

## The UN supported Haiti's rapid reponse against cholera with more than 14,500 interventions in 2017



**13,747**

suspected cholera cases



**67%**

Downward trend in comparison to 2016



**95%** received

a rapid response (92% in less than 48 hours)



Women using purification tablets to prevent cholera transmission in Haiti.

### Current situation

From 1 January to 30 December 2017, the Haitian Ministry of Health (MSPP) reported 13,747 suspected cholera cases and 159 related deaths, in comparison with the 41,421 suspected cases and 447 deaths during the same period in 2016. This downward trend, if maintained, is an opportunity to take in 2018 another big step towards the zero transmission of cholera, in case funding is available and support for the rapid response led by Haitian authorities is accordingly intensified under the umbrella of the National Plan for the Elimination of Cholera. In line with the United Nations New Approach against Cholera in Haiti, in 2017, the UN entities (particularly through UNICEF, PAHO/WHO, UNDP and the IOM) intensified their activities in support of the cholera response under the leadership of the MSPP and the National Directorate of Potable Water and Sanitation (DINEPA).

Maintaining the support to the response led by Haitian authorities is crucial to seize the opportunity to take a big step towards zero transmission

As of December 2017, the Haitian authorities (with the support of international and national partners) have succeeded in reducing the suspected cholera cases and fatalities in Haiti by 99% since the highest pick in 2010 (185,351 cases in three months) thanks to a massive community response, improved surveillance, and timely clinical care. For the first time after 2010, in 2017, the disease was kept under control during the second semester of the year, despite the higher than average rainfall. However, the country remains extremely vulnerable to cholera, particularly in the West, Centre and Artibonite departments. Therefore, maintaining the support to the surveillance and rapid response led by national authorities is crucial to preserve the hard fought gains in the battle against cholera and all water-borne diseases.

In the medium and longer term, improving access to water, sanitation and health care is key to address the root causes of all water borne diseases, among them cholera. This will be crucial to achieve the Sustainable Development Goals and Haiti's vision of becoming an emergent country by 2030, since the access to water and sanitation is essential to advance in all aspects of development.



**14,585**  
interventions  
(rapid response +  
prevention)



**167,000**  
Households received  
water treatment  
products at home



**1,163,000**  
persons were  
sensitized

### Overview of cholera cases between October 2010 and December 2017 (Source: MSPP)

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 January to 30 December)	13,747	159	1.13	0.99%
<b>Total 2010-2017</b>	<b>816,066</b>	<b>9,583</b>	-	-

### Summary of key UN actions in support to the Haitian authorities' response against cholera in 2017

In 2017, the United Nations Family (particularly through UNICEF, PAHO/OMS, IOM, MINUSTAH and UNDP) continued supporting the Haitian authorities response to win the battle against cholera under the umbrella of the National Plan for the Elimination of Cholera. Among other actions, as part of the Track 1 of the UN New Approach Against Cholera, the UN family supported the Ministry of Health's (MSPP) alert-response mechanism allowing to respond to 13,011 suspected cases (95% of the cases), with 92 % of the responses effected in less than 48 hours after the alert. About 167,900 households, approximately 839,500 persons, benefited from a rapid response and received water treatment products. As part of this rapid response, 1,100 chlorination points were installed and 1,1 million people were sensitized to reinforce cholera prevention during 2017.

In parallel, in support to the National Sanitation Campaign, which aims at eliminating open defecation and improving access to water in key priority communes, about 65,000 persons benefited from improved access to water in the Centre and Artibonite departments, among them 8,700 children at schools, and 69 localities are now declared open defecation free.

The UN did also support the Haitian Ministry of Health (MSPP) to vaccinate 742,569 persons against cholera in the South and the Grand' Anse departments, Mirebalais and the national prison. During these campaigns, home water chlorination was also supported. In addition, the household level water treatment product "Aquajif" was promoted in 14 Communes in the South and the Grand Anse department. As part of this project, during 2017, more than 330,000 beneficiaries had access to potable water thanks to Aquajif, and 110,900 beneficiaries were sensitized on cholera and water, sanitation and hygiene (WASH). These actions were complemented by 18 quick-impact projects on water, health and sanitation in collaboration with local partners. 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.

Under the umbrella of the Track 2 of the UN New Approach against Cholera, the UN also carried out local consultations in four communal sections of Mirebalais in order to provide material assistance and support to the communities most directly affected by cholera.



**11,100**  
chlorination points  
were installed



**65,000** persons  
benefited from  
improved access to  
water



**69** communes  
certified as open  
defecation free

### Key UN actions in support to the Haitian authorities' response against cholera in 2017 per UN actor



- Through its NGO partners, UNICEF supported the Ministry of Health's alert-response mechanism allowing to respond to 13,011 cases (95% of the cases), with 92 % of these responses effected in less than 48 hours after the alert. About 167,900 households, approximately 839,500 persons, benefited from a rapid response and received water treatment products. As part of the rapid response, 1,100 chlorination points were installed and 1,1 million people were sensitized to reinforce cholera prevention during 2017.

- UNICEF supported the Haitian Ministry of Health (MSPP) to launch a massive operation in the West department, from July to October 2017, aiming at reducing the incidence to the lowest levels possible before the highest risk period, which coincides with the rainy season. This operation engaged local authorities and population through intensified information and communication strategies, including the training and/or the sensitization of 401 agents from the municipalities, 400 local leaders and focal points, 23,493 food sellers in markets, 21,150 citizens in bus stations, 368 Christian and voodoo leaders, and 17,000 worshippers in churches.

- UNICEF continued supporting the National Directorate of Potable Water and Sanitation (DINEPA) as a partner to implement the National Sanitation Campaign, which aims at eliminating open defecation and improving access to water in key priority communes. In the Centre and Artibonite departments, about 65,000 persons benefited from improved access to water, among them 8,700 children at schools. In addition, 69 localities are now declared open defecation free.

For more details regarding UNICEF's cholera actions in 2017, refer to: <http://timounyo.com/cholera/>



- PAHO/WHO continued supporting the Ministry of Health to strengthening the epidemiological surveillance and laboratory capacity to detect and test every suspected case of cholera in order to contain the transmission of the disease. These actions included support for the improvement of monitoring and transport systems, logistics and trainings to maximize the epidemiological surveillance tools).

- PAHO/WHO partnered with the MSPP to evaluate all the Centers for the Treatment of Acute Diarrhea (CTDA) in the country (159) and, subsequently, improvement works were implemented in 45 CTDA in need in 8 departments. Following the evaluations, personnel of the treatment centers, EMIRA (MSPP Rapid Response Mobile Teams), ASCP (Polyvalent Community Health Agents), and other MSPP personnel were trained on cholera case management and quality norms. 1,218 people were trained in 10 departments, and further in-situ ad hoc trainings are planned for 2018.



**1,218** personnel trained in support to health national structures in 10 departments.



**159** Acute Diarrhea Treatment Centers (CTDA) evaluated, and **45** reinforced.



**742,569** persons vaccinated in the South and the Grand' Anse, Mirebalais and the national prison.



● PAHO/WHO worked in partnership with the French Red Cross to support the MSPP response to cholera outbreaks by setting up 7 temporary treatment centres in 3 departments, as well as providing human resources, materials and pre-positioned supplies in the departmental pharmacies to prevent stock shortages.

● PAHO/WHO supported the MSPP to conduct a vaccination campaign against cholera in 18 communes in the South and the Grand' Anse departments (main areas affected by the Hurricane Matthew in 2016), for which 837,552 people targeted, 654,143 people vaccinated and 555,315 received the second dose of oral cholera vaccine. In addition, 3,314 people were vaccinated in the National Prison of Port-au-Prince, from which 2,829 received a second dose of oral vaccine, and other 85,112 people were vaccinated in the commune of Mirebalais (from which 69,905 persons received a second dose). In total, 742,569 persons were vaccinated. During these campaigns, PAHO also promoted home water chlorination activities.



● The IOM partnered with the MSPP, DINEPA and AmeriCares focusing 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, and 3) 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 and hygienists. A total of 12,274 beneficiaries directly benefited from health care and 404 medical staff were trained on cholera care and WASH (water, sanitation, and hygiene). Furthermore, the IOM supported the transportation of patients from community to health centers and from health centers to higher level facilities.

● The IOM partnered with the DINEPA to implement the distribution of chlorination products from the Departmental Hubs to 33 water systems and DINEPA's exploitation centers in the South and the Grand-Anse, as well as providing 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. During 2017, 330,000 beneficiaries had access to potable water and 110,913 beneficiaries received sensitization on cholera and WASH". 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.



● Until its closure in October 2017, 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 the communities most directly affected by cholera. Under this umbrella, UNDP carried out local consultations in four communal sections of Mirebalais. UNDP did also complete a technical and financial analysis of selected priorities for each communal section and a first draft of the database of the key cholera stakeholders in 18 priority communes.



**Vaccination campaign led by the Ministry of Health MSPP and supported by the UN in Haiti. L. Abassi/UN**

### Funding overview

Since the outbreak of cholera in October of 2010, the International community has spent over US\$ 688 million to fight cholera in support of the Government’s National Plan. This includes more than US\$41.8 million mobilized between the announcement of the UN’s New Approach to Cholera in August 2016 and 1st January 2018, including US\$7.7 M through the UN’s Haiti Cholera Multi-Partner Trust Fund (MPTF). This was achieved in part through the contributions of 34 Member States which responded to the United Nations Secretary General’s invitation to voluntarily waiving the return of the 2015/16 unencumbered balances and credits from MINUSTAH, or to provide fresh contributions to the MPTF. As of December 2017, the following countries had contributed to the MPTF: Algeria, Argentina, Bahamas, Belgium, Belize, Canada, Chile, Côte d’Ivoire, Cuba, Cyprus, France,



**US\$ 41,8 M** mobilized by the UN and partners between the announcement of the new UN Approach Against Cholera in August 2016 and December 2017.



**34** Members States of the UN contributed to the UN's Haiti Cholera Multi-partner Trust Fund.

Grenada, Guyana, India, Ireland, Israel, Italy, Jamaica, Liechtenstein, Luxembourg, Mexico, Myanmar, Nepal, the Netherlands, Norway, Palau, Paraguay, Philippines, Portugal, Senegal, Republic of Korea, Slovak Republic, Sri Lanka, Sweden, Sudan, Ukraine, United Kingdom, Uruguay and Venezuela. The cholera response was also funded through different mechanisms by other partners such as ECHO, DFID; USAID, New Zealand, Australia, Canada, Japan, and the German and French UNICEF national committees, among others.

### The Deputy Secretary General, Amina Mohammed, reiterated the UN partnership in support to Haiti's cholera response during the High Level Cholera Committee in November 2017

In November 2017, on the occasion of a three-day visit to Haiti of the United Nations Deputy Secretary-General (DSG), Ms. Amina J. Mohammed, and the United Nations Secretary-General's Special Envoy for Haiti, Ms. Josette Sheeran, a High Level Cholera Committee meeting (HLCC) was organized at the Prime Minister Residence, co-chaired by the Head of the Haitian Government, HE M. Jack Guy Lafontant, and the Deputy Secretary-General. The Haitian Government and the UN representatives jointly expressed their determination to work in close partnership to achieve zero transmission of cholera. They further expressed their commitment to achieving the 2030 Sustainable Development Goals (SDGs), with a particular focus on improving access to water, sanitation and healthcare. They noted that achieving this ambitious goal and ensuring its sustainability will require the refinement of the current government plan for the elimination of cholera, linked to actionable steps and detailed costs. While cholera transmission has dropped by 99% since 2010, success will require more funding to maintain the highly effective work of emergency response teams, and commitment to the fight against cholera in the medium and long-term. In recognition of the fact that one single cholera death is one too many, the participants committed to updating the National Plan for the Elimination of Cholera to take advantage of the current window of opportunity and avoid a resurgence of cases.

### 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 two 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 (or under advanced implementation) 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. The initial period of implementation of track is 2 years, and the starting point will depend on the consultations with the communities.

The UN response to cholera in 2016 and 2017 has been supported, among others, by Algeria, Argentina, Bahamas, Belgium, Belize, Canada, Chile, Côte d'Ivoire, Cuba, Cyprus, France, Grenada, Guyana, India, Ireland, Israel, Italy, Jamaica, Liechtenstein, Luxembourg, Mexico, Myanmar, Nepal, the Netherlands, Norway, Palau, Paraguay, Philippines, Portugal, Senegal, Republic of Korea, Slovak Republic, Sri Lanka, Sweden, Sudan, Ukraine, United Kingdom, Uruguay and Venezuela. The cholera response was also funded through different mechanisms by other partners such as ECHO, DFID; USAID, New Zealand, Australia, Canada, Japan, and the German and French UNICEF national committees. In terms of implementation of programs in support to the Haitian authorities, the UN has collaborated with many implementing partners, including the Red Cross, CEDUCC, Foundation Zanmi Timoun, Acted, Action contre la Faim, Oxfam and Solidarités International, among others.