking force ready to assist in bringing under control any problem of serious epidemic nature that could suddenly occur within the borders of the Republic, but will also help cover the health needs of the rural population between the present time and the time when other national agencies will have developed to the point that they will be able to assure total health coverage to the total population. It is indeed intended that SNEM will eventually be integrated into a permanent rural health service when this latter will have fully developed.

In support of the emphasis the GOH has assigned to this program, USAID/Haiti intends to provide full-time services of one direct-hire malaria adviser and one contract technician during FY's 1974 and 1975 as well as one contract technician in FY 1976, and 18 man/months of short-term contract technicians (FY's 74 through 76) to assist in the development and implementation of the rural health

services program. (In addition under Operating Expenses, AID/Haiti will have a project(s) manager. This person would be a public health generalist and would also deal with other health activities, e. g. family planning.) The direct-hire project technician will provide technical advice to SNEM management on all aspects of epidemiology and preventive health practices and coordinate the work of short-term specialists (i. e. physician adviser, public health administrators.) The contract technician will provide business management advice to SNEM management and assure the proper expenditure of and accounting for A. I. D. resources contributed to the project.

UNICEF has indicated its willingness to make contributions to an expanded, more generalized health program. It is expected that PAHO (Pan American Health Organization) will do likewise. PAHO is already providing three full-time technicians plus short-term consultants to assist in the development of a rural health program. In addition, the Government of Haiti has submitted a loan application to the Inter-American Development Bank (IDB) to finance the construction costs of a series of health centers in three districts. Other potential donors, e. g. Child Care Foundation in relation to tuberculosis, will be contacted and requested to contribute to this program.

This project is related to, and will be coordinated with, the GOH's proposed MCH/FM activity organized under the direction of the Division of Family Hygiene, DSPP, with the assistance of external donors, notably UNFPA.

This project, emphasizing advisory and other support for basic rural health services program, will also complement and provide essential support for other projects. The Haitian-American Community Help Organization (HACHO), through an AID grant agreement, has initiated several health community development projects including the supply of potable water and the building of sanitary latrines.

In summary, it is generally agreed that there is little hope of achieving any sustained social and economic progress in Haiti until and unless there are significant reductions in the prevalence of endemic diseases in the rural areas. Failure to attack and control endemic diseases would not only have a depressive effect on Haiti's efforts to increase the standard of living of most of the population and to attain a higher rate of productivity and economic growth, but also would probably endanger the status of health achieved in neighboring countries.

VI. COURSE OF ACTION

A. Implementation Plan

<u>Description</u>	<u>Responsible/ Contributing Agencies</u>	<u>Timing</u>
1. Reorganization of SNEM.	SNEM	To be initiated by July 1, 1974 and completed by January 1, 1976
2:3 Protection against Tetanus and tubercu- losis:		
a. Development of pro- gram for training super- visory, staff and field personnel.	SNEM/USAID	To be initiated immediately and completed by June 30, 1974.
b. Ordering of supplies	SNEM	Orders to be pla- ced by May 15, 1974.
c. Inauguration of training courses for SNEM vaccinators.	SNEM/PAHO	Courses to start on June 1, 1974.
d. Immunization of high-risk population (HRP)	SNEM	Work to begin August 1, 1974

<u>Description</u>	<u>Responsible/ Contributing Agencies</u>	<u>Timing</u>
4. Malaria control actions	SNEM/WHO/USAID	Continuing
5. Eradication of yaws	SNEM	Mopping-up action against yaws will con- tinue.
6. Preparation of plan for collection of sta- tistics	SNEM/DSPP/Haitian Insti- tute of Statistics	Formal discuss- ions to start on April 15, 1974
7. Establishment of work- ing groups to study coope- ration of SNEM with other health activities of DSPP.	SNEM/DSPP	Working groups to be formed by May 1, 1974 and discussion of re- commendation on SNEM's role to begin July 1, 1974
8a. Preparation of PIO/T for cost-effectiveness study of malaria program.	USAID/SNEM	April 15, 1974

8b. Preparation of PIO/T  
for detailed analysis of  
epidemiological situation,  
resources in manpower/  
physical facilities,  
prospective financing  
and cost effectiveness  
of proposed health acti-  
vities.

USAID/SNEM

May 30, 1974 (as  
part of Lebrun visit)

9. Evaluation of SNEM  
activities.

SNEM/USAID /WHO

To be determined

B. Narrative Statement

Preliminary discussions have identified the basic non-malaria role of SNEM -- preventive work against tetanus and tuberculosis--and several additional possible roles have been identified as indicated above.

Final decisions as to whether SNEM should undertake these additional roles will be made only on the basis of evaluating the advantages of entrusting specific tasks to SNEM. This issue will also depend upon the Haitian Government's decisions on the total amount of GOH funds to be devoted to Health work and on the division of these funds among the various health activities.

At the moment, there are a number of health activities which are in need of Government support: SNEM, the program of regionalization of health

activities to permit the extension of relatively low-cost medical care to the rural areas, a family hygiene program which will extend maternal/child care as well as family planning services, HACHO, urban hospitals, etc. Thus, the Government will need to decide which services should be continued at roughly present levels, which services should be expanded, and which services should be reduced or eliminated.

**FINANCIAL SAVINGS FROM CHANGING SNEM'S MALARIA ACTIVITIES  
FROM AN "ERADICATION PROGRAM" TO A "CONTROL PROGRAM"**

Changing the previous SNEM objective of malaria eradication to the present objective of malaria control will result in savings of \$1,245,600. This total represents savings of \$836,800 in spraying operations and \$408,800 in services (largely personnel) which are being converted from malaria work to non-malaria activities, e.g. tetanus vaccinations.

This calculation of savings is based on a comparison of the budget for 1972 -- a typical eradication program year -- with the budget for 1975, the first full year of the control program.

SNEM BUDGET  
(thousands of dollars)

	<u>1</u> 1972	<u>2</u> 1975 Total	<u>3</u> of which malaria	<u>4</u> Savings <sup>f</sup>	<u>5</u> Non-malaria activities
Direction	0.0 <sup>a</sup>	50.5	30.5	---	20.0
Administration	181.6	184.7	129.3	---	55.4
Garage & Transport	174.0	235.0 <sup>e</sup>	188.0	---	47.0
Entomology	19.1	24.2	24.2	---	0.0
Laboratory	134.5	71.2	71.2	---	0.0
Vaccination	0.0	123.3	0.0	---	123.3
Midwives	0.0	31.0	0.0	---	31.0
Evaluation & Statistics	226.3 <sup>b</sup>	251.3 <sup>b</sup>	175.9	---	75.4
Special Projects	64.0	20.0	20.0	---	0.0
Fixed Field Staff	129.8 <sup>c</sup>	283.5 <sup>c</sup>	226.8	---	56.7
Spraying Operations	1,255.2 <sup>d</sup>	418.4	418.4	836.8	---
<b>TOTAL</b>	<u>\$2,184.5</u>	<u>\$1,693.2</u>	<u>\$1,284.3</u>	<u>\$ 836.8</u>	<u>\$ 408.8</u>

- a Direction costs were included elsewhere in the 1972 budget.
- b Evaluation work includes operational costs of evaluators who collect slides. These evaluators will become multi-purpose workers who will give vaccinations in addition to collecting blood slides.
- c Field supervisory staff were hired on a temporary basis in 1972. This approach was not effective and field supervisory staff are now employed on a full time basis.
- d Reconstructed costs: in 1972, 900,000 houses were sprayed compared with 300,000 projected for 1975. At the estimated 1975 cost of \$1.40 per house for two spraying cycles, the cost of spraying 900,000 houses in 1972 would have been \$1,255,200.
- e Increase is result primarily of increased costs of POL.
- f This represents savings in spraying activities between 1972 and 1975. (If the eradication goal were to be maintained in 1975, the spraying costs would be higher than the budgeted total and all of the 1975 planned budget for other budget categories would be needed for malaria work.)
- g Non malaria activities such as tetanus, TB. which were not part of 1972 program.

**PROJECT NARRATIVES  
OF THE  
SERVICE NATIONAL D'ERADICATION DES ENDEMIES MAJEURES**

**1. DIRECTION**

The Office of Direction will direct and guide the present malaria eradication program in the conversion to a rural health program entitled: "Service National d'Eradiation des Endémies Majeures" (SNEM).

**2. ADMINISTRATION**

The Office of Administration will provide administrative and financial services during the conversion and thereafter to the rural health program (SNEM). Administrative services are provided through a Central office and three zones offices.

**3. GARAGE AND TRANSPORT**

The Garage and Transport Section will provide maintenance and repair services for a fleet of approximately 150 vehicles required for the rural health program. This section has a central garage located in Port-au-Prince which services vehicles of the central office and those of Zone II. Two Zone garages service those vehicles assigned to Zones I and III.

**4. EVALUATION AND STATISTICS**

This project will continue in the search for malaria cases and in the administration of suitable medication. Certain field employees will supervise the work of voluntary collaborators and re-supply them with their requirements (glass slides, cotton & alcohol) for specimens of blood of suspected malaria cases. Other field employees will collect data for statistical clerks to compile into meaningful reports for subsequent analysis and action.

**5. ENTOMOLOGY**

The Entomology Section will carry out susceptibility tests to determine the degree of tolerance or resistance of the vectors to the insecticides utilized in the control of malaria. It will also make bioassay tests to determine the length of time an insecticide remains effective when sprayed on different types of surfaces, and will larvicide those areas that are breeding places for the vectors.

**6. ANTI-TETANUS, TUBERCULOSIS AND VACCINATION**

This project will be coordinated with the present program within the Ministry of Public Health for the prevention and treatment of tuberculosis. Field employees will administer anti-tetanus, smallpox and tuberculosis vaccines as a preventive measure. Anti-tetanus vaccinations will be administered specifically to children up to five years of age and to women of fertile age.

## 7. LABORATORY

The Laboratory Section will examine and diagnose blood specimens collected on slides in the field, principally malaria at the present time. All microscopists will be trained to diagnose typhoid, yaws and tuberculosis. It is planned that eventually these employees will be integrated into the Ministry of Public Health.

## 8. TRAINING OF MID-WIVES

This project will provide training to 1,500 registered mid-wives through-out the rural areas. Training will be provided at existing rural health centers of the Ministry of Public Health. Supervision of mid-wives will be provided by the local resident doctor and SNEM field employees will provide a continuing census and provision of their requirements. Each mid-wife will be provided with a matrone's kit upon the completion of her training.

## 9. ULTRA LOW-VOLUME (ULV)

This project will provide ULV spray equipment and contract technicians to train pilots and ground personnel of the GOH Air Force. The training is required in the installation and utilization of the equipment in the application of malathion in malarious areas to reduce the mosquito population and potential spread of malaria.

## 10. FIELD OPERATIONS

This project provides 22 sector offices strategically located in the rural areas as operation bases. Each sector office is staffed with necessary personnel for supervision of field operations and the provision of field employees. In the continuing program for the control of malaria alone, 300,000 houses in malarious areas will be sprayed twice a year with DDT, 75% at 2 grams per square meter.