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OCHA
Haiti

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Note to the Secretary-General

1. Following our teleconference on 22nd November, I travelled to Haiti on 24th November to assess the effectiveness of the response to the cholera outbreak. It is clear that the response from the Government, UN and NGOs has not been of sufficient scale to halt the spread of infection and to stem the rising death rate. The UN and its partners need to demonstrate stronger leadership on the ground and inject a sense of urgency into the response. I will be making changes to the OCHA operation to strengthen our support to the HC and I will be urging our partner agencies to do the same. I met with the President and the PM this morning. They are equally seized with the urgency of this matter and are working on a comprehensive national response strategy which will be issued at the beginning of next week. I include below a summary of the key findings and action points of my mission to inform our discussion later today. 24/11/10

Challenges

2. The response to the cholera is complicated by the lack of understanding and absence of immunity of Haitians to this disease which is new to the country. Various incidents have been reported where local people have violently opposed the establishment of cholera treatment centres or waste disposal sites in their community because of fear of cholera transmission. Decisions by mayors on where to set up cholera treatment centres, bury the dead and dispose of contaminated waste involve protracted negotiations and unacceptable delays. Most such decisions remain pending. Public suspicion that MINUSTAH brought the disease into the country further breeds hostility and hinders cholera prevention and treatment efforts.

3. Myriad long-term structural factors, including chronic poverty, destroyed or non-functioning infrastructure, large-scale lack of access to clean water, sanitation, health care and other basic services, as well as inadequate shelter and limited government capacities have also posed significant challenges to the response. Epidemiological surveillance is uneven and generally weak, leading to incomplete data collection and analysis. In addition, the cholera epidemic originally emerged in areas not affected by the earthquake. International agencies are insufficiently present outside Port-au-Prince and many of the key operational agencies have reached the limits of their capacity. There is a lack of trained health personnel and critical supplies to service both existing and planned cholera treatment facilities.

Gaps in the humanitarian response

4. There are significant gaps in the current humanitarian response. In terms of treatment infrastructure, based on the current planning figure there currently is a gap of 12 Cholera Treatment Centres (average bed capacity of 100-200 beds) and 60 Cholera Treatment Units (average bed capacity of 20-25). The latter require staffing by trained non-medical staff/volunteers.

Decision Gaps

5. Decisions are urgently required by national and local authorities to allocate sites for burial of cadavers, disposal of human waste and location of treatment centres – in

Port-au-Prince as well as in all departments. An additional two sewage trucks are needed in each department to remove liquid excreta from the hospitals.

Human Resource Gaps

6. Based on existing staff levels, PAHO/WHO estimate that an additional 350 doctors, 2000 nurses and 2,200 support staff are needed over the next three months, mainly to run the cholera treatment centres and cholera treatment units. Further massive training of an estimated 30,000 community health workers and volunteer citizens is needed to support the functioning of 15,000 oral rehydration points.

Supply Gaps

7. Urgently needed supplies include: oral rehydration salts, water purification tablets, chlorine, body bags, medical supplies, most importantly antibiotics, Ringer Lactate solution and IV sets, jerry cans, soap, water bladders and cisterns, construction material for latrines etc, cholera beds and related supplies.

Financial Gaps

8. The Inter-Agency Cholera Response Plan, issued on 11 November, requested \$164 million based on an estimated caseload of 200,000 cases. Less than 10% has been received. Approximately \$40million has been pledged. The Response Plan is likely to be revised as the epidemic evolves.

The figures on overall needs and related gaps are conservative estimates and are almost certain to be revised upwards.

Action Points for the Government

- Intensified advocacy by the Secretary-General, senior UN leadership in Haiti and donors to top national decision-makers to ensure that mayors reach immediate decisions on allocation of essential sites for burials, waste disposal/management and treatment centres; and for resolution of delays in customs clearance for humanitarian supplies and equipment that can be re-directed to cholera response.
- The Government to reinforce the decision-making powers and operational capacity of the national coordination entity (COUN), and its interface with international actors.

Action Points for the Humanitarian Coordinator and international actors

- The Humanitarian Coordinator and Humanitarian Country Team to streamline international humanitarian coordination structures, ensure effective cluster leadership, create a dedicated cholera task force comprised of key operational actors and ensure optimum cooperation with Haitian counterparts at the national operations centre and at department levels.
- UN and NGOs, to scale up their field presence and operational capacity outside the capital and throughout Haiti and to redirect available resources – where possible - to the cholera epidemic response: to treatment facilities, WASH outreach and mass communication campaigns.
- UN and partners to comprehensively reach out to key member states for immediate in-kind and financial support for the cholera response.

Action Points for the Government and international actors

- International actors to support the Government and civil society networks in massively scaling up prevention and awareness-raising (door-to-door messaging, delivery of aquatabs, community radio/cell phone communications, collaboration with religious organisations, community outreach volunteers, Haitian Red Cross Society, women's organisations and others).
- UN and partners to continue to be realistic in their messaging that the cholera epidemic response cannot stop a significant spread of cholera cases in the coming months, but that effective and prompt preventive and treatment measures can significantly contain the case fatality rate.
- UN and partners to support the Prime Minister to immediately operationalise his decision to make installation of water supply, waste disposal and environmental sanitation infrastructure – especially in poor urban neighborhoods - a priority focus for recovery action and for allocation of resources by the Interim Commission for the Recovery of Haiti.



Valerie Amos

Port-au-Prince

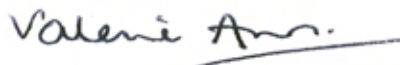
24 November 2010

Note to Mr. Nambiar

Visit to Haiti 23-24 November

Please find attached a Note to the Secretary-General on the above topic. I would be grateful if you could please submit this for his attention.

Many thanks.

A handwritten signature in dark ink, appearing to read 'Valerie Amos', with a horizontal line drawn underneath the name.

Valerie Amos
24 November 2010