



Cholera prevention material in Creole

RESPONSE TO THE CHOLERA OUTBREAK



Only nine months into the tremendous effort to recover from the devastating January 12th earthquake, and in the middle of adaptation and reconstruction, Haiti was faced with another emergency caused by a cholera epidemic. The earthquake had generated a large international response that created spaces for coordination, such as the Health Cluster, under the leadership of the Ministry of Public Health and Population (MSPP, per its acronym in French) and PAHO/WHO, which also facilitated an organized and coordinated response to the cholera outbreak.

On October 15th, 2010, the Cuban Medical Brigade (CMB), working in the community of Mirebalais in the Center Department, reported the presence of unusual cases of acute watery diarrhea causing intense dehydration and death. On October 22nd the *Vibrio cholerae* was confirmed as the cause of the outbreak. Laboratory studies allowed for the confirmation of *Vibrio cholerae*, O1 serotype Ogawa, as the causative agent when more cases were reported in several communities in the Artibonite River valley. Haiti and the Dominican Republic have not seen epidemic cholera in over 100 years, since they were not affected by the cholera epidemic of the 1990s that reached most of the other countries in the Western Hemisphere.

The strategy to fight the cholera epidemic was defined by the MSPP, with technical support from PAHO/WHO and other health partners. The agreed upon strategy had two main objectives:

- 1) Saving lives (reducing the mortality rate through the reorganization of health services)
- 2) Preventing the spread of the disease

The first objective was approached through creating oral rehydration posts (ORP) and setting up active surveillance brigades in regions with limited access to health care, and creating a strategic network of Cholera Treatment Units (CTU) and Cholera Treatment Centers (CTC).

The second objective was approached by reducing the rate of infection at the community level, which required the development of community-level interventions (largely in health promotion and safe hygiene and sanitation practices) for all three levels of care (primary care, CTUs and CTCs).

Working with key partners, such as the CMB, to come up with innovative solutions to very difficult health conditions, PAHO/WHO has played a decisive role in the implementation of this strategy. Through these partnerships 217 CTUs were established and 97 CTCs, which were distributed across the country. PAHO/WHO has mobilized both financial and human resources, including over 140 professionals (between October 2010 and March 2011) to address the following priority intervention areas: epidemiological surveillance; organization and response of health services; promotion, prevention and communication with communities; water and sanitation; and to ensure the appropriate organization and distribution of equipment, medicines and supplies needed to treat cholera cases.

As of April 15, 2011, the MSPP has reported a total of 285,239 cases, of which 153,702 have been hospitalized. There have been 4,865 deaths of which 1,864 have occurred in the communities (as opposed to health institutions). The incidence rate of the cholera is 2,429 cases per 100,000 people and the attack rate is 2.4%, with extremes of 3.9% in the department of Artibonite and 0.4% in the South East. The overall mortality rate is 1.7% and the hospital mortality rate is 2.0%. The mortality rate was close to 5% at the onset of the outbreak, when the country was beginning to organize its response. Even though the number of deaths is considerably high, given the historical contextual factors of poverty, lack of clean water and health services, among other health determinants in Haiti, the response to the cholera epidemic is saving thousands of lives.

These figures are not final, as the epidemic is still ongoing and more family and community outbreaks are still expected, though with lesser intensity. The initial calculations of an attack rate of 1 to 2% had to be modified due to the speed of transmission, and it is now estimated that the epidemic will reach, in its first year, an attack rate of 4%, which represents close to 400,000 cases.

On November 12 of 2010, the first case of cholera was reported in the Dominican Republic, which had by then already developed planned interventions to face the epidemic, strengthening the health institutions and networks along the border with Haiti.

Cholera is a preventable disease through proper hygiene and water quality control. Community level health promotion has been and will continue to be one of the most important tools in the fight against cholera. PAHO/WHO will continue to work with the MSPP (as per its acronym in French) and its partners to intensify communication and community level health promotion efforts.



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Activities carried out: (continued)

Resource mobilization

- As of March 2011, PAHO/WHO had mobilized around US\$ 16 million to address the cholera epidemic in the country.
- PAHO/WHO participated in the UN Flash Appeal launched last November 2010. The goal was to mobilize funds for an integrated multi-sectorial response to the cholera outbreak, addressing the following: health, water, sanitation and hygiene, camp management and coordination, logistics and communications. The appeal called for US\$ 174 million, for the period from November 2010 to December 2011. Of that total amount, PAHO/WHO will oversee the implementation of US\$ 16 million.
- Through PROMESS, the National Center for the Supply of Essential Medicines managed by PAHO/WHO, technical support is provided in the planning, purchase, storage and national distribution of the equipment, materials, supplies and medicines necessary to treat the epidemic. Donations from countries such as Italy, Spain, Japan, Chile, Colombia and USA enabled the purchase of US\$ 2.3 million in essential materials, which enabled the country to treat 190,000 cases in the first months of the epidemic.

Coordination

- PAHO/WHO supported the MSPP to create an organized response among health institutions, participating in all aspects of coordination, such as: the Health Sector Table, inter-agency coordination, bilateral and multilateral efforts and especially in the Health Cluster.
- Coordination with key partners was essential to implement the response to cholera: the MSPP; the CMB; the U.S. Center for Disease Control (CDC); MINUSTAH, UNICEF, OIM, WFP, OCHA; bilateral partners, NGOs, such as Red Cross; Médecins Sin Frontiers (MSF); Merlin; Save The Children; Médicos del Mundo.

Technical support for strengthening MSPP leadership

- Support the MSPP in defining plans, strategies and protocols to address the epidemic. Together with the MSPP, established protocols and operational guidelines for CTC and CTU.
- Training for health personnel and support staff on the newly adopted protocols of care and logistical aspects of safe water and sanitation in CTCs and CTUs.
- Monitoring and assessment of the quality of care in more than 70 CTC and CTU. Support the MSPP in the creation and operation of 16 CTUs in the metropolitan area of Port-au-Prince.
- PAHO/WHO built 37 CTUs where medical staff offer initial care, distribute and prepare oral rehydration solutions and work with communities in preventative activities.
- Pre-positioning of emergency kits of essential medicines and supplies in each department, in case of another outbreak.
- Financial support for the operation of 23 CTC managed by the CMB and financial and logistical support for 50 active surveillance brigades sent by the CMB working in particularly remote areas of Haiti.
- PAHO/WHO supports the MSPP Department of Epidemiology, Laboratory and Research (DELR - *Direction d'Epidémiologie, de Laboratoire et de Recherche*), for epidemiological surveillance of the acute diarrhea cases at the national level, communal alert and response, with the participation of the National Public Health Laboratory. Through this partnership, the MSPP released daily epidemiological bulletins about the cholera situation on its website: <http://www.mspp.gouv.ht/site/index.php>
- Technical cooperation was also provided to guarantee the availability of safe water and proper disposal of excreta in hospitals and CTCs. This was done in partnership with the Water and Sanitation Cluster (WASH), with the participation of the Ministry of Public Works, Transportation and Communication and the National Water and Sanitation Department. This effort includes capacity building regarding the proper management of biological waste removal, the appropriate handling of cadavers, adequate distribution of chlorine and training of local staff.
- The distribution of materials, supplies and medicines was done through PROMESS/PAHO/WHO, sharing important information about this process through bulletins and on the Health Cluster website, created for that purpose: <http://haiti.humanitarianresponse.info/Default.aspx?tabid=77>
- PAHO/WHO has been assisting the MSPP to develop protocols for acute malnutrition treatment. With the onset of the cholera epidemic the protocol was revised, providing additional instruction for the proper care of malnourished children suffering from cholera (which includes the provision of zinc supplements). In collaboration with UNICEF, 1000 copies were produced and distributed both within the MSPP and to partnering agencies and NGOs.



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Activities carried out: (continued)

Health promotion

- Together with the Ministry of Education, PAHO/WHO is participating in many different social communication activities (dissemination of cholera prevention and cholera treatment messages on the radio, television and cellular phones in Creole). 40,000 posters were distributed around the country, working with local health promoters and community organizations, such as churches.
- The MSPP kept the population informed of health interventions and the progression of the cholera epidemic through press conferences and its website. Appropriate information channels were established for outbreak alerts and immediate response.
- PAHO/WHO participates in the UNICEF led Sanitation and Hygiene Promotion Sub Cluster within the UN WASH Cluster. Activities are coordinated with more than twenty partners (MSPP and the National Directorate for Drinking Water and Sanitation (DINEPA), UN Organizations and NGOs, among others). Resources were mobilized jointly with UNICEF, IOM and NGOs for health promotion activities.
- More than 10,000 community health promoters have been trained on hygiene, hygiene promotion and sanitation.
- With the support of the MSPP, sensitization material were produced and distributed nationwide in both French and Creole: flyers, slogans, radio messages, posters, flipcharts, t-shirts, among others.
- PAHO/WHO, DINEPA, UNICEF, CARITAS and other partners, following the initiative of the country's religious leaders, worked together to disseminate cholera prevention messages in places of worship.
- Special attention was given to Internally Displaced Populations (IDP), which received information on basic sanitation and sanitation kits. Oral Rehydration Salts were also provided to detected cholera cases.

Challenges and next steps:

- Continue supporting the MSPP and supporting coordination among partner organizations to ensure a concerted collective response to the cholera epidemic, like what was accomplished in the first months, especially in the rural communities.
- Finalization of the Hygiene Promotion Strategy. Production of a health promotion communication package for rural areas.
- Continue coordinating with other organizations working in health, through the Health Cluster, with the network of the CMB and following up on projects already in progress.
- Continue the analysis and dissemination of information about the cholera epidemic, considering the different possible future scenarios, especially the rainy season.
- Strengthen the national epidemiological surveillance network and the National Public Health Laboratory for Cholera and other priority diseases.
- Support the new National Health Authorities in the definition of gaps to be filled in the continuity strategy in the fight against cholera, especially with the gradual phasing out of many NGO activities.
- Collaborate with departmental health authorities to define concrete plans for continuing the anti-cholera efforts, including:
 - supporting selected CTUs and pre-positioning of medicines and supplies in case of another outbreak
 - preparation and storage of ready-for-deployment CTU packages, for rapid set-up of CTUs in the case of another outbreak
 - continuity of active surveillance brigades detecting cases of cholera in remote areas
- Mobilize financial resources to ensure sufficient funding for the purchase, storage and distribution of the supplies and materials necessary to address all cholera cases throughout the year 2011.
- Systematize, document and disseminate the experiences and lessons learned from the cholera interventions in Haiti.
- Maintain the collaborative and cooperative environment, with rapid information sharing and exchange as well as a joint response to the epidemic with the Dominican Republic, especially along the border.
- Foster binational cooperation with Dominican Republic to provide care for confirmed cases and to take joint preventative measures, in addition to maintaining careful surveillance among both populations, especially among the migrant population.



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LAVE MEN NOU tanzantan, sitou : ANVAN

APRE

NIMEWO TELEFÒN POU RELE POU KONNEN PLIS SOU KOLERA *300

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MSPP

Pwoteje tèt nou pou n pa trape kolera

- Lave men nou ak savon ak dlo pwop
- Sèvi ak dlo trete
- Lave twi ak lejim yo ak dlo trete
- Byen kwit tout manje n ap manje
- Jete pou pou ak vomisman nan latrin

unicef @ ACF

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