

**Fighting Water Borne Diseases** 

Fact Sheet: UN Cholera Response in Haiti

Jan/Feb 2017 2017 (DATA FROM 1<sup>ST</sup> JANUARY TO 18 MARCH)



- Funding support remains crucial in 2017 to take a big step towards cholera elimination
- 3,900 suspected cholera cases from 1 January to 18 March, in comparison to 10,100 cases in 2016

#### **Current situation**

From 1st January to 18 March, the Haitian Ministry of Health (MSPP) reported 3,900 suspected cholera cases and 60 related deaths, in comparison with the 10,160 suspected cases and 118 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 31 December 2016, Haitian and international efforts have succeeded in reducing the cholera cases and fatalities in Haiti by almost 88% since the peak in 2011 (350,000 cases).



However, the country is still extremely vulnerable to cholera, particularly in the West, Centre, Artibonite and North departments. Furthermore, the impending rainy season represents an Femmes utilisant des tablettes de purification de l'eau. 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	352,033	2,918	34.33	1.04%
2012	101,503	908	9.73	0.96%
2013	58,574	581	5.57	1.05%
2014	27,392	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 18 March)	3,900	60	0.32	1.22%
Total 2010-18 March 2017	806,219	9,484	-	-

Key cholera response actions in 2017 (from 1 January to 30 February) per UN actor



- -Asked to increase their geographic flexibility, part of the 88 UNICEF partners' rapid response teams in support of the Ministry of Health were reallocated to better focus on current hotspots, and have been able to respond to 2,600 suspected cases, with 1,660 rapid responses in all ten departments. More than 89% of these responses occurred within 48 hours. Approximately 112,000 individuals have been sensitized and more than 12,000 households benefited from water treatment products.
- -As stated in the Medium-term plan, UNICEF started the operational research in 4 of the 8 priority communes with National Directorate of Water Supply and Sanitation (DINEPA) and the municipalities. Action plans

will be ready within one to three months. Four new UNICEF staff are supporting the Ministry of Health and DINEPA in the most at-risk departments.

-The National Sanitation Campaign continues in 8 communes of Centre and Artibonite with respectively 10 and 9 localities declared Open Defecation Free and 25 localities in process. UNICEF is currently piloting the implementation of the community-led total sanitation approach in the Centre department through community Health Agents, a promising approach that could potentially be scaled up.



-In collaboration with national authorities, the Office for the Coordination of Humanitarian Affairs (OCHA) launched a Humanitarian Response Plan that requests \$2.7 million to address humanitarian priorities in 2017. \$34,7 million were requested for the cholera response. In addition, other \$14,7 million were requested for urgent interventions on water, sanitation and hygiene (WASH) and \$25,7 million for the health sector, both of them key elements to prevent cholera and other water-borne diseases.



-During January and February, PAHO/WHO supported the MSPP teams in their response to alerts in the South, Grande Anse, West, Nord-West and Artibonite departments, which includes case investigation, evaluation of quality and improvement of cholera care and treatment structures (including human resources capacity and access to water, sanitation and hygiene). PAHO/WHO also provided training when needed to evaluated structures and supplies were distributed to health directorates' warehouses to treat around 2,800 cholera cases.

-Regarding epidemiology and laboratory, 500 Cary-Blair transport were purchased in January – February, and 2,500 more are in process of procurement to strengthen the National Laboratory for Public Health (LNSP) capacities to confirm cholera cases. Four laboratory technicians from the subnational lab in the South department were trained in cholera diagnosis, and 2 trainings in sample collection and transportation were and South for **MSPP** organized in Grand Anse workers and partners' -Improvement of sample transportation was supported and Standard Operation Procedures were developed to improve sample collection, transportation and feedback in the Grand Anse and the South departments.

- -A bloody acute diarrhea outbreak investigation was undertaken in the South department (297 community surveys); and a similar study is in progress in the Grand'Anse.
- -PAHO responded rapidly to alerts/outbreaks through case investigation and evaluations of cholera treatment centers with the MSPP and partners, while addressing identified gaps (ex: case management, MSPP protocols, structural issues and hygiene aspects) through training, small repairs and rehabilitations.





-The IOM health section deployed four mobile teams to support the Haitian Minister of Health in the cholera response in the South and Grande-Anse departments. A total of 34 cholera patients were managed in 5 targeted cholera facilities with additional support of 40 medical staff during the reporting period.

-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).

## Funding overview and response 2010-2017

For 2017, as of 24 April, the UN has mobilized more than \$17.7 million for the cholera response in Haiti through different instruments, such as the Cholera Response Multi-Partner Trust Fund (\$2,6 million) and the Humanitarian Response Plan (mainly though UNICEF and PAHO/WHO).

Between October 2010 and April 2017, the UN family in Haiti has supported the Haitian authorities mobilizing more than \$350 million for both for rapid response and for longer term response (including more than 300 direct initiatives and projects).

In 2016, \$28.5 million were mobilized through: (1) the humanitarian flash appeal after the hurricane Matthew - 12.4 million funded for the WASH sector out of \$18 million requested and \$4 million funded for the health sector out of \$18.4 requested -, (2) the Humanitarian Response Plan -\$9.2 million funded out of \$20.3 million requested-, (3) the Haiti Cholera Response Multi-Partner Trust Fund launched on 14 October 2016 by the SG -\$1,6 million received out of \$400 million requested for a 2 years period- and (4) MINUSTAH's QIP projects -\$1.3 million-.

# Midterm review of the National Plan for the Elimination of Cholera for the period 2016-2018

The Minister of Health approved in 2016 the medium term reviewed Plan for the Elimination of Cholera in Haiti 2016-2018, presented on 18 August with an estimated budget of \$180 million.

## New UN approach to combat cholera and support the affected communities

Greater government ownership and sustained donor support are critical to the further progress of elimination efforts. On the 1st December 2016, the UNSG Ban-Ki moon apologized at the UN General Assembly to the Haitian population and recognized the moral responsibility of the UN to the victims of the cholera epidemic. The SG also asked for financial support from the membership of the United Nations to fund a new UN approach to support Haiti in the fight against cholera, with an estimated cost of \$400 million over 2 years on two tracks. Track 1 includes moving ahead with measures to combat cholera in the short term, including vaccination, surveillance, treatment, rapid response teams and immediate water and sanitation support to affected communities (in support of the National Plan for the Elimination of Cholera). Track 2 considers the need for a package of measures to give development support to the communities that are suffering from this disease. A UN Multi-Partner-Trust fund was created on 14 October by the UNSG in order to support the funding efforts for Track 1 and Track 2, a tool that complements other funding mechanisms already in place.

### Overview of the UN cholera response in 2016

-In 2016, 876,044 persons were vaccinated (769,990 in the areas most impacted by the hurricane Matthew) and the UN ensured cholera treatment to respond to 80% of cases in all the country. 12,555 rapid responses to outbreak alerts were supported by the UN benefiting about 145,000 households and responding to 20,529 cases (providing health treatment, sanitation, water and prevention kits). The Total Sanitation Campaign launched in 2014 by the UNSG and the Government of Haiti has already been implemented in 113 localities. As a result, 60,000 people gained access to improved source of drinking water and 17,500 people from 35 communities live in an open defectaion free environment. In addition, the MINUSTAH implemented 22 water, health and sanitation projects reaching some 443,534 direct and indirect beneficiaries in seven of the country's ten Departments.

The UN response to cholera in 2016 and 2017 has been supported by ECHO, DFID; 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.