



The cholera epidemic continues to take an unacceptable toll on the lives of Haitian people, following on the heels of the devastating earthquake in 2010. According to the Pan American Health Organization (PAHO) the disease is now spreading in the Latin America and Caribbean region. This could potentially pose a continental threat if urgent investments are not made in the upcoming dry season, starting in January 2014. From October 2010 to September 2013, the Government of Haiti has reported 680,820 cholera cases and 8,307 deaths. While there has been a decline in both mortality and morbidity rates since the peak of cholera cases in November 2010, the people of Haiti remain at risk with at least 60,000 cases currently projected for 2014. 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 from the international community has dramatically decreased capacity to respond effectively.

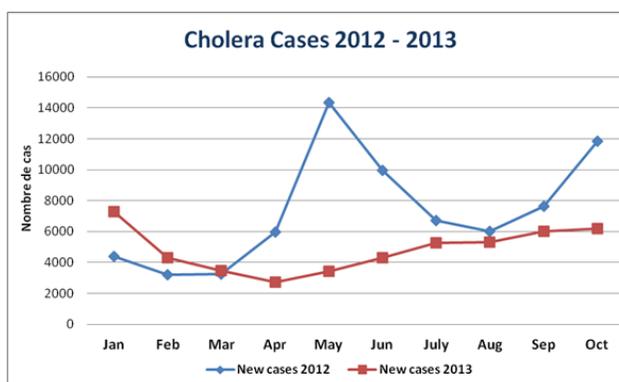
A significant effort to strengthen Haiti's health and water and sanitation systems is urgently required as a fundamental part of the fight against cholera. The Government of Haiti launched its National Plan for the Elimination of Cholera (2013-2022) on 27 February 2013, along with a two-year operational component of the Plan. UN Secretary-General Ban Ki-moon marked his support for these efforts by launching the Initiative for the Elimination of Cholera on the Island of Hispaniola in December 2012.

The UN Secretary-General 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 October 2013, the Government of Haiti (GoH) has reported 686,687 suspected cholera cases and 8,398 deaths. Of these, 48,308 cases and 454 fatalities were recorded from January to 31 October 2013.

Cholera is preventable and treatable. Thanks to the concerted efforts of all partners on the ground, the number of reported cases has gone down by more than 50% from an average of almost 8,500 cases a month in 2012 to an average of 4,800 cases in 2013. From January until 31 October 2013, the global fatality rate has been kept under the 1% threshold.



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Since the onset of the 2013 rainy and the hurricane season, an upsurge of new infections has been reported in a number of areas since April. 6,245 cases were reported in October against 6,000 in the previous month. The UN is working closely with national authorities and international partners to take the necessary measures to limit the impact of the epidemic.

Snapshot of UN achievements since 2010

Since 2010 the United Nations in Haiti has:

- Helped establish/upgrade about 160 cholera treatment facilities, rehabilitated water and sanitation (WASH) infrastructures in five department hospitals and 14 cholera treatment facilities, improved water quality in 80 health centres, and established nearly 700 water and chlorination points across Haiti
- Established a water-quality monitoring system that is implemented in 56 health centres and is expanding the system to all of Haiti's 140 communes
- Constructed waste water treatment plants, provided sewage management in internally displaced camps, and built sanitary facilities in 240 schools
- Reduced risks for an estimated 1.2 million people through desludging of latrines
- Supplied more than 9 million critical items for prevention and treatment of cholera, such as water purification tablets, soap and medical supplies and equipment
- Purchased oral cholera vaccines to cover about close to 110,000 people
- Supported community-based hygiene campaigns that have reached hundreds of thousands of families.
- Transported personnel and supplies to areas facing outbreaks of cholera, including 400 metric tons of health, water and sanitation materials
- Set up a network of national and international NGOs working in WASH and with experience in fighting cholera in Haiti to reinforce the role of national authorities and to improve nationwide coordination and response
- Adopted a majority of recommendations made by a panel of independent experts on how to avoid future epidemics

Efforts underway

In alignment with the National Cholera Elimination Plan, the benchmarks against which the success of the UN system in Haiti 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%

To achieve this, the following efforts are currently underway.

1. Ensure an efficient response to cholera alerts

The UN and its partners support the Ministry of Public Health and Population to maintain an adequate epidemiological surveillance and alert system in country.

Epidemiological surveillance: The UN has deployed epidemiological experts who work with government epidemiologists at department and central levels, including in the Ministry of Health's Division of Epidemiology, Laboratory and Research. UNICEF has distributed communication equipment to all departments and subcontracted the University of Marseille who sent a cholera expert to improve surveillance capacity. The Pan-American Health Organization/World Health Organization (PAHO/WHO) has trained Ministry staff at departmental level and is strengthening national investigation and

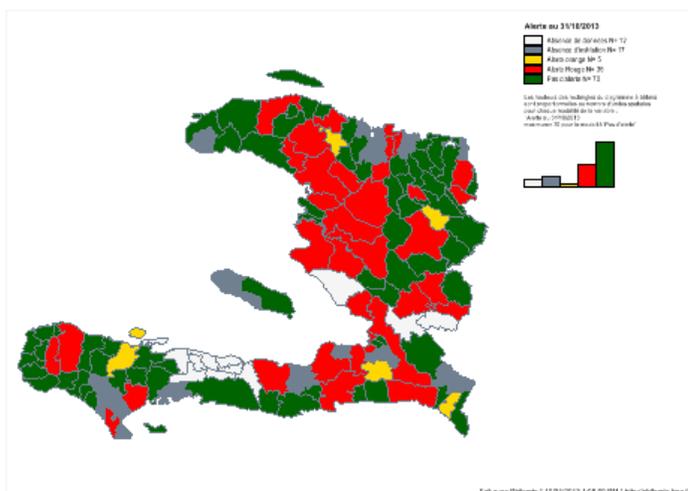
laboratory capacities. UNICEF purchased an estimated 42,000 rapid tests to improve investigation of suspected cholera cases. It is also supporting the Ministry of Public Health and Population to improve coordination at departmental and communal level to strengthen the surveillance systems. Improvements are being made in the analysis and investigations of the sources of contamination, following the Ministry of Health's approval this month to grant access to all actors involved in cholera to consult the registries of cases in health facilities. The zones of cholera persistence are identified to better target activities during the dry season to cut the transmission.

Since January 2013, 136 alerts were identified and responded to within 48 hours by the UN or one of its partners.

Map of areas reporting cases of cholera in October 2013

Alert system and mobile teams:

A national alert system was established since the beginning of the cholera epidemic in 2010, with assistance from PAHO/WHO. In addition, the UN has established mobile teams able to respond with both health and WASH interventions to every alert within 48 hours. UNICEF's 9 national and international NGO partners currently work in all 10 departments to respond to cholera alerts within 48 hours, providing WASH supplies to cholera treatment centres and undertaking community sensitisation, household visits as well as investigations, rehabilitation and chlorination of water points.



UNICEF's partner NGOs are continuing to conduct joint trainings for water and sanitation technicians and community health workers to improve their capacity in rapid cholera response. The International Organization for Migration (IOM) and the United Nations Office for Project Services (UNOPS) have each put in place health and water and sanitation mobile teams in two departments. IOM established 70 oral dehydration points in camps and in South East & Artibonite Region providing cholera treatment and responded to 37 cholera alerts in the West department including communities surrounding IDP camps. Further, PAHO/WHO has deployed four mobile field teams who support the government cholera coordinators in all 10 departments to identify and verify alerts, and to ensure timely and quality health services to cholera-affected patients. The UN stabilization mission in Haiti, Minustah, donated 24 vehicles to health and water and sanitation authorities to strengthen rapid response capacity. An increased mobility will also enable epidemiologists to provide training to technicians in the field and samples for testing will have a much better chance to arrive in time in the national laboratories.

UN and partner responses to alerts during the month of October: 21 alerts were responded to within 48 hours during the month of October (against 12 in August and 19 in September). The majority of alerts came from the Artibonite, North-East, South and West departments.

Artibonite: Following an increase of cases in Gonaives and St Michel beginning of October, the UN (PAHO/WHO, IOM, Minustah, UNICEF) provided medical supplies and cholera beds, installed tents for the cholera treatment facility in Gonaives, and activated 4 oral rehydration posts with nurses to ensure quick first-line treatment. Following an alert in La Branle, wash agents (TEPACs) deployed to the area to carry out wash interventions while UNICEF's NGO partner ACF repaired the identified

water source that could have triggered the alert.

North: Following an alert in the commune Limonade, UNICEF's NGO partner FONDEFH conducted a sensitisation campaign and distributed chlorine products.

North East: The UN (PAHO/WHO) and the NGO IMC responded to a cholera alert in Ouanaminthe that had registered 25 cases between 16 and 30 September, with supplies, disinfection of cholera treatment facilities and support to case management. Two other alerts were responded to in Gens de Nantes (NGO OXFAM/OSAPO) and in Mont Organise. (NGO FONDEFH). The local health and wash authorities conducted a diagnostic of water sources, decontamination of households, distribution of tens of thousands of aquatabs and a targeted distribution of cholera kits to affected populations.

South: Following two suspected cases and six community deaths, a team composed of the health and wash local authorities and the NGO ACTED are installing new oral rehydration points in the communes between the South and Grande Anse departments (Tiburou and Les Irois). In Torbeck and Arniquet, six cases testing positive for the cholera vibrio were notified on 23 October. The cases were adequately treated. The wash local authorities and the NGO ACTED also undertook wash activities as prevention measures in the affected communes.

South East: In the communes of Belle-Anse and Marigot, more than 12 cases were reported on 12 October. This prompted the deployment of an IOM team to undertake sensitization activities and decontamination of houses. Health and wash supplies were also provided to cholera treatment units in the area.

West: In response to an increase of cases in Fonds Verrettes and Croix des Bouquets, wash authorities, the UN, the French Red Cross and the Haitian Red Cross carried out sensitization activities along with the distribution of wash supplies and the disinfection of houses to stem the spread of the disease. In Orange and Kenscoff, local health authorities and the French Red Cross distributed aquatabs and performed sensitization activities. In K-Pity in the Leogane area, community health agents and the NGO MDM Argentina undertook sensitization activities, distribution of wash supplies and decontamination of houses following three reported cholera cases.

Treatment facilities: The UN is rehabilitating/constructing cholera treatment facilities and *improving water and sanitation in five department hospitals and 14 cholera treatment facilities*. The UN and its partners have also helped the Ministry of Health put in place dozens of oral rehydration points in isolated areas and distribute thousands of packets of oral rehydration salts. Minustah and IOM are constructing four cholera treatment centers in support of the MSPP. IOM has supported the deployment of auxiliary nurses to cholera treatment facilities in the Artibonite and South-East departments to improve case management. The national water and sanitation authority (DINEPA) has started desludging in cholera treatment facilities, funded by UNICEF. In consultation with the MSPP, UNICEF also agreed to reprioritize funds that had been allocated to the MSPP to use for sensitization to instead support MSPP to provide medical staff in cholera treatment centres.



Response to a cholera alert in the cholera treatment center of Eau de vie in the West department
Credit: PAHO/WHO

By the end of October, Minustah had completed all the four new cholera treatment centres in Marchand Dessalines, L'Estere, Desdunes and Gros Morne. 400,000 people in the area will benefit from improved access to a nearby cholera treatment facility thanks to these efforts.

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. Since the beginning of 2013, medical supplies to treat 48,000 patients affected by cholera have been distributed via PROMESS and PAHO/WHO to all department depots, health centres and partners. UNICEF has distributed 4,700 kg of chlorine, more than 2.5 million aquatabs, 300,000 bags of oral re-hydration salts, and 350,000 bars of soap to its WASH NGO partners. UNICEF also provided tents and WASH and medical supplies to improve cholera treatment facilities. UNICEF provided more than 6,000 hygiene kits to the MSPP and its partner NGOs to support the international hand washing day on 15 October. IOM continued its support to the West, South East, Artibonite and Grande Anse departments for the distribution of cholera kits and cholera beds.

Coordination: Well functioning coordination structures at both national and local level are essential to facilitate an efficient response by all actors involved. The UN is 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. UNICEF's NGO partners are also providing technical assistance and administrative support to these coordination mechanisms at departmental level. During the month of October, UNICEF and NGO partner ACTED organized a workshop in Les Cayes with cholera focal points of the health and WASH sectors of the Nippes, South and Grande Anse departments, to exchange experience in cholera response and increase collaboration between these three departments.

2. Scale up prevention efforts to curtail the epidemic

To reduce the risk of contamination by using unsafe water and food, the UN helps improve water quality, raises awareness on adequate hygiene practices and supported a vaccination campaign in affected areas.

“The real problem is the water source”, Rosie Petit Frere, mother of 6 children, who received training on cholera prevention from UNOPS

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. The system allows for real time information to be collected directly from the field. If the water quality is identified as poor, trained health personnel send an SMS alert to the national water authority that triggers an immediate investigation and response from UN partners. UNICEF is ensuring the expansion of the system to monitor more than 300 water systems across the country with a focus on health structures. Minustah helped rehabilitate nine wells and seven additional were drilled, providing increased access to safe and clean water to 3000 people. It also improved the water supply system in the prison of Port-de-Paix in the North West department. IOM in partnership with Center for Disease Control (CDC) distributed household water treatment in Artibonite and conducted sensitization activities through health promoters. A small water infrastructure (spring capping system) was built in partnership with MINUSTAH to support the newly built Cholera treatment Center and community in Gros Morne.

Highlights from the month of October: UNICEF supported partners for the rehabilitation of more than 37 water sources and 13 water systems since July 2013. At least 20 water points have been identified for rehabilitation before the end of the year. In the North West department, MINUSTAH facilitated a free medical consultation campaign in the municipalities of Chansolme and Bassin Bleu. In each

municipality, an estimated 200 persons benefited from free medical treatment and medicine distribution.



Sensitization: Since 2010, the UN has supported sensitization campaigns to increase awareness of necessary prevention and hygiene measures, reaching more than 700,000 families. This was done via TV spots, national and local radios and theatre, among others. UNICEF continues these mass sensitization campaigns through its various partners across the country. It is also increasing household visits to improve hygiene habits in affected communities. The national Water and Sanitation Authority has deployed more than 280 water and sanitation technicians in all the communes to contribute to both prevention and response

activities. In areas of cholera persistence, these efforts are complemented by home visits and discussions with the households' leaders to ensure messages reach all residents. NGO partners have been very active on that front. From July to September 2013, more than 250,000 people have benefited from sensitization campaigns conducted by UNICEF's NGO partners, and more than 73,000 from distribution of cholera kits.

“It is important to continue sensitization efforts to inform Haitians about prevention methods and disinfection”, Esther Barthélemy, community mobilizer

Prevention in IDP camps: IOM continued to monitor camps for cholera cases. More than 100 camp leaders have been trained as focal points for camps without health agents and these focal points act as first responders to alerts. Sensitization activities also continued.



UN - trained brigadiers conduct a mass sensitization regarding cholera awareness; Camp Dyobel in Port Au Prince had a recent cholera case . Credit: IOM

Vaccination in areas of cholera persistence: The UN (UNICEF and PAHO/WHO) 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 phase of the campaign, which covers the communes Petite Anse in the North and Cerca Cajaval in the Center, took place during the first week of August targeting 107,906 people in two affected communes. The second phase took place at the end of August - beginning of September. The US-based Center for Disease Control and Prevention was in charge of the overall evaluation following the vaccination campaign. The national water authority, with USD 300,000 from UNICEF, has started the rehabilitation of water points in the areas targeted for the vaccination. Additional funding is being sought to reach the goal of vaccinating the additional 500,000 people targeted by the strategy.

Funding needs and status

The 10 year plan requires \$2.2 billion USD for the long-term eradication of the disease through large-scale development of public health and sanitation infrastructure. Of this amount, \$448 million USD is

required for the first two years (2013-2015). Forty-six percent or \$209.4 million USD of the \$448 million USD have so far been mobilized by international partners. Of these, \$180 million USD have already been committed and a further \$29.1 million USD pledged.

Despite the generous contributions made so far, **funding to ensure the continuation of emergency activities is still required** to meet vital needs otherwise not covered by development funding, including rapid response mobile teams, the desludging of latrines in IDP camps and in cholera treatment facilities, the purchase of critical medical and sanitation supplies, and the rehabilitation of water systems. Sustaining these activities will be essential to avoid compromising progress made so far. **Only \$9,4 million USD of the \$38 million USD cholera emergency requirements have been mobilized so far.** An additional \$29 million USD are required to meet emergency needs until the end of the year.

Challenges

Significant challenges remain to meet urgent and sustainable needs to tackle the epidemic. 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. The **number of international actors engaged in cholera response efforts has declined from 120 in 2011 to 43 in 2013**, while national capacity has not increased by any comparable degree. The reduction of cholera response capacity has translated into a significant gap in treatment coverage. Humanitarian financing and actors are declining faster than the pace of IDP camp closure. There is an urgent need to continue supporting **waste treatment in IDP camps** until the point of closure to avoid the spread of cholera and other water-borne diseases in highly populated areas. UNICEF received funding to continue desludging in IDP camps and health structures but more support is needed to ensure continued assistance. The **dysfunctional national water system**, which already led to a high rate of diarrhoea cases even before the outbreak of cholera (an average of 2,000 per month of patients above 5 years reported before the outbreak of the cholera epidemic), needs to be improved. Rising institutional death rates reflect the need to improve the number of treatment facilities and the quality of case management across the country, which is severely hampered by **insufficient medical staff** due to the lack of payment of salaries and incentives.

The UN and its partners remain fully mobilized to address these challenges in support of the Government of Haiti and will continue to appeal for additional funding to adequately address both short and longer term needs.

UN entities engaged in the fight against cholera in Haiti:

World Health Organization



United Nations Children's Fund



MINUSTAH



UNOPS



International Organization for Migration



United Nations Development Program

