

## Cholera outbreak in Haiti—from 2010 to today

Big funding gaps hamper cholera response in Haiti as number of cases nears 1 million and almost 10 000 deaths. John Zarocostas reports.

Numerous calls from the UN chief, António Guterres and his predecessor Ban Ki-moon—stating that the world has a “moral responsibility” to assist Haiti to get rid of cholera—have failed to spur a generous spike in donor funds.

The cholera outbreak in Haiti started in October, 2010. Since then, Haiti’s Health Ministry reports that over 809 000 people have been infected and 9670 have died. From January to the end of May, 2017, Haiti’s Health Ministry reported over 6760 suspected cholera cases, including 81 deaths. “We are reaching almost 1 million suspected cases and nearly 10 000 deaths, that’s a huge impact”, Dominique Legros, medical officer at WHO for control of epidemic diseases, told *The Lancet*.

The UN’s handling of the cholera crisis, critics say, has contributed to the funding dilemma.

### UN role in the outbreak

The cholera outbreak in Haiti was “due to contamination of the Meye tributary of the Artibonite River with a pathogenic strain of current South Asian type *Vibrio cholerae*”, an expert panel, and others, concluded. They identified poor sanitary conditions at a UN peacekeeping camp as the trigger.

While the UN shied away from admitting its direct role in the contamination for many years, in a statement issued in December, 2016, Ban said: “On behalf of the United Nations, I want to say very clearly: we apologise to the Haitian people. We simply did not do enough with regard to the cholera outbreak and its spread in Haiti. We are profoundly sorry for our role...It is a blemish on the reputation of UN peacekeeping and the Organization worldwide”.

But Ban stopped short of “an acceptance of responsibility”, which had

been recommended in an influential report by the UN Special Rapporteur on extreme poverty and human rights, Professor Philip Alston.

That day, Ban unveiled a new two track approach to cholera in Haiti. The fund’s Track 1A would seek to intensify efforts to respond to—and reduce the incidence of—cholera, improve access to medical care and treatment. Track 1B would address the longer-term issues of water, sanitation, and health systems (WASH). Track 2 would involve developing a package that will provide material assistance and support for those Haitians most affected by cholera, their families, and communities.

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The new approach was subsequently backed, with a resolution adopted without a vote, by the UN General Assembly on Dec 16, which called for all member states, relevant UN bodies, and other international governmental and non-governmental partners to provide their full support and to intensify their efforts.

Ban requested assistance of US\$400 million in voluntary funding to be channelled through the newly established UN Haiti Cholera Response Multi-Partner Trust Fund over 2 years.

Mandatory funding was not considered a viable option, senior UN diplomats told *The Lancet*. Pressure from some great powers, such as the US, adverse to the idea, they noted, swayed the UN to go for the voluntary option. “This let member states off the hook”, they said.

### Funding not sufficient

In a report on cholera in Haiti released on May 23, Guterres said the amount of voluntary contributions received to date “is insufficient to cover the costs of either Track 1A or Track 2 for the 2017–2018”.

The cost of maintaining Track 1A throughout 2017, the report notes, is estimated at \$76.1 million. This includes \$12.1 million for rapid response; \$10.5 for cholera health-care services; \$3.5 million for coordination and surveillance; \$4 million for cholera education; \$19.5 million for cholera vaccination; and \$26.5 million for water and sanitation initiatives in key communes.

There are an estimated 140 operational cholera treatment centres in Haiti at the moment and 88 emergency rapid response teams led by the Ministry of Health, with the support of the UN and international non-governmental organization partners, which investigate suspected cholera alerts and are dispatched within 48 h to provide treatment and support.

Until late May, only \$2.66 million had been paid into the cholera response fund. Guterres also said he has decided to appoint a high-level envoy to develop a comprehensive funding strategy to seek additional voluntary contributions, and asked that UN member states transfer \$40.5 million in unused funds from the UN peacekeeping mission, UN Stabilization Mission in Haiti (MINISTAH), to the cholera Trust Fund.

### Consequences of not claiming responsibility

“The Americans have not committed a bean and they are very central”, pointed out one senior UN aid expert. Asked about the poor response, Alston told *The Lancet*: “It’s a scandalous

outcome but one that I predicted at the time would follow from the UN Legal Adviser's stubborn insistence that the UN cannot and will not accept responsibility for the outbreak".

"The 'apology' was a touching gesture of solidarity", he said, "but was no substitute for a genuine acceptance of responsibility. If the UN does not concede that it was not responsible, why would member states feel obliged to contribute to the fund? The UN's immoral and unethical legal manoeuvring foredoomed precisely this result", he added.

### Vaccination campaign

Since the end of 2016, "it seems cholera cases are decreasing", said WHO's Legros and "...there has been a lot of action on surveillance and protection for the population, on WASH, and vaccinations, and now we start to see the effects of these interventions".

"In the south of Haiti, after Hurricane Matthew hit the country, we were expecting, and had, an increase in cholera cases where people were most exposed, and it was not easy, because access was difficult, but the big increase didn't occur", he said.

To prevent new cholera outbreaks, WHO, in November, supported Haiti to vaccinate 779 345 people in an emergency single-dose oral vaccine campaign. The 1 million oral cholera vaccines dispatched for the campaign were drawn from the WHO global cholera vaccine stockpile, and were funded by Gavi, the Vaccine Alliance. From May 26 to June 1, a second dose campaign was completed in Haiti and targeted the same 779 345 people in the region.

Frédérique Tissandier, a spokesperson for the alliance, said that Gavi also supported the second round. "Gavi, along with its technical partners, WHO and UNICEF, will continue to work closely with the Government of Haiti to stave off the potential threat of cholera...Cholera vaccines play a vital role in supporting a comprehensive strategy to contain this disease, which

focuses on ensuring people have access to safe water", she said.

To date, 1 270 933 people have been vaccinated against cholera, and another campaign is expected for late summer 2017, with 2 800 000 people in total expected to be vaccinated in 2017, the Pan American Health Organization (PAHO)/WHO officials said.

With only 58% of the population of Haiti having access to safe water and 28% to toilets, vaccination of people in higher risk areas, experts say, is an effective precautionary and reactive measure to limit transmission.

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"When we vaccinate populations most at risk, we strive to also give people some safe water. This includes water chlorination of piped water in the distribution system, which is not the case everywhere, and organising distribution of chlorine tablets", Legros said.

PAHO/WHO officials said that their field teams work closely with health response partners already in the field—such as International Medical Corps, Partners in Health, Médecins du Monde, Médecins Sans Frontières, and the Red Cross—"to try and address gaps in case management" discovered during the evaluations or outbreak investigations.

Together they try to mobilise additional human resources—including medical personnel, hygienists, auxiliaries—that the Ministry of Health cannot provide, to take care of the additional patients during an outbreak, provide medical and WASH cholera supplies, or facilitate transportation of supplies, they said. In addition, they provide direct training for staff, ensure that hygiene measures, case management capacity and specimen collection for laboratory confirmation are in place and undertake small improvement works.



Haitians protest in Port-au-Prince, Haiti, Feb 15, 2017.

### More funds need to be found

Health experts say funds need to be found fast. "Significantly larger amounts of funds are needed to address properly the cholera challenge in Haiti", Julie Hall, head of health at the International Federation of Red Cross and Red Crescent Societies, told *The Lancet*.

Similarly, Guterres in his May report declared, "It is critical that the intensified cholera control efforts be maintained throughout the period 2017–2018 in order to save lives and reduce transmission of cholera to fewer than 10 000 suspected cases per year by the end of 2018".

The prospects for cholera funds, however, in the UN's 2017 Humanitarian response plan appeal for Haiti, do not appear promising—even though a projection from the cholera working group in Haiti showed that this year "cholera is likely to affect 30 000 people developing the diseases and requiring immediate medical care".

The cholera cluster—which requires \$34.7 million—has, to date, received zero coverage. Similarly, health, which is seeking \$25.6 million, has received only 3% funding, and WASH, which requires \$14.7 million, has secured \$5.1 million. The UN estimates for 2017, it has so far mobilised over \$17.7 million for the cholera response in Haiti through the different funding instruments.

John Zarocostas