

United Nations Response to Cholera in Haiti



OVERVIEW



The cholera outbreak in Haiti began in October 2010. It has affected an estimated 780,000 people and claimed the lives of over 9,100 people. Concerted national and international efforts since then have resulted in a 90 per cent reduction in the number of suspected cases.

This number remains high, however, and recent outbreaks show the continued vulnerability of the population to the disease, which is preventable and treatable. The aim of the Government and its partners is to eliminate cholera transmission from Haiti by 2022. The United Nations is supporting these efforts.

The elimination of cholera in Haiti requires both rapid response to ongoing outbreaks and long-term actions to improve water and sanitation. This requires support for national capacities and sustained and sufficient financial resources.

Cholera Response

The United Nations, the World Bank, the Inter-American Development Bank, bilateral donors and NGOs are assisting the Government and people of Haiti to tackle the cholera epidemic and to address the larger issue of water borne diseases by ensuring clean water and sanitation for all.

In December 2010, the Secretary-General commissioned an Independent Experts report to look at the origins of the outbreak. In May 2011, the report provided recommendations on actions needed by the UN, the Government and the international community to prevent future outbreaks and the spread of cholera. The High Level Committee on Cholera, set up by the Secretary-General and the Prime Minister of Haiti in 2014, and jointly chaired by the Government of Haiti and the UN, regularly reviews the implementation of the National Cholera Elimination Plan.

The United Nations has been working on three fronts since 2010, aligned with the National Cholera Elimination Plan, to support national efforts to eliminate cholera and to improve water and sanitation.

- The UN supports the **emergency response** to ensure that health teams respond within 48 hours to new cases of cholera. With immediate treatment and action, transmission of cholera and deaths can be prevented.
- The UN is providing **vaccines against cholera**. Some 118,000 people have already received vaccinations in 2016 and a further 400,000 people will be vaccinated. An even larger vaccination campaign is under consideration for 2017 and future years.
- The UN is working with the Government and communities to improve **access to water and sanitation**. Haiti has the worst rates of access to water and sanitation in the Western Hemisphere, with currently only a quarter of the population having access to decent toilets, and half the population having access to safe water.

Funding

Between 2010 and May 2016, the UN family in Haiti has mobilized resources to implement more than 290 initiatives both for immediate treatment of cholera cases and to improve water and sanitation.

In addition, the UN has supported the Haitian Government to mobilize \$307 million in funding for the National Plan against Cholera 2013-2022 to address the root causes of the cholera epidemic and of all water borne diseases. The National Plan for Cholera Elimination is costed at \$2.1 billion of which currently 18 per cent is funded.

The total amount the UN requires for rapid response in 2016 is \$ 20.3 million (as per the Humanitarian Response Plan). To date, approximately 43 per cent has been mobilized from several donors. Further support will be needed to sustain efforts and meet urgent needs.

In order to continue and scale up the rapid response for the second half of 2016, some \$5 million is urgently needed for Water, Sanitation and Hygiene (WASH) and Health components following the May-June upsurge; more funds will be required to continue the response in 2017. Without this, the rapid response mechanism will have to stop by October. For the period 2017-2022, estimated annual costs to ensure rapid response to cholera outbreaks is estimated at \$8 to \$10 million annually.

To complete the second phase of the planned vaccination programme in 2016 will require almost \$1 million in funding. In addition, the global stockpile of cholera vaccines needs to be significantly augmented. To be fully effective, vaccination programmes need to be accompanied by water and sanitation interventions in the same area.



UN RESPONSE



Rapid Response

Coordinated rapid response to cholera cases is essential to limit the danger of new outbreaks, particularly during the rainy season (May-November) when the risk of cholera transmission increases. Until recently, in at least 80 per cent of cases, an emergency response team has been on site within 48 hours.

In 2016, UNICEF and partners together with the Ministry of Health of Haiti have implemented 680 rapid responses to cholera alerts in all 10 departments, benefiting about 6,000 households and responding to 1,100 cases (providing health treatment, sanitation, water and prevention kits).

During 2015, nearly 13,000 rapid responses were reported; some 160,000 households received water treatment products; and chlorination of temporary water points was delivered. Over 1.2 million people were reached with messages on how to improve hygiene awareness. IOM supported the Ministry of Health in global monitoring of the disease, and with the management of 128 suspected cholera cases.

The aim is to have 50 NGO teams operational in addition to the MoH mobile teams, supporting and completing them. This approach has proven successful in saving lives and stopping disease transmission, and needs to be sustained. However, due to funding shortages in the first quarter of 2016, the number of NGO teams was reduced to 30. This has had a negative impact on control of the disease following the heavy rains of May as teams were only able to respond to some 60 per cent of reported cases.

The rapid response to cholera is a priority in the Haiti Humanitarian Response Plan 2016. Urgent funding is required to scale-up the response capacity immediately to control the

disease until the vulnerability of the Haitian population to cholera has been reduced through access to clean water and sanitation facilities.

To support the rapid response teams, UN agencies and cholera response partners are working to reinforce community-based surveillance by supporting local networks of community health workers and other local volunteers, to enhance early detection of suspected cases and trigger immediate local preventive action.



Vaccination

Vaccination against cholera is an important preventive measure when used alongside targeted clean water and sanitation interventions.

Targeted vaccination campaigns are now in their third year. By the end of 2017, if funding can be mobilized, a total of 750,000 people should have been vaccinated and will have access to treated water at home, with the support of PAHO/WHO and partners. Strong health promotion campaigns should also take place.

To complete this second phase in 2016, \$900,000 is needed. An estimated \$10 million will be required to sustain vaccination programmes over the next 3 years.





Water and Sanitation

The long-term solution for preventing both cholera and other water-borne diseases is the provision of clean water and adequate sanitation, together with improved hygiene practices at the community level.

As part of the National Sanitation Campaign, UNICEF has been supporting 117 communities in 9 communes to improve sanitation, with some 5,500 household toilets built or in progress. A total of 31 communities are already certified open defecation free and a further 16 are in the process of becoming certified open defecation free.

UNICEF continues to work with the Haitian authorities in high-priority communes, finalizing a rural water system in one affected commune reaching 2,677 people; as well as improving the water, sanitation and hygiene conditions of six health centers and 18 schools, reaching 4,500 children.

The agreement to target high-risk cholera communes under the **National Sanitation Campaign** has an estimated cost of \$310 million (\$228 million for WASH and \$82 million for health) over 3 years. A further \$70 million is needed for investments in water supply in Port au Prince. In support of the initiative, UNICEF is focusing on rural water and sanitation and so far has mobilized over \$20 million and has internally allocated \$1.38 million. The World Bank has so far mobilised \$50 million leaving, a current gap of over \$238 million.

PAHO/WHO continues to reinforce water quality surveillance including in 20 health institutions throughout the country and also assists health institutions to establish standards for water, sanitation, and hygiene and waste programmes.

MINUSTAH continued working on 22 projects to improve access to drinking water, sanitation and health services. They represent a total outlay of \$1.1 million reaching some 329,800 beneficiaries in 7 of Haiti's ten Departments.

Looking Ahead

Addressing cholera in Haiti entails not only the speedy detection and treatment of cases, but also improving water and sanitation, alleviating poverty, and working closely with communities on behavioral change. In the long run, the UN is advocating for a large investment in water and sanitation infrastructure.

Recent outbreaks and the ongoing upsurge of the disease show how vulnerable Haitians are to this disease. In 2016, heavy rains and shortages in funding have contributed again to an increase in cases (more than 800 weekly cases in May and June). With fewer resources and political instability, the situation could continue to worsen if the current rise is not curbed immediately.

Annex:

The status of the disease in Haiti

EVOLUTION OF SUSPECTED CHOLERA CASES BETWEEN OCTOBER 2010 AND 28 MAY 2016				
YEAR	SUSPECTED CHOLERA CASES	TOTAL DEATHS	INCIDENCE RATE (PER 1.000)	FATALITY RATE IN HOSPITALS
2010 (Oct-Dec)	185,351	3,951	18.36	2.43%
2011	351,839	2,918	34.33	1.04%
2012	101,503	908	9.73	0.96%
2013	58,574	581	5.57	1.05%
2014	29,078	297	2.71	1.01%
2015	36,045	322	3.9	0.75%
2016 (1 Jan-28 May)	16,822	168	1.52	0.93%
TOTAL	779,212	9,145		

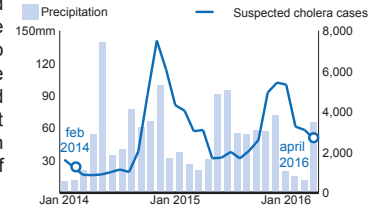
Source: DELR/ UADS Ministry of Public Health and Population, Haiti

HAITI: CHOLERA FIGURES

(March - April 2016)

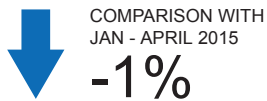


From March to April 2016, health authorities have reported a net downturn in the number of cases compared to the first two months of the year. While there is an increase of 18% of new deaths compared to the same period last year, the number of cases from January to April 2016 is thus slightly lower (less 1%) compared to the same period last year (January-April 2015). These good results are to be credited to improved response mechanism and better responsiveness on the areas in red or orange alert. A new approach to be launched soon by the MSPP, namely "the community-based epidemiological monitoring (SEBAC in French)" directly at the departmental level, also founds hopes for a better fight against the disease. The vaccination campaign resumed in April 2016 will certainly also bring some improvement in terms of reduction of people at risk of being contaminated in the coming days.

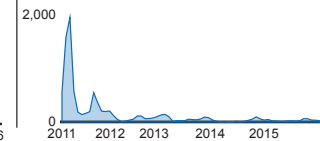
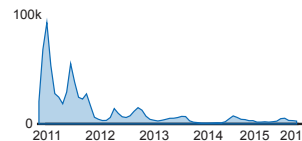
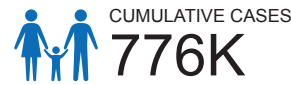


SUSPECTED CHOLERA CASES (DELR* available data)

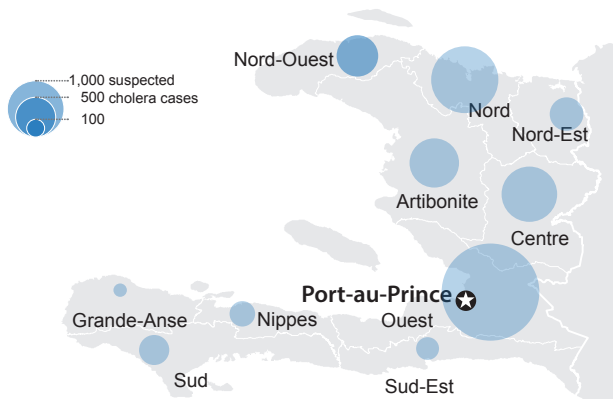
JAN - APR 2016



OCT 2010 - APR 2016



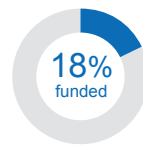
WHERE (MARCH - APRIL 2016)



FUNDING

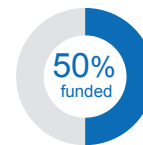
The below figures indicated the percentage of funding received between 2012-2022 compared to the financial requirement. If the under funding persists in 2016, the eradication of the disease may be delayed further.

NATIONAL PLAN (2012-2022)
\$2.1B

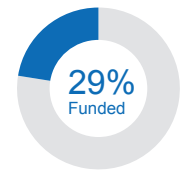


TRANSITIONAL APPEAL (2015-2016)
\$ 36.5 M

TAP emergency



RESPONSE PLAN
\$ 20,3 M



source: UNOCHA FTS Haiti as of 13 May 2016

RESPONSE (MARCH - APRIL 2016)

	SUSPECTED CHOLERA CASES	# MOBILE TEAMS	# OF ORGANIZATIONS
5,747	47	32	
ARTIBONITE	569	7	4
CENTRE	718	3	4
GRANDE-ANSE	42	3	2
NIPPES	152	3	2
NORD	1,048	3	2
NORD-EST	264	4	2
NORD-OUEST	402	4	2
OUEST	2,218	15	10
SUD	212	3	2
SUD-EST	122	2	2

WHY DOES CHOLERA STILL PERSIST?

- Underfunding of national plan of elimination of cholera
- Weak water and sanitation infrastructure
- Lack of access to quality medical care
- Lack of knowledge of local culture
- High population density and mobility to urban areas

* Direction d'Epidémiologie, de Laboratoire et de Recherches

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

