



## In this issue

**Current situation.....P.1**

**Response Activities....P.2**

**Funding.....P.4**

**Field Story.....P.5**



Haiti still hosts the largest number of suspected cholera cases worldwide with more than 700, 000 cases and around 8500 deaths reported from October 2010 to date. Since the beginning of the epidemic, the UN has initiated a system-wide effort to support the Government of Haiti in the fight against cholera.

These concerted Haitian and international efforts have succeeded in significantly reducing the toll of the epidemic. Every year, the numbers of cholera cases have been reduced by more than half and fatality rates are now below 1 per cent, the target rate set by the National Cholera elimination Plan to 2015. As in previous months, statistics from February 2014 indicate the lowest number of cases ever reported since the beginning of the epidemic. These results confirm that UN efforts to tackle the epidemic are working.

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. This is its first priority. Continued lack of funding, however, has dramatically decreased capacities to respond effectively.

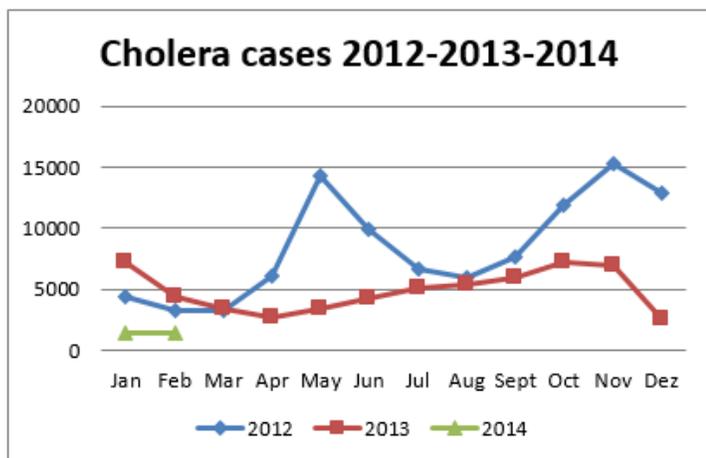
A significant effort to strengthen Haiti's health and water and sanitation systems is urgently required as a fundamental part of the fight against cholera. The Government of Haiti launched its ten-year National Plan for the Elimination of Cholera, along with a two-year operational component of the Plan. 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 eliminate the epidemic.

## Current Situation

From October 2010 to 2 March 2014, the Government of Haiti (GoH) has reported **699,723** suspected cholera cases and **8566** cholera related deaths (MSPP- *Ministère de la Santé Publique et de la Population*).

Only **1419** cases and **four** fatalities have so far been registered in February 2014\*, reflecting a significant reduction in the number of cases since the beginning of the dry season in December 2013. In fact, it is the lowest number of cases and fatalities registered since the outbreak was declared.

As a result of concerted efforts, the number of reported cases have been significantly curtailed from 100,000 cases in 2012 to 60,000 in 2013. If current investment levels are continued, the official estimate for 2014 stands at 45,000 suspected cases, confirming the decreasing trend.



\*provisional numbers from 1 February to 2 March, not yet validated by the MSPP

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

The Government of Haiti 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%

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

### Perspectives of the dry season

The UN and its partners have a window of opportunity during the current dry season, when cholera retracts to limited locations, to make significant progress in cutting cholera transmission in those areas. 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 neighborhoods and rehabilitate/chlorinate water sources; ensure that health and WASH 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).

## Response activities

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. 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. The results confirm that the response activities to tackle the epidemic are working.



### Ensure an efficient response to cholera

- **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**

The UN has established mobile teams who are responding with both health and WASH interventions to every alert within 48 hours. UN international and national 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 and

health supplies to cholera treatment centres and conduct community sensitisation, to change hygiene behaviours, as well as provide a rapid health response to alerts.

- **Treatment facilities**

Since the beginning of the epidemic, the UN 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.

- **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 re-hydration salts, bars of soap, cholera kits and medical supplies.

**Highlights:** MINUSTAH also provided logistic and technical support to the *Ministère de la Santé Publique et de la Population* (MSPP) through the provision of tents, drinking water and medical assistant. In the West Department, MINUSTAH distributed 12,679 liters to various areas including Cite Soleil, Croix-des-Bouquets, Ganthier, Petionville and provided medical assistance to 101 people including victims of cholera. In the South Department, MINUSTAH distributed 30,000 liters of water to the commune of Les Cayes and in Grande Anse Department MINUSTAH distributed three cistern of water to the Cholera Treatment Center (CTC) of Pestel.

- **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.

### Expand prevention efforts and 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. NGO partners continue to ensure basic repair of WASH installations in cholera treatment centers and water points.

**Highlights:** For the month of February 2012, MINUSTAH through the Quick Impact Projects (QIPs) helped establish four safe water supply systems in the Centre and Artibonite Department for a total amount of USD 141,326. These projects helped approximately 18,500 people from the communities of Lascahobas (Centre) and Saint-Marc (Artibonite) gain access to safe drinking water.

MINUSTAH approved two new quick impact projects for cholera relief efforts in support to the Government of Haiti's Cholera Plan 2013-2022 including:

- A QIP in Port de Paix (North West Department) for the decontamination of household latrines in the slums of Port de Paix for a total cost of USD 18,118. The project was submitted by the Departmental Directorate of Health and will target 12 popular neighborhoods among the most vulnerable of the city.
- A QIP for the extension of drinking water to K-Tozen (Grand-Goâve) for an amount of USD 50,552.

- **Outreach/sensitization**

Since 2010, the UN has supported sensitization campaigns to increase awareness of necessary prevention and hygiene measures. The national Water and Sanitation Authority has deployed more than 280 water and sanitation technicians (TEPACs) in all the communes to contribute to both prevention and response activities.

A series of workshops on how to target sensitization activities and establish a division of responsibilities for action during the dry season have been taking place. In addition, training of TEPACs 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 organized training and prevention activities during the carnival season.

- **Prevention in IDP camps**

IOM continues to conduct cholera prevention activities in camps and provide effective response to alerts of cases in surrounding communities. In terms of WASH, UNICEF's partners have been providing desludging services in 135 camps, covering an estimated 106,446 people.

- **Vaccinations in cholera-affected areas**

The UN 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 and second phases of the campaign, which covers the communes Petite Anse in the North and Cerca Cajaval in the Center, took place during August and September 2013 targeting more than 107,000 people in two affected communes. Plans are underway to proceed with vaccination of the additional 500,000 people targeted by the Government's strategy.

## Challenges

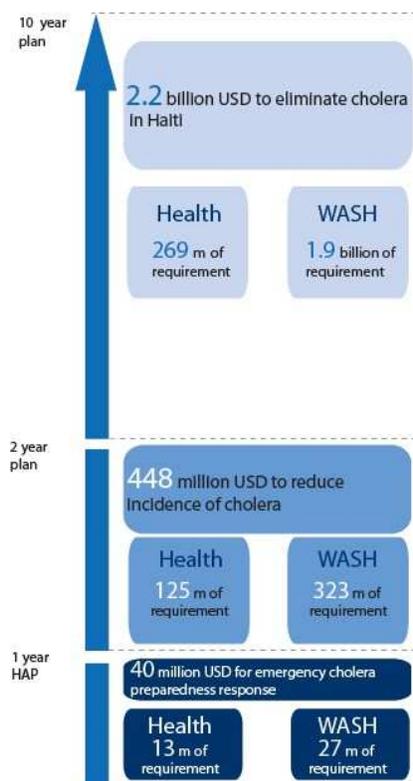
While concerted efforts have helped improve the national surveillance system, continued support is needed to ensure that all suspected cases are reported and given adequate follow up. Significant challenges remain to meet the needs to tackle the epidemic:

- 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
- The dysfunctional national water system, which already led to a high rate of diarrhoea cases even before the outbreak of cholera needs to be improved.
- There is a huge need to improve WASH installations in treatment facilities and the quality of case management, which is severely hampered by insufficient medical staff

## Funding

### Plan for the elimination of cholera in Haiti (contingency plan, 2 year plan and 10 year plan)

(m = million \$ US)



The 10 year plan requires \$2.2 billion USD for the long-term elimination 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). Around 40% of the \$448 million USD have so far been mobilized by international partners. Of these, more than 85% has already been committed and around 15% pledged.

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 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, as well as 2.5 million USD from Japan. 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.

## Field Story

### Rehabilitation of WASH infrastructures in vaccination areas

For the last few months, 50 year-old Jacques Jadumene has been repeating the same daily walk: He visits the Boko water catchment, which had been under rehabilitation for one month. Now that the works are over, Jacques continues to come every day just to appreciate and refresh himself at the rejuvenated water catchment located near a small village just a few kilometres away from the town of Cerca Cavajal, a commune from the Centre department.

“Before this water was not safe, it was dangerous to consume it”, he explains. “As the source didn’t have any protection, animals were using it and people from the surrounding villages were using it inappropriately. A wonderful work was done” he says.



Undertaken by the national Water and Sanitation Authority (DINEPA), the work was part of a US\$300,000 project funded by UNICEF to rehabilitate water points in the areas targeted for cholera vaccination. In Cerca Cavajal, the project included not only the rehabilitation and protection of the Boko water catchment, but also the construction of a new basin for chlorination and the renovation of several water kiosks and fountains, which provide drinking water for the 5500 people who live in downtown Cerca Cavajal.

“Several cases of cholera were registered in Cerca Cavajal, and it was probably linked to the fact that the 34 year-old drinking water network was damaged and basic sanitation in the area is a serious problem”, explains Jean Pierre Jackson, technical chief of DINEPA’s Centre department office. In addition, “the waterborne diseases which are treated at the health centre located in the middle of Cerca Cavajal are being spread by the lack of good hygiene practices and access to good drinking water”.

The rehabilitated water network will now be managed by a local committee that will be supported by two water and sanitation technicians (TEPAC) who will monitor the water quality and promote good hygiene practices for the entire commune of around 22,000 people.

“Every day, we will test the water both in the chlorine basin and in three different distribution points downtown”, explains Emmanuel Syffard, TEPAC of Cerca Cavajal. “Similarly, on a daily basis, we sensitize the local committee and population on the importance of maintaining a safe water source, how to manage it, how to treat water at home, how to prevent cholera and the promotion of good hygiene practices.”

The first phase of the oral cholera vaccination campaign took place during the first week of August 2013 targeting around 108,000 people in both Cerca Cavajal (20%), and in Petit Anse, North department (80%). In Petit-Anse, DINEPA, under the same UNICEF partnership, is finishing a 3-month project which includes repairing leaking pipes, fixing water pumps, extending the water network, constructing new water kiosks, building a new toilet bloc for a local school, purchasing a new generator as well as community sensitization on good hygiene practices.

“Cholera is not for me. I am prepared to fight it. I can beat it!”, assures Jadumene Jacques, one of the 22,000 people vaccinated against cholera in the commune of Cerca Cavajal. And he promises to keep his morning strolls by the Boko water source, making sure the place is well secured and that his neighbours use it properly.

**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, UNOPS and IOM.**

For further information, please contact:

Claudia Rodrigues, Humanitarian Planning Officer, [rodrigues24@un.org](mailto:rodrigues24@un.org), Tel: +509 37025769

Mariana Palavra, Communications Officer, [mpalavra@unicef.org](mailto:mpalavra@unicef.org), Tel: +509 37620200

For more information, please visit [www.onu-haiti.org](http://www.onu-haiti.org)