NEW UN SYSTEM APPROACH ON CHOLERA IN HAITI

SECRETARY-GENERAL ANNOUNCES NEW UN APPROACH TO CHOLERA IN HAITI

On 1 December, Secretary-General Ban Ki-moon presented to the General Assembly the UN’s new approach to cholera in Haiti. The UN, in partnership with the Haitian Government, is intensifying its support to treating and reducing cholera, and ultimately ending the transmission of the disease. This can be achieved by building durable access to water, sanitation and health systems, and by investing in those long-term solutions now. At the same time, the UN is developing a package of material assistance and support to those Haitians most directly affected by the cholera epidemic.

The Secretary-General took the opportunity while addressing the General Assembly to issue a direct apology to the people of Haiti “On behalf of the United Nations, I want to say very clearly: we apologise to the Haitian people. We simply did not do enough with regard to the cholera outbreak and its spread in Haiti. We are profoundly sorry for our role.”

The new approach to cholera is intended to convert this apology into action. These efforts can succeed with strong political will and financial support from Member States and all those invested in Haiti’s future. According to the Secretary-General, “For the sake of the Haitian people, but also for the sake of the United Nations itself, we have a moral responsibility to act. And we have a collective responsibility to deliver.”

TRACK 1 INTENSIFYING SUPPORT FOR CHOLERA CONTROL AND RESPONSE

Track 1A is a greatly intensified effort to respond to and reduce the incidence of cholera in Haiti.

**Rapid Response:** The UN has been working closely with the Haitian Government in the critical, ongoing response to cholera by supporting the deployment of ‘Rapid Response’ teams to areas where cholera is reported. These teams place a cordon sanitaire around areas of concern and begin the immediate provision of clinical treatment; rehydration of affected individuals, disinfecting homes and community areas, chlorinating water supplies; and managing potentially infectious solid waste.

Their work has been critical saving lives and cutting cholera transmission. Funding shortages in early 2016 led to a reduced number of rapid responders which negatively impacted control of the disease. In the months after the Secretary-General announced the new approach, the UN was able to help provide the resources necessary to help increase the number of RR teams from 32 to 88.

**Vaccination:** In addition to the ‘Rapid Response’, an oral cholera vaccination is an important preventive measure when used alongside targeted clean water and sanitation interventions. PAHO/WHO & UNICEF alongside the Haitian Ministry of Health have vaccinated nearly 1.2 million Haitians since 2013, including 729,000 in a massive vaccination campaign following Hurricane Matthew. Further vaccination campaigns are on the way.

**MORE EFFECTIVELY ADDRESSING THE MEDIUM/LONGER TERM ISSUES OF WATER, SANITATION AND HEALTH SYSTEMS**

**Track 1B** is investing now in stable, long-term access to clean water and decent sanitation to achieve a long-term solution for preventing cholera and other water-borne diseases.

Haiti has the lowest rate of access to water and sanitation in the Western Hemisphere, with only a quarter of the population having access to decent toilets, and half the population having access to safe water. The outbreak of cholera in 2010 and subsequent impact on the population has shown the vulnerability of Haiti’s existing water, sanitation and health infrastructure. The United Nations is working with key partners such as the World Bank, the IDB and others to ensure that Haiti meets the Sustainable Development Goals.

TRACK 2 PACKAGE OF MATERIAL ASSISTANCE AND SUPPORT FOR THOSE MOST DIRECTLY AFFECTED BY CHOLERA

Nearly 800,000 Haitians have been infected by cholera since 2010 and more than 9,000 may have died of the disease. Track 2 focuses specifically on those Haitians most directly affected by cholera, their families and communities. It is a concrete expression of the regret of the Organization for the suffering so many Haitians have endured. Consideration is being given to two possible elements to the design of the package of material assistance and support: (a) a community approach; and (b) an individual approach. At this time, the Secretary-General proposes a community approach that would provide material assistance and support through community projects. Such projects would be based on priorities established in consultation with communities, victims and their families. Projects could take many forms, including projects to alleviate the impact of cholera and strengthen capacity to address the conditions that increase cholera risk. They could also include projects reflecting other community needs, such as education grants, micro-finance, infrastructure improvement or other initiatives.

Some consideration has been given to an individual component, such as the payment of money to the families of those who died of cholera. However, preliminary consultations suggest that available data have significant limitations to support an individual approach. Further consideration, including through on-the-ground consultations with victims and their communities is required, while recognizing the challenges, risks and constraints.

MOBILIZING RESOURCES FOR AND RAISING GLOBAL AWARENESS OF THE NEW APPROACH

The priority for mobilizing new resources for this new approach is to ensure flexibility, rapid response capacity, effective multi-level coordination; and, starting the investment in longer-term development solutions now, with sustained engagement from development institutions over time. Outreach is ongoing with individual international financial institutions, donor countries, and other key stakeholders and partners. The UN Secretary-General’s Haiti Cholera Response Multi-Partner Trust Fund [see mptf.undp.org/cholera], administered by the UN Multi-Partner Trust Fund Office, has been established to that effect. The overall anticipated funding requirement for the new two-track approach is $400 million over the next two years.