

President Carter pushes for malaria elimination in Hispaniola

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President and Mrs. Carter, and The Carter Center's Dr. Donald Hopkins (left) view a map of malaria cases in Dajabón, shown by Dr. David Joa. Photo by Peter DiCampo/The Carter Center

It's 8:30 at night. The smell is unmistakably bovine as we find ourselves next to a sea of cattle enclosed by a scrap-metal fence. It's mosquito-catching time in the Dominican Republic. Armed with plastic tubing and Styrofoam cups laced with netting, three of the country's seven entomologists are hunting for *Anopheles albimanus*, the country's prevailing malaria vector, to test for resistance to insecticides that have been used to treat bed nets. Unlike their African counterparts who prefer to feed on humans, the malaria vector in the Dominican Republic is decidedly zoophilic, which is why we find ourselves here.

This is all part of a bi-national pilot project to eliminate malaria in Hispaniola.

The program is centered six hours from the Dominican capital of Santo Domingo, in Dajabón and neighboring Ouanaminthe, Haiti, where malaria is highly endemic. Each day, goods, people and, of course, disease migrate across the border with ease. But until now, little has been done to strategically address the burden of malaria on both sides of the Massacre River.

Hispaniola is the last reservoir of malaria in the region. Jamaica, a short distance from the island, is a non-endemic country for malaria. Nearby Cuba is said to not have had malaria since the 1960s. Both countries remain vigilant in their surveillance, particularly in light of outbreaks caused by imported malaria.

Malaria remains a major problem throughout Haiti. Dr. Joanel Mondestin of the nongovernmental organization CDS, which oversees the Haitian portion of the bi-national program, said Haiti's malaria program was gaining ground until about 10 years ago, when the country's health infrastructure and resources deteriorated. "From 2004-2007, Haiti was a jungle," said Dr. Mondestin, "but right now, it is almost ok." Indeed, the Pan American Health Organization's numbers show that Haiti had about 9,800 cases of malaria in 2001. By 2005 that number more than doubled to 21,700, and in 2006 there were 32,700 cases of malaria in the country. In 2007, the cases of malaria dropped back to 23,400, but most of its population is still considered to be at medium to high risk of contracting malaria.

The Dominican Republic has been fairly successful in controlling malaria, with only 2,700 cases in 2007. The disease is prevalent in only 14 of its 155 principalities. But the economic impact of malaria is significant, costing \$200 million in lost tourist revenue in 2004 alone.

Both countries recognize that elimination of the disease in one country is impossible if the disease exists anywhere on the island. "We cannot eliminate malaria if it's not a joint program, we're very conscious of that," says Dr. David Joa, malaria coordinator for the Centro Nacional de Control de Enfermedades Tropicales (CENCET) in the Dominican Republic.

In 2006, it was determined by the International Task Force on Disease Eradication that it is technically possible to eliminate malaria in Hispaniola. While there was desire on the ground to do something on a bi-national scale, it needed a little bit of a push.

The Carter Center came to help. In 2008, the Center provided \$200,000 in seed money for a pilot project to support bi-national work to eliminate malaria and, to a lesser extent, lymphatic filariasis on Hispaniola. Subsequent funding has brought total support by the Center to \$379,000. The funds provided for technical support, support active and passive surveillance, training, treatment, mapping, education and prevention efforts. The Center's investment also facilitated much-needed tools to implement the bi-national program including hiring of additional staff, and purchasing bed nets, motorcycles for community health workers, microscopes, and computers. A year later, at this visit, President Carter says, "I've been really amazed at the progress of the project thus far."

Why come here, why now? "I've been deeply involved in these two countries for the last 20 years. I've seen in the last 20 years, and in the island's 200-year history, they rarely cooperate with each other. And we thought that the influence of The Carter Center might be strong enough of a bridge to encourage the effort," said President Carter.

The goal is to eliminate malaria on Hispaniola by 2020. But with the seed money gone, the success of the 10-year program will depend not only on attracting more partners, but also on major donors to support the \$194 million effort. That translates to little more than \$1 per person, per year of the program. Moreover, striving to eliminate the disease in both countries is less expensive than if each nation merely seeks to control the disease.

The elephant in the room is Haiti's history of political volatility. Haiti also has an image problem to overcome. It needs to demonstrate opportunities for investment, progress toward peace, relative security, and the government's dedication to improving the lives of the country's poor. On the Dominican side, Dr. Joa acknowledges that success of the program hinges on Haiti's stability. "The political, social and economic in situation in Haiti is difficult," he says. But he strongly believes in the commitment and dedication of the Haitian partners to make the goal of malaria elimination a reality.

The Haitian partners of the project also see hope in their country, and in the program itself. In Dr. Mondestin's words, "If you fund TB, AIDS and malaria, along with funds for development, in 20 years, Haiti will look totally different."

It is clear that President Carter and The Carter Center are committed to making elimination by 2020 happen. During his trip, he attended a meeting of partners and prospective funders, first in the Dominican Republic, then in Haiti. He also engaged both ministries of health as well as Dominican President Dr. Leonel Fernandez and Haitian President René Prével to, in President Carter's words, "be sure that both governments commit to making it possible."

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