

## Cholera in Haiti takes a turn for the worse

Haiti's Ministry of Health has published a 10-year plan to halt cholera transmission, but aid groups say help is needed now to treat a surging caseload. Patrick Adams reports.



Associated Press

Nearly 2.5 years after it began, Haiti's cholera epidemic is getting worse, not better, and efforts to treat the sick are desperately short of funds, say aid groups on the ground.

Since the first reported cases in October, 2010, cholera has killed 8000 people and sickened some 649 000 more, wreaking havoc in a country bereft of effective water and sanitation systems and among a population with no natural immunity to the disease.

Now, with the rainy season fast approaching, some fear a surge in new cases could overwhelm Haiti's ill-equipped cholera treatment centres, many of which have struggled to retain staff and replenish supplies in the face of donor fatigue and errors of perception about the state of the epidemic.

"For those of us who are providing care to patients with cholera, the emergency phase is still ongoing", says Louise C Ivers, a senior policy and health adviser at Partners in Health (PIH), the largest non-governmental health-care provider in Haiti. "It's not as dramatic as it was in 2010, but we've seen in our clinics double the number of cases early this year compared to last."

Ivers says that uptick observed in PIH clinics may be explained in part by the fact that many smaller non-governmental organisations (NGOs) have since pulled out, leaving more patients to those providers that remain. But it's probably also a reflection of the overall increase in cholera cases nationally. According to the UN Office for the Coordination of Humanitarian Affairs, 11 220 cholera cases were registered in Haiti in December, 2012—an increase of more than 3000 over the same period the previous year. "What's clear is that it hasn't burned itself out", she says. "Cholera in Haiti won't just go away."

Nor will it stop killing people in parts of the country where treatment programmes have been crippled by a lack of funding. As Médecins Sans Frontières reported in March, the mortality rate in some treatment centres has reached an alarming 4%, the result of sharp declines in the quality of care brought on by worn-out equipment, staff shortages, poor waste-management, and a dearth of essential supplies, including everything from cots to the chlorine used to disinfect shoes. "Cholera is not difficult to treat if it's done promptly", says Joan Annan, MSF head of mission in Haiti. "But sometimes there are only two nurses to manage 50 patients. That's not nearly enough to ensure quality care."

**"What's clear is that it hasn't burned itself out...Cholera in Haiti won't just go away."**

Meanwhile, the reality remains that around half of the population lacks access to clean water and only one in five people have improved sanitation. Indeed, such is the structural poverty that allowed cholera to spread and become endemic, adding yet another obstacle to the country's recovery from the devastating earthquake in January, 2010.

Last year, PIH and Haitian NGO GHESKIO vaccinated 100 000 people against the disease in an effort to demonstrate that vaccination could serve as a stopgap until the construction of new water and sanitation systems. And the campaign was an unqualified success; 91% of those who received the first dose received their second dose 2 weeks later.

In August, the Pan American Health Organization (PAHO) issued a recommendation to make the

vaccine, an oral formulation called Shanchol, universally available across Hispaniola (Haiti and the Dominican Republic). And in February, the Ministry of Health announced an initiative targeting the country's most vulnerable populations—including the some 230 000 babies born since the outbreak began.

PIH is helping the Ministry as it scales up that initiative—part of a US\$2.2 billion plan to eliminate cholera by 2022, primarily through investments in water and sanitation. But the question now is who will step forward to fund it? In December, the UN said it would contribute \$23.5 million, or about 1% of the total cost. Ivers and others say that isn't nearly enough, especially given that the UN was largely responsible for the outbreak in the first place.

One thing, however, is certain: rain is on the way, and with it will come more cases of cholera, not to mention malnutrition; as the UN reported last week, flooding from last year's heavy storms damaged crops in the country's south, leaving more than 1.5 million without enough to eat.

"If we really mean what we say, we should be coming together as partners to support the government's efforts to interrupt transmission", says Jon K Andrus, deputy director of PAHO, which, along with the US Centers for Disease Control and Prevention and UNICEF, spearheaded the creation last June of the 18-member Regional Coalition on Water and Sanitation to Eliminate Cholera Transmission in the Island of Hispaniola. "The bottom line is that there's a lot of commitment and growing momentum to contribute to the capacity and infrastructure that Haiti needs."

Patrick Adams