



Displaced population camps in Port-au-Prince

## EMERGENCY AND DISASTER RESPONSE



The January 12, 2010 earthquake was the most powerful to strike Haiti in 200 years. It killed more than 220,000 people, injured approximately 300,000 and displaced more than one million Haitians. Two hundred staff from the Ministry of Public Health and Population (MSPP per its acronym in French) lost their lives when the buildings collapsed. Adding to the devastation, on October 15, 2010, the first cases of cholera were reported in Haiti, marking the first time a cholera epidemic had reached the island in over 100 years. As of April 15<sup>th</sup>, 2011, 285,239 cases of cholera had been reported, with 4,865 deaths. However, by April, the total number of daily alerts received from partners in the field was leveling off, with a downward trend in the daily number of reported cholera cases in all 10 departments.

PAHO/WHO experts participated in the preparation of the Post Disaster Needs Assessment (PDNA) after the earthquake. The PDNA served as basis for the development of the MSPP's interim plan that will guide the sector recovery over the course of 2011, including the reorganization of the health system at all three levels (mobile clinics for community health, basic health facilities and hospitals). Cholera has of course impacted the timely implementation of this plan, and recent efforts both within PAHO/WHO and among health partners had to focus on the creation and strategic placement of 217 Cholera Treatment Units (CTU) and 97 Cholera Treatment Centers (CTC) throughout the country.

International organizations working in Haiti, including the PAHO/WHO have had to readjust their priorities to attempt to simultaneously continue efforts of rehabilitation and reconstruction of the country and contain the cholera epidemic. Severe weather and civil unrest created additional obstacles to relief efforts. After an extreme influx of partners into the health sector following the earthquake, now over a year later and with a decreasing trend in the number of cholera cases, many health sector NGOs have left or will be leaving Haiti. At one point following the earthquake, more than 400 organizations were providing humanitarian aid to Haiti, and currently, only 99 organizations continue to carry out health activities.

The approaching rainy season, internal conflicts and demonstrations due to the presidential elections, as well as the phasing out of NGO activities all require heightened attention from national health authorities and health partners, especially those involved in disease surveillance. Timely monitoring of the evolution of the cholera outbreak and ensuring prompt control and intervention has entailed the use of all possible sources of information: formal and informal, quantitative and qualitative, health care facility based and community based. In particular, the contribution of the alert-response component, introduced and systemized during the cholera outbreak, has proven to be extremely valuable in ensuring a functional early warning system for cholera and other public health events. Most NGOs and health facilities participated in this alert and response system and over 300 alerts were received within the first two months of its implementation.

PAHO/WHO will be working together with the national health authorities and other partners towards an efficient integration of all health information sources, leading to a more effective information management process. Now that many people are leaving the camps and returning to their original neighborhoods, access to health care is again a challenge and PAHO/WHO will continue to work directly with the Haitian authorities to determine the best way to rebuild a sustainable health sector.

### Activities carried out:

#### *In the aftermath of the earthquake:*

PAHO/WHO mobilized over US\$ 22 million to address pressing health issues following the earthquake. Within the Emergency Response Plan PAHO/WHO supported the MSPP through the following actions:

- Leading and managing the Health Cluster and its various sub-clusters (PAHO/WHO also participates in the Water, Sanitation and Hygiene Cluster (WASH), as well as the Nutrition and Logistics Clusters) As of April 2011, PAHO/WHO still leads the Health Cluster, which meets twice a month and publishes a bi-monthly bulletin.
- Coordinating actions at all levels (regional, global and country levels) through the AMRO Region Emergency Operations Center based in Washington DC.
- Participating in high level international meetings and forums related to Haiti to update stakeholders on the health situation.
- Reactivating the Health Information System.
- Distributing medical supplies through PROMESS, the National Center for the Supply of Essential Medicines, managed by PAHO/WHO.
- Distributing diesel fuel, donated by Venezuela, to health facilities to provide them with electricity and ensure continuous functioning.



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### Activities carried out: (continued)

- Supporting rehabilitation in Fond Parisien, Jacmel and Leogane (planning for staff training in rehabilitation services along the border).
- Partnering in training activities including a program for waste management in shelters.
- Supporting national authorities to restart Public Health Programs: outbreak control and environmental health, maternal and neonatal health, nutrition, gender based violence, HIV/AIDS, TB, Malaria, Dengue, mental health, vaccination, health services delivery, rehabilitation services for disabled people.

#### *In response to the cholera epidemic:*

To address the cholera epidemic, PAHO/WHO mobilized US\$ 16 million.

- PAHO/WHO 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.
- Coordination with key partners was key to implement the response to cholera: the MSPP; the Cuban Medical Brigade; the U.S. Centers for Disease Control and Prevention (CDC); MINUSTAH, UNICEF, OIM, PAM, OCHA; bilateral partners, NGOs, such as Red Cross; Médecins Sin Frontiers (MSF); Merlin; Save the Children; Médicos del Mundo.
- Through these partnerships 217 CTUs and 97 CTCs were established throughout the country.
- PAHO/WHO has deployed 18 staff members to the field to establish alert and response teams, who, jointly with the MSPP, act to reinforce at the departmental level the response system to any critical health or natural disaster situations representing a public health risk. These teams report to two central level coordinators.

Specific activities of the teams include:

1. Support the Departmental Health Director charged with the coordination of the Health Cluster and coordinate activities with the others clusters and to develop a cholera response plan.
  2. Facilitate the work of the MSPP departmental epidemiologist in the collection, analysis and interpretation of cholera and health data at the departmental level to guide the response.
  3. Ensure that all Health sector partners know and participate in the alarm system and establish an alarm network.
  4. Identify and evaluate alarms/hot-spots and organize the emergency medical response with relevant partners, especially in the remote areas.
  5. Monitor and evaluate the operations of existing CTCs and CTUs, as well as establishing CTUs in existing health facilities.
  6. Identify the gaps and conduct needs assessments in CTCs/CTUs, evaluating the existing institutions on their: human resources, water, cleaning practices, space and location; and to ensure the availability of beds for cholera patients in all health institutions.
  7. Evaluate the need for and promote the installation of Oral Rehydration Posts (ORP) in remote communities with limited access to health care services.
  8. Develop a training program, together with the Departmental health director, for health professionals and health promoters in the communities regarding the alert and response process.
  9. Coordinate with the WASH Cluster in order to ensure that the WASH response complements the Health Cluster response.
- Together with the Ministry of Education, PAHO/WHO is participating in many different social communication activities, such as the 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.
  - Direct assistance was provided, together with other health partners, in the management of cadavers, as cholera deaths are highly infectious and dead bodies must be disposed of properly.



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### Challenges and next steps:

- Many NGOs responded to the immediate requests for help to address the cholera outbreak and created a significant number of cholera treatment centers, providing them with medical supplies, sanitation facilities, water supplies, as well as salaries and training for local staff. Due to the number of cholera cases decreasing, some NGOs are leaving these centers, creating concerns about local capacities (in terms of infrastructure, funding and staff) to deal with a sudden resurgence of cholera cases especially considering the impending rainy season. NGOs have stated that they will continue monitoring the situation and are ready to return to ensure an appropriate response. However, local staff salary problems and threats of strikes are already affecting some centers and consequently affecting patients looking for medical care.
- According to the evolution of the cholera epidemic, CTCs, CTUs and oral rehydration sites will be maintained, increased or dismantled throughout the course of 2011 to provide essential care to the cholera patients. The MSPP has finalized a definitive protocol for closing CTCs and CTUs in the cholera response, including criteria for closure (going three consecutive days with no more than three cases per day).
- Reconstruction is an area of utmost importance and PAHO/WHO is working with the Reconstruction Committee to ensure that measures to ensure hospital and health facility safety in the case of natural hazards and disasters are being incorporated into all future hospitals to be built.
- Investment in a medium term strategy for access to water is probably the single most important action that can be taken to reduce the number of cholera cases in the future. This requires funding as well as a medium and long term commitment from international partners.