

EMERGENCY APPEAL

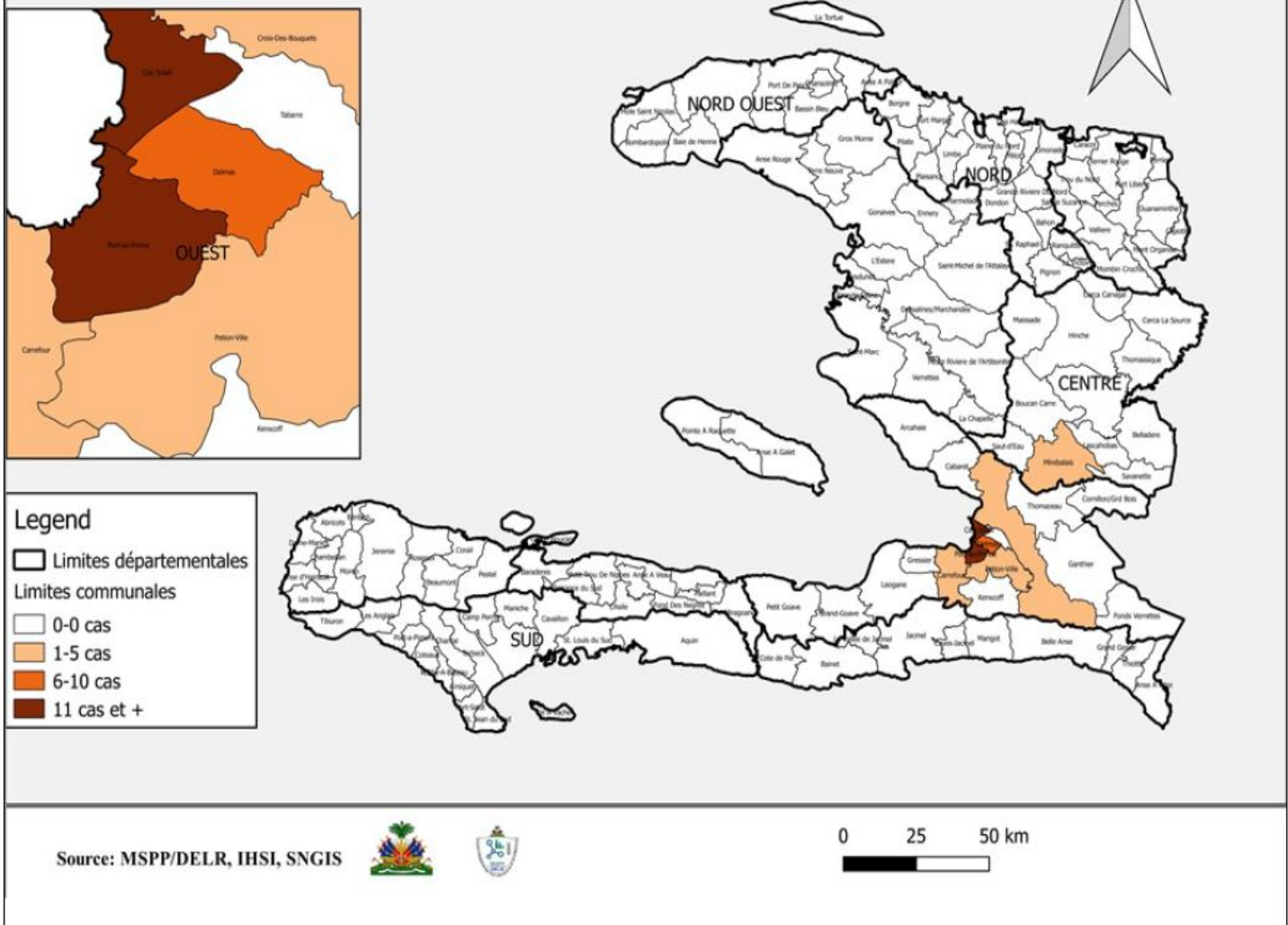


Photo credit: PAHO/WHO

Cholera Resurgence in Haiti

12 October 2022

Mapping of suspected cholera cases, 2022, Haiti



FUNDING REQUIREMENTS

USD 12,750,000

Required to respond with life-saving interventions over the next 12 months.

HIGHLIGHTS

After more than three years without cases, Haiti reported on 2 October 2022 a cluster of cholera cases in the metropolitan area of Port-au-Prince, just as the country was on the verge of being declared cholera-free.

This cholera resurgence in Haiti is happening in a complex operational context, amid a volatile socio-political environment marked by blockades, fuel shortages, criminal gang activity and rampant insecurity. Civil unrest and lack of access to the affected communities are deepening the complex humanitarian crisis and hindering emergency response efforts.

As of 11 October 2022 (6pm), Haitian health authorities reported 33 confirmed cases (laboratory confirmed as *Vibrio cholerae*), including 19 institutional deaths, and a total of 319 suspected cases of which 268 have been hospitalized.

Cholera spreads very quickly in conditions of high vulnerability characterized particularly by the deterioration of hygiene conditions, lack of quality water and improper waste disposal. If not treated very quickly, the disease can be deadly in few hours mainly because of dehydration. Although cholera is typically mild to moderate in 80-90% of cases, due to the current socioeconomic situation and complex humanitarian crisis, which includes recent closure of hospitals and reduced ambulance services, as well as overall poor health condition of the population, including acute malnutrition, Haitians face a greater likelihood of severe disease and death.

Strong efforts are being deployed by Haitian authorities and humanitarian partners, including PAHO/WHO, to rapidly ramp up resources and capacities for early detection and confirmation of cholera cases as well as for the timely and adequate clinical management of

cholera patients, especially among vulnerable groups such as children and the elderly.

Urgent actions are needed to save lives, control cholera morbidity and mortality in areas with active hotspots and limit the spread of the disease to other communities, departments or countries of the region.

Key points:

- Cholera can be deadly, but it is treatable and preventable. Rapid scaling up of response capacities is critical to save lives and to contain an outbreak.
- PAHO/WHO is supporting the Ministry of Public Health and Population and active partners in the ground with lifesaving essential medical supplies, as well as in surveillance and case management.
- Civil unrest, insecurity, and lack of access to affected communities are hindering humanitarian partners' response.
- At-risk populations include pregnant women, elderly, infant and children, especially those suffering from acute malnutrition.

Priority needs to reduce the cholera mortality and morbidity:

- Strengthen and decentralize epidemiological surveillance and laboratory diagnostic capacity for early detection of cases;
- Rapidly scale-up cholera treatment capacity in high-risk areas with identified hotspots and other departments in anticipation of a geographical spread;
- Implement control and prevention measures at community and institutional level to limit the spread of cholera and protect individuals most at-risk of severe infection.

CRISIS OVERVIEW

After more than three years with no cases of cholera reported in Haiti, on 2 October 2022, the national authorities reported two confirmed cases of *Vibrio cholerae* O1 in the greater Port-au-Prince area. Community clusters of suspected cases and deaths were also under investigation in various communes of the Ouest Department, including the communes of Cité Soleil and Port-au-Prince.

During epidemiological week (EW) 39 of 2022 (ending 2 October), healthcare facilities located in some sectors of the communes of Port-au-Prince and Cité Soleil started reporting an increase in cases admitted with severe acute diarrhea, including both children and adults. In the following days, while the disease continued to spread to other areas around the capital city, cases also started to be reported in other departments with two (2) confirmed cases in Mirebalais, Center Department and another four (4) suspected cases in Nippes Department, already indicating a geographical dissemination. A cluster of cholera cases was also reported from the national prison in Port au Prince, and as of 11 October 2022 (6 pm), 12 cases and 12 deaths have been confirmed.

The Haiti Ministry of Public Health and Population (MSPP per its acronym in French), on 11 October 2022 (6pm), reported 33 confirmed cases (laboratory confirmed as *Vibrio cholerae*), including 19 institutional deaths, and a total of 319 suspected cases of which 268 have been hospitalized. 54.86 % of the suspected cases are male, 45.14% are female, and 55.26% of the total suspected cases are under 19 years old.

Prior to 2010, cholera was not endemic to Haiti nor the island of Hispaniola. However, Haiti experienced the first outbreak of cholera ever confirmed in the country beginning in October 2010, following the earthquake that occurred in January of the same year. *V. cholerae*

serogroup O1, biotype Ogawa was identified. At that time, the outbreak was the largest worldwide in recent history, affecting over 820,000 people and killing 9,792 persons (annual CFR between 0.8%-2.2%).

Haiti is currently facing a complex humanitarian crisis, including socio-political unrest, power supply issues and fuel blockages that significantly constrain the operation of health services and hinder the provision of humanitarian assistance by international organizations and partners. Access to affected communities is extremely challenging and has worsened in the past weeks due to widespread insecurity, fuel shortages, protest marches, lootings and general strikes.

The areas where most cholera cases have been reported are in communities within the metropolitan areas in Port au Prince, which are entirely controlled by gangs. Road circulation is very limited, and some hospitals are beginning to close their doors because of the fuel crisis as well as difficulties for health staff to move around and access their facilities. Patients also have the same difficulties to access health services due to lack of transportation and barricades. Ambulance services are significantly reduced. Patients and health care personnel face difficulties in accessing hospitals which hinder early detection of cholera cases and timely and adequate clinical management.

Electricity power supply problems, fuel shortages and movement restrictions certainly affect the population's access to water, which exacerbates the already precarious situation many Haitians face and increasing their risk factors for cholera infection. In the areas affected by the violence, malnutrition was already present and will worsen, further increasing vulnerability and risk of severe cases of cholera, especially among children.

DISEASE INFORMATION

Cholera is an acute diarrheal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. It has a short incubation period, ranging between two hours and five days. The bacterium produces an enterotoxin that causes a copious, painless, watery diarrhea that can quickly lead to severe dehydration and death if treatment is not promptly given. Vomiting also occurs in most patients. It affects both children and adults and can kill within hours. Person-to-person transmission is not common.

Among people who develop symptoms, about 80-90% of episodes are of mild or moderate severity and are difficult to distinguish clinically from other types of acute diarrhea. Less than 20% of ill persons develop acute watery diarrhea with severe dehydration. People

with low immunity, such as malnourished children or people living with HIV, are at greater risk of death if infected.

Cholera transmission is closely linked to inadequate access to clean water and sanitation facilities. Typical at-risk areas include peri-urban slums, and camps for internally displaced persons or refugees, where minimum requirements of clean water and sanitation are not met. The consequences of a humanitarian crisis – such as disruption of water and sanitation systems, or the displacement of populations to inadequate and overcrowded camps – can increase the risk of cholera transmission, should the bacteria be present or introduced. Uninfected dead bodies have never been reported as the source of epidemics.

MAIN PUBLIC HEALTH CONCERNS

At-risk populations

Although cholera is typically mild to moderate in 80-90% of cases, due to the current socioeconomic situation and complex humanitarian crisis, which includes recent closure of hospitals and reduced ambulance services, as well as overall poor health condition of the population, including acute malnutrition, Haitians face a greater likelihood of severe disease and death. A large portion of the population remains vulnerable to the risk of cholera infections, especially among children, or reoccurring person-person transmission.

Despite progress, Haiti remains behind the rest of Latin America and the Caribbean in terms of access to potable water and sanitation. Over a third of the population (35%) lack basic drinking water services and two-thirds (65%) have limited or no sanitation

services. There is currently a lack of drinking water and irregularity in the supply of water services, including in health structures; significant difficulties in ensuring the emptying of latrines and proper waste management. In addition, portions of the population have been displaced, and many are living in IDP camps with lack of appropriate basic services and in poor hygiene and sanitation conditions.

In the current context of the security crisis, individuals in situation of vulnerability, especially those living in precarious conditions and who combine all the aforementioned risk factors, may face even more limited access to safe water and health services, resulting in an increased risk of transmission and spread of the disease. Pregnant women, elderly, infants and children, particularly those suffering from malnutrition, are at increased risk of contracting cholera and developing a severe form of the disease.

Reduced access and response capacity

Haiti is currently experiencing a security crisis due to violence from armed gangs and breakdown in infrastructure. The current fuel supply crisis has affected the supply of water and electricity to the population, health centers and hospitals. Due to problems of insecurity and violence, patients and health personnel have difficulty accessing hospitals and health services. In parallel, the public health system and international partners are faced with limited response capacity due to a reduction of international personnel in Haiti, combined with logistics issues and difficulties in importing supplies. Indeed, insecurity, roadblocks and lockdowns are affecting importation of internationally procured goods which may slow arrival of lifesaving essential supplies to support cholera response efforts.

The worsening violence and the lack of access to fuel in the country is also affecting the epidemiological surveillance system for the timely detection of new cases as well as the laboratory capacity for the confirmation of suspected cholera cases. The surveillance mechanism set up by the Haitian Government, with the support of PAHO/WHO and other partners, is operating under extremely difficult circumstances and therefore, it is very difficult to obtain accurate and timely official data. Most of the information up to now is coming directly from Doctors Without Borders (MSF) and other partners providing health services on the ground. As such, cholera cases are likely to be higher in the affected communities in the metropolitan area of Port-au-Prince as well as the rest of the country as suggested by the recent reports of suspected cases in Nippes (4) and Artibonite (2).

Limited availability of cholera supplies

This cholera resurgence in Haiti is happening in a complex operational context including a challenging and volatile national situation and an extremely

competitive global environment as many countries are facing cholera outbreaks worldwide according to the Global Task Force on Cholera Control. So far 28 countries have reported cholera cases in 2022, including 11 with new outbreaks. This situation at global level is resulting in important shortages of essential supplies for cholera response, including limited availability of Oral Cholera Vaccines due to a high global demand. PAHO/WHO has secured additional cholera kits and other lifesaving medical and non-medical supplies to support and expand clinical management capacity of severe cholera cases. However, global supply and logistics constraints, including custom clearance difficulties due to gang control, may threaten the continued provision of essential supplies for cholera care and treatment services, increasing the risk of morbidity and mortality as the outbreak progresses in Haiti.

Risk of geographical spread

The current situation in Haiti meets all of the characteristics and risk factors for cholera transmission and therefore has an increased risk of spread of the disease. While movement restrictions and limited transportation may slow down the geographical dissemination of the outbreak, it also reduced the populations' access to lifesaving services and access to communities for disease containment and prevention interventions. The neighboring Dominican Republic is the country with the highest likelihood for disease spreading from Haiti. The disease could also potentially spread with the migration of Haitians within the Region. The Dominican Republic currently does not have sufficient detection and diagnostic capacities to timely alert on cases of *Vibrio cholerae* O1. Other countries in the region have greater capacity to detect and control the disease although concurrent emergencies in the region have stretched out these capacities.

ONGOING HEALTH RESPONSE

Since the very confirmation of the very first case of cholera on 2 October 2022, Haitian health authorities, with the support of all partners active in Haiti, including PAHO/WHO, other UN organizations and international humanitarian actors such as Doctors Without Borders (MSF), have activated response mechanisms and ramped up coordination to immediately address the resurgence of cholera in the country to reduce morbidity and mortality. The Ministry of Health (MSPP) has set-up a coordination platform lead by the Health Directorate of the Ouest department (DSO) and launched a coordinated response axed through 5 pillars: laboratory and epidemiological surveillance, case management, Water, Hygiene and Sanitation (WaSH), vaccination and communications and community engagement. Two crosscutting sectors - logistics and coordination – have also been activated to support response operations.

Epidemiological surveillance and laboratory

Daily coordination meetings are being held by the DSO to provide epidemiological updates on the evolution of the epidemic to strategic partners, while wider sectorial coordination meetings are taking place on a weekly basis for now.

Despite the security concerns and difficult operational context as described above, the labo-moto system deployed in the response to the previous cholera epidemic in Haiti is being reactivated in an effort to improve rapid detection and surveillance capacity. Labo-moto nurses were temporarily deployed in the metropolitan area to support sample collection. As of 11 October 2022, 202 samples have been collected and received by the National Public Health Laboratory (LNSP) of which 107 have been tested and 95 are awaiting results.

Case management

Strong efforts are being made to strengthen case management capacity in the country to avoid the loss of lives. As an initial immediate response, PAHO/WHO donated two tons of medical supplies and materials for case management and disinfection from its emergency stockpile in Port-Au-Prince to Doctors Without Borders (MSF), who is facilitating the health response in the affected area. PAHO also provided tents and cholera beds to MSF and the Ministry of Health to set up additional cholera treatment centers (CTCs) and cholera treatment isolation areas in health facilities in an effort to rapidly expand cholera bed capacity in the country.

As of 12 October 2022, 14 CTCs are active in the country, most of which are located in the metropolitan areas of PaP and one in Mirebalais. There is a total of 388 cholera hospitalization beds available in Haiti, of which 216 are already occupied (55 % occupancy rate). . PAHO is supporting and coordinating closely with health authorities for the monitoring of the availability of beds (Ouest and Center departments), the number of hospitalizations and the prospects for extending the case management sites. In addition, the Organization has initiated the international procurement of additional cholera kits and other lifesaving essential supplies to support continued treatment capacity of cholera patients as cholera beds, tents, medicines and other supplies are urgently needed to continue operating CTCs and expanding cholera bed capacity.

PAHO/WHO is also assisting the Ministry of Health for the revision of protocols and guides for the case management of cholera in malnourished children, pregnant and breastfeeding women and to assess the urgent needs.

Water, Sanitation and Hygiene

Recognizing the critical importance of water and sanitation in slowing down and preventing the transmission of cholera and ensure adequate care delivery, PAHO/WHO is working closely with the Ministry of Health and the DSO to ensure knowledge of and capacity to comply with proper IPC/WaSH guidelines and norms for CTC/CTU operations. Support includes the identification of urgent institutional WaSH needs at CTCs/CTUs, update and disseminate of IPC/WaSH guidelines, inspection of active CTCs at hospital level as well as development of a plan of action to strengthen IPC and WaSH capacity at CTCs/CTUs.

Risk communication and community engagement

PAHO/WHO is supporting Haitian health authorities in the development and implementation of a communication strategy to support cholera prevention and control measures and protect at-risk individuals. Technical support is being provided to develop and disseminate targeted cholera prevention messages to the Haitian population using SMS, social media, radio, etc., starting with the areas with active hotspots and neighboring communities.

A SMS messages campaign already started on 5 October pushing key messages twice a day to over a million cellphone numbers. Posters with sensitization messages have been updated and are being shared on social media and printed for dissemination in the

community. Radio spots are also developed for imminent broadcasting.

Response efforts are also relying on the network of community health workers (ASCP) to access affected populations and support community engagement activities in the most affected areas, particularly Cite Soleil, Port au Prince, Delmas, Tabarre, Croix des Bouquets and Carrefour. 300 ASCPs were trained on hygiene, preparation of Oral Rehydration Salts, case referrals and risk communication to support those efforts.

Vaccination

An urgent request for 1 million doses of oral cholera vaccines is being prepared to International Coordinating Group of Vaccine Provision to vaccinate 500,000 at-risk individuals (above 1 year of age) in hotspots and surrounding localities, as well as IDP camps and civil prison of Port au Prince. The vaccines will be requested in two installments (500,000 doses each) to take into account logistic considerations. In parallel, a vaccination working group led by the Unite de Coordination Nationale du Programme de Vaccination is drafting a vaccine response plan for the operationalization of a vaccination campaign.

Given the security constrains, the vaccination operations will be implemented by field partners that have access to areas controlled by armed gangs and who have long experience in the implementation of vaccination campaigns against cholera.

URGENT HEALTH NEEDS

Predicting the size and duration of the outbreak is difficult, but all risk factors for cholera transmission including lack of safe water supply, poor sanitation conditions, degraded health status of the population in a context of limited access to essential goods and services starting with access to care are present, suggesting that several thousand – or hundreds of thousands - could be affected by the reemergence of cholera in the country. This includes at least 20% of symptomatic cases of cholera developing a severe form of the disease which requires timely and vigorous rehydration.

Urgent actions are needed to save lives, control cholera morbidity and mortality in active hotspots and limit the spread of the disease to other communities and departments. The response strategy must focus on rapidly ramping up capacities for early detection and confirmation of cholera cases as well as for the timely and adequate clinical management of cholera patients, especially among vulnerable groups such as children and the elderly. If not treated very quickly, the disease can be deadly in few hours mainly because of dehydration. Efforts should also focus on implementing community control measures to protect at-risk individuals and people in situation of vulnerabilities from infection with *vibrio cholerae*.

Timely detection and confirmation of cases

Cholera spreads very quickly in conditions of high vulnerability characterized particularly by the deterioration of hygiene conditions, lack of quality water and improper waste disposal. Identifying cholera hotspots is therefore crucial to limit the spread, guide response interventions and apply preventive measures. To this end, **the epidemiological and laboratory surveillance systems at both institutional and community level must be urgently strengthened and expanded** to verify alerts, detect cases and confirm the disease, actively search for cases in communities, map affected areas, analyze

data and share them with all stakeholders for a coordinated and effective action. The strengthening of surveillance capacities should also focus on the decentralization of laboratory capacities through the activation of other subnational laboratories with limited capacity to test cholera samples and support transportation of those samples to reduce the duration of confirmation, the strengthening of community-based epidemiological surveillance in affected areas and neighboring departments as well as the implementation of community early alert warning systems through community health agents to protect the most at-risk individuals.

Scaled-up cholera case management capacity

As cholera cases continue to increase and remain underreported due to the current limitations of the epidemiological surveillance system, **urgent support is needed to sustain and expand the lifesaving care delivery capacity of health partners providing cholera treatment services to the affected population.** Strong efforts are being made by all health partners to rapidly ramp up case management capacity in the country to avoid the loss of lives. Assistance must focus on further supporting the setting-up and adequate operations of additional cholera treatment centers (CTCs) and units (CTUs), oral rehydration points (ORP) as well as the establishment of isolation space for cholera treatment areas in hospitals and healthcare facilities in or near communities with active hotspots as well as other departments to increase cholera treatment capacity. Whereas most cholera cases can be treated using oral rehydration salts (ORS) and zinc, severely dehydrated patients require rapid intravenous fluid administration and appropriate antibiotics. As such, the continued provision of lifesaving essential medicines and health supplies including oral rehydration salts, lactate ringer, cholera beds, IV sets, etc. is of utmost importance to ensure that health care facilities and point of services

have timely and in sufficient quantity the necessary medical supplies for rapid rehydration of patients as well as antibiotics to slow diarrhea episode duration.

Infection Prevention and Control

Health structures providing cholera care play a key role in interrupting the chain of transmission of *Vibrio cholerae* not only to health personnel but also to those accompanying the sick and the surrounding population. For this reason, these structures must implement appropriate water, hygiene, sanitation (WaSH) and infection prevention and control measures (IPC). To ensure proper adherence to IPC/WaSH norms, cholera treatment facilities must be equipped with adequate means to ensure to the provision of safe water, the collection and safe disposal of faeces, the disinfection and decontamination of objects and places, food hygiene, the cleaning of surfaces, the management of biomedical waste, and the management of bodies of deceased persons. **Increasing availability of essential WaSH supplies and materials as well as necessary human resources is critical to support institutional infection prevention and control and WaSH**

interventions in the CTCs / health facilities that treat cholera patients and prevent the risk of transmission of the disease in healthcare settings.

In addition, cholera prevention and treatment protocols must be reestablished and well disseminated among health staff and other personnel working in all health facilities that are treating cholera cases, taking into account the next challenging operational context, to ensure compliance with clinical care and IPC/WaSH norms and standards.

Risk Communication and Community Engagement

In the current context of violence and insecurity and limited access to health services, **community-based strategies are of particular importance to protect families and ensure access to care.** There is an urgent need to further support the decentralization of treatment capacity to affected communities through the development of Oral Rehydration Points and establishment of CTCs near or directly within the most affected communities as well as provide health and hygiene education messages through community health agents to sensitize the population.



Photo credit: PAHO/WHO

RESPONSE STRATEGY

Objectives

The objective of PAHO/WHO's health response strategy is to **reduce cholera mortality and morbidity through the scaling up of cholera preventive and curative activities**. PAHO/WHO's strategy targets three Strategic Objectives:

Strategic Objective 1

Control cholera morbidity and mortality in affected communities through timely detection and investigation of cases

Strategic Objective 2

Save lives through early and appropriate case management

Strategic Objective 3

Prepare for and prevent transmission to protect vulnerable groups at risk of infection with *vibrio cholerae*

Priority areas of work

This Appeal focuses on addressing the immediate needs of the Haitian population in areas affected by the resurgence of cholera as well as protect the most vulnerable groups at risk of infection. This appeal seeks to support, expand and strengthen Government and partners' health response efforts to manage and control cholera outbreaks to reduce mortality and morbidity, and limit its spread to other communities and departments.

Immediate response efforts will target:

- The scaling-up of response capacities of the MSPP and health partners already operational on the ground to increase capacities for surveillance, care delivery, risk communication, etc.;
- The rapid reactivation of response structures and mechanisms established for the response to and elimination of the previous cholera outbreak (2012-2019);
- The strengthening of preparedness and response capacities in other departments, in preparation for a potential geographical dissemination of the virus. Recognizing the risk of spread of the

outbreak outside of Haiti, particularly to neighboring Dominican Republic that shares the island of Hispaniola with Haiti, these efforts will also support countries at risk of importation of cases.

In a second phase, response efforts should incorporate the roll-out of the oral cholera vaccine through vaccination campaigns to prevent the further transmission of the disease, especially among the most at-risk individuals and populations in situation of vulnerability.

The proposed response strategy will be implemented by PAHO/WHO, jointly Haitian health authorities and active humanitarian partners with operational capacity in country and will focus on the following priority areas of interventions. As cholera prevention and treatment requires a multi-sectorial approach incorporating public health actions as well as water, sanitation and environmental health interventions, complementary actions and coordinated interventions will be ensured within and across sectors through strengthened sectorial and intersectorial coordination.

Strategic Objective 1

Control cholera morbidity and mortality in affected communities through timely detection and investigation of cases

Priority Area 1: Strengthen Epidemiological Surveillance & Laboratory Detection

Ensure the early detection and prompt confirmation of new cholera cases to guide response interventions

- Strengthen and expand the national and departmental surveillance system to support case investigation, data management, contact tracing, community response activities and sample collection;
- Decentralize laboratory diagnosis capacities and reinforcement of biosecurity capacities;
- Establish and strengthen of community-based surveillance systems (SEBAC) through sentinel sites and community health agents trained in cholera surveillance in communities with hotspots and other departments as needed;
- Procure reagents and materials needed to scale up and decentralize laboratory testing capacity of suspected cases of cholera;
- Support HR surge capacity, logistics, equipment and field mobilization of epidemiologists, laboratory technicians and labo-moto nurses to support data collection, case investigation, contact tracing, response activities, sample collection and transport and lab testing.

Strategic Objective 2

Save lives through early and appropriate case management

Priority Area 2: Expand Cholera Case Management Capacities

Ensure the timely provision of adequate clinical care to suspected cholera patients

- Procure, temporary storage and distribute lifesaving essential medicines and health supplies for cholera treatment;
- Facilitate the implementation and operations of Oral Rehydration Points (ORP) in affected communities and referral of severe cases to CTCs and CTUs;
- Support the monitoring of cholera bed availability and occupancy rates to facilitate an effective referral system of cholera patients among the CTCs and CTUs networks;
- Review, update and disseminate protocols for cholera case management
- Facilitate the supervision, monitoring and evaluation of adherence to clinical care in ORPs, CTCs and health facilities.



Strategic Objective 3

Prepare for and prevent transmission to protect vulnerable groups at risk of infection with *vibrio cholerae*

Priority Area 3: Increase Water, Hygiene and Sanitation & Infection Prevention and Control

Ensure proper WASH and IPC measures in health treatment structures to protect patients, relatives and healthcare workers

- Review, update and disseminate protocols for IPC norms, biomedical waste and corpses management in CTCs/health facilities and other at-risk locations (prisons, camps, etc.);
- Procurement of essential WaSH supplies to ensure appropriate WaSH and IPC norms in CTCs/health facilities;
- Support the implementation of infection prevention and control measures in Cholera Treatment Centre (CTC), Units (CTU) and in designated primary health care facilities and hospitals;
- Facilitate the supervision, monitoring and evaluation of adherence to WaSH protocols in CTCs health facilities.

Priority Area 4: Enhance Risk Communication & Community Engagement

Ensure health promotion and adoption of preventive actions targeted in at risk and vulnerable groups at risk of vibrio cholerae infection—including health workers

- Support the implementation of communication strategies to support cholera prevention and control measures and protect at-risk individuals;
- Review and update communication materials focused on health promotion and the adoption of actions for the prevention of cholera
- Train community workers for the dissemination of communication materials

Priority Area 5: Roll-out Emergency Cholera Vaccination Campaign (OCV)

Provide technical cooperation for the development and implementation of cholera vaccination campaigns

- Develop and adapt OCV campaign training tools;
- Train vaccination operators and supervisors at central level and departmental level;
- Facilitate the surveillance and management of Adverse Events Following Immunization;
- Ensure data management of vaccination operations;
- Implement communication campaigns for demand generation of the OCV;
- Monitor vaccination operations and facilitate post-campaign evaluation.

In support of those five priority areas of work, PAHO/WHO's response strategy will rely on two cross-cutting axes to ensure leadership and coordination as well as address logistics and security challenges which are essential to ensure proper emergency operations in a complex and volatile environment.

Cross-cutting Priority Area: Scale-up Coordination and Operations and Logistics Support (OSL)

Provide leadership, coordination, and logistical support for the health emergency response

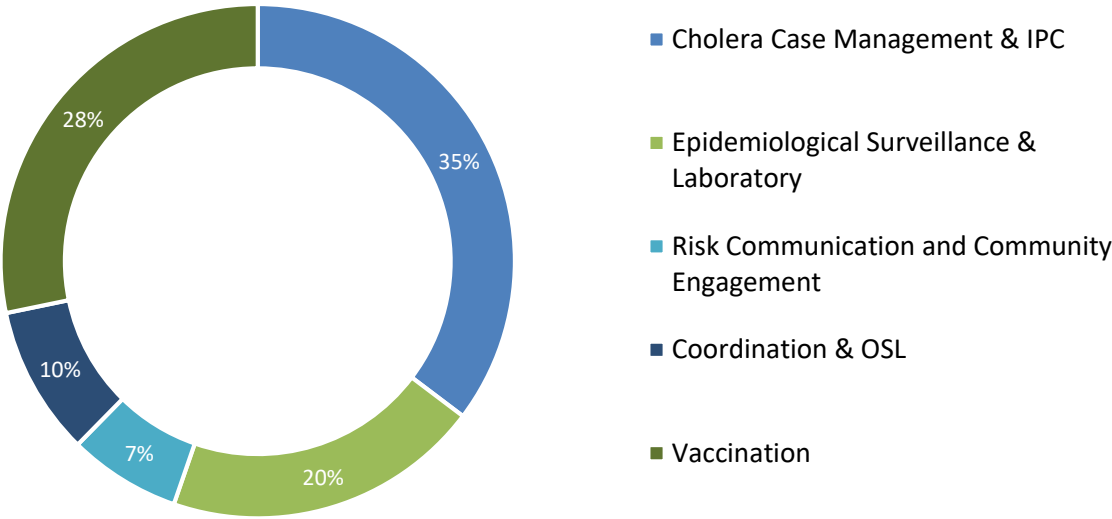
- Ensure multi-sectorial and interinstitutional coordination of the response, jointly with Haitian authorities;
- Scale-up operational and logistical support for emergency response operations at national/subnational level and regional level in support of cholera outbreak management and control in Haiti
- Facilitate deployment of international experts to surge PAHO/WHO's and health partners' response capacities
- Monitor security aspects and support rapid evacuation of personnel as needed

FUNDING REQUIREMENTS

Funding requirement to support the immediate and short-term health response actions highlighted above over the next 12 months is estimated at **USD 12,750,000**.

FUNDING REQUIREMENTS BY PRIORITY ACTION (US\$)

	Priority Action	Amount (in US\$)
1	Cholera Case Management & IPC	4,500,000
2	Epidemiological Surveillance & Laboratory	2,550,000
3	Risk Communication and Community Engagement	900,000
4	Coordination & OSL	1,200,000
5	Vaccination	3,600,000
GRAND TOTAL		12,750,000



HOW TO SUPPORT THIS APPEAL

Generous donations from the international community allows PAHO to deliver its technical cooperation and deploy its operational and logistics support to address existing and emerging public health challenges impacting the countries and territories of the Americas.

PAHO highly values the donors who have already pledged funding to support the immediate health response operations to address the resurgence of cholera in Haiti. However, in the current context of the complex socio-political crisis the country is facing, additional support to PAHO's response efforts is needed to save lives, prevent the spread of cholera in Haiti and protect the most vulnerable population groups at risk of *vibrio cholerae* infection—including health workers.

The current funding needs outlined in this appeal are pivotal to scale up Government and partners' response capacities to provide lifesaving services in communities with active cholera hotspots as well as strengthen readiness and preparedness efforts in other departments in preparation for a possible geographical dissemination of the disease.

PAHO ensures that funding is distributed in the most efficient manner and where it is most needed, in coordination with public health authorities, United Nations agencies and other humanitarian partners.

Here are some ways how private or public organizations and individuals can contribute to this donor appeal.

Donating directly to this Appeal

Financial contributions from governmental aid agencies, multilateral institutions, foundations and philanthropic organizations and other public and private sector partners are one of the most valuable and effective forms of support to the health emergency response. The main characteristic of a financial donation is its flexibility

to support an agile response. The resources obtained can be used in a fast and efficient way, responding to the most acute needs, and ensuring that the actions funded are fully aligned with the country's priority public health actions to successfully tackle the cholera outbreak.

Donating organizations are invited to make cash contributions to support one, several or all priority actions highlighted in this appeal. To make a donation to PAHO, please contact Julie Mauvernay (mauvernj@paho.org).

Individual donations can also make a difference and help save lives by supporting the delivery of essential supplies and critical assistance to people in need. Individuals can contribute to PAHO's cholera response efforts in Haiti by mailing checks to PAHO, 525 23rd St NW, Washington, D.C., 20037.

Donating in-kind resources and services

PAHO encourages the private and public sectors to align response efforts to address the resurgence of cholera in Haiti through the priority action lines outlined in this appeal. Donations from corporations must comply with PAHO/WHO's guidelines and roadmap for engagement with the private sector.

To make an in-kind donation of good and services, please contact Julie Mauvernay (mauvernj@paho.org) or donate@paho.org to guarantee coherent priorities, minimize gaps and duplication in the health response, and ensure quality assurance of the goods offered.

PAHO appreciates and thanks in advance its donors for their generous contributions to save lives and limit the spread of cholera in Haiti. Contributions to this Appeal will be reported on PAHO's webpage to acknowledge and give visibility to donors' generosity, report on funding received as well as remaining financial gaps.

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