



The cholera epidemic in Haiti has affected an unacceptable number of people with around 706,089 suspected cases and an estimated 8,592 deaths reported from October 2010 to 30 August 2014 by the Ministry of Public Health and Population (MSPP). 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 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.

According to Dr Pierre Gazin¹, from the French Institute of Research and Development, who is supporting UNICEF's cholera response, the downward trend in cases is also due to prevention interventions and improved coordination between institutional and humanitarian actors. Immunity developed by part of the population and improved community awareness of cholera prevention may also be contributing to the positive trend.

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 areas². More than a third of the population lack access to safe water (47% in rural areas)³. 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.



Health promotion takes place during the vaccination campaign in the Plateau Central @UNICEF

The joint GoH and United Nations High-level Committee for the Elimination of Cholera in Haiti met on two occasions in Port-au-Prince, in May and July 2014. The third meeting took place on 2 October in Port-au-Prince, which was an opportunity to present the results of the vaccination campaign 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

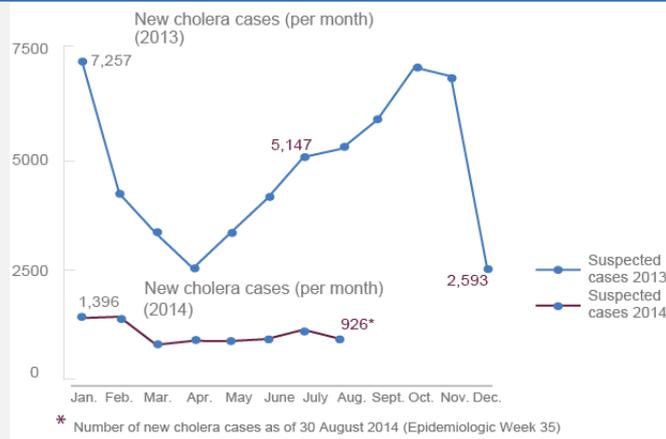
From October 2010 to 30 August 2014, the GoH has reported around 706,089 suspected cholera cases and 8,592 cholera related deaths⁴.

¹ Source: Presentation made by Professor Pierre Gazin on 19 July 2014 at the Haiti Humanitarian Country Team meeting.

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%-82%). 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.

³ WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, <http://www.wssinfo.org/>

⁴ Source: Source: MoH, National Surveillance Network Report EW 35.



From 1 January to 30 August 2014, 8,628 suspected cases and 69 fatalities have been registered⁵. There has been a 76% reduction in the number of cases in the first 8 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.

The official estimate for 2014 has been revised downward to 15,000 suspected cases, from an initial projection of 45,000 cases, confirming the decreasing trend.

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 in the next few years. However, if the response falters and resources are not forthcoming, hard-won gains may be compromised and cholera could persist in localized areas.

Cholera vaccination campaign 2014

The UN worked closely with the MSPP to launch the 2014 cholera vaccination campaign in 7 high-risk cholera areas across 3 departments during August and September. The campaign was financed thanks to a grant from the U.N. Central Emergency Response Fund (CERF) and the vaccines have been acquired through the global stockpile created at the request of the 2011 World Health Assembly as a tool to help control cholera outbreaks worldwide. WHO/PAHO serves as secretariat for the global stockpile, which is also supported by the International Federation of Red Cross and Red Crescent Societies, Doctors without Borders, and UNICEF.

Close to 185,000 Haitians were vaccinated during the two rounds adding to the 107,000 vaccinated in 2013. More funding is needed to vaccinate more than 313,000 people as planned under the Government's national cholera elimination plan.

National Sanitation Campaign

The 'National Sanitation' campaign will target an initial 16 priority communes covering 1.9 million people in the next three years. The campaign will strive for zero open defecation, increased access to water and sanitation infrastructure in primary and secondary schools, as well as in health centres. It will also encourage greater household investments in durable, hygienic latrines. With funding from Canada and Japan, UNICEF and partners are working in six priority communes. Project activities will start 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%



Dr Georges Dubuche, the Director General of MSPP, vaccinates a young boy during a supervisory visit of the first passage of the oral cholera vaccination campaign in Saut d'Eau, Centre @UNICEF

⁵ Source: MoH, National Surveillance Network Report EW 38

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 levels, including in the Ministry of Health's epidemiological department (DELR). The use of rapid diagnostic tests helps to distinguish cholera from acute diarrhoea and identify and isolate areas where cholera persists. From January to June 2014, 75 per cent of suspected cholera cases have been tested (against a 90 per cent target). During the reporting period, 90 per cent of departments and communes have collected epidemiological data in a timely manner (against a 100 per cent target). The remaining 10 per cent face communications and access challenges, including the lack of rapid tests in some cholera treatment centres and health centres.

WASH and health interventions in response to alerts take place in a coordinated manner for higher impact. While the alert system is functional and coordination between health and WASH actors has been continuously strengthened, the withdrawal of many field partners due to the lack of funding remains a key challenge. This affects the timely reporting of cases and alerts and is contributing to some delays in the response time.

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. During this same time period, 102 camps received health coverage by IOM via mobile response teams.

In addition, the UN provides the Ministry of Health with medical and WASH supplies to department warehouses and health centres. Through June 2014, 70 per cent (target of 100 per cent) of departmental warehouses had sufficient levels of stock. Challenges included 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. For instance, during the month of August, UNOPS, the French Red Cross and IOM organized a joint rapid response to an alert in Jerusalem-Canaan in the metropolitan area of Port-au-Prince. The response included the distribution of medical kits, home disinfection and hygiene promotion. UNOPS distributed over 750 kits and reached 2,272 people. Furthermore, during the same month, UNOPS distributed 8238 medical kits and disinfected 27 homes in the area of Cabaret and Cornillon in the West Department.

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. From January to June 2014, it is estimated that 60 per cent of the population had access to cholera treatment facilities (80 per cent target). 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 to July 2014, IOM WASH activities reached a total of 29 schools and 24 communities in three communes in the metropolitan area of Port-au-Prince. These activities included the rehabilitation of 27 latrines blocks, equipped with hand washing stations and shower units; sensitization sessions in communities and schools; the creation of committees for the management of latrines in communities and of hygiene clubs in schools; and the distribution of hygiene kits.

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. In the second half of 2014, the UN will continue 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 69 million. To date, USD 32 million has so far been mobilized from several donors. Further support will be needed to sustain efforts and meet urgent needs. 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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 For more information, please visit <https://haiti.humanitarianresponse.info/>