The cholera epidemic continues to take an unacceptable toll on the lives of Haitian people, following on the heels of the devastating earthquake in 2010. Haiti still hosts the largest number of suspected cholera cases worldwide with 698,893 cases and 8,540 deaths reported from October 2010 to date. If current trends continue, an estimated 45,000 cases could be expected in 2014.

Concerted Haitian and international efforts since October 2010 have succeeded in significantly reducing the toll of the epidemic. The UN is working closely with national authorities and international partners to mount a scaled up response to beat back the spread of cholera. But continued lack of funding has dramatically decreased capacity to respond effectively.

Despite severe infrastructure and financial constraints, important strides have been made in combating cholera in Haiti. There has been a drastic reduction in the number of suspected cases and deaths from cholera starting from 2013. The overall incidence of the disease has been reduced by half and fatality rates are below 1 per cent, the target rate set by the World Health Organization (WHO) globally. These results confirm that efforts to tackle the epidemic are working.

A significant effort to strengthen Haiti’s health and water and sanitation systems is urgently required as a fundamental part of the fight against cholera. The Government of Haiti launched its National Plan for the Elimination of Cholera (2013-2022) on 27 February 2013, along with a two-year operational component of the Plan. This plan requires the support of the international community. UN Secretary-General Ban Ki-moon has appealed to governments, philanthropists and the private sector to provide the funding that Haiti needs to save lives and defeat the epidemic.

**Current situation**

From October 2010 to 31 January 2014, the Government of Haiti (GoH) has reported 698,304 suspected cholera cases and 8562 cholera related deaths (DELR — Direction Epidémiologique de Laboratoire et de Recherches). Of these, 58,505 cases and 610 fatalities were recorded from January to December 2013.

Only 1396 cases and 16 fatalities have so far been registered in January 2014, reflecting a significant reduction in the number of cases since the beginning of the dry season in December 2013.

Thanks to concerted efforts, the number of reported cases has gone down from more than 100,000 suspected cases in 2012 to less than 60,000 cases in 2013. The official estimate for 2014 is at 45,000 suspected cases, if current investment levels are continued.
In alignment with the National Cholera Elimination Plan, the benchmarks against which the success of the UN’s efforts to eliminate cholera will be measured include:

- By 2015, the incidence of cholera is reduced to less than 0.5% and the global fatality rate is reduced to less than 1%
- By 2017, the incidence of cholera is reduced to less than 0.1% and global fatality rates are reduced to 0.5%

The goal set for 2015 was already partially achieved by the end of 2013, with an annual incident rate of 0.55%.

**Snapshot of UN achievements during 2013**

*In 2013 United Nations in Haiti has:*

- Helped to maintain and upgrade **32** cholera treatment facilities and **500** oral rehydration points, and rehabilitated WASH infrastructures in **10** health centers
- Supported the rehabilitation of more than **80** water sources from July to December 2013
- Trained **80** MSPP staff at central and department level in charge of water surveillance
- Established a water-quality monitoring system that is implemented in **56** health centres and is expanding the system to all of Haiti’s 140 communes
- Rehabilitated **16** treatment rooms to integrate diarrheal treatment services into the national health infrastructure
- Reduced risks for an estimated **106,446** people through desludging of latrines in **136** internally displaced camps
- Purchased **42,000** rapid diagnosis tests which were distributed by the National Laboratory to the health directorates in each department
- Set up a SMS-based reporting system to help health centers across the country collect and transfer data to the central office of the Ministry of Health in a timely manner
- Supplied more than **16 million** critical items for prevention and treatment of cholera, such as water purification tablets, soap and medical supplies and equipment
- Purchased oral cholera vaccines to cover about close to **110,000** people in one commune in the North department and one in the Centre
- Maintained nationwide network of **51** national and international NGOs working in WASH and health with experience in fighting cholera in Haiti to reinforce the role of national authorities and to improve coordination and response
- Initiated **51** Quick Impact Projects to enhance water supply and sanitation through the drilling and rehabilitation of wells and water points, construction of latrines and septic tanks, and the cleaning of ravines
**Perspectives of the dry season**

In the first month of 2014 the number of suspected cases of cholera and cholera related deaths was significantly reduced. Given the progress achieved so far and the start of the dry season, there is a certain level of optimism that the transmission of cholera in Haiti can disrupted by applying specific measures before the beginning of the next rainy season.

The UN and its partners have a window of opportunity during the current dry season to make significant progress in cutting cholera transmission- assuming that the financial resources are provided. In order to achieve that goal it is fundamental to:

- Support surveillance and analysis of cholera data
- Ensure rapid response activities to all alerts received to improve the immediate case management
- Identify the origin of contamination of every confirmed case in order to diminish the possibility of transmission
- Ensure household visits, distribute water treatment products to cholera affected families and their neighbourhood and rehabilitate/chlorinate water sources
- Ensure that mobile teams are pro-actively detecting suspected cholera cases, intensifying hygiene campaigns at communal level, with a focus on interactive activities with the population

These activities are not only performed in areas currently affected by cholera but in pre-identified zones of cholera persistence (i.e. in areas where the vibrio was present in recent dry seasons)

Meanwhile, a series of workshops on how to target sensitization activities and establish a division of responsibilities for action during the dry season are taking place. In addition, training of TEPACs (Sanitation and Drinking Water Technicians) and community health workers are also being organized with an increased participation of the regional departments of health and water and sanitation. In Artibonite, UN partners are preparing prevention activities for the carnival season.

**Funding needs and status**

The 10 year plan requires $2.2 billion USD for the long-term eradication of the disease through large-scale development of public health and sanitation infrastructure. Of this amount, $448 million USD are required for the first two years (2013-2015). Forty-six percent or $209.4 million USD of the $448 million USD have so far been mobilized by international partners. Of these, $180 million USD has already been committed and a further $29.1 million USD pledged.

The UN has developed a two-year support plan to the 10-year National Plan to eliminate cholera and which focuses on four pillars:

1) epidemiological surveillance;
2) health promotion;
3) medical treatment;
4) water, hygiene and sanitation.

The total amount required for 2014 is USD 40 million. To date, the only funding committed for the plan comes from the UN Central Emergency Response Fund for the amount of 6 million USD, which will not become available until March 2014. This is vastly insufficient to meet urgent needs. The lack of available funds today risks the departure of cholera actors, which could compromise gains attained so far and lead to resurgence in suspected cases.
Efforts underway

1. Ensure an efficient response to cholera

The UN and its partners support the Ministry of Public Health and Population to maintain an adequate epidemiological surveillance and alert system in country.

Epidemiological surveillance: The UN has deployed epidemiological experts who work with government epidemiologists at department and central level, including in the Ministry of Health’s Division of Epidemiology, Laboratory and Research. The aim for 2014 is to use the rapid test in every suspected case reported to differentiate cholera from diarrhea in order to improve the diagnosis and identify the areas of persistence.

Alert system and mobile teams:

A national alert system was established at the beginning of the cholera epidemic in 2010, with assistance from PAHO/WHO. The UN has established mobile teams who are responding with both health and WASH interventions to every alert within 48 hours. UNICEF’s national and international NGO partners currently work in all 10 departments to respond to cholera alerts, providing investigation of suspected cases, distribution of water treatment products and hygiene kits to the families and their neighbourhood, rehabilitation and chlorination of water sources. They also provide WASH supplies to cholera treatment centres and conduct community sensitisation, to change hygiene behaviours. Likewise, PAHO/WHO, has also established a complementary network of international and national partners with mobile health teams able to provide a rapid health response to alerts.

Highlights January 2014: IOM’s alert system is established to report cholera suspected cases in IDP camps and surrounding communities. In January 2014, there was one alert in Camp Sant Lucien Laverture, located in Carrefour where 9 cholera suspected cases were reported. A rapid response was conducted and all the suspected cases were referred to cholera treatment facilities. In the Artibonite department, IOM has established a community-based network integrated by local authorities and the brigadiers to report the alerts of cholera suspected cases. They continue to monitor the alerts and rely on the three IOM mobile rapid response teams to respond.
Treatment facilities: Since the beginning of the epidemic, the UN contributed established and/or upgraded over 150 cholera treatment facilities and set up nearly 700 water chlorination points across Haiti. In addition, the UN and its partners have helped the Ministry of Health put in place dozens of oral rehydration points (ORP) in isolated areas and distribute thousands of packets of oral rehydration salts.

**Highlights January 2014:** In January, a total of 18 oral rehydration points (ORP) were activated to provide effective life-saving treatment and cholera prevention activities to the vulnerable populations. In the Artibonite department, IOM continues to assist in providing first-line treatment to cholera suspected cases through the activation of an ORP with 2 nurses and 4 brigadiers in St Michel where cholera suspected cases have been reported. A total of 42 brigadiers are reinforcing the sensitization on cholera prevention all over the department. A new cholera treatment center with a capacity of 20 beds, financed through a MINUSTAH QIP, is in construction in Caracole (North East Department). The structure is about 98% done and should be completed in the month of February. In January, OMS continued visiting several cholera treatment facilities throughout the country to access its functioning conditions, namely in terms of infrastructure, health staff, number of patients, and health services provided.

Supplies: The UN provides the Ministry of Health with medical and WASH supplies to department warehouses and health centres. PAHO/WHO supports the management of PROMESS, the national agency for the distribution of medicines. Besides buckets, water tanks, pool testers and water pumps UNICEF, IOM and UNOPS continue distributing chlorine, aquatabs, oral rehydration salts, bars of soap, cholera kits and medical supplies.

**Highlights January 2014:** At the institutional level in the Artibonite and the North-West departments, IOM continues to support prevention and treatment through the provision of Cholera nonfood items (NFI) items. In January 2014, a total of 50,268 cholera NFI items were distributed.

Coordination: Reinforced coordination structures at both national and local level are essential to facilitate an efficient response by all actors involved. The UN continues supporting the various coordination mechanisms established by the Government, including the national cholera coordination unit hosted within the Ministry of Health and departmental coordination cells. The reinforced coordination at departmental level resulted in more timely and efficient response activities to cholera alerts.

2. Scale up prevention efforts to curtail the epidemic

To reduce the risk of contamination through unsafe water and food, the UN helps improve water quality, raises awareness on adequate hygiene practices and supported a vaccination campaign in affected areas.

Water quality control and response: PAHO/WHO has helped national authorities put in place a system that uses mobile phone technology to ensure daily water quality surveillance in 56 health facilities. UNICEF continued ensuring the expansion of the system to monitor more than 300 water systems across the country with a focus on health structures. UNICEF’s NGO partners continue to ensure basic repair of WASH installations in cholera treatment centers and water points.
Sensitization: Since 2010, the UN has supported sensitization campaigns to increase awareness of necessary prevention and hygiene measures, reaching more than 700,000 families. The national Water and Sanitation Authority has deployed more than 280 water and sanitation technicians in all the communes to contribute to both prevention and response activities. The UN has also supported the Ministry of Health to develop a National Intersectoral Plan for hygiene promotion involving key ministries, such as education, agriculture as well as health, water and sanitation.

Prevention in IDP camps: IOM continues to conduct cholera prevention activities in 73 camps and provide effective response to alerts of cases in surrounding communities. As January 2014, a total of 55 brigadiers and 39 focal points remain active and continue to monitor the alerts of cases and provide cholera first-line treatment. In terms of WASH, UNICEF’s partners have been providing desludging services in 135 camps, covering an estimated 106,446 people.

Vaccination in areas of cholera persistence: The UN (UNICEF and PAHO/WHO) and other partners are supporting the Ministry of Health to carry out a vaccination campaign targeting 600,000 people in areas of cholera persistence. The first phase of the campaign, which covers the communes Petite Anse in the North and Cerca Cajaval in the Center, took place during the first week of August 2013 targeting 107,906 people in two affected communes. The second phase took place at the end of August - beginning of September. Plans are underway to proceed with vaccination of the additional 500,000 people targeted by the Government’s strategy.

Working in Partnership: ACTED supports departmental mobile teams.
The Agency for Technical Cooperation and Development (ACTED) is a UNICEF partner working together with departmental authorities in the cholera response in the South and Grand-Anse departments of Haiti. In January 2014, there was a significant decrease in the number of cholera cases in the South department. The joint activities implemented by the departmental health and water and sanitation authorities as well as ACTED contributed to this positive result. ACTED supports the three emergency mobile teams that cover the South department. Each team, composed of at least a wash and sanitation technician and a health agent, is responsible for the surveillance, investigation of cases and responses to alerts in the field. In January, the mobile teams responded to four alerts, and immediately ensured household visits and distributed water treatment products, reaching more than 1700 families. Plus, an awareness campaign was organised to reach more than 9000 individuals, five water chlorination points were set up and 39 houses were decontaminated. In terms of regular prevention activities, a total of 2400 people in targeted areas benefitted from sensitisation campaigns. In addition, 133 members of women and parents associations attended a training of trainers workshop.
Challenges

Significant challenges remain to meet the needs to tackle the epidemic. While concerted efforts have helped improve the national surveillance system, continued support is needed to ensure that all suspected cases are reported and given adequate follow up. The number of donors and actors engaged in cholera response efforts has declined since 2011 while national capacity has not increased by any comparable degree. The reduction of cholera response capacity since 2011 has translated into a significant gap in quality treatment. Humanitarian financing is declining faster than the pace of IDP camp closure. There is an urgent need to continue supporting waste treatment in IDP camps until the point of closure to avoid the spread of water-borne diseases in highly populated areas. The dysfunctional national water system, which already led to a high rate of diarrhoea cases even before the outbreak of cholera (an average of 2,000 per month of patients above 5 years reported before the outbreak of the cholera epidemic), needs to be improved. Rising institutional death rates reflect the need to improve WASH installations in treatment facilities and the quality of case management, which is severely hampered by insufficient medical staff due to the lack of payment of salaries and the closure of treatment facilities.

The UN and its partners remain fully mobilized to address these challenges in support of the Government of Haiti and will continue to appeal for additional funding to adequately address both short and longer term needs.

The UN has initiated a system-wide effort to support the Government of Haiti in the fight against cholera. The following UN entities are leading these efforts: