



NASYONZINI AN
AYITI

Fighting Water Borne Diseases

Fact Sheet: UN Cholera Response in Haiti

Jan/June 2017

2017 (DATA FROM 1ST JANUARY TO 1 July)



-Cholera cases decreased in 2017, but funding is still vital to take a big step towards the elimination

-UN and partners supported national authorities in the rapid response to 6,400 suspected cases over 6 months

Current situation

From 1st January to 31 June 2017, the Haitian Ministry of Health (MSPP) reported 7,626 suspected cholera cases and 87 related deaths, in comparison with the 21,011 suspected cases and 193 deaths during the same period in 2016. This downward trend, if maintained, is an opportunity to take this year a big step towards the elimination of the transmission, in case funding is available and rapid response is accordingly intensified. As of June 2017, Haitian and international efforts have succeeded in reducing the cholera cases and fatalities in Haiti by almost 97% since the peak in 2011 (350,000 cases).



Femmes utilisant des tablettes de purification de l'eau.

However, the country is still extremely vulnerable to cholera, particularly in the West, Centre and Artibonite departments.

Furthermore, the rainy season represents an additional risk. Even though the number of cases remains lower than in 2016, support to the Ministry of Health remains crucial to strengthen investigations and the rapid response to specific cases, as well as to reinforce the activities under the umbrella of the National Plan for the Elimination of Cholera.

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	41,421	447	3.74	0.91%
2017 (1 Jan to 1 July)	7,626	87	0.63	0.82%
Total 2010-1 July 2017	809,945	9,511	-	-

Key cholera response actions in 2017 (from 1 January to 31 June) per UN actor



-58 NGO teams supported by UNICEF, together with the 12 teams of the Ministry of Health, facilitated a rapid response to 85% of suspected cholera cases declared by the Ministry of Health from January 1 to 30 June 2017 (6,425 out of 7,626), 90% of them within 48h. The coverage rate is over 90% since April 2017. 56,382 households received at least one water treatment product at home through the 'cordon sanitaire'. Furthermore, almost 500,000 persons have been sensitized during the response interventions or specific prevention activities in the main cholera hotspot.

-UNICEF supported the Regional Offices of water and sanitation (OREPA) of the Centre and West Region and municipalities of 4 hotspot areas (Hinche, Mirebalais, Gonaives and Croix des Bouquets) to develop operation research, with a comprehensive analysis of factors that explains persistence of cholera within these

urban areas. This led to prioritized actions plans developed with a strong implication of local leaders and civil society, and shared with main WASH stakeholders working in these areas, to better coordinate priority interventions.

-UNICEF is also working closely with DINEPA (Direction Nationale de l'Eau Potable et de l'Assainissement) and other actors in the Water and Sanitation Sector for medium to long term improvement, targeting the 16 priority communes where cholera is most persistent. A Community Approache to Total Sanitation (CATS) has been implemented in 161 localities and is already producing favorable results. So far a total of 62 communities are claiming status of open defecation free (ODF), while 46 other communities are in the process. Water and sanitation infrastructures have been built/rehabilitated in 91 communities (45 in Artibonite, 27 in Centre and 19 in the Southeast), 43 schools and 20 health centers. Following an evaluation of WASH interventions in the Artibonite department, greater emphasis is being placed on household water treatment and safe storage to further support the elimination of cholera.



-PAHO/WHO supported the Ministry of Health on the outbreak investigations in the West, Center and South East departments and to carry out a second round of the oral cholera vaccination campaign in the South and Grand-Anse departments. 721,600 vaccines were received, and 654,143 people were vaccinated (284,230 in Grand Anse and 369,913 in the Sud). In July and August, 4,200 prisoners and personnel from the National Prison of Port-au-Prince received the two cholera doses vaccination.

-PAHO/WHO reinforced the Ministry of Health Laboratory capacities with the purchase and provision of 2,500 Cary blairs (transport medium for cholera specimen lab confirmation) for all departments and the reopening of the South Regional laboratory for cholera cultures. Personnel of the Centers for the Treatment of Acute Diarrhoea (CTDA) was also trained on the use of Cary blairs and in the new MSPP (Ministry of Health) definitions for epidemiological surveillance.

-PAHO/WHO is conducting evaluations on case management quality and compliance with water and sanitation norms throughout the country, as well as in site training and small rehabilitation works to improve the quality of services delivered by national authorities. 106 Centers for the Treatment of Acute Diarrhoea (CTDA) have been visited, among which 77 have been evaluated to date in the Grand' Anse, South, South-East, North West, and Artibonite departments. As of June 2017, evaluations were ongoing in the West, North, Center and Artibonite departments.

International
Organization
for Migration



-The IOM partnered with the MSPP, DINEPA and AmeriCares and focused on 1) supporting health facilities provide primary health care services and strengthen their response to cholera outbreaks; 2) supporting DINEPA through the chlorination of municipal Water Supply Systems as well as increasing access to potable water by promoting a household level water treatment product (Aquajif).

-Four health centers were rehabilitated and 16 received medical and non-medical supplies. Mobile medical units were deployed as well as additional nurses, auxiliaries, hygienists. A total of 12,274 beneficiaries directly benefited from health care services, 404 medical staff were trained on cholera care, cholera related topic & WASH (water, sanitation, and hygiene). Furthermore, IOM supported the cost of transportation of patients from community to health centers and from health centers to higher level facilities.

-IOM supported DINEPA with the distribution of chlorination products from the Departmental Hubs to 33 water systems and DINEPA's exploitation centers in the South and Grand-Anse, as well as trainings on residual chlorine surveillance.

-The household level water treatment product Aquajif was promoted in 14 Communes in the South and the Grand Anse department. From December 2016 to March 31st 2017, 330,000 beneficiaries had access to potable water and 110,913 beneficiaries received sensitization on cholera and WASH, as well as 10,000 households received "Aquajif". The IOM distributed with the support of 85 communities a total of 10,000

buckets with taps and 10,000 bottles of AquaJif to 10,000 families, in order to enhance household water treatment and safe storage.



-MINUSTAH's Civil Affairs section continued to work with local partners in 18 water, health and sanitation Quick-Impact Projects (QIPs). These 18 projects, for a total outlay of \$1 million, reached some 367,576 direct and indirect beneficiaries in seven of the country's ten Departments. Accounting for over 30 per cent of the total QIPs budget, projects included the installation of a water system in Marmont (Centre Department), and Torbeck (South Department).



In May 2017 UNDP Haiti launched the project "Community assistance to Mirebalais: new UN approach to cholera in Haiti", as part of the package established under Track 2 that will provide material assistance and support to those Haitians and their communities most directly affected by cholera.

Funding

The SG urged Member States to provide their full support to the new approach since the funding received as of May 2017 is not enough to fund the two tracks of the UN new approach (\$400 million). The SG also requested the GA to invite individual Member States to voluntarily waiving the return of the 2015/16 unencumbered balances and credits from MINUSTAH (\$US40,5), and direct them to the UN Haiti cholera MPTF. As of 22 September 2017, the following countries had already approved this reallocation: Belgium, Canada, Cuba, India, Italy, Jamaica, Liechtenstein, Luxembourg, Nepal, the Netherlands, Norway, Slovak Republic, Sri Lanka, Sudan and Uruguay.

For 2017, as of June 2017, some US\$18 million have been mobilized by the UN for the cholera response through different instruments, including US\$2.6 million through the UN Haiti Cholera Response Multi-partner Trust Fund. However, there is still a gap of 7,7 US\$ M to maintain the cholera prevention response and WASH activities in priority communes in 2017 (US\$ 5 M to maintain the rapid response, coordination and surveillance activities of national authorities supported by UNICEF, 48,555 US\$ to ensure the vaccination activities supported by PAHO/WHO and US\$ 2,6 M for WASH activities supported by UNICEF). **From 2010 to June 2017**, the UN and the international community mobilized more than US\$ 680 M in support to the National Plan for the Elimination of Cholera and the cholera response.

Midterm review of the National Plan for the Elimination of Cholera

On 10 August, Prime Minister Jack Guy Lafontant and the Special Representative co-chaired the eighth meeting of the High-Level Committee on Cholera (HLCC). The Prime Minister reconfirmed the 10-year National Plan for the Elimination of Cholera as the basis of the new Government's policy approach to the elimination of cholera and renewed Government engagement with the United Nations and other international partners to this end. The Government, with its partners, committed to an assessment of the implementation of the 2016-2018 Mid-Term Plan with a view to prioritizing short and mid-term interventions and to formulating a realistic funding strategy. Securing the funds necessary to implement the national plan and the UN New Approach will be critical to sustain the progress made in the transmission of the disease.

New UN approach to combat cholera and support the affected communities

Track 1 (\$200 M) offers support to the Haitian Government for its Midterm Plan for the Elimination of Cholera (2016-2018), which is based on 2 pillars: A) Coordination, treatment and prevention of the transmission (Including surveillance, rapid response, health assistance and vaccinations) and B) Improving access to water and sanitation and health care to address the root causes of the epidemic. Track 1 A should be implemented by the end of 2018, and Track 1B by 2030. • Track 2 (\$200 M) will provide collective support to the affected communities to reinforce their resilience to prevent and face not only cholera, but all water borne diseases. Period of implementation: 2 years, depending on the consultations with the communities.

The UN response to cholera in 2016 and 2017 has been supported by ECHO, DFID; USAID, New Zealand, Australia, Norway, Canada and Japan Government; German and French UNICEF national committees, the Republic of Korea, France, United Kingdom, Chile, India, Liechtenstein, Sri Lanka and OFID, as well as by additional donors under the umbrella of the response to the Hurricane Matthew.