



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**



PLAN NATIONAL D'ELIMINATION DU CHOLERA  
DEVELOPPEMENT DU MOYEN TERME (PNEC-MT)  
Juillet 2016 – Décembre 2018

**HAITI**

5<sup>th</sup> Annual Meeting of the  
GTFCC  
June 2018

# OBJECTIVES AND TIMELINES (SLIDE 1/9)

- General and specific objectives: *(Objective(s) of Haiti regarding cholera control and prevention, referenced in Haiti's National Cholera Elimination Plan – Mid-Term, p. 27 of the printed version:*
- **GENERAL OBJECTIVE:** *“Contribute to the achievement of the results of the National Cholera Elimination Plan in Haiti in 2022.”<sup>1</sup>*
- **SPECIFIC OBJECTIVE:** *“Achieve the biological indicator of the mid-term, describe in the National Cholera Elimination Plan: incidence rate = <0.1%, in 2018 (1/1000 case / pop. roughly corresponds to 10,000–12,000 cases annually. See table next slide).”<sup>2</sup>*

1-PNEC-MT: “CONTRIBUER A L'ATTEINTE DES RESULTATS DU PLAN NATIONAL D'ELIMINATION DU CHOLERA EN HAITI, EN 2022”

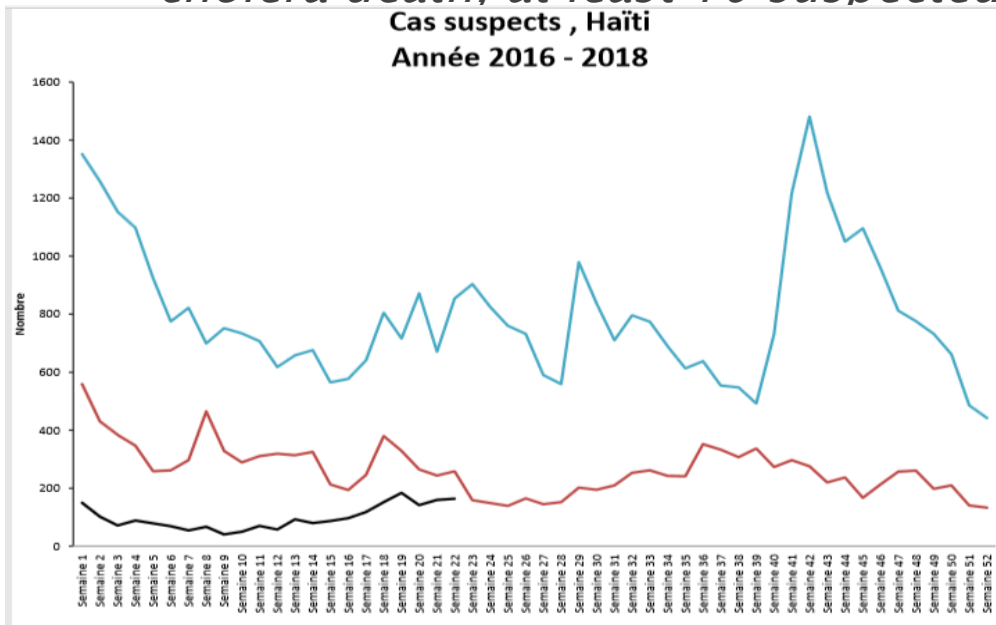
2-PNEC-MT: “ATTEINDRE L'INDICATEUR BIOLOGIQUE DU MOYEN TERME, DECRIT DANS LE PLAN NATIONAL ELIMINATION DU CHOLERA: <0,1% DE TAUX D'INCIDENCE EN 2018.”

# OBJECTIVES AND TIMELINES

## (SLIDE 2/9) - MORBIDITY

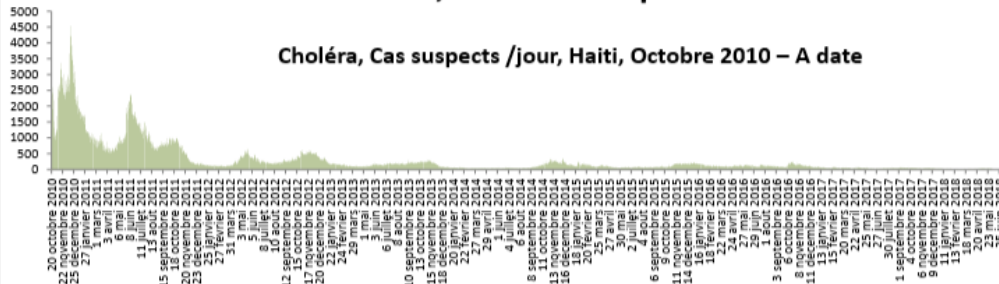
- Graph showing the past 5-year cholera burden at country level (morbidity and mortality).
- Graphs are also available at the level of geographic department. Baselines are measured for national incidence, as well as the geographic departments with greatest departmental incidence (Artibonite, Ouest, Centre). Red Alert Incidence criteria: "at least one suspected cholera death, at least 10 suspected cholera cases"

Cas suspects , Haïti  
Année 2016 - 2018



Vue Globale , Haïti depuis 2010

Choléra, Cas suspects /jour, Haiti, Octobre 2010 – A date



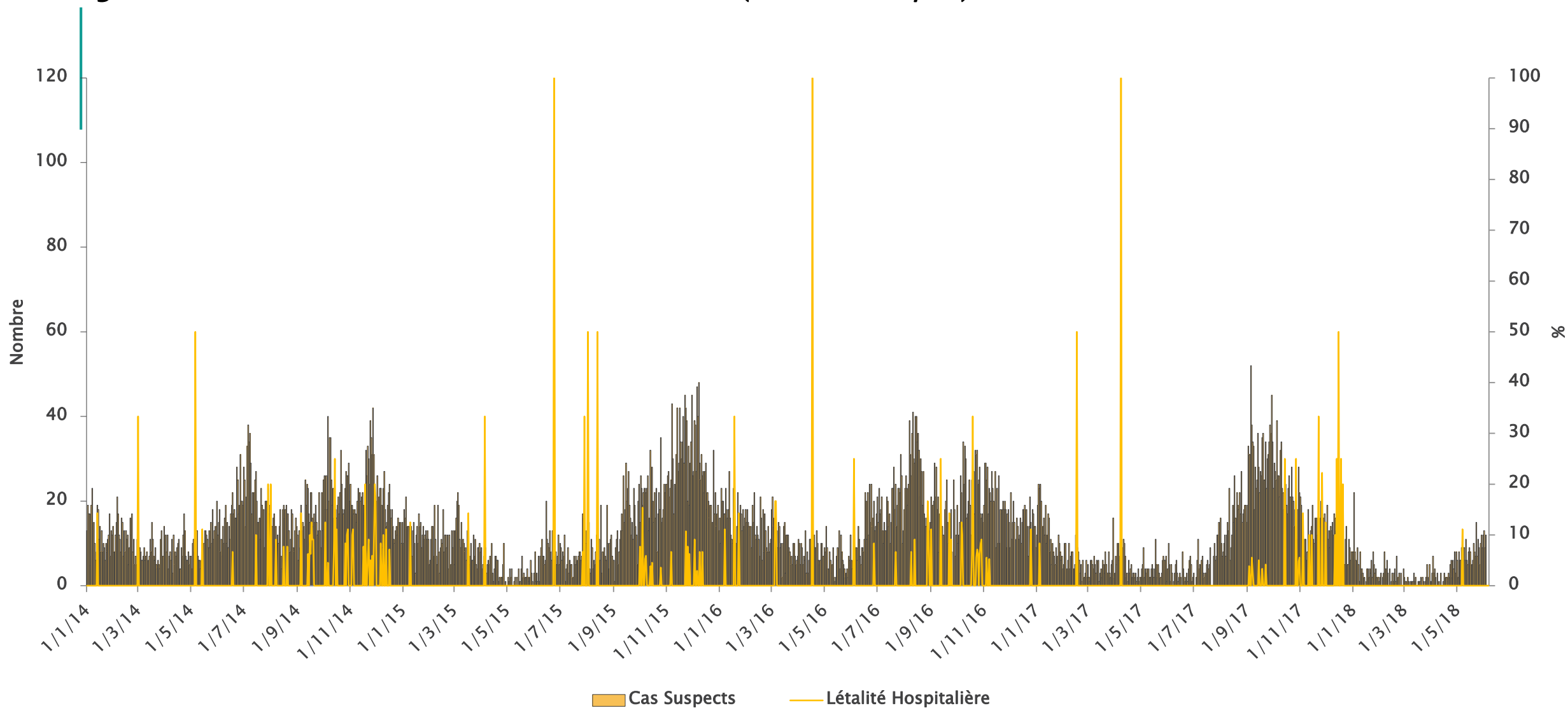
### Résumé de la situation du choléra, Haïti, 2010 à 2018

Année	Population	Cas Suspects	Décès Institutionnels	Décès communautaires	Total Décès	Taux d'incidence pr 1000
2010	10085214	185351	2521	1580	4101	18.38
2011	10248306	352033	1950	977	2927	34.35
2012	10413211	101503	597	311	908	9.75
2013	10579230	58574	403	184	587	5.54
2014	10745665	27392	209	88	297	2.55
2015	10911819	36045	224	98	322	3.30
2016	11078033	41421	307	140	447	3.74
2017	12201437	13681	110	49	159	1.12
<b>**2018</b>	<b>12201437</b>	<b>2179</b>	<b>13</b>	<b>8</b>	<b>21</b>	<b>0.18</b>

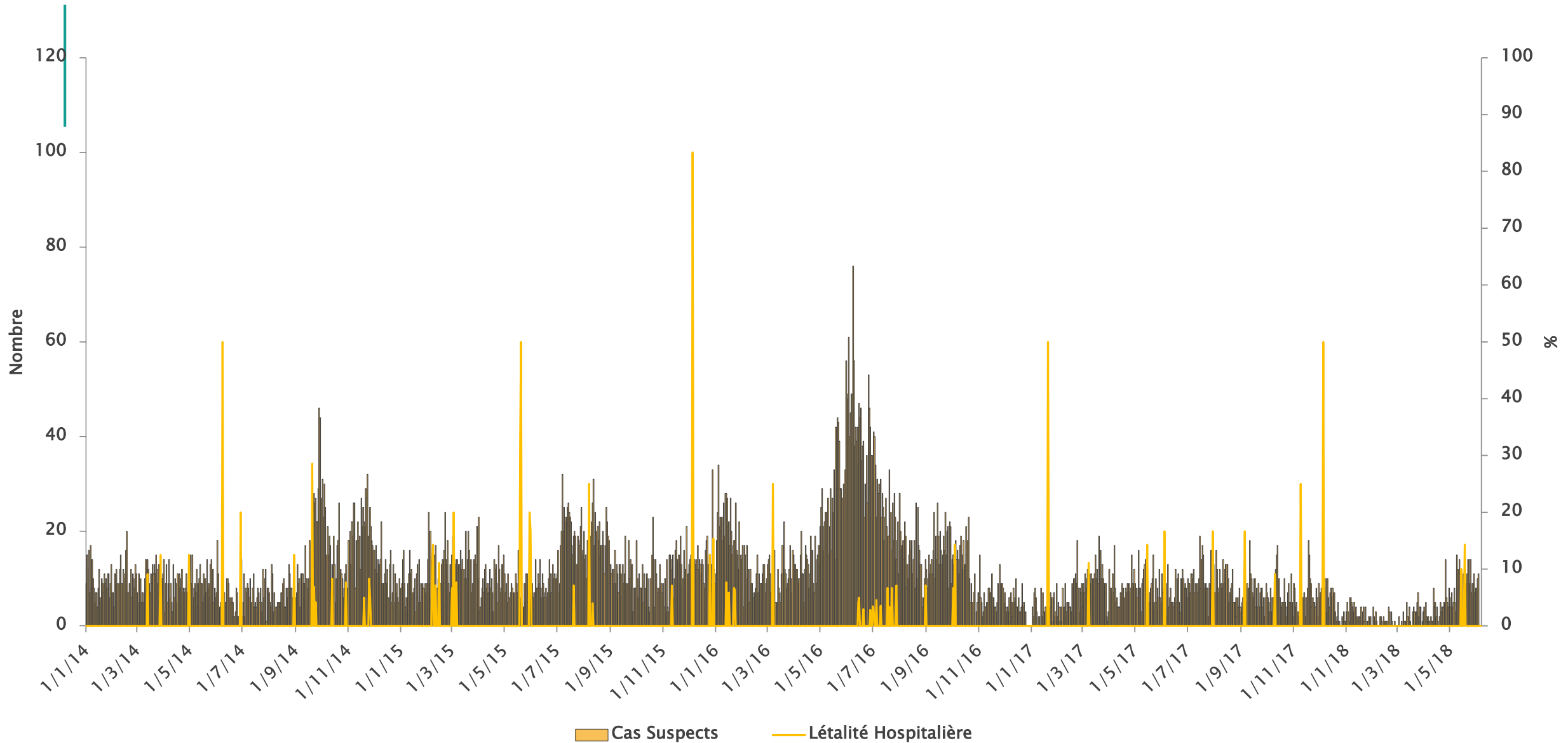
TOTAL (Σ)

818179

# CAS SUSPECTS/JOUR, DÉPARTEMENT DE L'ARTIBONITE, 01 JANVIER 2014 - 31 MAI 2018 (SLIDE 3/9)

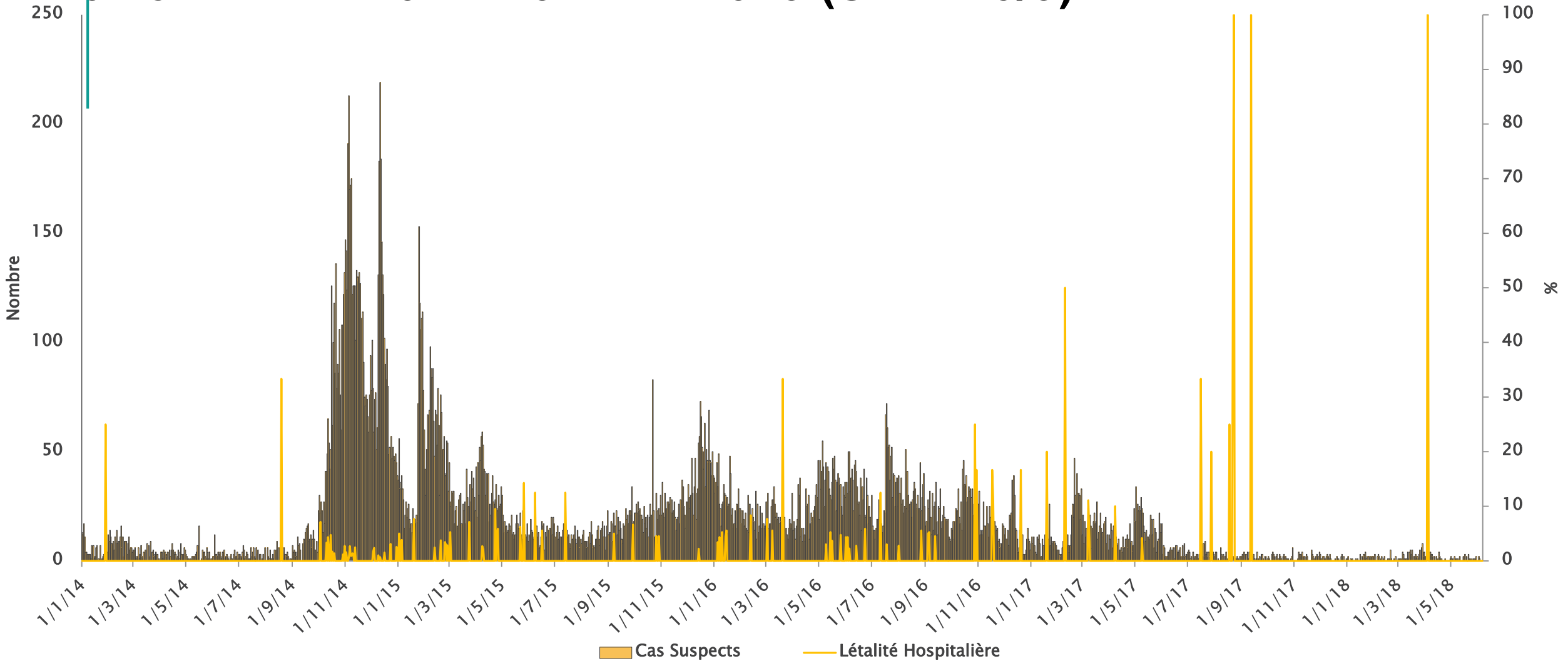


# CAS SUSPECTS/JOUR, DÉPARTEMENT DU CENTRE, 01 JANVIER 2014 – 31 MAI 2018 (SLIDE 4/9)



SOURCE DES DONNÉES: BASE SURVEILLANCE CHOLERA-DELIR

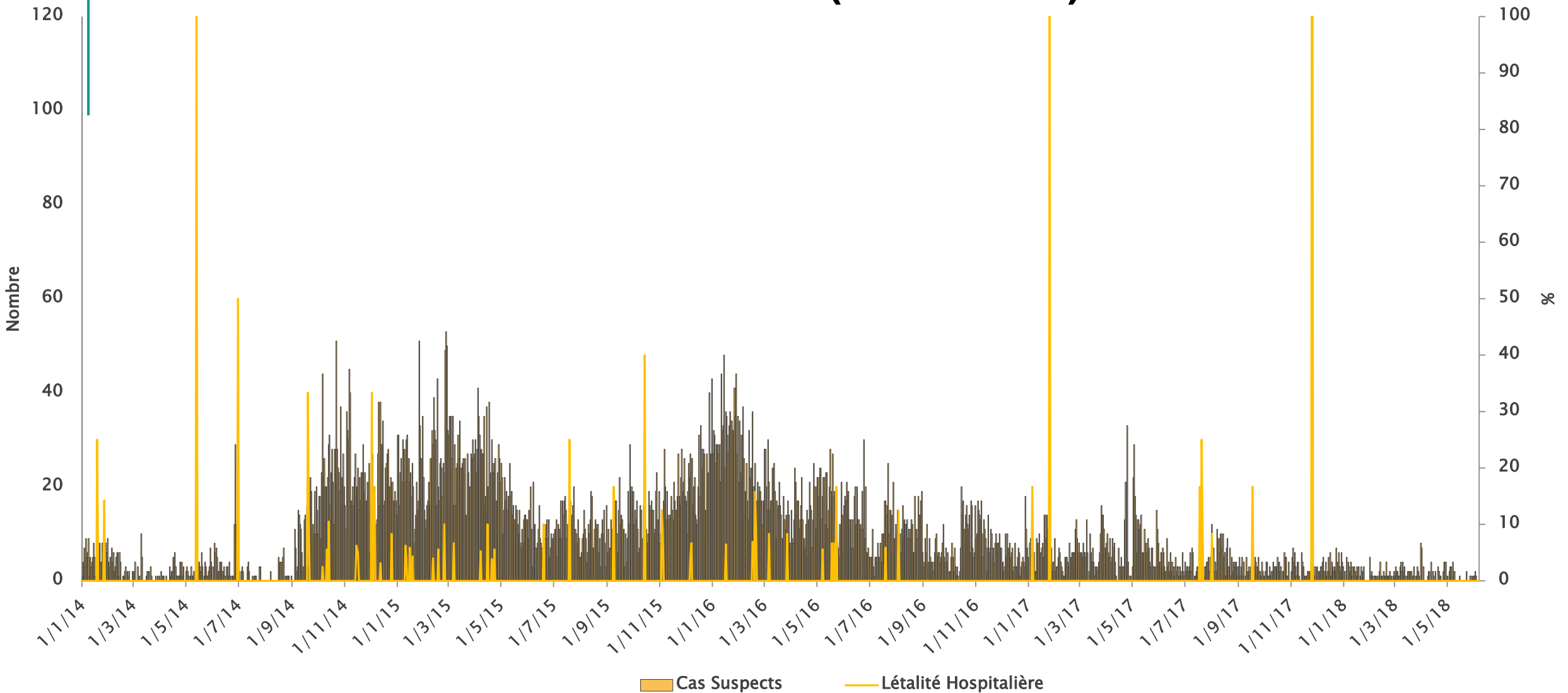
# CAS SUSPECTS/JOUR, DEPARTEMENT DE L'OUEST-AIRE METRO, 01 JANVIER 2014 – 31 MAI 2018 (SLIDE 5/9)



\*\*Aire Metro : Port-au-Prince: Carrefour, Cité Soleil, Delmas, Kenscoff, Petion Ville, Port-au-Prince, et Tabarre

SOURCE DES DONNÉES: BASE SURVEILLANCE CHOLERA-DELR

# CAS SUSPECTS/JOUR, DEPARTEMENT DE L'OUEST-PERIPHERIQUE, 01 JANVIER 2014 – 31 MAI 2018 (SLIDE 6/9)

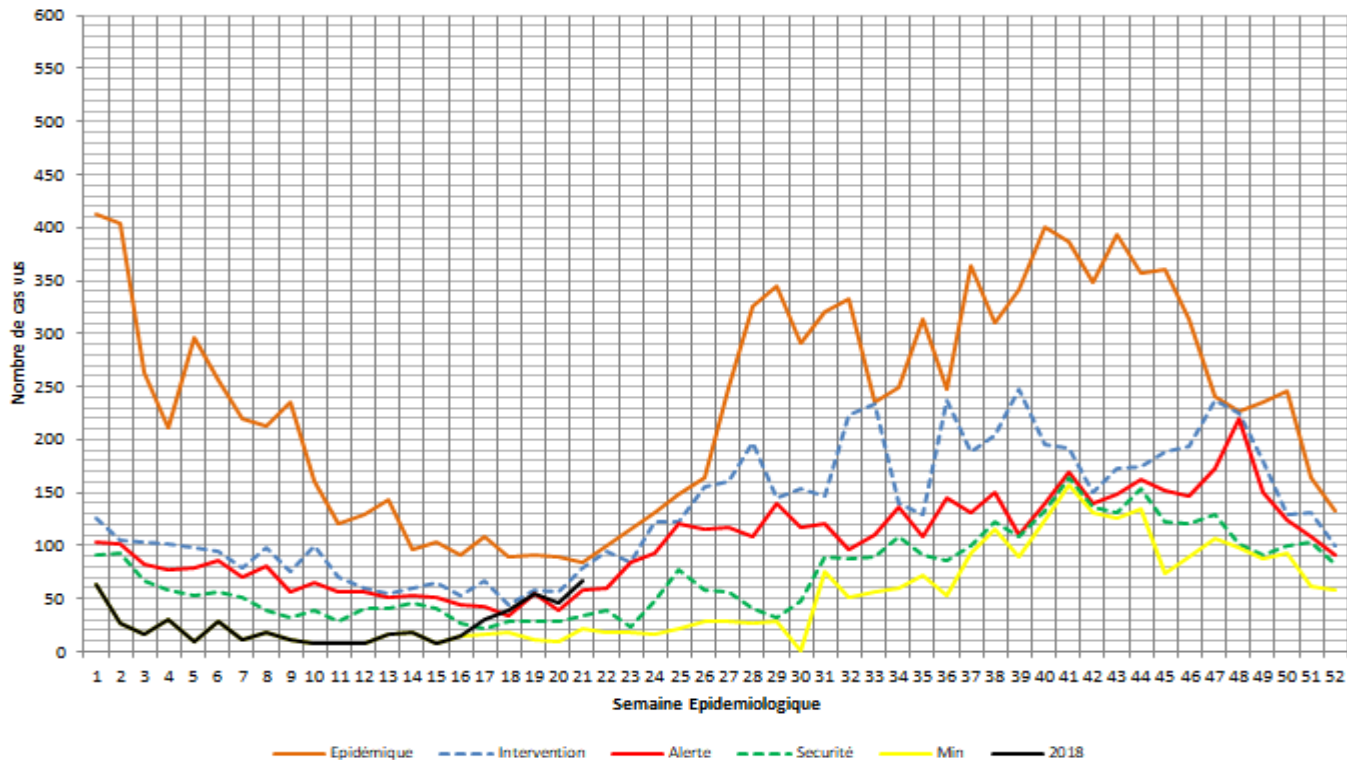


# OBJECTIVES AND TIMELINES (SLIDE 7/9) – NAT'L THRESHOLDS / BASELINES

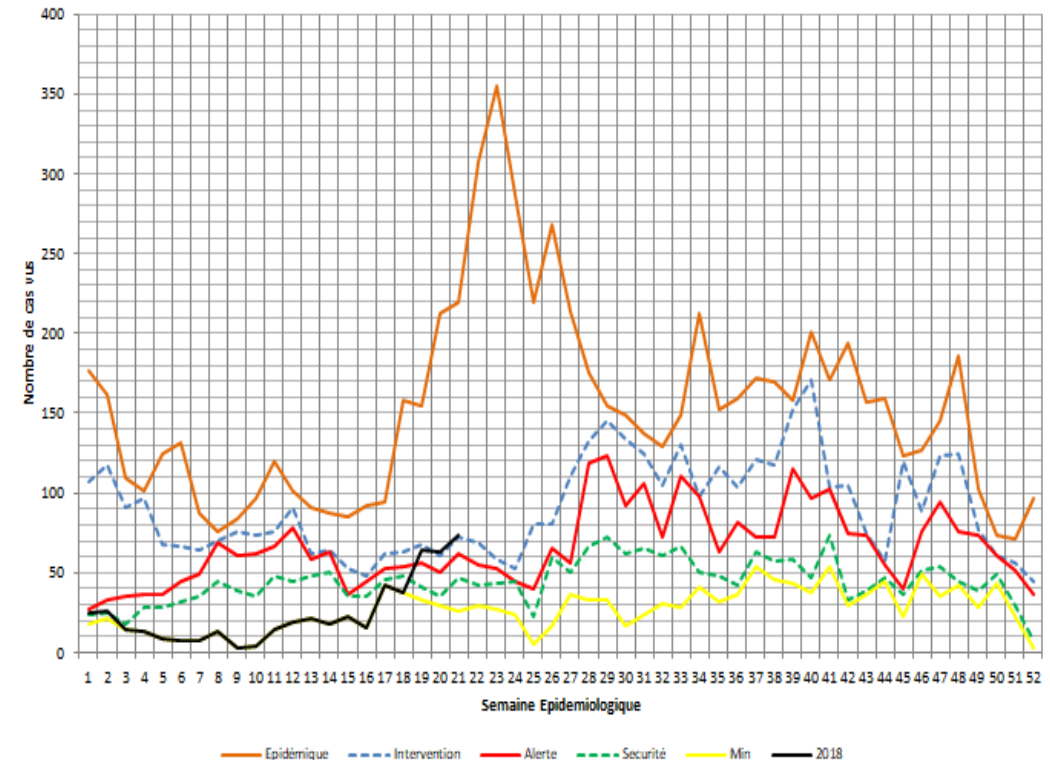
- Baselines are measured for national incidence, as well as the geographic departments with greatest departmental incidence (Artibonite, Centre).

— Epidémique — Intervention — Alerte — Sécurité — Min — 2018

**Direction d'Epidémiologie, de Laboratoire et de Recherches (DELR)**  
**Seuils épidémiologiques - Choléra**  
**Département de l'Artibonite - 2018**



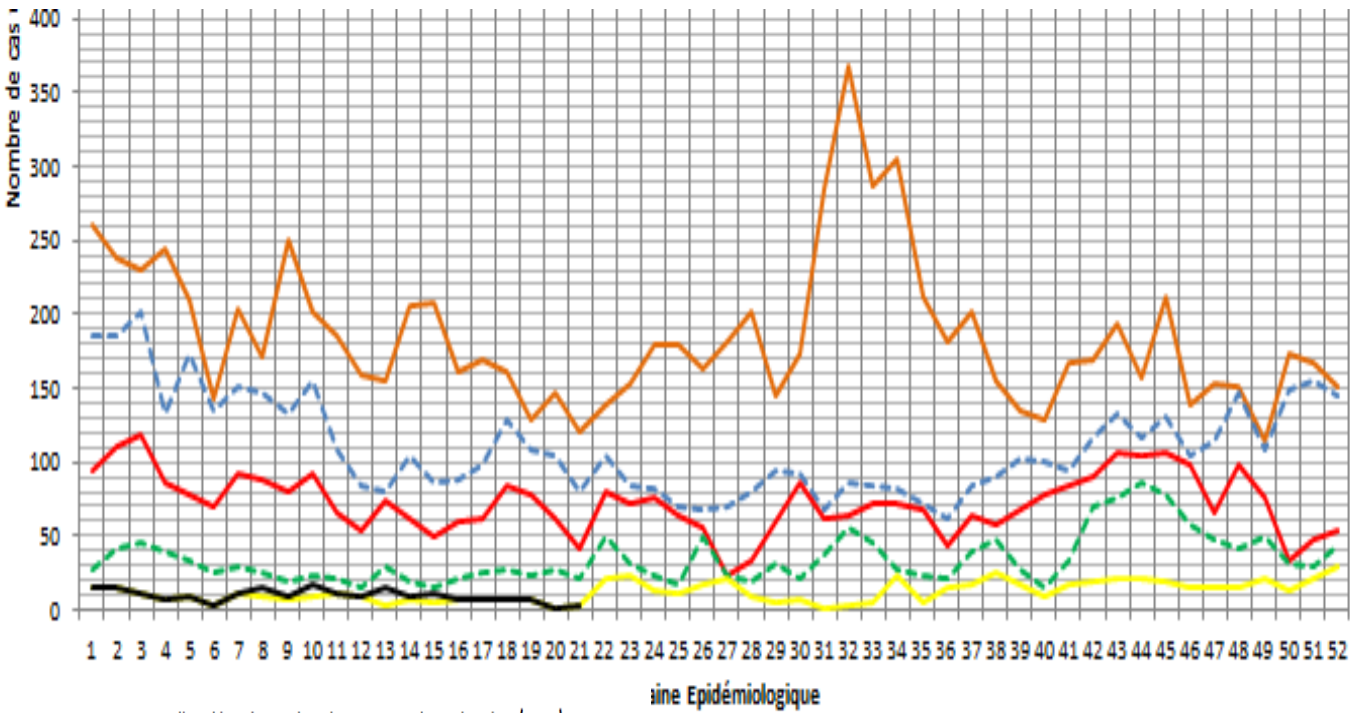
**Direction d'Epidémiologie, de Laboratoire et de Recherches (DELR)**  
**Seuils épidémiologiques - Choléra**  
**Département du Centre - 2018**





# OBJECTIVES AND TIMELINES (SLIDE 8/9) – DEPT' T THRESHOLDS / BASELINES

- Baselines are measured for national incidence, as well as the geographic departments with greatest departmental incidence ( Ouest).

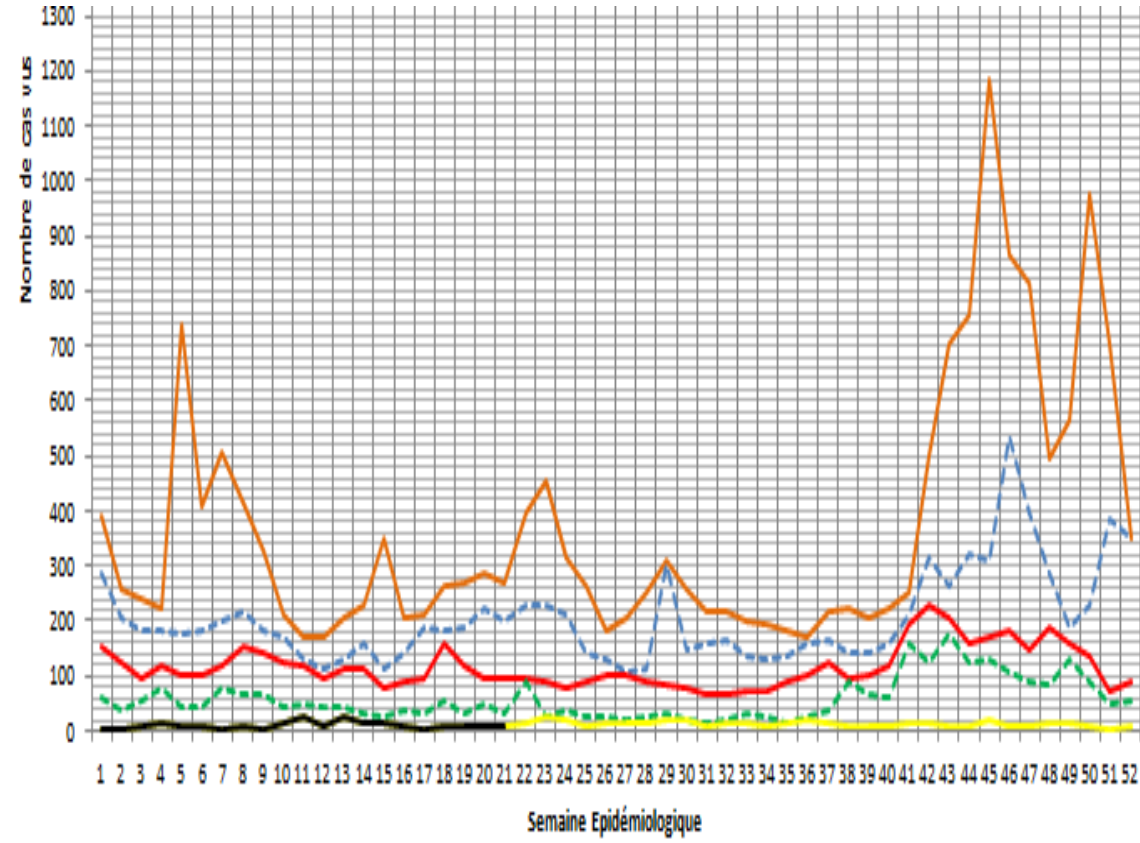


Direction d'Epidémiologie, de Laboratoire et de Recherches (DELR)

Seuils épidémiologiques - Choléra

Zone Ouest -Reg. Met. Port-au-Prince\* - 2018

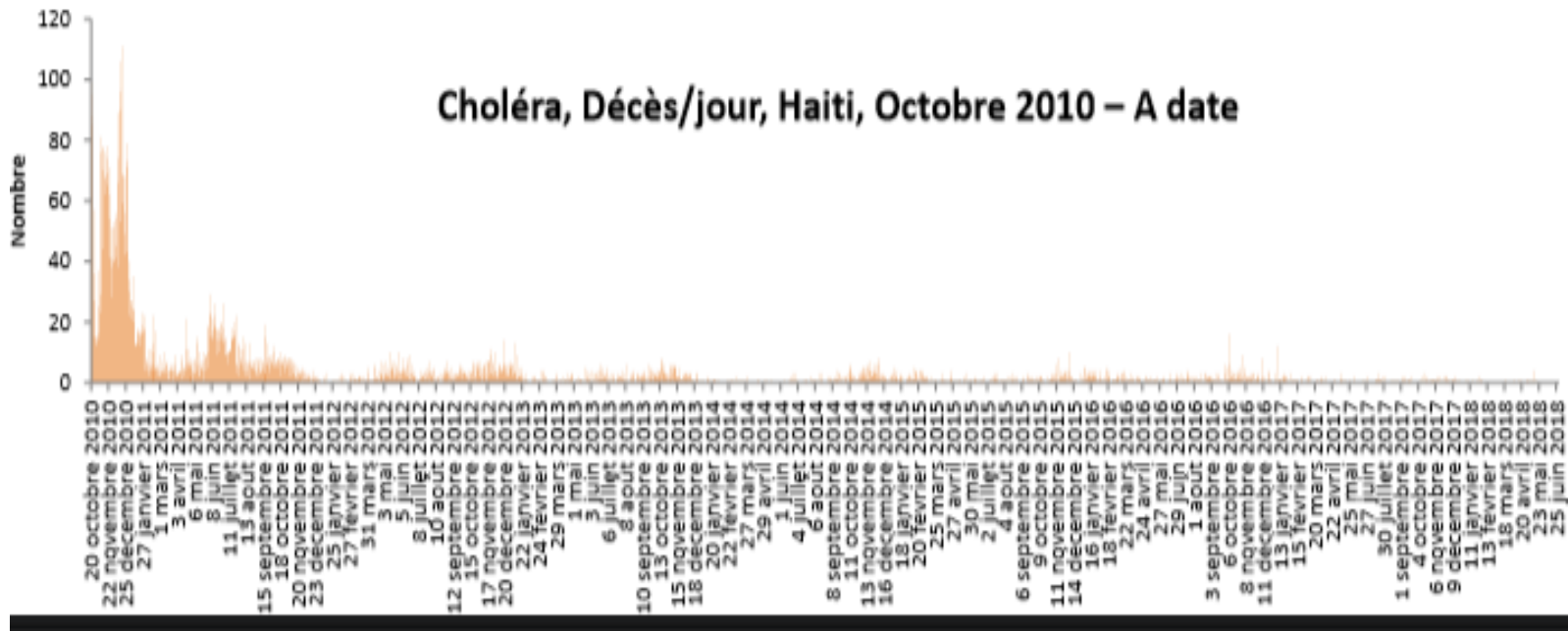
— Alerte — Sécurité — Min — 2018



# OBJECTIVES AND TIMELINES

## (SLIDE 9/9) - MORTALITY

Graph showing the past 5-year cholera burden at country level (morbidity and mortality).  
 Graphs are also available at the level of geographic department. Baselines are measured for national incidence, as well as the geographic departments with



Année	Décès Institutionnels	Décès communautaires	Total Décès
2010	2521	1580	4101
2011	1950	977	2927
2012	597	311	908
2013	403	184	587
2014	209	88	297
2015	224	98	322
2016	307	140	447
2017	110	49	159
<b>**2018</b>	<b>13</b>	<b>8</b>	<b>21</b>

**EACH LIFE IS SACRED – COORDINATION SAVES LIVES**

TOTAL (Σ)	<b>6334</b>	<b>3435</b>	<b>9769</b>
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# IMPLEMENTATION OF MID-TERM CHOLERA PREVENTION AND ELIMINATION IN HAITI (1/2)

## ESTIMATED COST (MSPP- budget, Mid-Term Plan, 2016,) STRATEGIC APPROACH AND PNEC-MT PLAN COMPOSITION:

5.3- Structure du développement du moyen terme, du plan national d'élimination

### AXIS 1: Coordination and Support to Decision-Making US \$ 8.404.000

- 1.1 Coordination, Monitoring and Evaluation *US \$100,000*
- 1.2 Epidemiological Surveillance *US \$ 8.304.000*

### AXIS 2: Access to Health Care US \$62,717,315

- 2.1 Preventative Care *US \$35,874,315*
  - Oral Cholera Vaccination campaign
  - Safe householdwater and health promotion combined with vaccination
- 2.2 Access to Curative Care / Treatment *US \$26,843,000*
  - Medical Care and Treatment
  - Provision of materials and medicine
  - Elevating case management standard
  - Support to the integration of cholera case management into health system

### AXIS 3: Battle against Transmission / Risk Reduction in Communities US \$107,098,880

- 3.1 Alert and outbreak response strategies (Nation-wide rapid response) *US \$30,102,000*
- 3.2 Improving access to treated water and sanitation *US\$66,974,800*
- 3.3 Health promotion *US \$10,022,000*

**TOTAL: US \$178,220,115 ( = 11,406,087,360 HTG)**

Suite à ces recommandations mais aussi dans le souci de rendre opérationnel le PNEC, il a été décidé une nouvelle structure en comparaison à celle de la phase court terme permettant de prendre en compte l'ensemble des recommandations édictées ci-dessus.

- **Axe 1 : Coordination et aide à la décision**
  - ✓ Coordination et suivi, évaluation
  - ✓ Surveillance épidémiologique
- **Axe 2 : Accès aux soins**
  - Accès aux soins préventifs
    - ✓ Vaccination
    - ✓ Qualité de l'eau et promotion de la santé liée à la vaccination
  - Accès aux soins curatifs
    - ✓ Prise en charge
    - ✓ Appui à l'intégration
- **Axe 3 : Lutte contre la transmission**
  - ✓ Stratégie Alerte/Réponse
  - ✓ Accès à l'eau et à l'assainissement
  - ✓ Promotion de la santé

# IMPLEMENTATION (2/2)

*Means to reach your country's goal and objectives.*

*COORDINATION: WEEKLY MEETINGS: MSPP (UADS, DELR, DPEV, DPSPE), DINEPA (CNRC/DRU, DG/CG, Directions et Dep'ts. Sectoriels, OREPAs), WHO-PAHO, UNICEF, CDC*

*PREVENTIVE AND CURATIVE CARE: SAVE LIVES: OCV Vaccination Campaigns, Steps to improve in-treatment center care, integration of cholera in the MSPP service package.*

*BATTLE AGAINST TRANSMISSION: via continued effectiveness of mixed rapid response teams (EMIRA, Community Response Teams, WASH), improved access to water and sanitation, health hygiene and sanitation promotion for behavior change.*

*FUTURE STEPS: MID-TERM ASSESSMENT (PNEC-MT); LONG TERM*

# Cholera control - Capacities and gaps (using key indicators) (SLIDE 1 of 2)

## Axis 1: Early detection and quick response to contain outbreaks at an early stage

Decentralized culture capacity for early detection in all hotspots	Culture capacities are limited as per the amount of culture samples that can be performed per day. Haiti currently has the National Laboratory and the St. Marc laboratory available, which, due to the current low cholera incidence, CAN meet the demand. In addition, CENTRE GHESKIO's lab collects samples from patients receiving care there. Currently samples of 70% of suspected cases are taken and diagnosed. A centralization of the entire results at the national laboratory occurs, and transmitted on-line, within 5 days of seeding.		Ministry ofPublic Health and Population (MSPP), DINEPA, partners
Preposition of RDT and appropriate transport media (Cary Blair) in all hotspots	Supported by the partners:PAHO-WHO and CDC, MSPP has a very functional transportation network for samples / specimens. However, Carry Blair supply is often interrupted.. Aided by UNICEF, the National Laboratory is open 6 days a week, with culturing 4 days/wk. Nbre moyen/jour		
PCR characterization of isolated vibrio cholerae (VC)			
Early warning / Surveillance system	Alert system with Seuils Lab result on time Culture pour 100% suspectt cases		

## Axis 2: Early detection and quick response to contain outbreaks at an early stage


# Cholera control - Capacities and gaps (using key indicators) (SLIDE 1 of 2)

## Axis 1: Early detection and quick response to contain outbreaks at an early stage

## Axis 2: A multisectoral approach to prevent cholera in hotspots

Identification of cholera hotspots	By the community, local leaders, EMIRA, Wash team et OSE Gaps : SEBAC		
National Cholera Control Plan aligned with the GTFCC roadmap	National cholera elimination Plan on 2022 Long term phase( 2019–2022) in preparation		Ministry ofPublic Health and Population (MSPP), DINEPA, partners
Financing mechanism and availability of funds	Financing not directly linked with our plan Source :WB finances the MSPP through UGP UNICEF throught Implementing Partners : SI,ACTED,CX R Fse ACF OXFAM OPS/OMS :through parteners MDM,Cx Rouge PIH Gaps : Social Mobilization and Wash financing together with OCV OCV opeptions		

# Cholera control - Capacities and gaps (using key indicators) (SLIDE 2 of 2)

## Axis 3: An effective mechanism of coordination for technical support, resource mobilisation and partnership at national level

Existence of a cholera focal point, in charge of implementing the NCCP and appointed by a high authority

**CAPACITY:** Action 3 of the MSPP Zone Coordinator (CZ) responsible for ensuring supervision of the monitoring and implementation of the elimination plan (PNEC) by the departmental coordinators, supported by the departmental epidemiologists.  
**Gaps:** contribution of the department-level communications officer.  
**STAFF:** MSPP: 5-member UADS team managing the battle against cholera full-time at the national level, strengthening 10 department-level cholera/infectious disease coordinators and 13 rapid-intervention mobile teams (EMIRA), with over 100 participants). **GAPS:** Projected need of 12,000 community-level polyvalent health agents (ASCP), promoting health, working part-time on cholera elimination (need mostly unmet).  
**DINEPA:** 6 staff full-time dedicated to eliminating cholera at the national level (including the National Coordinator and assistant), supporting 13 department-level emergency response focal points and almost 280 commune-level WASH Technicians working part-time on the battle against cholera and other emergency response.

Both MSPP and DINEPA have a cholera response and elimination focal point. Clout and prioritization vary

National connection: NCCP integrated into regular programming and cross-sectoral collaboration

Partially. **CHALLENGE:** NCCP integration must transcend beyond the MSPP UADS, and the DINEPA CNRC.