Haiti Cholera Response

United Nations in Haiti
Year-End Update
January - December 2014

Since the emergence of cholera in Haiti in October 2010, the Ministry of Public Health and Population (MSPP) has recorded 725,608 suspected cases and 8,813 cholera-related deaths as of 31 December 2014[1]. Despite severe infrastructure and financial constraints, concerted Haitian and international efforts have succeeded in drastically reducing the number of reported cholera cases in Haiti – down from a peak of over 350,000 reported cases for 2011, to 27,753 reported cases for 2014, from 1 January to 31 December[2].

The persistence of cholera in Haiti is mainly due to the lack of access to clean water and appropriate sanitation facilities, and although considerable improvements have been made in this regard, Haiti continues to host the largest cholera epidemic in the Western Hemisphere. Structural issues such as weak water, sanitation and health systems enable cholera, acute diarrhoea and 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 living in rural areas[3]. Only 77 per cent of the population has access to clean water in urban areas and 48 per cent has access in rural areas.[4]

Haiti, Artibonite, 25-09-2014. Organizing the logistics to reach all the families at risk of cholera is a challenging endeavor (UNICEF Haiti).

Cholera is still an emergency in Haiti and continued coordinated efforts are vital to eliminate the disease. The UN and international partners have made eliminating cholera from Haiti a top priority since the beginning of the epidemic and strengthening the Government's capacity to respond to cholera remains the central objective behind the UN efforts. The UN reiterates their ongoing commitment to work closely with international partners in coordination with the Government of Haiti (GoH) and continue the system-wide effort that supports the key pillars of the Government's national plan.

The joint GoH and United Nations High-level Committee for the Elimination of Cholera in Haiti has held four meetings in Port-au-Prince: in May, July, October and November 2014. The last meeting provided an opportunity for members of the joint committee to reassert their commitment to eliminate cholera in Haiti and to move forward with an agreed strategy for the accompaniment of affected communities. The signing of an "Accord de Principe" is currently under review.

2014 Cholera Overview

[1] Source: MSPP, Direction d'Épidémiologie de Laboratoire et de Recherche.(DELR)

[2] Source: MSPP, DELR

[3] 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 is a bigger challenge.

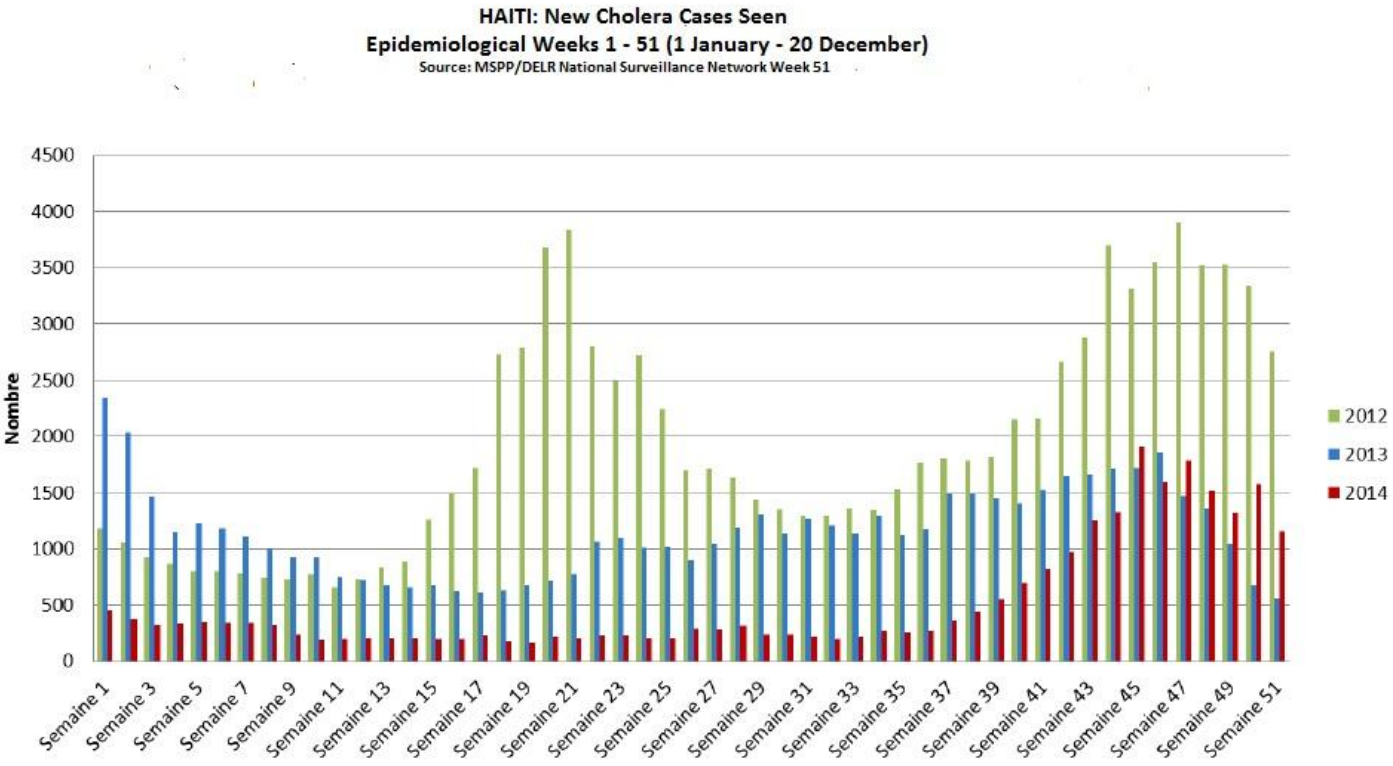
[4] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, http://www.wssinfo.org/

From 1 January 2014 to 31 December 2014, 27,753 suspected cholera cases and 296 fatalities were recorded by MSPP[5]. The number of cholera cases decreased by 53 per cent from 2013 to 2014 and there was a 50 per cert reduction in cholera-related deaths compared with 2013. The number of cholera cases and total cholera-related deaths has decreased significantly every year since 2010:

Year	Number of Reported Cholera Cases	Total Deaths
2010 (October to December)	185,351	4,101
2011	352,033	2,927
2012	101,503	908
2013	58,574	587
2014	27,753	296

Source: MSPP/DELR[6]

However, while the number of reported cases for 2014 remains well below those reported in previous years, the total number of cases reported for 2014 was higher than expected. The official estimate for 2014 was revised downward to 15,000 cases, from an initial projection of 45,000. For the first 36 weeks of 2014, the number of suspected cholera cases remained low compared to the three previous years. While the relative drop in the number of cases observed at the beginning of the year was encouraging and despite a positive global trend in 2014, this changed in mid-September when a sudden increase in cases was reported in the West Department (in the Port au Prince Metropolitan Area). Beginning at Epidemiological Week 45 (2 Nov – 8 Nov) the number of new cases seen exceeded that of 2013. As of 24 December, there were 17 communes on Red Alert. During the month of December there were 5,392 reported cholera cases and 52 cholera-related deaths.

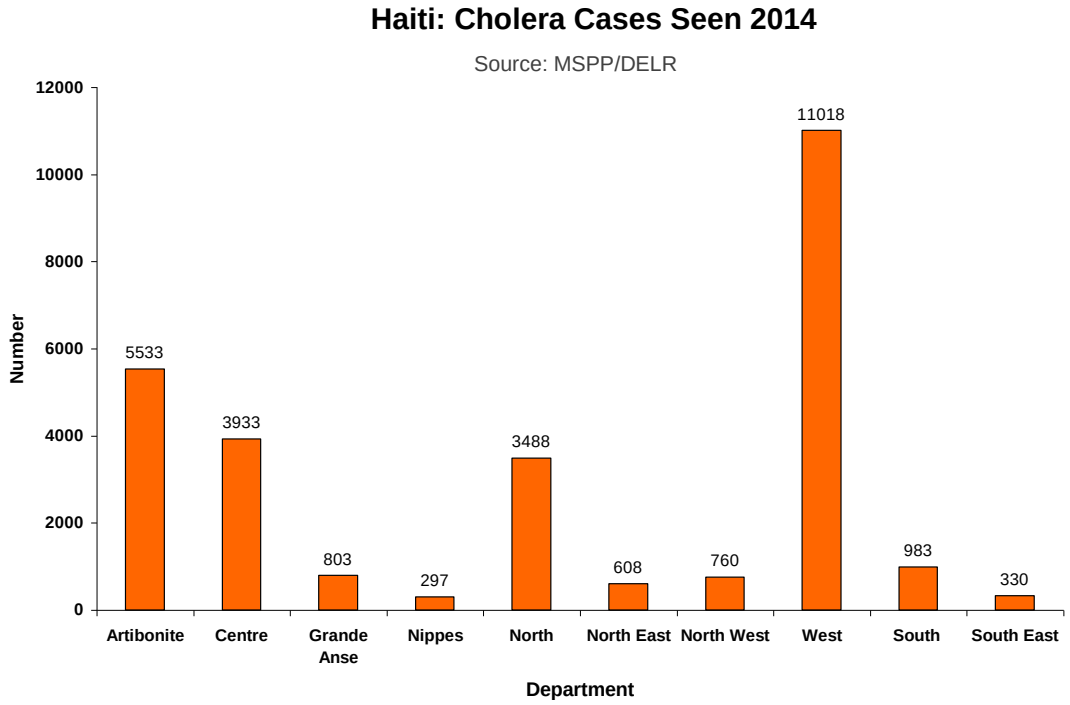


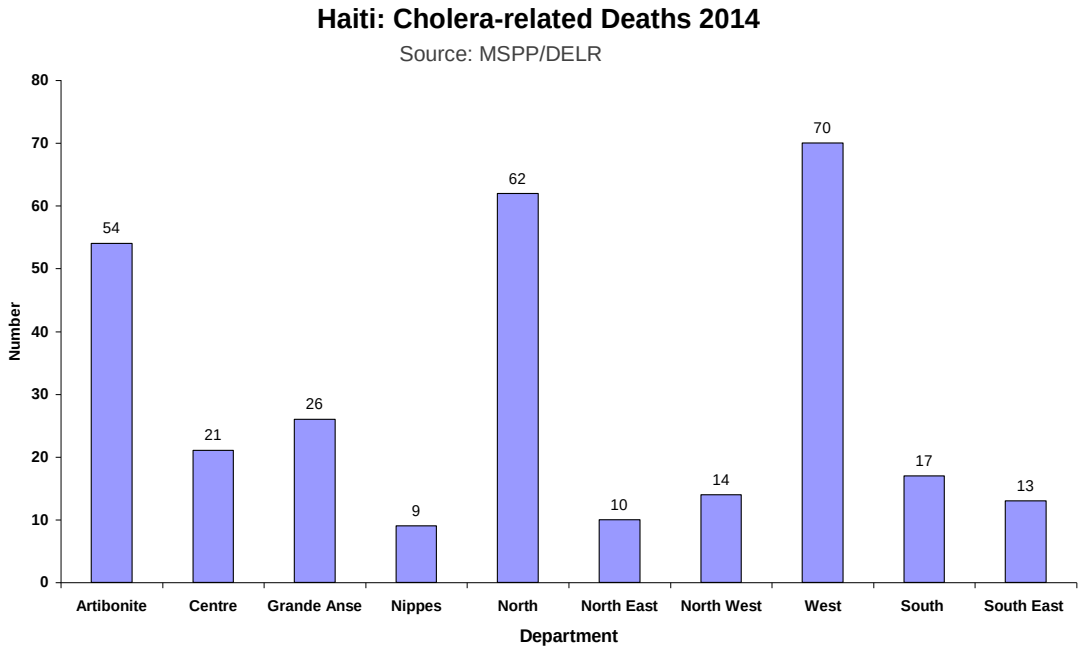
Cholera cases are normally expected to increase during the rainy season, which begins in April, but this year the rains were particularly heavy and delayed resulting in an outbreak in the West Department and Port au Prince as well as particularly high numbers of cholera cases reported in three other Departments: Artibonite, Centre and North.

[5] Source: MSPP, DELR

[6] Figures are subject to change as data may still be collected.

Epidemiological data indicates that these departments are the persistent foci of cholera and have systematically reported considerable numbers of cholera cases in comparison to the other departments since the beginning of the epidemic, including during the dry season (from December to April) when cholera usually retracts.





The cholera global fatality rate is at 1.06 per cent, slightly over the one per cent target rate set by the World Health Organization (WHO). The institutional fatality rate is 1.01 per cent and the cholera incidence rate is 0.26 per cent. One of the benchmarks to measure the success of the UN's efforts to eliminate cholera was to reduce the cholera incidence rate to below 0.5 per cent by 2015. The incidence rate of 0.26 per cent for 2014 by far surpasses this goal.

Indicator	2013	2014
Cholera incidence rate	0.56%	0.26%
Cholera global fatality rate	0.98%	1.06%
Cholera institutional fatality rate	1.05%	1.01%

*Source: Cholera Surveillance Indicators 2010-2014, MSPP/DELR

The cholera response rests at a critical tipping point. Given adequate resources and sustained interventions, coupled with improvement in long-term water, sanitation and health infrastructure, it may be possible to eliminate cholera before the timeline of the National Plan for the Elimination of Cholera. However, if the response falters and resources are not forthcoming, hard-won gains may be compromised and cholera could persist in Haiti.

2014 Highlight of Activities

Secretary-General visit to Haiti, July 2014

Secretary-General Ban Ki-moon visited Haiti from 14-15 July, with cholera as a major focus on the 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 'National 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, he delivered oral cholera vaccines for 200,000 people to the Minister of Public Health and Population for the 2014 vaccination campaign.

National Sanitation Campaign

The National Sanitation Campaign was officially launched by the former Prime Minister in Los Palmas, Central Department on 14 July, 2014. The five year campaign targets approximately 3.7million people and strives for zero open defecation, increased access to water and sanitation infrastructure in primary and secondary schools, as well as in health centres. It also encourages greater household investments in durable, hygienic latrines.

This initiative was presented at the high-level conference on "Haiti: Clean Water, Improved Sanitation, Better Health", which took place in Washington D.C. on 9 October 2014 and was hosted by the World Bank in collaboration with the Government of Haiti, the UN and development partners. This event brought together the international community to combat water borne diseases like cholera in Haiti and raise commitments to provide water, sanitation and health services in cholera hot spots over the next three years.

The governments of Canada and Japan provided funding for two large projects in Artibonite and Centre Departments, respectively. These projects will include improving water and sanitation conditions in 170 rural communities (150 in Artibonite and 20 in Centre), 120 local schools (100 in Artibonite and 20 in Centre) and 20 health facilities (15 in Artibonite and 5 in Centre). Project activities officially started in the communes of Mirebalais and Cerca La Source in the Centre Department on 14 October. The training for 30 Community Approach to Total Sanitation (CATS) facilitators for the Centre department was launched on 8 December, while the operational plans for the 6 communes in Artibonite are in final phases of being signed off with the MSPP for launching in early 2015. A sanitation marketing workshop was held on World Toilet Day (19 November) which built on the two previous workshops supported by AECID and Helvetas earlier in the year. To further support WASH in schools the certification of hygiene friendly schools was launched on 25 and 26 November supporting ongoing work to improve basic hygiene and sanitation which benefited 4,000 students and 69 teachers in 2014.

Cholera Vaccination Campaign

In 2013, The Pan American Health Organization/World Health Organization (PAHO/WHO) and The United Nations Children's Emergency Fund (UNICEF) began working with partners to support the MSPP to vaccinate 600,000 people in areas of cholera persistence. In working with the global health community, the UN helped establish a global stockpile of oral cholera vaccines as an additional tool to help control cholera epidemics. The stockpile is managed by the International Coordination Group, whose Secretariat is the WHO and includes International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières and UNICEF. The cholera vaccination campaign in Haiti was financed with a grant from the UN Central Emergency Response Fund (CERF) and the vaccines were acquired through the global stockpile. The first phase of the campaign took place in August 2013 and reached 107,906 people in two affected communes. A second phase was implemented in August/September 2014 and reached 184,517 people (99 per cent of the targeted population) with two doses of the oral vaccine Shanchol™ in seven high-risk areas across the Centre, Artibonite and West Departments. More funding is required to vaccinate an additional 313,000 people in 2015 as intended under the National Plan.

Haiti, Artibonite, 16-09-2014. During the 2nd round of the vaccination campaign a health agent administers the oral cholera vaccine. In-parallel sensitization sessions on handwashing are conducted (UNICEF Haiti).

2014 Cholera Response

Based on the pillars of the Government's two-year operational plan and UN Support Plan

1. Epidemiological Surveillance and Alert System

All geographical areas are covered through government rapid response teams (Equipes Mobiles d'Intervention Rapide - EMIRAs) and partner field teams deployed throughout the ten departments. They are supported locally by water and sanitation technicians (TEPACs), civil protection brigadiers, and community health workers. The MSPP's epidemiological department (DELR) manages the alert mechanism that collects the warnings coming from the field. If alerts are confirmed, rapid response activities are undertaken by the MSPP, the national Water and Sanitation Authority (DINEPA) and NGOs.

DINEPA has employed over 250 TEPACs, supported by UNICEF's international partners, to facilitate WASH investigation and response. UNICEF, PAHO/WHO and NGO partners are working in coordination within the ten departments to support the alert system. This year, EMIRAs and partner field teams responded to 233 MSPP/DELR-defined cholera alerts[7]. 3076 cases and 72 deaths were associated with the alert responses. UNICEF NGOs partner's mobile teams responded to over 958 reported suspected cholera case alerts. Approximately 80 per cent of rapid response team interventions were done within 48 hours after an alert. Between October and December, through the combined efforts of NGOs working in internally displaced person (IDP) camps (Solidarites International financed by UNICEF and ECHO, the French Red Cross and the International Rescue Committee) this percentage was raised to more than 90 per cent.

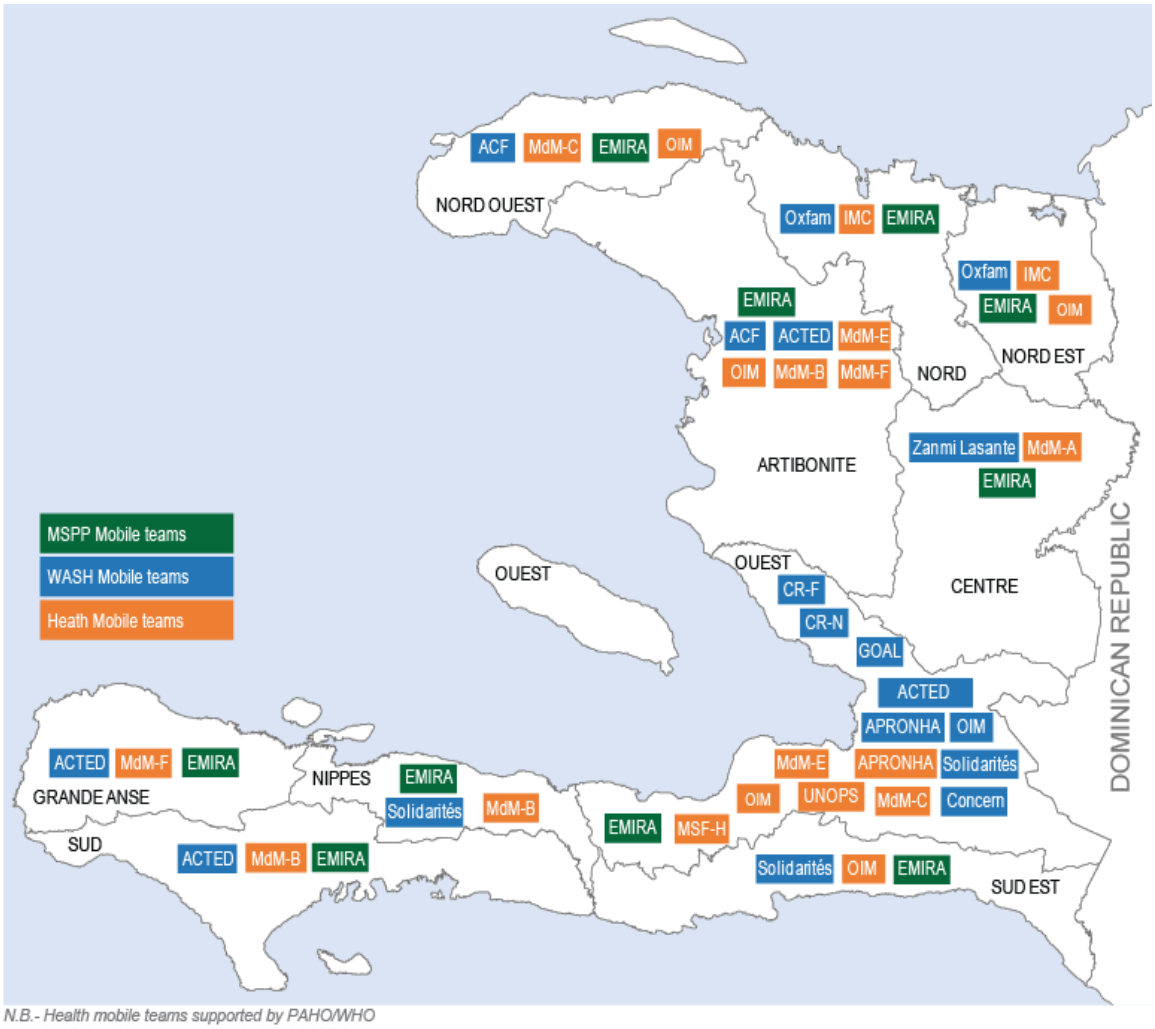
[7] Red alert: One or more deaths suspected by cholera (in someone 5 years of age+), ten or more cases seen (in someone 5 years of age+),consolidation of more than five cases seen from a small geographic area, 50% Positive Rapid Diagnostic Test or at least one positive culture for vibrio cholera.
Orange alert: Cases doubled compared to the previous week for those with less than 10 cases seen, one or more rumours (HAI Alert), a red alert in the previous week.

IOM established an alert system in Artibonite and North West Departments with 174 brigadiers/ASCP/Hygiene Promoters to report suspected cholera cases for IDP's living in camps and surrounding areas. This year a total of 109 camps received cholera health coverage by IOM mobile response teams. A total 747 sensitization sessions were carried out to reach a total of 41,286 people.

The use of cholera rapid diagnostic tests (RDTs) facilitates differentiation of cholera from acute diarrhoea and identification and isolation of areas where cholera persists. Rapid tests must be confirmed by culture test in a laboratory. However, there is still a need to improve specimen collection and transportation for culture test in several departments, since not all RDT Positives were sent for culture confirmation. Alone, RDTs are not enough to help improving the response. The national laboratory faces regular problems that impede systematic confirmation which are essential during the low transmission period (January-May) to focus response in areas affected by confirmed cholera.

To address some of the issues, UNICEF 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 DELR.

Haiti Health and WASH Mobile Teams by Department as of December



N.B.- Health mobile teams supported by PAHO/WHO
WASH mobile teams supported by UNICEF

2014 Outbreak in the West Department and Port au Prince

Until September, the weekly average of new cases in 2014 was between 250 and 290. Only 358 suspected cholera cases were reported for the West Department in September 2014 (compared to 1,574 cases 2013). However, in the month of October 2014, there were 4,577 total cases and 2,187 of these cases were in the West Department. In November 2014, 3,425 cases were recorded in the West Department and in December 2014, 2,668 cases were

recorded in the West Department. Cases were scattered around the Port-au-Prince metropolitan area but were clustered more heavily in the areas of Martissant, Carrefour and Croix-des-Bouquets. Response to the outbreak centred on investigation, active research of cholera patients, decontamination, emergency chlorination of water sources and community outreach from multi-disciplinary mobile teams (EMIRAs), the MSPP mobile teams financed by UNICEF. In December, NGOs Solidarites International, l'Agence d'Aide à la Coopération Technique et au Développement (ACTED) and the French Red Cross deployed additional mobile teams to break the transmission chains in the affected communes.

UNICEF supported DINEPA to coordinate WASH actors and to reinforce the water supply network chlorination in the metropolitan area of Port au Prince and surrounding areas, the mapping of hot zones, distribution of WASH materials and sensitization emergency campaigns. Other mitigation activities included identification of contaminated water supplies in the metropolitan area and initiating action with the private sector to ensure the chlorination of water tankers.

Extra cholera beds and reinstatement of cholera treatment structures (increased from 8 to 17 structures from September 2014 to November 2014) increased cholera treatment capacities.

IOM supported the cholera outbreak in Port au Prince with focused activities in Corail and Fonds Parisien in response to the high numbers of reported cholera cases in these areas. They deployed medical rapid responders to provide case management within 48 hours and staffed additional local nurses to support health facilities and (Agents de Santé Communautaire Polyvalent) ASCP/Brigadiers in community level response activates. IOM trained and supported five nurses, eight ASCP/brigadiers and two hygienists to support the cholera treatment centre in Corail and Fonds Parisien. Ten focal points were also established in remote areas of Corail to conduct emergency sensitization activities and alerts. Sensitization activities took place in each affected locality and involved schools, public markets, distribution of cholera kits in collaboration with WASH partners, household decontamination and support to EMIRAs. Activities reached 1,980 people.

PAHO/WHO supported the MSPP, working closely with EMIRA teams in the West Health Department through technical and logistical support. They provided supplies through PROMESS and participated in sensitization activities and coordination of the response to the outbreaks with all cholera actors.

The UN Office for Project Services (UNOPS) coordinated efforts with IOM, French Red Cross, the communal health authorities of Croix des Bouquets, the MSPP and the West Health Department to conduct specialized awareness campaigns within four communes hit by cholera. These activities, combined with additional sensitization campaigns during the month, reached a total of 23,198 people; 4842 cholera kits were delivered and 312 houses were disinfected.

UNOPS mobile emergency team focused responses in Croix des Bouquets, Arcahaie, Carbaret, Port-au-Prince and Carrefour. From September to November UNOPS reached 74,234 people with awareness campaigns. They conducted 420 house disinfections and distributed 1095 cholera kits and other medical supplies to the Bureau Sanitaire Communal de Port au Prince and the Ministère des Travaux Publics Transports et Communications (MTPTC) in response to cholera cases in these institutions.

2. Health Promotion

Since 2010, the UN has supported sensitization campaigns to increase awareness of necessary cholera prevention and basic hygiene measures. Owing to sensitization efforts made in all ten departments at the community level, the UN and its partners are currently meeting the target of having 80 per cent of the population aware of at least three hygienic and prevention practices. In 2014, UNICEF's partners reached 439,420 people with sensitization campaigns. Of these, 244,581 were sensitized during rapid responses to alerts.

Haiti, Artibonite, 25-09-2014. During a sensitization session, an agent of NGO Action Against Hunger, explains the use of Aquatabs (UNICEF Haiti).

UNICEF provided the MSPP with 81,000 litres of Ringer lactate, 5,100,000 Aquatabs pills and 102,000 Oral Rehydration Salts (ORS), especially in support of EMIRA teams.

During 2014, UNOPS reached over 176,358 people with cholera awareness campaigns and they also disinfected 840 households and distributed 2500 cholera kits.

During outbreaks, IOM, UNOPS, UNICEF, brigadiers and health agents conducted focus groups, household and emergency mass sensitizations in affected camps, localities and border areas. For example, in 2014, some 96,000 people living in camps benefited from a sensitization campaign on hygiene promotion. Brigadiers and focal points also did follow up of affected people, contact tracing and active research of acute diarrhoea. IOM set up six billboards related to cholera prevention and hygiene promotion in the border areas of Malpasse, Fonds Parisien, Ganthier & Ounaminthe. 240 brigadiers/ASCP/Hygiene Promoters were trained on health promotion.

TEPACs also contribute to prevention activities. Training of TEPACs, community health workers and civil protection brigadiers was conducted with an increased participation from regional departments of health, water and sanitation. Unfortunately, health promotion activities face several barriers - including cultural beliefs, taboos, lack of health education, distance and stigma - which can keep vulnerable populations from accessing health care when they experience cholera symptoms. Partners are continuously adjusting their approach to try to address these challenges.

3. Medical Treatment

Efforts are continuing to systematically integrate cholera treatment centres into health structures. Throughout the year, PAHO/WHO visited several cholera treatment facilities throughout the country to assess the functioning conditions, namely in terms of infrastructure, health staff, number of patients, and health services provided. In the first half of 2014, nearly all of the integrated cholera treatment centres were applying national protocols for cholera care management. However, from July onward, the number of cholera cases increased and overwhelmed the capacities of many of these centres resulting in the decline of the global quality of care and respect of protocols. This situation needs to be reassessed in order to address the gaps.

Haiti, Artibonite 07-10-2014. Cholera Treatment Centre (UNICEF Haiti).

In response to the upsurge of cholera cases in the North Department following the heavy rains in November, PAHO/WHO and the North Health Department conducted assessment visits of acute diarrhoea treatment centres (CDTAs) in communes with increased cases. IOM supported the MSPP through its Health Departments in the South East, North East, North West, West and Artibonite Departments by reinstating 24 Oral Rehydration Point plus (ORP +) at the community level, manned by nurses/auxiliary nurses. These ORPs provided treatment to cholera affected persons located in remote, isolated areas. IOM also supported CTC/CTU/CDTAs in providing additional nurses/auxiliary nurses and hygienists during an outbreak and supported salaries of 70 medical personnel in ORP+, CTC/CTU/CDTAs. IOM deployed 15 medical response teams to do case management in camps and communities in collaboration with other WASH partners. 123 nurses and 23 hygienists were trained on case management and infection control. A total of 667,060 Aquatabs, 8,678 litres of Ringer Lactate, antibiotics and medical supplies were provided to health institutions & departmental health authorities.

The UN provides the MSPP with medical and WASH supplies to department warehouses and health centres, however, challenges exist including limited capacities of health centres to anticipate depletion and stock requests and the insufficient transportation and other logistical means at the Pharmacy, Medications and Traditional Medicine Directorate (DPM). PAHO/WHO supports the management of PROMESS, the national agency for the distribution of medicines. UNICEF, IOM and UNOPS continue to provide chlorine, buckets, cholera kits (Aquatabs, oral re-hydration salts, and bars of soap) and medical supplies to facilitate the rapid response.

The withdrawal of some partners due to lack of funding has resulted in the closure of some centres which decreased from 250 treatment facilities in 2011 to 159 in 2014, which is contributing to reduced access. Further, most facilities are now run by the MSPP which has limited capacities to maintain appropriate conditions and pay salaries. PAHO/WHO 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 working to ensure 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.

Following a cholera outbreak in the National Penitentiary in Port au Prince and at the request of both the Ministry of Justice and the Ministry of Health, a vaccination campaign, targeting 16 prisons over the country, was conducted from 11 November to 2 December. The campaign was coordinated by the MSPP and supported by the International Committee of the Red Cross (ICRC) and PAHO/WHO. Two doses of vaccine (Shanchol^{TM}) were provided to 5625 people, reaching 95% of the targeted beneficiaries.

4. Water and Sanitation

In addition to providing rapid response to alerts in support of local authorities, WASH interventions have restored or repaired at least 511 latrines. Latrine desludging is regularly carried out by UNICEF, through JEDCO Services s.a, the International Rescue Committee and the French Red Cross. As of 16 December, approximately 300,000 drums (6,000m3) have been desludged in IDP camps, with a continuous decrease in extracted drums due to camp closure.

Haiti, Artibonite, 25-09-2014. A team conducts decontamination of a house with a suspected case of cholera (UNICEF Haiti).

This year, UNICEF's partners distributed 18,400 cholera kits and an additional 23,000 bars of soap and 5,020,000 Aquatab pills. As a complement to kits, UNICEF's partners disinfected 5,950 houses, installed 269 temporary chlorination points and completed 121 quick repairs on water points.

Global Hand Washing Day (15 October) saw the launch of the Intersectoral Strategic Plan for Hygiene Promotion for 2013-2018 which aims to promote an enabling environment for the establishment of good hygiene and sanitation practices through ensuring well-coordinated information and education on hygiene promotion.

In 2014 MINUSTAH's Community Violence Reduction (CVR), in collaboration with IOM, supported two projects that focused on reducing cholera morbidity in vulnerable Haitian communities in the Eastern Upper and Western Upper Artibonite Region. Through these projects, 508 health brigadiers were trained and conducted door-to-door cholera mitigation and prevention sensitization in four of the Artibonite most affected localities. Some134 hygiene promoters, after having received a training, have been educating food merchants in markets on food hygiene and conservations and carried out public sensitization campaigns in Gonaives. At the request of the MSPP, CVR funded the construction of four Cholera Treatment Centers (CTC) reaching 30,000 beneficiaries in the most affected localities of Artibonite.

In May 2014, CVR completed the implementation phase of a pilot cholera-mitigation project in which 84 water filters and hygiene training were delivered to 10 community institutions in *Cité Soleil*, one of the most underserved and poorest neighborhoods in Port-au-Prince. Over the course of the pilot project, an estimated 3,600 beneficiaries gained access to clean water and 127 community and institutional representatives received 'trainer of trainer' training and hygiene sensitization (69 men and 58 women). The actual number of beneficiaries is expected to be much higher as trainees share access to the filters and pass on their learning to students and the wider community. DINEPA assured follow-up support from local DINEPA technicians and will conduct a Monitoring and Evaluation program at all sites within the framework of the pilot. As part of the wider program to fight cholera agreed by MINUSTAH and the Government of Haiti, the lessons/findings from this pilot will be applied to a nationwide expansion of the project by DINEPA, CVR and Waves for Water.

MINUSTAH's Civil Affairs Section supports the implementation of the Government of Haiti's cholera elimination plan through two mechanisms: institutional support at the departmental and local level and the implementation of Quick Impact Projects (QIPs). QIPs are small-scale, low-cost projects that are planned and implemented within a short timeframe to provide immediate benefit to the population. In 2014 Civil Affairs' QIPs Unit continued to support the Haitian Government in its ambition to eliminate cholera, with a range of interventions from public health management, hospital renovations, and sensitization campaigns, to water access and sanitation projects. Twenty five projects were completed in 2014, with 22 others are still on-going. Another 14 projects were approved at the end of the year, and will be implemented in 2015. All activities are undertaken alongside key local partners, including DINEPA, the MSPP and others. Forthcoming projects retain a national reach, though with a particular focus on hotspots in Centre, the West and Artibonite. Civil Affairs' QIP interventions on water and health reached an estimated 1.32 million people in 2014, with many of them in the country's hardest-to-reach and most remote areas.

Haiti, MINUSTAH Civil Affairs QIPS Projects

Coordination

Cholera remains a priority on the agenda of UN agencies, NGOs and the Government of Haiti. Coordination between these entities has been paramount in the joint effort in cholera elimination. The UN continues to support 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 EMIRAs and the TEPACs. The UN continues to focus on supporting intersectoral coordination from national to local levels and strengthening government capacity. Contingency plans need to be developed at the departmental level which will help better anticipate alerts, particularly ahead of the 2015 rainy season.

Challenges

In 2014, cholera patient treatment and the conditions of cholera treatment facilities were hindered by the withdrawal of field partners due to lack of funding and the closure of many cholera treatment centres. Lack of medical staff in treatment centres and low respect for functioning standards in cholera care structures is also hampering response and in some cases is the cause of cholera transmission. While rapid diagnostic tests are available in all departments, they are not always used in a systematic and appropriate manner. An additional challenge lies in ensuring confirmation of cases through culture in laboratory. Sample transportation to the Public Health National Laboratory needs to be more systematic. UNICEF and WHO are working on this issue to ensure all health and WASH actors contribute to the collection and transport of samples, in addition to efforts made by the GoH. Structural issues, in particular the limited national water and sanitation systems, are disproportionately contributing to diarrhoeal disease outbreaks, which was the case even prior to the cholera epidemic.

The main lessons learned in 2014 were: 1) that preparedness is a key component of cholera control and that adequate resources must be ensured to be able to quickly scale-up the level of the response when and where needed, 2) that controlling outbreaks during the dry season is the only period allowing to completely cut the transmission and this requires the particular attention and effort of all stakeholders ; rainy season corresponds to high-transmission period where transmission can only be controlled.

Funding

National Plan for the Elimination of Cholera in Haiti **2013- 2022**

The GoH launched its National Plan for the Elimination of Cholera on 27 February 2013. The benchmarks against which the success of the UN's efforts to eliminate cholera will be measured include:

- The short term objective is to reduce infection rates by limiting and cutting the transmission of the epidemic and meeting the lifesaving needs of affected populations.
    - By 2015, to reduce the cholera incidence rate to less than 0.5 per cent **(achieved in 2014)** and the global fatality rate to less than 1 per cent.
- The midterm objective is to reduce the cholera incidence rate to less than 0.1 per cent and global fatality rate to 0.5 per cent by 2017.
- The long-term objective is to reduce the cholera incidence rate to less than 0.01 per cent by 2022 and ensure Haiti is less vulnerable to the disease by improving water and sanitation services and hygiene practices.

There are four pillars of the national cholera elimination plan:

1) Epidemiological surveillance

2) Health promotion

3) Medical treatment

4) Water, hygiene and sanitation

The National Plan requires an estimated USD 2.2 billion to support large-scale development of public health, water and sanitation infrastructure. As of December 2014, 50 per cent of the short-term plan ($486 million for February 2013 – February 2015) was funded and 18 per cent ($407 million) of the ten-year plan was funded with 12.9 per cent ($285 million) disbursed.

UN Support Plan (2014-2015)

The UN system in Haiti developed a two-year UN Support Plan to help operationalize the national plan. This plan highlights the key objectives and activities the UN intends to carry out to support the Government. These objectives are structured around the four pillars of the national cholera elimination plan. The 2014 emergency activities of this plan were reflected in the 2014 Humanitarian Action Plan.

The total UN amount required for 2014-2015 is USD 72 million. To date, approximately 45 per cent has been mobilized from several donors. Further support will be needed to sustain efforts and meet urgent needs, especially given the recent increase in cholera cases. This is insufficient to meet urgent needs, the lack of funds risks departure of cholera actors and 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 and IOM.

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