PRESS RELEASE

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Report Card Finds the Most Effective, No-Cost UN Recommendations for Cholera in Haiti Remain Unimplemented Two Years Later

BOSTON, MA — On the second anniversary of the UN report on the origins of cholera in Haiti, a Physicians for Haiti report card finds that the UN has not implemented the most effective, no-cost recommendations from their own report on the outbreak. The *Final Report of the Independent Panel of Experts on the Cholera Outbreak in Haiti*, commissioned by UN Secretary-General Ban Ki-moon, included 7 recommendations to prevent a repeat introduction in Haiti or elsewhere in the world, and to effectively respond to Haiti's cholera epidemic. In May 2011, Mr. Ki-moon promised a "prompt" follow-up to the recommendations. However, two years later, most recommendations are not implemented.

For example, the UN medical screening protocols only test for cholera if there are symptoms, but most cholera carriers are asymptomatic. The UN report recommended providing all peacekeepers coming from areas with cholera with antibiotic prophylaxis. Because troop-contributing nations would bear this cost, implementing this recommendation would not cost the UN anything. The UN has still not changed their medical screening protocols. The attached Physicians for Haiti report card reviews each recommendation and explains in detail whether or not the UN has implemented it.

Starting in October 2010, the cholera epidemic in Haiti is ongoing. It has infected over 654,000 Haitians, killed over 8,000 Haitians, and spread across the Western hemisphere. Incidence has nearly doubled since last year. The mortality rate in some departments has increased to more than quadruple what is expected. The scientific community and UN report co-authors agree that the UN military mission in Haiti, MINUSTAH, is the most likely source of cholera in Haiti.

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Physicians for Haiti (P4H) is a Boston- and Port-au-Prince based non-profit organization dedicated to promoting excellence in Haitian medical education and healthcare leadership. P4H provides didactic, technical, and clinical training for Haitian medical professionals and leadership training to Haitian medical workers committed to improving healthcare in Haiti. Additionally, they host the largest and longest-running medical education conference in Haiti.

P4H's Advocacy Committee provides briefings to the UN and governments on water security and cholera in Haiti. Their technical expertise is used to form policies, revise protocols, and help secure the right to water.

Protecting Peacekeepers & Their Public

A report card on UN implementation of their recommendations for cholera in Haiti

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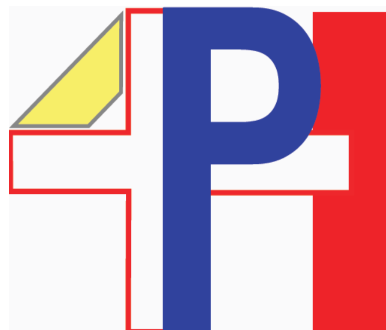
The largest cholera epidemic in the last half-century is ongoing in Haiti. Beginning in October 2010, it is Haiti's first. The international community, including the UN, immediately lent support to the Government of Haiti. Less than 48 hours after the government declared a nationwide cholera alert, Haitian epidemiologists determined the origin to be near Mirebalais.

A UN Stabilization Mission in Haiti (MINUSTAH) camp is stationed in Meye, on the outskirts of Mirebalais. Peacekeepers that trained in Nepal during a September 2010 cholera epidemic arrived 3 days before the Haitian outbreak. Near the camp was an open, overflowing [PDF] black water soak pit that received untreated waste from MINUSTAH bases in Meye, Hinche, and Terre Rouge. Haitian epidemiologists traced cholera to the camp and soak pit but were denied entry by MINUSTAH to test for cholera. In January 2011, the UN Secretary-General convened an independent panel of experts to investigate the origin of cholera. In May, the UN released the *Final Report of the Independent Panel of Experts on the Cholera Outbreak in Haiti* [PDF]. Despite data from the International Vaccine Institute that demonstrated cholera strains from Nepal and Haiti epidemics were an "exact match [PDF]," the report did not identify MINUSTAH as the source. Rather, the report stated that cholera was introduced from South Asia by a human source. Three months later, in August, a group of Danish, Nepalese, and US scientists published a study confirming that the cholera strains from the Nepal and Haiti epidemics were the same. Dr. G. Balakrish Nair, one of the UN co-authors, called this "irrefutable" proof that cholera in Haiti came from Nepal. Another co-author, Dr. Daniele Lantagne, agreed that MINUSTAH was the "most likely" source of cholera in Haiti.

Three recommendations that would have prevented UN introduction of cholera into Haiti and would prevent similar introduction in the future remain unimplemented. All three recommendations could be implemented at either no or minimal cost to the UN.

The UN report included 7 recommendations. A day after reviewing the report, the Secretary-General announced that he was forming "a task force...to study the findings and recommendations made by the Independent Panel of Experts to ensure **prompt** and appropriate follow-up" (emphasis added). Two year later, the UN has not responded publicly to the report, made public any proceedings from the task force, or made any of the changes in its medical or sanitation protocols recommended by the report. Thus, we review the UN's progress in implementing the report recommendations.

In brief, the two recommendations relying heavily on action and funding outside UN agencies were implemented. A recommendation on cholera response is partially implemented. A portion of a recommendation focusing on long-term water solutions remains unimplemented, though the UN has implemented shorter-term interventions. Three recommendations that would have prevented UN introduction of cholera into Haiti and would prevent similar introduction in the future remain unimplemented. All three recommendations could be implemented at either no or minimal cost to the UN.



RECOMMENDATION 1

The Haiti cholera outbreak highlights the risk of transmitting cholera during mobilization of population for emergency response. To prevent introduction of cholera into non-endemic countries, United Nations personnel and emergency responders traveling from cholera endemic areas should either receive a prophylactic dose of appropriate antibiotics before departure or be screened with a sensitive method to confirm absence of asymptomatic carriage of ***Vibrio cholerae***, or both.

NOT IMPLEMENTED. UN guidelines [PDF] for medical screening of potential peacekeepers recommend to test stool samples only if the applicant exhibits symptoms (diarrhea). That the majority of cholera carriers are asymptomatic has been documented in the medical literature for decades. The cost of medical screening is borne by the troop-contributing nation. Thus, the cost to the UN for implementing this recommendation is virtually zero.

RECOMMENDATION 2

United Nations missions commonly operate in emergencies with concurrent cholera epidemics. All United Nations personnel and emergency responders traveling to emergencies should receive prophylactic antibiotics, be immunized against cholera with currently available oral vaccines, or both, in order to protect their own health and to protect the health of others.

NOT IMPLEMENTED. UN guidelines currently recommend prophylaxis and vaccination for several diseases. Cholera is not one of them. The UN would not bear any cost of implementing this recommendation. Doxycycline, an antibiotic used for malaria prophylaxis in areas where malaria-causing *Plasmodium* species are chloroquine-resistant, can also be used as cholera prophylaxis. Eighty-seven percent of peacekeepers are deployed to areas with malaria. Thus, for many troop-contributing nations, the additional cost of cholera prophylaxis would be minimal.

RECOMMENDATION 3

To prevent introduction of contamination into the local environment, United Nations installations worldwide should treat fecal waste using on-site systems that inactivate pathogens before disposal. These systems should be operated and maintained by trained, qualified United Nations staff or by local providers with adequate United Nations oversight.

NOT IMPLEMENTED. Most MINUSTAH black water containers hold 2,500L (660gal) of waste. Approximately 550mL (19oz) of household bleach (5.25% sodium hypochlorite) in a tank would raise the chlorine level to 12mg/L, enough to neutralize pathogens. Most bases have multiple tanks which are emptied weekly. For example, the Meye camp has 6 2,500L containers [PDF]. For the 780,000L (206,050gal) of black water produced yearly at the Meye camp, it would require only 156L (41gal) per year to implement this recommendation. Bleach costs pennies per liter. Storing and handling household bleach does not require additional training or infrastructure. Given that the 2012-2013 peacekeeping budget is US$ 7.33bn, implementing this recommendation would incur a relatively small cost to the UN. Implementing this recommendation would not only prevent another introduction of cholera but all other diseases present in the waste.

RECOMMENDATION 4

To improve case management and decrease the cholera case fatality rate, United Nations agencies should take stewardship in: a) Training health workers, especially at the treatment center level; b) Scaling-up the availability and use of oral rehydration salts at the household and community level in order to prevent deaths before arrival at treatment centers; and, c) Implementing appropriate measures (including the use of cholera cots) to reduce the risk of intra-facility transmission of cholera to health staff, relatives, and other patients.

PARTIALLY IMPLEMENTED. Since the onset of the cholera epidemic, UN agencies have assisted the government in all three aforementioned categories. Spending nearly US$ 120mn, the UN has contributed significantly to cholera response, prevention, and the water, sanitation, and hygiene sector. Additionally, the Secretary-General pledged US$ 23.5mn of UN funds for Haiti's *Plan d'Elimination du Cholera en Haïti* [PDF]. The cholera fatality rate, which was initially near 9%, decreased to between 1-2% nationally within months. It is now near 1.2%, when calculated as an average since October 2010. The recommended fatality rate of a well-organized cholera response is less than 1 percent. Non-government surveys of treatment areas have found cholera incidence significantly increasing over the previous year, with fatality rates over 4% in some departments. The UN reports that in one such department, there are no cholera treatment units or centers. Over the past year, UN agencies responding to cholera have decreased funds, projects, and staff. Programs remain underfunded with some lacking up to 67% of necessary funding. Only 13% of 2013 funding has been acquired. The sewage treatment plants UN agencies helped the government build remain barely operational due to lack of funding and viable income streams. The UN's contribution to the cholera elimination plan constitutes 1% [PDF] of its US$ 2.2bn budget. The remaining US$ 214mn the UN states it has raised—less than 10% the plan's budget—are previous pledges that, as of December 2012, donors had failed to disburse.

RECOMMENDATION 5

To prevent the spread of cholera, the United Nations and the Government of Haiti should prioritize investment in piped, treated drinking water supplies and improved sanitation throughout Haiti. Until such time as water supply and sanitation infrastructure is established: a) Programs to treat water at the household or community level with chlorine or other effective systems, handwashing with soap, and safe disposal of fecal waste should be developed and/or expanded; and, b) Safe drinking water supplies should continue to be delivered and fecal waste should be collected and safely disposed of in areas of high population density, such as the spontaneous settlement camps.

PARTIALLY IMPLEMENTED. The portion of the cholera elimination plan focused on piped, treated drinking water remains unfunded. However, the UN has funded and administered many [PDF] projects focused at the household and community level. The UN worked with government and private organizations to coordinate free water distribution in internally-displaced persons camps. The government and non-governmental organizations (NGOs) discontinued this in December 2011. Since then, water quality has worsened.

RECOMMENDATION 6

The international community should investigate the potential for using vaccines reactively after the onset of an outbreak to reduce cholera caseload and spread of the disease.

IMPLEMENTED. Cholera experts, including the UN Deputy Special Envoy for Haiti, called for a vaccination campaign in December 2010, 2 months into the epidemic. The UN and the World Health Organization (WHO) did not support the call at that time due to lack of evidence. The Government of Haiti was able to raise enough funds to contract with Haitian NGOs Zanmi Lasante and GHEISKO and pilot a cholera vaccine program in April 2012. By June, the results were indisputable. WHO backed the vaccine less than a month after the results were publicized. The UN took 5 months to publicly support the vaccination program. This was 2 years after their own Deputy Special Envoy for Haiti called for vaccination and over one and a half years after the Secretary-General's independent panel of experts recommended investigating their role.

RECOMMENDATION 7

Recent advances in molecular microbial techniques contributed significantly to the investigative capabilities of this report. Through its agencies, the United Nations should promote the use of molecular microbial techniques to improve surveillance, detection, and tracking of Vibrio cholerae, as well as other disease-causing organisms that have the potential to spread internationally.

IMPLEMENTED. Within weeks of issuing a cholera alert, the Government of Haiti, with the support and assistance of UN agencies and others, established [PDF] an early warning system. With the assistance of the US Centers for Disease Control and Prevention, the Ministry of Health was able to use standard techniques to monitor the epidemic. Reports were made publicly available on the Ministry's website. International research groups also used these advanced molecular microbial techniques and discovered MINUSTAH was responsible for the introduction of cholera into Haiti.