



The cholera epidemic in Haiti has affected an unacceptable number of people with around 705,400 suspected cases and an estimated 8,500 deaths reported from October 2010 to 31 July 2014. Limited rains in 2014 and the response of the Government of Haiti (GoH) with the support of the UN and partners has led the number of projected cases for the year to be revised downward to 15,000 from an initial projection of 45,000. 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. There has been an 82% reduction in the number of cases in the first six 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. 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 Gazin<sup>1</sup>, from the French Institute of Research and Development, 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.



A community in the South-East Department receives training on safe hygiene practices that help protect against cholera. @IOM

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 areas<sup>2</sup>. More than a third of the population lack access to safe water<sup>3</sup>. 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.

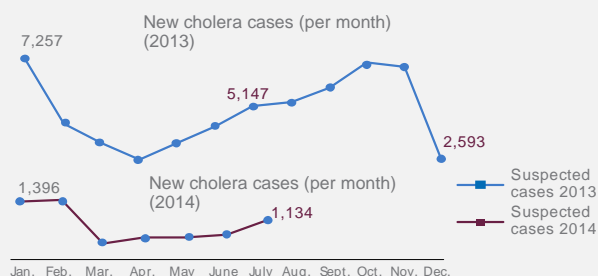
The joint GoH and United Nations High-level Committee for the Elimination of Cholera in Haiti met twice in Port-au-Prince, in May and July 2014. The Committee will ensure the implementation of a common strategy for the elimination of cholera in Haiti and the provision of social and economic assistance to affected communities.

## Current Situation

From October 2010 to 31 July 2014, the GoH has reported around 705,477 suspected cholera cases and 8,573 cholera related deaths<sup>4</sup>.

From 1 January to 31 July 2014, 7,435 suspected cases and 52 fatalities have been registered<sup>5</sup>. In July 2014<sup>6</sup>, 1,134 suspected cases and 7 deaths were registered.

**COMPARISON 2013 - 2014**  
Suspected cholera cases per month



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

<sup>2</sup> 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 can be a bigger challenge.

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

<sup>4</sup> Source: Ministry of Public Health and Population

<sup>5</sup> Provisional numbers from 1 January to 31 July 2014; suspected cases include figures of cholera and of acute diarrhoea.

<sup>6</sup> Through 31 July 2014

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.

### Secretary-General visit Haiti, July 2014

Secretary-General Ban Ki-moon visited Haiti from 14-15 July, with cholera a major focus of his trip. The visit included meeting with families affected by cholera in the community of Los Palmas in Central Department. There, he accompanied the Prime Minister for the launch of the 'Total Sanitation Campaign', which aims to raise sanitation standards and improve health conditions. The Secretary-General said this was not the time for donor fatigue and that Haiti still needed the assistance of the international community. Before departure, the Secretary-General delivered oral cholera vaccines for 200,000 people to the Minister of Public Health and Population for the forthcoming vaccination campaign.



### Total Sanitation Campaign

The 'Total Sanitation' will target an initial 20 communes covering 3 million people in the next five 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.

### 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%

## 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.

From January to May 2014, partners working on cholera elimination carried out 165 responses to alerts in 47 communes. WASH and health interventions 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 280 water and sanitation technicians (TEPACs), in all the communes, to contribute to both prevention and response activities.



Community workers educate people living in Haiti's Central Plateau about how best to protect themselves against cholera.  
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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 July 2014, IOM conducted a total of 846 sensitization sessions on cholera prevention, reaching 49,348 beneficiaries, including internally displaced persons.

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. Besides buckets, water tanks, pool testers and water pumps, UNICEF, IOM and UNOPS continue to distribute chlorine, Aquatabs, oral re-hydration salts, bars of soap, cholera kits and medical supplies. For instance, in July 2014, IOM distributed a total of 6,101 cholera medical and non-medical items to health facilities.

## 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

All geographical areas are covered through government rapid response teams and partner field teams deployed throughout the 10 departments and are supported locally by TEPACs, 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. 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.

## Vaccination

The Ministry of Health aims to reach 600,000 people through vaccination campaigns in areas of cholera persistence. In 2013, 107,000 people in two affected communes were reached through one campaign. A second campaign is scheduled for August-September 2014 with enough oral cholera vaccine to reach 200,000 people (two doses each). More funding is needed for the remaining 300,000 planned under the Government's national cholera elimination plan.

## 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 and rapid tests in treatment centres is also hampering response. 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, UNOPS and IOM.**

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For more information, please visit <https://haiti.humanitarianresponse.info/>



Outputs	Indicators	Results through 30 June 2014
<b>1. Epidemiological Surveillance</b>		
<b>Strengthened monitoring of cholera cases, data collection and analysis</b>	100 per cent of departments collect epidemiological data in a timely manner	90 %
<b>2. Health Promotion</b>		
<b>Improved hygiene practices and dissemination of hygiene-related messages (mainly in high-risk areas including IDP camps)</b>	80% of the population is aware of at least three hygienic and prevention practices	80%
<b>3. Medical Treatment</b>		
<b>Strengthened cholera case management and response capacities in affected communities and areas at risk (including in camps)</b>	80% of the population has access to cholera treatment facilities	60%
	Cholera incidence rate is reduced to 0.5%	0.52%
	Institutional fatality rate is reduced to 0.5%	0.82%
<b>4. Water and Sanitation</b>		
<b>Reduction of cholera transmission through improved access to safe drinking water and improved hygiene and sanitation and emergency WASH response to cholera alerts within 48 hours</b>	80% of alerts responded to within 48 hours	70%
<b>Vaccination</b>		
<b>Vulnerable population in areas at risk are vaccinated</b>	90% of target population in areas at risk receive 2 doses of the cholera vaccine	Vaccination campaign scheduled to begin late August 2014
<b>Coordination</b>		
<b>Coordinated health and WASH cholera response in affected communities and communities at risk (including camps)</b>	Joint health and WASH national and decentralized coordination mechanisms (including national authorities) are established and meet at least on a monthly basis	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.