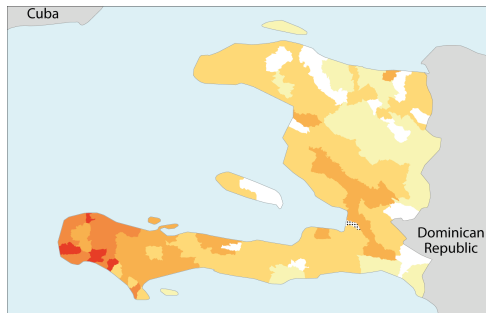


Haiti

Region of the Americas



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	2.7M	24
Low transmission (0-1 case per 1000 population)	7.1M	65
Malaria free (0 cases)	1.2M	11
Total	11M	

Parasites and vectors	
Major plasmodium species:	<i>P. falciparum</i> : 100 (%), <i>P. vivax</i> : 0 (%)
Major anopheles species:	<i>An. albimanus</i>

Reported cases and deaths	
Reported confirmed cases (health facility):	19 135
Confirmed cases at community level:	1015
Confirmed cases from private sector:	3077
Reported deaths:	12

Estimates	
Estimated cases:	32K [21.9K, 42.6K]
Estimated deaths:	81 [2, 162]

II. Intervention policies and strategies

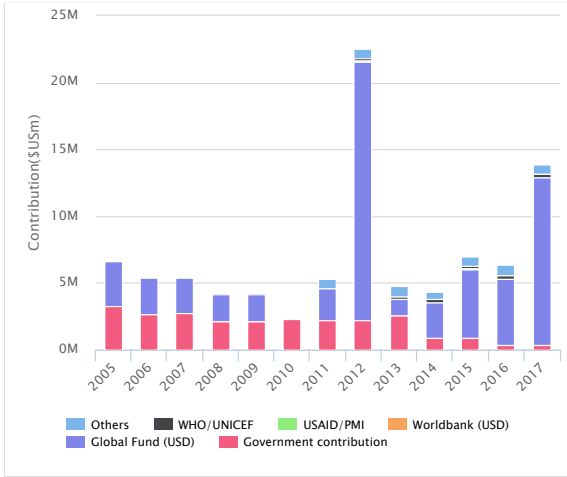
Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2012
	ITNs/LLINs distributed to all age groups	No	2017
IRS	IRS is recommended	No	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	2011
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1988
	Malaria diagnosis is free of charge in the public sector	Yes	2011
Treatment	ACT is free for all ages in public sector	No	2011
	The sale of oral artemisinin-based monotherapies (oAMTs) has never been allowed	-	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for <i>P. falciparum</i>	Yes	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reaction to antimalarials exists	No	-
	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes	-
	Mass screening is undertaken	Yes	-
Surveillance	Uncomplicated <i>P. falciparum</i> cases routinely admitted	Yes	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case and foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	-

Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria							
First-line treatment of <i>P. falciparum</i>	CQ+PQ(1d)	-	-				
For treatment failure of <i>P. falciparum</i>	MQ; SP	-	-				
Treatment of severe malaria	QN	-	-				
Treatment of <i>P. vivax</i>	CQ+PQ(14d)	-	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used	Pf only						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
CQ	2011-2014	6.1	8.2	10.3	28 days	2	<i>P. falciparum</i>
Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)							
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³			
Carbamates	-	-	-	No			
Organochlorines	2013-2013	0% (2)	-	No			
Organophosphates	2013-2016	0% (7)	-	No			
Pyrethroids	2013-2013	0% (1)	-	Yes			

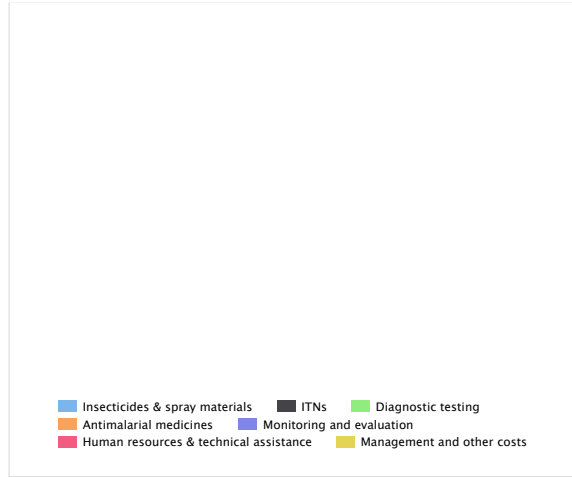
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)
²Principal vectors that exhibited resistance
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

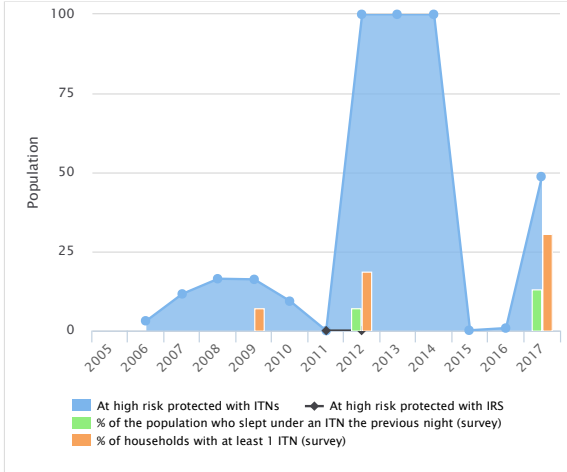


Government expenditure by intervention in 2017

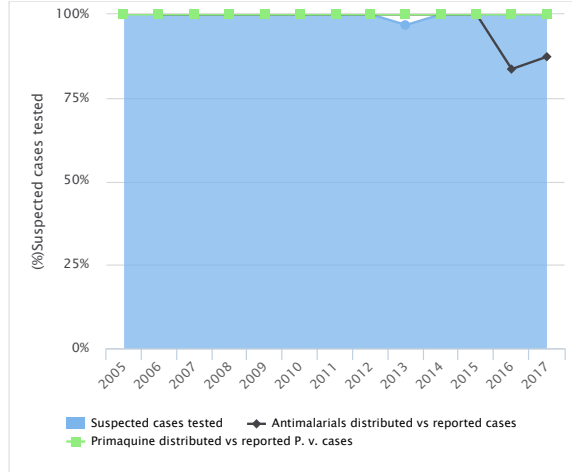


IV. Coverage

Coverage of ITN and IRS



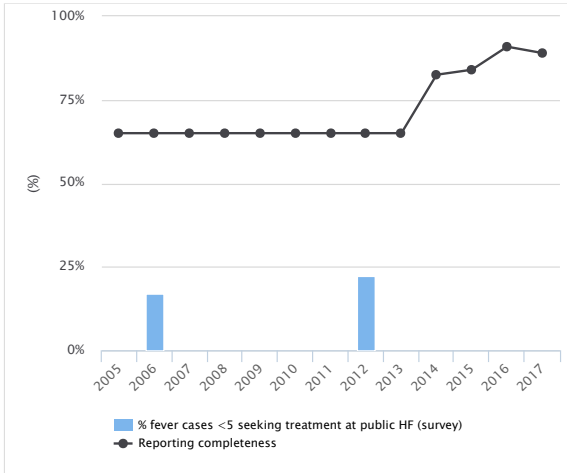
Cases tested and treated in public sector



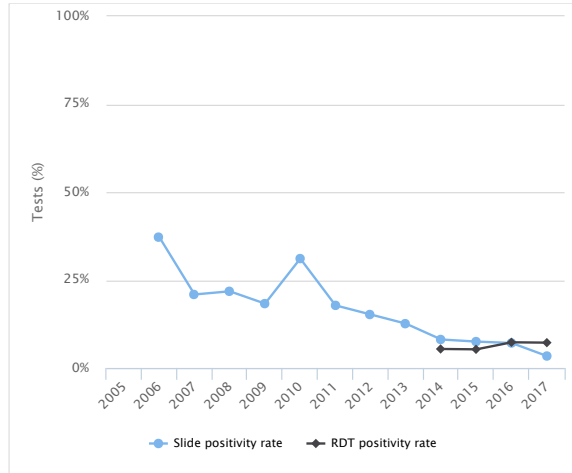
Source: DHS 2012, 2017, Other NHS 2009

V. Impact

Cases treated



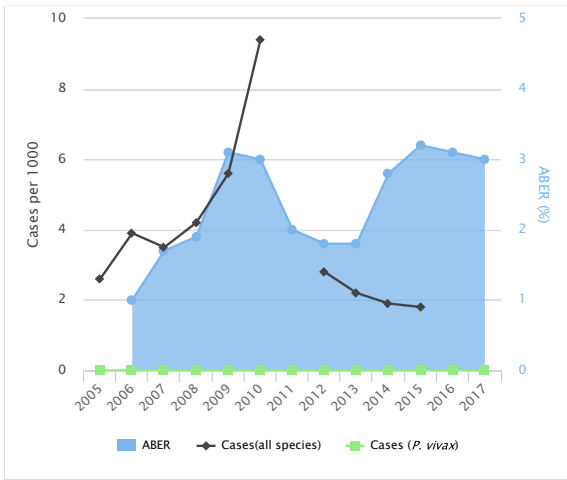
Test positivity



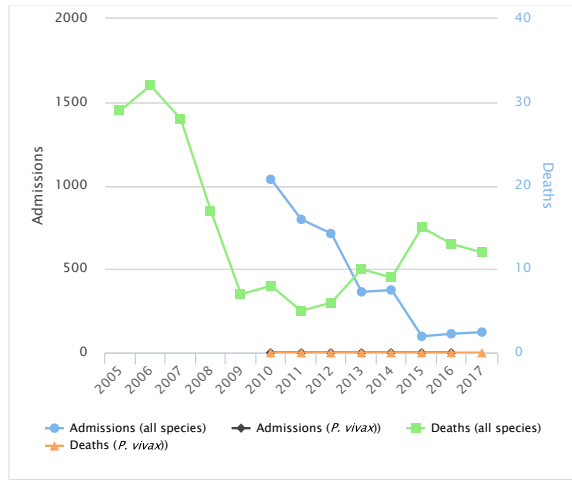
Source: DHS 2006, 2012

V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Footnotes
(est.) : WHO estimates based on the survey