Haiti Cholera Response Fact Sheet

United Nations in Haiti

2015 (DATA FROM 1ST JANUARY TO 31ST DECEMBER)

-36.045 CHOLERA CASES IN HAITI IN 2015

-THE LAST QUARTER OF 2015 REGISTERED A DOWNWARD TREND IN THE NUMBER OF CASES DUE TO IMPROVED SURVEILLANCE AND RESPONSE

-THE UN IN HAITI ENCOURAGES ALL ACTORS TO MAINTAIN THE CHOLERA EMERGENCY RESPONSE AS A HUMANITARIAN PRIORITY SINCE THE RISK FACTORS REMAIN, AGRAVATED BY THE DROUGHT AND POLITICAL INSTABILITY

Current Situation

The Ministry of Public Health and Population in Haiti (MSPP) has reported 36.045 suspected cholera cases and 322 cholera related deaths from 1st January to 31 December 2015. A downward trend was observed starting from the end of April and, from mid-September to first week of December, the country reached the lowest cholera incidence since the beginning of the epidemic, although the number of cases started to increase again in mid-December. In this regard, the collaboration of Haitian authorities, the United Nations and other international partners has contributed to reverse the tendency from the peak registered in November 2014, although these improvements remain fragile. This coordinated response has also contributed to the decrease of the cholera institutional fatality rate to its lowest level since the epidemic started in 2010. However, due to the severe outbreak at the end of 2014 and beginning of 2015, the total number of suspected cases detected in 2015 surpassed the 29.078 cases registered in 2014. Despite improvements, the United Nations in Haiti strongly encourages all parties to remain vigilant, since PAHO and UNICEF estimate that another 25.000 persons are likely to be infected by cholera in Haiti in 2016.

THE UN IN HAITI SUPPORTS THE HAITIAN GOVERNMENT IN ITS EFFORTS TO STRENGTHEN WASH INFRASTRUCTURES, HEALTH SERVICES AND HUMAN CAPACITIES AS A PRIORITY FOR PREVENTION AND DEVELOPMENT

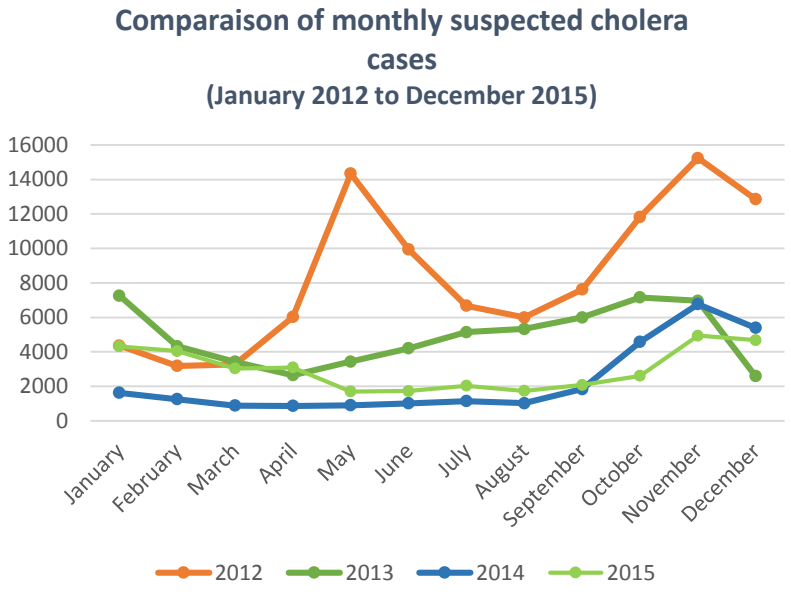
Over 2015, 30 municipalities have been reported in red alert in eight departments; five of them facing the most severe outbreaks: North, Artibonite, North-West, South-Est and South. Outbreaks have been reported also in departments with very low cholera incidence or even complete absence of cases for long periods of time, such as Grande-Anse or the North-East. According to PAHO-WHO and UNICEF´s experts, this fact shows that 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 the ongoing 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.

Year	Number of Reported Cholera Cases	Total Deaths	Cholera 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%

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

The response has contributed to decrease the number of 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 762,390 suspected cases of cholera, and 8,977 cholera related deaths from October 2010 through to 31 December 2015. Following a peak of over 350,000 reported cases for 2011, concerted Haitian and international efforts had succeeded in drastically reducing these numbers by more than 90% in 2014 (29,078 suspected cholera cases). However, the number of suspected cases started to increase again in September 2014, due to multiple factors, such as late rains, delayed alert and decrease in engagement of some traditional partners. This trend has been reversed again in 2015 and a decreasing tendency in suspected cholera cases (from the peak in November 2014) has been observed. However, the cholera epidemic in Haiti remains an emergency and continues to be the largest in the Western Hemisphere. Therefore, the UN family in Haiti encourages the national and international actors to maintain the cholera emergency response as a humanitarian priority, stressing that the risk of major outbreaks remains acute, particularly during the rainy seasons (April-May and June-November. The risk of a large outbreak still remains high, as demonstrated by several important spikes late 2015 in the Northern part of the country, resulting in more than 1,000 weekly suspected cases over the month of December.

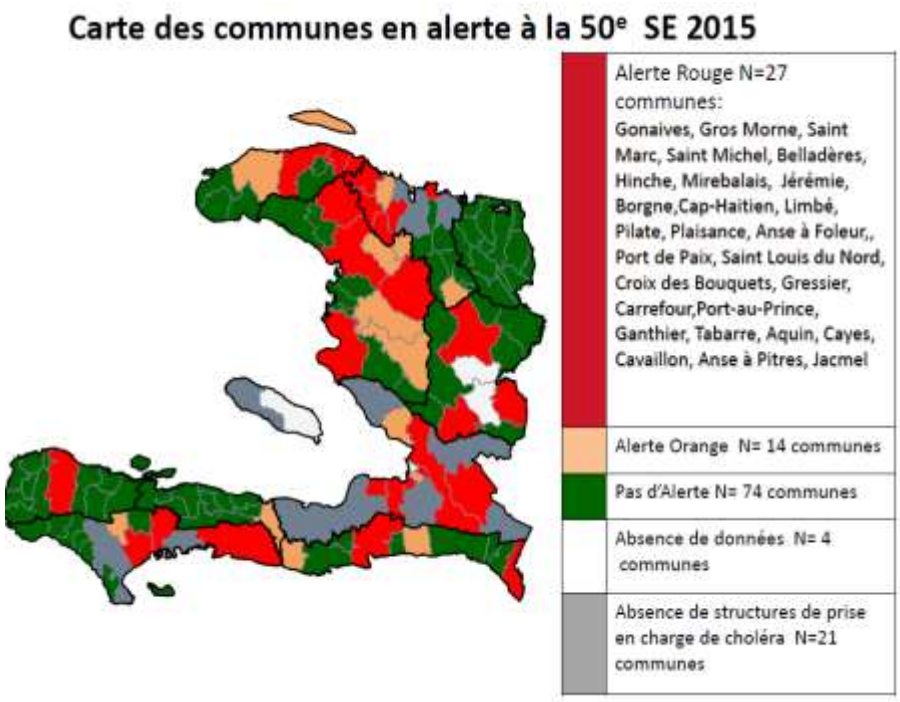


The lessons from the past five years have emphasized that it is critical to maintain a high level of epidemiologic surveillance and response, as well as dynamic community sensitization across the country. Consequently, the UN in Haiti launched in July 2015 a funding request through the OCHA's Central Emergency Response Fund (CERF) and 4.1 million dollars have been mobilized for community response and treatment.

For a significant part of the Haitian population, the risk of cholera remains the same as in 2010, since the underlying vulnerability and risk factors remain acute. 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 encourages the urgent investment in structural improvements that address the root causes of the epidemic, especially in the high risk areas. In this regard, the UN in Haiti strongly supports the Haitian Government as well as the national and international partners and donors in their efforts to strengthen water, sanitation and hygiene (WASH) infrastructures, quality accessible health services, and capacity development. This is a priority not only for cholera prevention, but for all water borne and infectious diseases. In addition, the UN in Haiti encourages the Haitian population, the local communities, the private sector and different social actors to contribute to raise awareness for cholera prevention and health education as key elements to strengthen the resilience and to advance the agenda of the Sustainable Development Goals (SDGs).

27 communes under red alert by 12 December 2015

The last official data published by the Haitian Ministry of Health in December 2015 indicate that 27 communes were in red alert by week 50, from 6 to 12 December: (Gonaives, Gros Morne, Saint Marc, Saint Michel, Belladères, Hinche, Mirebalais, Jérémie, Borgne,Cap-Haitien, Limbé, Pilate, Plaisance, Anse à Foleur,, Port de Paix, Saint Louis du Nord, Croix des Bouquets, Gressier, Carrefour-Port-au-Prince, Ganthier, Tabarre, Aquin, Cayes, Cavaillon, Anse à Pitres and Jacmel).



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

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 50), 14 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 50 of the year 2015, 74 communes remained without cholera alert and other 25 did not have available data.

2015 Response

-UN AGENCIES, MINUSTAH AND PARTNERS IMPLEMENTED 11.000 INTERVENTIONS ON WATER, HEALTH AND SANITATION

-3, 3 MILLION PEOPLE HAVE BEEN SENSITIZED AND 26 MILLION HOUSEHOLD WATER TREATMENT PRODUCTS DISTRIBUTED

- THE COMMUNITY APPROACH TO TOTAL SANITATION HAS ALREADY BEEN IMPLEMENTED IN 67 LOCALITIES

The UN in Haiti supports the Haitian authorities to eradicate cholera focusing on three main areas of intervention:
1-Rapid response to prevent and control cholera outbreaks
2-Medium-long term development of water and sanitation infrastructures, health care and management capacities.
3-Coordination of national and international actors intervening in the cholera response.

The UN in Haiti´s objective for 2015 was to achieve the following outputs:

1. Less than 28,000 suspected cholera cases
2. Reduce cholera transmission and maintain the rapid response throughout the 2015 1st rainy season (April-May) and the 2nd rainy season, which coincides with the Atlantic hurricane season (June-November).

Regarding these objectives, even though the expected number of cholera cases has been surpassed in 2015, the tendency of the last quarter of the year confirms that national cholera management capacity has increased over the years and that emergency response to outbreaks is playing a key role to control the epidemic. This rapid response is also complemented by a crucial long term strategy on water and sanitation infrastructures, health care, prevention, education and capacity development.

Rapid response

From 1st January 2015 to 31 December 2015, partners have reported 11.108 interventions on Health and Water, Sanitation and Hygiene (WASH) provided by UNICEF, PAHO/WHO and NGO partners, with the financial support of CERF, ECHO, DFID, ERF-OCHA. From those, 6,750 were rapid responses to cholera alerts.
In addition, in 2015, 200 health structures received suspected cholera cases. According to the intensity and localization of the outbreaks, these facilities were supported by the Ministry of Health; NGOs and the international community through personnel, supplies and training.

Over the year, PAHO/WHO also provided medical items to cover around 20.000 cases. Furthermore, PAHO/WHO and UNICEF´s partners mobilised up to 68 mobile health teams and 290 nurses and hygienists to support healthcare delivery at hospitals and health centres in case of outbreaks, as well as to reinforce the rapid response teams working for the Ministry of Health. Besides, WASH partners implemented more than 800 emergency temporary water chlorination points. DINEPA was supported by UNICEF to improve the chlorination in the cholera affected areas of the Port au Prince metropolitan area, which contributed to control this area compared to end of 2014.

In terms of advocacy and prevention, more than 3.1 million people[1] have been sensitized through various communication methods (door-to-door, group discussions, etc.) and UN agencies and partners have distributed more than 45,000 cholera kits, 26 million household water treatment products (Aquatab tablets and bottles of chlorine or AquaJiff/Dlo Lavi), over 368,000 soap units, 12,250 buckets and 539,000 sachets of oral rehydration salts. Moreover, 49,116 houses have been disinfected and 852 water points have been put in place or received rehabilitation with 9 cholera treatment centres benefiting from WASH rehabilitation.

In coordination with the above mentioned actions, during 2015, the International Organisation for Migration (IOM) managed 6,746 suspected cholera cases in 95 camps/communities; deployed 16 mobile teams in 4 departments, repaired 9 cholera structures and supported 48 cholera structures. Besides, IOM trained 228 brigadiers/ASCP, 56 hygienists, 211 focal points and 323 nurses; responded to 607 alerts and sensitized 277,647 individuals.

Medium term strategy supporting the National Sanitation Campaign (5 years)

In the medium-term (5 years), the UN in Haiti intends to address the gaps in access to water and sanitation between rural and urban areas through a 5-year National Sanitation Campaign, officially launched by the UN Secretary General and the Prime Minister in Los Palmas, Central Department on 14 July, 2014. The principle is that water and sanitation is key to prevent not only cholera, but many other water-related diseases.

The National Sanitation Campaign prioritises 55 communes considered to be at high-risk of cholera, improving sanitation in both rural and disadvantaged urban areas. In a first phase, the National Direction of Drinking Water and Sanitation (DINEPA[2]) and the Ministry of Public Health and Population (MSPP) have developed an operational plan for the implementation of the campaign in 16 of the priority communes. The operational plans were launched in June/July in the respective communes by the regional DINEPA offices (OREPA) and a series of regional discussions with local actors and other partners are in progress to promote the national sanitation strategy. In addition, the Community Approach to Total Sanitation (ACAT), an essential element of this campaign, has already been implemented in 67 localities by training the Sanitation Municipal Technicians (TEPACs) and community health agents to accompany the families in the process to eliminate open defecation. These actions are already producing positive results, such as 1,000 self-built household toilets and 2,000 in progress. Six communities are certified open defecation free (ODF) and 16 are in the process of becoming certified open defecation free.

[1] Some population may have been reached twice during massive sensitization
[2] Direction Nationale de l'Eau et de l'Assainissement

Furthermore, thematic funds and funds transferred by the governments of Japan and Canada have been used to build/rehabilitate sanitation infrastructures in 77 communities (38 in Artibonite, 20 in Centre and 19 in the Southeast), 43 schools and 20 health centres.

Long/term strategy to support the National Cholera Elimination Plan (10 years)

The long-term strategy (10 years) focuses on scaling up community programmes on social protection and access to basic services through the identification and prioritisation of support to vulnerable families. This includes further investments in rehabilitating water and sewage treatment systems in vulnerable neighbourhoods, in line with the Government's Action Plan for Poverty reduction, giving special attention to urban areas, since analysis undertaken by UNICEF demonstrates that urban and peri-urbans areas in several areas of the country might be considered as regular "sources" of the disease (in red alert more than 75% of the weeks in 2014 and 2015), from where infected people move and transmit the disease to other places. Namely, those areas are the urban settings of the following communes: Gonaives, Mirebalais, Saint-Marc, Saint-Michel de l'Attalaye, Cap Haitien, and Port au Prince, Carrefour and Croix des Bouquets.

MINUSTAH's interventions in coordination with the UN agencies

For its part, in coordination with the UN agencies, MINUSTAH Civil Affairs has continued to work with local partners on efforts to support both rapid and medium-long term response to eradicate cholera. In 2015 some 32 water, health and sanitation Quick-Impact Projects (QIPs) received USD 1,556,469.90. Over 30 per cent of the total QIPs budget focuses on cholera response, reaching an estimated 192,320 direct beneficiaries (with implementation already completed for 21 projects). Projects took place in eight out of the country's 10 Departments, including actions such as the installation of a water treatment system in the capital region's Delmas commune and the construction of 38 drinking water cisterns in far-North-Western Bombardopolis. Four projects worked directly with local hospitals and health centres, while other two projects introduced new drinking water systems into the national prisons at Mirebalais and Croix-des-Bouquets. Civil Affairs also continues to monitor and report on cholera throughout the country.

Coordination

The United Nations in Haiti maintained its support to coordinate the different national and international actors involved in cholera response through three main forums:

-United Nations Country Team coordination meetings
-Humanitarian Country Team meetings
-Support to the High-level Committee on the Elimination of Cholera in Haiti

The High-level Committee on the Elimination of Cholera met twice in 2015. On 21 May, the first meeting of the year was co-chaired on an exceptional basis by the Prime Minister, Evans Paul, and the Special Representative of the UN Secretary General, Sandra Honoré. The Government sent a strong signal to reinvigorating the Committee as the main coordination mechanism for the implementation of the National Plan for The Elimination of Cholera. Consensus was reached that the immediate focus of the Committee´s work would be on prevention, including through awareness-raising campaigns and emergency response, while long-term aspects of the cholera response and assistance to persons affected by the disease would remain on the Committee´s agenda. The second meeting (December 10th) was co-chaired by the Health

minister, Florence Duperval Guillaume, and the Special Representative of the United Nations Secretary General, Sandra Honoré, who highlighted the importance of maintaining the rapid response while advancing on the development of water, health and sanitation infrastructures and capacity development. In addition, the Minister underlined that progress on the coordinated response has permitted to reduce drastically both the fatality rate and the number of new cases during the last quarter of 2015. "The strong reactivity of the rapid intervention teams (Emira) have permited to reduce the number of cases during the most risky months of the rainy season (Octobre-Novembre), achieving the lowest levels since the beginning of the cholera epidemic in Haiti", affirmed Duperval in an official press release after the encounter.

Epidemiological surveillance and alert system: Rapid response

Cholera response activities include investigation, sensitization, household decontamination and the distribution of cholera kits. The MSPP's epidemiological department (DELR) and the National Cholera Unit at UADS manages the alert mechanism that collects the warnings reported from the field. PAHO-WHO and UNICEF assists DELR through technical support, supervision, data entry and analysis. They also provide assistance to the cholera treatment institutions providing equipment to facilitate timely data transfer and the collection of specimens for biological confirmation. In addition, UNICEF has epidemiological experts (from Assistance Publique – Hôpitaux de Marseille), who work with government epidemiologists at departmental and central levels, including in the DELR. PAHO-WHO Emergency Operations Center in Port-au-Prince ensures cholera alerts and response monitoring and liaises with MoH Cholera Unit Each cholera alert triggers an investigation and a response coordinated by MSPP departmental cholera coordinators and government rapid response teams (Équipes Mobiles d'Intervention Rapide - EMIRAs). Cholera coordinators have increased the collaboration with the national Water and Sanitation Authority (DINEPA) and have been supported in 2015 by 4 PAHO-WHO field coordinators in the most affected departments. UN teams (IOM, PAHO-WHO), WASH NGOs (ACF, ACTED, French Red Cross, Oxfam, Solidarité International) and health NGOs (IMC, ZL /PIH, Medicins du Monde Consortium, Medecins du Monde Argentine and MSF) support the MSPP in the rapid response mechanism. These teams are supported locally by water and sanitation technicians (TEPACs), civil protection brigadiers and community health workers.

Subsequently, each confirmed cholera case activates a complete package of targeted WASH interventions to approximately 55 people through decontamination of the affected household, distribution of hygiene kits and other water treatment products to affected households and their neighbours (approximately 10 households), community outreach and sensitization on cholera prevention and good hygiene practices, as well as chlorination and/or rehabilitation of community water sources as required. Partners of the response already incorporate community health agents into their activities, a trend that should be increased in 2016 to reinforce the surveillance and response capacities at local level. In 2015, PAHO/WHO and UNICEF have supported 6 MSPP rapid response teams (EMIRA), while the World Bank has supported 4 EMIRAs. In this regard, the administrative processes are still generating salary issues for most of the EMIRA staff, although UNICEF and the World Bank are currently working on the improvement of the system.

At least 300,000 people to be vaccinated in 2016

PAHO-WHO and UNICEF are supporting the Government of Haiti to reach the target of 600,000 people vaccinated against cholera by the end of the period 2015-2016. The oral cholera vaccination (OCV) campaign in Haiti forms part of the National Plan for the Elimination of Cholera 2013–2015 developed by the Ministry of Health and Population (MSPP), which targets the vaccination of the population most at risk

of contamination of cholera due to their location in vulnerable areas (approximately 600,000 people). Cholera vaccination campaigns have so far reached 285,534 people with 2 doses of Shanchol™: 102,250 in 2013 and 183,284 in 2014. The original proposal for the joint 2015 vaccination campaign with PAHO-WHO was to vaccinate 313,000 people with a proposed budget of US$ 3.6 million. MSPP had worked on the official request to the International Coordinating Group in order to receive sufficient doses of Shanchol™ from the global stockpile as part of an integrated vaccination campaign (vaccination-social mobilisation-WASH) with the aim to vaccinate an estimated 400,000 people by the end of 2015. However, given both external and internal factors (such as the increased demand on the global stockpile and the electoral and security context) this campaign has been rescheduled to be implemented in the first trimester of 2016. An estimated 118,000 persons are planned to be vaccinated, and a second campaign is planned for the second half of 2016, although discussions are still on-going.

FUNDING

-US$ 4.1 MILLION HAS BEEN MOBILIZED FOR RAPID CHOLERA CONTROL AND RESPONSE THROUGH OCHA´S CENTRAL EMERGENCY RESPONSE FUND (CERF) WHILE ECHO AND DFID CONTRIBUTED JUST OVER $12 AND US$3 MILLION RESPECTIVELY FROM JAN 2014 UP TO NOW.

Due to the persisting high exposure to cholera in many zones, there is a significant concern among the humanitarian community regarding anticipated shortage of fund in early 2016 which could reduce rapid response capacity and increase the risk of having similar outbreaks to that experienced in late 2014/early 2015. For 2015-2016, an estimated US$ 36.5M were required to maintain rapid cholera control and response activities (approximately US$ 20Mfor 2015), of which US$ 16M has been received.

In 2015, The Central Emergency Response Fund (CERF) has mobilized during US$ 4.1M showing the continued resource mobilisation effort. ECHO contributed US$ 8 M for supporting UNICEF, PAHO and WASH/HEALTH NGOs (covering also the first quarter of 2016) and DFID contributed just over US$ 1.5 M for supporting UNICEF partners and the Rapid Mobile Teams of the Ministry of Health. Finally OCHA contributed about US$ 2M early 2015.

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

USD	National Plan (2013-2022)	Short-term Plan (2013-2014)	Mid-term Plan (2015-2017)	Long-term Plan (2018/2022)	Surveillance-rapid response (2015-2016)
Total requirement	2,220,192,500	486,100,000	1,207,315,000	526,777,500	36,500,000
Pledges against requirement	526,658,354	209,049,088	267,609,266	50,000,000	
Disbursement against requirement	307,618,760 (13.8%)	175,934,693 (36.1%)	131,684,067 (10.9%)	0	16,000,000 (43.8%)

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