Since the beginning of the cholera outbreak in October 2010, the Government of Haiti coordinated the prevention and response interventions of its numerous national and international partners. As of 6 December 2012, the Ministry of Public Health and Population (MSPP) had recorded a total of 621,660 cholera cases in Haiti since the beginning of the epidemic in October 2010. In total, 7,759 cholera-related deaths were reported to the MSPP for this period. The country-wide case fatality rate has remained stable at 1.2% since November 2012, down from a high of 2.4% in November 2010.

Strengthening Haitian capacity to respond to cholera remains the central objective behind all UN efforts. Overall, the UN system in Haiti has spent an estimated USD 118 million to respond to the epidemic since its outbreak.

Cholera Prevention and Response

As early as November 2010, an early warning system was put in place by the MSPP, with PAHO/WHO’s support. This system enabled the real-time collection of data on localized epidemics, available resources and response needs. PAHO/WHO’s early warning and response teams ensured that all the alerts were analysed within 48 hours and that an appropriate response was provided. With support from UNICEF and other partners, in 2012, the Emergency Response Department of the National Potable Water and Sanitation Directorate responded to more than 80 per cent of cholera spikes and has distributed household water treatment products to thousands of families.

The UN system has worked to support cholera case management by establishing, upgrading and maintaining Oral Rehydration Points and Cholera Treatment Units/Centres. Healthcare workers, placed within the MSPP have been trained on prevention, case management and cadaver handling. For instance, under the leadership of the Health Ministry and with the support from the Inter-American Development Bank and UNICEF, some 4,358 Community Health and Sanitation agents and 1,453 health providers received training on cholera and appropriate messaging, cascading their knowledge to sensitize over 2 million persons.

Improved de-sludging operations, supported by UNICEF, UNOPS and partners, helped reduce risks for an estimated 1 million people from contamination by human excreta in camps, schools and cholera treatment centers. In addition, UNICEF improved hand-washing and toilet facilities in some 240 schools since the earthquake.

Joseph Dieumene, petty trader, 45, mother of eight children, including Santana Renandjie (25 months), living in Bois Verna, across the church Église Communauté du Christ: “My daughter Renandjhie Santana had diarrhoea, I took her to the Sainte Thérèse Hospital in Hinche. They examined her and asked me to do tests for her. Before I left, they gave me six doses of oral serum offered by UNICEF. These oral rehydration salts helped replace the liquids that my daughter was losing (...).”

Eunide Joseph, schoolgirl in Dessalines is talking about what she knows of cholera, thanks to the information received through awareness-raising campaigns coordinated by MSPP and supported by the United Nations: “It’s a dangerous disease that we can easily catch if we don’t protect ourselves. To protect myself I must always wash my hands with treated water, coming out of the latrines, after shaking someone’s hand, coming home, I must drink and use only treated water.”
To respond to cholera outbreaks throughout the country, the UN, in particular the United Nations Humanitarian Air Services, provided logistical support to move both personnel and supplies, including 400 metric tons of health, water adduction and sanitation materials. MINUSTAH also provided the humanitarian community with air, land, and sea assets including five helicopters, 220 trucks and water-tanks, 20 boats and 28 medical teams to support the humanitarian response.

In 2012, wider mitigation efforts were also underway to reduce vulnerabilities associated with the hurricane season. MINUSTAH engineering units and UNOPS worked to reduce flooding risks in vulnerable IDP camps, while the International Organization for Migration (IOM) distributed millions of aquatabs, soap, medical equipment, among others, to affected families during Tropical Storm Isaac and Hurricane Sandy.

With support from the Pan-American Health Organization (PAHO)/WHO, MSPP completed a cholera contingency plan for the 2012 rainy season. The Health, WASH and Logistics Clusters, supported by OCHA, also developed a toolbox, which includes a mapping of health partners and medical stocks in each commune in the country’s 10 departments.

Efforts are continuing, mainly through development actors, to systematically integrate cholera treatment into health structures and improve waste management and water and sanitation services in health facilities, including through the installation of latrines and water supply points in cholera facilities. In this regard, in 2012, UNICEF focused on the rehabilitation of 48 permanent health structures and support for MSPP to absorb technical and material resources. Moreover, UNICEF continues to provide financial and dedicated technical assistance to DINEPA, to reinforce their technical capacity to conduct information management, monitoring and coordination of the cholera response. The UN is also focused on continuing to scale up coverage of urban and rural water and sanitation systems in the most disadvantaged and at-risk areas, including through ongoing neighborhood rehabilitation projects such as the Government-led 16/6 project.

**Challenges**

Decreasing funds for cholera response and prevention is a growing challenge faced by Government of Haiti and the humanitarian community in combating the cholera epidemic. The Haiti Consolidated Appeal Process (CAP) for 2012, which underlined cholera response as a key priority, was revised from US$231 million to $128 million at the Mid-Year Review in July. It was again revised upwards to US$151 million in December to address the immediate needs of Haitians in the wake of Hurricane Sandy. As of 11 December, the Appeal has only been funded at 41 per cent or about US$61 million, making it one of the most under-funded CAPs worldwide. The critical Health and WASH response plans are funded at 47 per cent and 38 per cent, respectively.

As a result, basic WASH service provision in camps remains very low with high levels of open air defecation, and only 35 per cent of provision of chlorinated water in community water supply points. The number of cholera treatment facilities declined to 159 in November 2012, from 248 in June 2011. There are concerns over insufficient response capacity, including: limited surveillance systems; reduced medical capacity of the Ministry of Health and salary arrears; insufficient integration of cholera into the national health system; transport, storage and distribution challenges at department level. Should the situation persist, the number of new cholera cases in 2013 may range between 118,000 and 120,000 according to the latest estimates from PAHO/WHO.