The cholera epidemic in Haiti has affected an unacceptable number of people with around 712,330 suspected cholera cases, and an estimated 8,655 cholera related deaths recorded by the Ministry of Public Health and Population (MSPP) from October 2010 through October 2014. Despite a significant reduction in the incidence of cholera, Haiti continues to host the largest cholera epidemic in the Western Hemisphere. Since the beginning of the epidemic, the UN has made eliminating cholera from Haiti a top priority and has initiated a system-wide effort to support the Government of Haiti (GoH) in the fight against the disease.

Concerted Haitian and international efforts have succeeded in significantly reducing the toll of the epidemic. All geographical areas are covered through government rapid response teams (EMIRAs) and partner field teams deployed throughout the 10 departments and are supported locally by water and sanitation technicians, civil protection brigadiers, and community health workers. About 70 per cent of the interventions of these rapid response teams are done within 48 hours after an alert. Thanks to the increase in the use of cholera rapid tests, the GoH and the UN can better differentiate cholera from acute diarrhoea and identify and isolate areas where cholera persists. With the heavy and delayed rainfall during the month of October, the number of suspected cases has significantly increased with an estimated 4,577 cases and 54 deaths in October, with a very sharp increase of alerts in the West Department.

Despite progress made, structural issues, including weak water, sanitation and health systems, enable cholera, acute diarrhoea or other waterborne diseases to persist. Haiti has fallen further behind the rest of the region in sanitation coverage since 1990, with the most excluded population in rural areas. More than a third of the population lack access to safe water (47% in rural areas). Cholera is still an emergency in Haiti and efforts need to be pursued to sustainably eliminate the disease. The UN reaffirms its commitment to work closely with national authorities and international partners to mount a scaled up response to beat back the spread of cholera.

The joint GoH and United Nations High-level Committee for the Elimination of Cholera in Haiti met on three occasions in Port-au-Prince, in May, July, and October 2014. This last meeting was an opportunity to present the positive results of the vaccination campaign benefitting 185,000 people and discuss the next steps of the national sanitation campaign. The Committee will ensure the implementation of a common strategy for the elimination of cholera in Haiti and the provision of social and economic assistance to affected communities.

Current Situation

From October 2010 to 31 October 2014, the GoH has recorded approximately 712,330 suspected cholera cases and 8,655 cholera related deaths.

From 1 January to 31 October 2014, 14,869 suspected cases and 132 fatalities have been recorded. There has been a 69% reduction in the number of cases in the first 10 months of 2014 compared to the same period last year. The case fatality rate is below the 1 per cent target rate set by the World Health Organization.

If the current trend continues, PAHO/WHO indicates that the anticipated number of cases from November to January 2015 could reach 8,500.

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1 Source: MoH, National Surveillance Network Report EW 44
2 Although sanitation coverage has marginally risen from 1990-2012 (19%-24%) due in large part to the earthquake response –Haiti has fallen further behind the rest of the region in that time (67%-62%). And while more Haitians in urban areas now have access to improved sanitation facilities, rapid urbanization means these percentages have actually gone down. The most excluded population is in rural areas, where sanitation coverage is only 16 per cent and sometimes health infrastructures are absent and cholera response is a bigger challenge.
4 Source: MoH, National Surveillance Network Report EW 44
5 Source: MoH, National Surveillance Network Report EW 44
As such the cholera response rests at a critical tipping point. Given adequate resources and sustained interventions, coupled with improvements in long-term water, sanitation and health infrastructure, it may be possible to eliminate cholera within the timeline of the National Plan for the Elimination of Cholera. However, if the response falters and resources are not forthcoming, hard-won gains may be compromised and cholera could persist in localized areas.

**Outbreak in Port-au-Prince**

While an increase in suspected cholera cases has been expected since the beginning of the rainy season in April 2014, only 358 suspected cholera cases and one death were reported for the Department of West in September 2014 (compared to 1,574 suspected cholera cases and 8 deaths in 2013). However, a very significant increase in cholera incidence has been observed in the metropolitan areas of Port-au-Prince and its surroundings since late September, in a context of heavy and delayed rainfall. For the month of October, an estimated 2,187 suspect cases and 24 deaths have been recorded\(^4\) in the West department (compared to 1,627 cases and 7 deaths in October 2013). Cases have been scattered all around the Port-au-Prince metropolitan area but are clustered more heavily in the areas of Martissant, Carrefour or Croix-des-Bouquets. The response to this outbreak has centred on investigation, active research of cholera patients, decontamination, protection of water sources and community outreach from multi-disciplinary mobile teams (EMIRA, NGOs, UN). Extra cholera beds have increased treatment capacities and are an important component of the response together with the identification of contaminated water supplies, the chlorination of water sources and working with the private sector to ensure the chlorination of water tankers.

**National Sanitation Campaign**

The ‘National Sanitation’ campaign targets an initial 16 priority communes covering 1.9 million people in the next three years. This initiative was presented at the high-level conference on “Haiti: Clean Water, Improved Sanitation, Better Health”\(^7\), which took place in Washington D.C. on 9 October 2014. The campaign strives for zero open defecation, increased access to water and sanitation infrastructure in primary and secondary schools, as well as in health centres. It also encourages greater household investments in durable, hygienic latrines. Thanks to funding from the governments of Canada and Japan, project activities have officially started in the communes of Mirebalais and Cerca La Source in the Centre department on 14 October.

**National Plan for the Elimination of cholera 2013-2022**

The GoH launched its National Plan for the Elimination of Cholera (2013-2022) on 27 February 2013. In support to the Government of Haiti plan, the UN developed a two-year operational plan focusing on the most urgent activities to curtail the epidemic. 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%

**2014 Response**

**Based on the pillars of the Government’s two-year operational plan and UN Support Plan**

1. **Epidemiological surveillance and alert system**

The UN has deployed epidemiological experts (from the Assistance Publique – Hôpitaux de Marseille and the French Institute of Research and Development) to work with government epidemiologists at department and central

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\(^4\) Data is still being collected and numbers may be adjusted once the analysis is finalized by the MSPP.

\(^7\) For more information on the conference, visit: http://www.worldbank.org/en/events/2014/09/30/haiti-clean-water-improved-sanitation-better-health
levels, including in the Ministry of Health’s epidemiological department (DELR). The use of rapid diagnostic tests helps to distinguish cholera from other types of acute diarrhoea and identify and isolate target areas where cholera persists. WASH and health interventions in response to alerts take place in a more coordinated manner for higher impact. While the alert system is functional and coordination between health and WASH actors has been continuously strengthened, the lack of governmental financial means and the withdrawal of many field partners due to the lack of funding remains a key challenge. This affects greatly affects the treatment of cholera patients, the timely reporting of cases and alerts, and is contributing to some delays in the alert response time.

As part of the ongoing efforts by cholera actors to reinforce the Ministry of Health’s rapid response teams, the EMIRAs, IOM provided support on case management in camps and communities located in the West, South-East, Artibonite, North East, and North West departments. IOM also trained a total of 154 brigadiers, 82 nurses and 49 focal points on several key topics on case management.

2. Health Promotion
Since 2010, the UN has supported sensitization campaigns to increase awareness of necessary cholera prevention and basic hygiene measures. Through June 2014, the UN and its partners were meeting the target of having 80 per cent of the population aware of at least three hygienic and prevention practices, thanks to sensitization efforts made in all 10 departments at community level. The National Water and Sanitation Authority has deployed more than 256 water and sanitation technicians (TEPACs), in all the communes, to contribute to both prevention and response activities.

In addition, training of TEPACs, community health workers and civil protection brigadiers are being organized with an increased participation of the regional departments of health and water and sanitation. Through October 2014, IOM carried out sensitization sessions on cholera prevention, reaching 7,173 beneficiaries, including IDPs and people living in the communities. Health promotion activities face several barriers (including cultural beliefs, taboos, lack of health education, distance, stigma), which can keep vulnerable populations from affected areas from accessing health care when they experience cholera symptoms. Partners, including IOM, are adjusting their approach to try to address these challenges.

In addition, the UN provides the Ministry of Health with medical and WASH supplies to department warehouses and health centres. Challenges include the limited capacities of health centres to anticipate depletion and request stock and the insufficient transportation and other logistical means at the DPM (Pharmacy, Medications and Traditional Medicine Direction). PAHO/WHO also supports the management of PROMESS, the national agency for the distribution of medicines. UNICEF, IOM and UNOPS continue providing chlorine (HTH), buckets, cholera kits (Aquatabs, oral re-hydration salts, bars of soap) and medical supplies to facilitate the rapid response. From January until October 2014, IOM supplied cholera treatment facilities with a total of 758,135 medical and non-medical items (Aquatabs, HTH, soaps, medicine, perfusion sets, cholera testing kits, masks, ropes, buckets, beds…).

3. Medical Treatment
All integrated centres are applying national protocols for correct cholera case management. Since the beginning of the epidemic, the UN has established and/or upgraded over 150 cholera treatment facilities and set up nearly 700 water chlorination points across Haiti. The withdrawal of some partners due to lack of funding has resulted in the shutting of some centres with a drop from 250 treatment facilities to 159 in 2014, which is contributing to reduced access. Further, most facilities are now run by the Ministry of Health, which has limited capacities to maintain appropriate conditions and pay salaries. Of health facilities providing cholera treatment only 60 per cent were found to have adequate WASH infrastructure, sanitary practices and infection-control measures (target of 80 per cent).

Against this challenge, PAHO/WHO have helped national authorities put in place a system that uses mobile phone technology to ensure daily water quality surveillance in 56 health facilities. UNICEF is ensuring the expansion of the system to monitor more than 300 water systems across the country with a focus on health structures. NGO partners continue to support government authorities in ensuring the basic repair of WASH installations in cholera treatment centres and community water points while promoting good hygiene practices.

4. Water and Sanitation
Aside from providing rapid response to alerts in support of local authorities, UNICEF’s partners have also been providing desludging services in 135 camps, covering an estimated 106,446 people. From January until October 2014, IOM conducted WASH activities in 29 schools and 24 communities in three communes in the metropolitan
area of Port-au-Prince (Cite Soleil, Port-au-Prince and Delmas). These activities benefited an estimated 28,500 people. IOM also helped rehabilitate latrine blocks, equipped with their own hand washing station and shower unit; create 60 focus groups in communities and schools to maintain awareness of good sanitation practices; distribute hygiene kits; and organize an initial inventory of materials to support the maintenance of latrines and promote ownership of the latrine facility.

MINUSTAH’s Civil Affairs Section supports the implementation of the Government of Haiti’s cholera elimination plan through two mechanisms: institutional support at the departmental and local level and the implementation of Quick Impact Projects (QIPs). QIPs are small-scale, low-cost projects that are planned and implemented within a short timeframe to provide immediate benefit to the population. During the month of October four QIP projects were initiated (two in the West Department and two on the Centre Department), which will increase access to drinking water and reach over 40,802 beneficiaries. These four projects are in addition to the 23 QIPs in progress in support of the national cholera elimination plan.

Coordination

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. However, gaps still exist in coordination between WASH and health actors, between NGOs and Government actors such as the EMIRA (Equipes Mobiles d’Intervention Rapide), and the TEPACs. The UN continues to focus on supporting intersectoral coordination from national to local levels and strengthening government capacity.

Challenges

The immediate response has been hindered by the withdrawal of field partners due to lack of funding and the closure of many cholera treatment centres. This has reduced access to treatment, is limiting timely reporting and is delaying response time. Lack of medical staff in treatment centres is also hampering response. Regarding rapid tests, they are available in all departments. However, the challenge lies in ensuring confirmation of cases through culture in laboratory. Sample transportation to the Public Health National Laboratory is to be more systematic. UNICEF and WHO are working on this issue to ensure all health and WASH actors contribute to the collection and transport of samples, in addition to efforts made by the GoH. Structural issues, in particular the limited national water and sanitation systems, are disproportionately contributing to diarrhoeal disease outbreaks, even prior to the cholera epidemic.

Funding

National Plan for the elimination of cholera in Haiti

The GoH’s 10-year National Plan for the elimination of cholera requires an estimated USD 2.2 billion to support large-scale development of public health and sanitation infrastructure. Of this amount, USD 448 million is required for the first two years (Feb 2013-Feb 2015), of which only 40% has so far been mobilized by international partners.

The UN has developed a two-year support plan to the 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 UN amount required for 2014-2015 is USD 72 million. To date, close to USD 40 million has so far been mobilized from several donors. Further support will be needed to sustain efforts and meet urgent needs, especially given the recent alerts in the metropolitan area of Port-au-Prince. A premature disengagement could compromise gains attained so far and lead to a resurgence in suspected cholera cases.

The United Nations 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: MINUSTAH, UNICEF, WHO/PAHO, OCHA, UNOPS and IOM.

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