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Advocates Call on UN to Prevent Troops from Introducing Cholera to Host Countries

New Study Suggests Peacekeeping Host Countries Remain Vulnerable

(BOSTON, January 29, 2015)—Human rights advocates welcome a new [study](#) by Yale University published this week in the renowned medical journal PLOS Medicine, which provides new evidence that the United Nations (UN) is not using the most effective measures available to prevent initiating another cholera disaster in peacekeeping host countries.

The study examines the effectiveness of three pre-deployment interventions that could stop peacekeepers from bringing cholera to the vulnerable countries where they operate: vaccination, screening, and antibiotic prophylaxis. It finds screening and use of prophylactic antibiotics to be the most effective interventions. Both of these interventions were recommended to the UN by a [UN-appointed panel](#) in 2011, but the UN explicitly rejected them as unjustified in a [process](#) void of transparency.

“This study shows that five years and 9,000 Haitian deaths have not convinced the UN to take simple steps to reduce the risk of its troops introducing catastrophic epidemics. The citizens of the vulnerable countries that host peacekeeping missions deserve better,” said Brian Concannon, Jr., Executive Director of the Institute for Justice & Democracy in Haiti (IJDH), which has been advocating for changes to UN protocol to prevent another disaster like the one the UN brought to Haiti.

The UN cholera epidemic in Haiti is the worst single-country cholera epidemic of modern times, with more than 753,000 documented cases, and more than 9,000 deaths. Numerous scientific studies have established that cholera was introduced to Haiti in 2010 by peacekeepers from Nepal, where cholera is endemic. Advocates have since been pushing for policy changes that would prevent future peacekeeper introduction of cholera to vulnerable countries.

At the end of last year, the UN finally acknowledged for the first time the public health risks posed by peacekeepers to vulnerable populations in a [revised Medical Support Manual for UN Field Missions](#), which sets the minimum standards for pre-deployment protocols. The manual warns of “the danger inherent in the introduction of diseases into the host country’s environment, particularly where such diseases are assumed to be non-existent prior to peacekeeping. This is especially important for communicable diseases such as cholera.”

But the manual fails to include measures sufficient to address this danger in practice. It did institute mandatory vaccination requirements, but the Yale study demonstrates that vaccination is not the most effective or cheapest option, and would also require a substantial proportion of the global supply of cholera vaccine to be diverted to peacekeepers. On the other hand, the study concludes that with a 90% effectiveness and cost of less than \$1 per peacekeeper, prophylaxis offers the least expensive and most effective solution.

The UN appointed a task force to study these interventions when they were first proposed by its own panel of experts in 2011. The task force ultimately rejected screening and prophylaxis. The reasoning and evidence relied upon in reaching this conclusion, as well as the membership of the taskforce itself, were never made public.

By contrast, the new Yale study not only helps to fill the evidentiary gap, but is publicly available for scrutiny and discussion by the scientific community in developing the most effective strategy for preventing cholera introduction.

“Health policy should be evidence-based, but when we have a case as extreme as Haiti showing the status quo doesn’t work, we should be working to build evidence for a solution that does, not using a lack of proven solutions as an excuse not to act,” said Adam Houston, a doctoral candidate and Canadian Institute of Health Research Fellow in Health Law, Ethics & Policy at the University of Ottawa. “The UN needs to actively engage with emerging evidence in a transparent, productive fashion in order to advance effective measures to prevent the introduction of disease into vulnerable communities.”

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For more information, including legal documents and background materials, see www.IJDH.org. A timeline of the UN’s decision making process on medical protocols is available here: <http://www.ijdh.org/wp-content/uploads/2013/07/UN-Policies-on-Medical-Cholera-Prevention-Timeline.pdf>