

-11.464 SUSPECTED CHOLERA CASES FROM 1 JANUARY TO 2 APRIL 2016 IN HAITI

-UN AGENCIES AND PARTNERS IMPLEMENTED MORE THAN 9.000 RAPID RESPONSES AND INTERVENTIONS ON WATER, SANITATION AND HYGIENE

-THE RAPID RESPONSE MECHANISM IS FUNDED ONLY UNTIL SEPTEMBER AND NEEDS 9.8 M

The Ministry of Public Health and Population in Haiti (MSPP) has reported 11.464 suspected cholera cases and 128 cholera related deaths from 1st January to 2nd April 2016. Even though a downward trend was observed starting from early February, the United Nations in Haiti strongly encourages all parties to remain vigilant. According to PAHO/WHO and UNICEF’s experts, extreme vulnerability to cholera persists in many areas of the country and outbreaks can spark in any department, often due to internal displacements of people moving from the most affected areas, as well as other external factors, such as accentuated water scarcity due to 3 years of drought (which can force people to use non-potable water), localized and short heavy rainfall, and the political situation, since instability may hinder local response and Government capacity.



Distribution of filters to prevent water-borne diseases in Pilate

URGENCY TO MAINTAIN THE RAPID RESPONSE

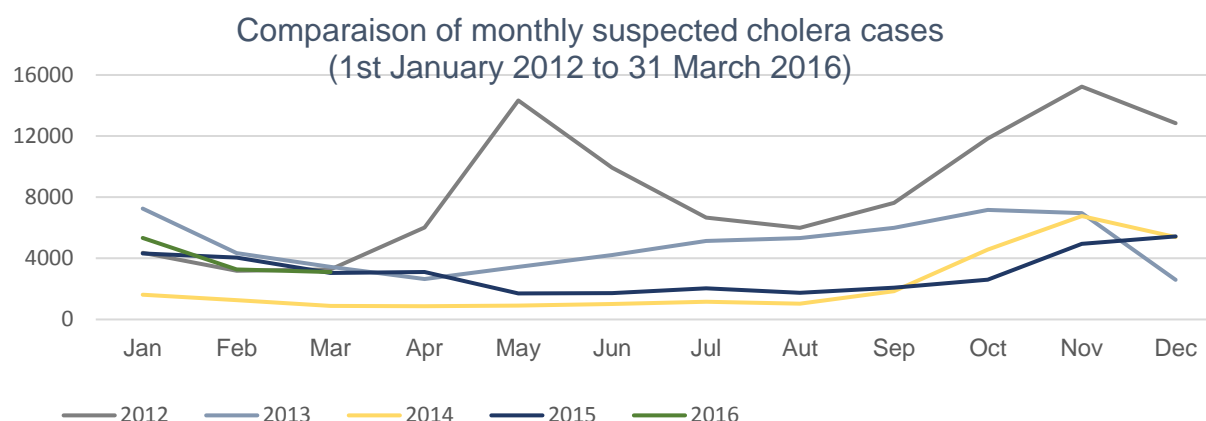
The United Nations encourages all partners and donors to maintain the alert and rapid response system to cholera. In this regard, the UN alerts about the fact that the current mechanism is only adequately funded until September, having a gap of USD 9.8M.

Failure to maintain the rapid response mechanism could result in longer or more severe outbreaks, and an increase in suspected cases.

THE UN IN HAITI SUPPORTS HAITI’S EFFORTS TO STRENGTHEN WASH INFRASTRUCTURES, HEALTH SERVICES AND HUMAN CAPACITIES AS A PRIORITY TO PREVENT ALL WATER BORNE DISEASES AND TO ADVANCE THE SUSTAINABLE DEVELOPMENT GOALS

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	11.464	128	0.92	0.90%

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



The response has contributed to decrease the number of suspected cases by 90% since 2011

Since the beginning of the outbreak in October 2010, the Ministry of Public Health and Population in Haiti (MSPP) has recorded 773,854 of cholera suspected cases up to 2nd April 2016. Following a peak of over 350,000 reported cases for 2011, concerted Haitian and international efforts have succeeded in drastically reducing these numbers by approximately 90%. However, for a significant part of the Haitian population, the risk of cholera and other water-borne diarrheal diseases remains the same as in 2010. The localised epicentres of cholera outbreaks continue to be characterized by a low access to potable water and adequate sanitation, insufficient social and health services, overpopulation and the high mobility of populations. Hence, in addition to the emergency response, the UN in Haiti strongly supports the Haitian Government as well as the national and international partners and donors in their efforts to address the root causes of the epidemic; strengthening water, sanitation and hygiene (WASH) infrastructures, quality accessible health services, and capacity development. This is a priority for the prevention of all water-borne and infectious diseases, including cholera and to advance the agenda of the Sustainable Development Goals (SDGs).

FUNDING

Due to the persisting high exposure to cholera in many zones, there is a significant concern among the humanitarian community regarding anticipated shortage of funds in 2016, which could reduce rapid response capacity and increase the risk of having similar outbreaks to that experienced in late 2014 and early 2015. The surveillance and rapid response mechanism for 2016 is only funded until September, having a gap of USD 9.8M. As per 31 March 2016, 48.3% of the funding requested for the rapid response 2016 has not yet been funded. Concerning the medium and long term actions to improve water, sanitation and health structures, the National Plan 2013-2022 still needs 86% of the 2,200 USD M requested.

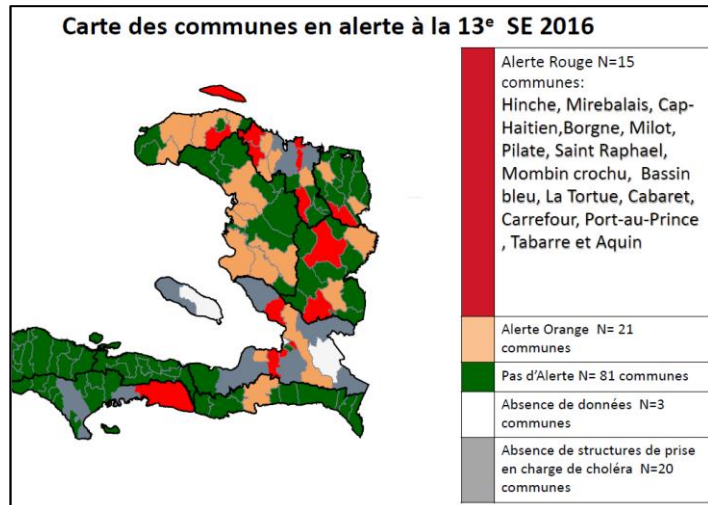
Global overview of the funding situation for the cholera response in Haiti

USD	National Plan(2013-2022)	Surveillance-rapid response 2016
Total requirement	2,220,192,500	20,300,000
Pledges against requirement	526,658,354	
Disbursement against requirement	307,618,760 (13.8%)	10,500,000 (51.7%)

15 COMMUNES UNDER RED ALERT BY 2ND APRIL

The last official data published by the Haitian Ministry of Health in 2 April 2016 indicate that 15 communes were in red alert by week 13, from 26 March to 2 Avril: Hinche, Mirebalais, Cap-Haitien, Borgne, Milot, Pilate, Saint Raphael, Mombin crochu, Bassin bleu, La Tortue, Cabaret, Carrefour, Port-au-Prince, Tabarre and Aquin.

According to the Ministry of Health criteria, a commune is considered to be under red alert when it has registered at least one death or more than 10 suspected cases of cholera among persons older than 5 years. For the same period (week 13), 21 communes were under orange alert. A commune is considered to be under orange alert when the number of cases detected is double that observed during the previous week, but not exceeding the threshold of 10 cases. On the other hand, also during the week 13 of the year 2016, 81 communes remained without cholera alert according to the Ministry of Health, 3 municipalities didn't report and other 21 did not have structures to analyze water borne diarrheal diseases suspected of being cholera cases.



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

RESPONSE 2016 (JANUARY TO MARCH)

The UN in Haiti supports the Haitian authorities to eliminate cholera focusing on three main areas of intervention:

1-Rapid response to control and prevent cholera outbreaks (including water, health and sanitation interventions).
 2-Medium-long term development of water and sanitation infrastructures, health care and management capacities as a way to prevent all water borne diseases, among them cholera. This objective is part of the National Total Sanitation Campaign (5 years) and the National Cholera Elimination Plan (10 years), which are key instruments to advance on the Sustainable Development Goals (SDGs), particularly the SDG's 6 (targeting the access to water and sanitation) and 3 (targeting the access to health).

3-Coordination of national and international actors intervening in the cholera response.

The UN in Haiti's objective for 2016 is to achieve the following outputs:

1. Less than 25,000 suspected cholera cases
2. Reduce cholera transmission and maintain the rapid response throughout the 2016 1st rainy season (April-May) and the 2nd rainy season, which coincides with the Atlantic hurricane season (June-November), while supporting to reinforce water, health and sanitation.

Rapid response and prevention

From 1st January 2016 to 31 March 2016, the lead UN agencies in the rapid response to cholera (PAHO/WHO and UNICEF) and partners supported the Ministry of Health achieving the following actions-results:

- 3,563 rapid targeted responses with 88% within 48h of an alert and 5,640 interventions on health-water, sanitation and hygiene,
- 70,000 houses disinfected
- 23,193 households received at least a water treatment product
- 100 temporary water chlorination points
- 40% of all responses done with the EMIRA (Rapid Mobile teams of the Ministry of Health)

- All UNICEF/EMIRA responses allowed to respond to 51% of all suspected cases (seen cases) and 63% of all hospitalized cases
- 291,708 persons were sensitized and 2,998,265 items such as cholera kits, SRO, Aquajif, TED products, and soaps, among others, were distributed.

For its part, the International Organization of Migration (IOM), managed a total of 1,811 suspected cholera cases in 99 camps/communities of the West, Artibonite and South-East Departments. Six (6) mobile teams -Rapid Response- were deployed to support Cholera response in those three (3) targeted departments; 50 cholera structures have been supported with medical and non-medical items and reinforced with 72 Nurses, 65 auxiliaries-nurses and 54 hygienist agents. At community level, IOM Cholera Response supported MSPP Health Structure with the deployment of 235 brigadiers/ASCP for communities outreach activities and to implement the Sanitary Cordon. These activities reached out 364,753 people through sensitization (mass and door to door) and 6,998 houses were decontaminated.

MINUSTAH IMPLEMENTED 17 QUICK IMPACT PROJECTS

In the first quarter of 2016, MINUSTAH Civil Affairs' programme approved or began work on 17 Quick Intervention Projects (QIPs) projects worth some USD 845,380 to prevent cholera and other water-borne diarrheal diseases. This outlay represents more than 20 per cent of the total 2015-16 QIPs budget. The 17 projects (7 approved; 10 already being implemented) are expected to reach over 220,000 beneficiaries in 7 out of the 10 departments of the country. Of these, three projects (totaling some USD 152,971) deal with renovations or extensions to health centres, in the West Centre and Grande Anse respectively; while 14 relate to the construction, renovation or extension of local drinking water systems. The largest of these, in the Village Solidarité in the West Department, is expected to assure clean drinking water for some 75,000 beneficiaries.

THE HC VISITED PILATE TO FIND SOLUTIONS TO THE SABOTAGE OF THE WATER PIPELINES

On March 22, coinciding with the World Water Day, the Deputy Special Representative of the Secretary General, Resident Coordinator and Humanitarian Coordinator in Haiti (DSRSG RC/HC), Mourad Wahba, visited the commune of Pilate in order to meet personally the local authorities and key community leaders to know first-hand the problems of access to water and the increase of cholera cases suffered by the commune after the sabotage of the water pipelines during violent confrontations between followers of different political parties, last December. During his visit, Wahba was accompanied by representatives of UNICEF, PAHO/WHO and OCHA, as well as representatives of MINUSTAH in the north department, and had discussions with key actors such as the mayor of Pilate, DINEPA, Oxfam, and the director of the hospital.

The community agreed to send to the Humanitarian Coordinator a project proposal to ensure a sustainable management and protection of the water infrastructures in order to receive support to repair the pipelines. In the meanwhile, MINUSTAH continues the distribution of water to assure a minimum access, prioritizing the hospital and the school. On the same occasion, MINUSTAH civilian and military personnel distributed to the local population water filters to prevent water-borne diseases, among them cholera.



Mourad Wahba drinking filtered water during the distribution of filters to prevent water-borne diseases in Pilate (North Department).

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