

# Water and Sanitation in Haiti

## Investments for the Elimination of Cholera

Cholera is a symptom of  
**POVERTY**

Haiti hosts the **largest number of suspected cholera cases in the Western Hemisphere**

CASES SINCE OCTOBER 2010

**700,000+**

FATALITIES

**8,500+**

PROJECTED CASES IN 2014

**15,000**



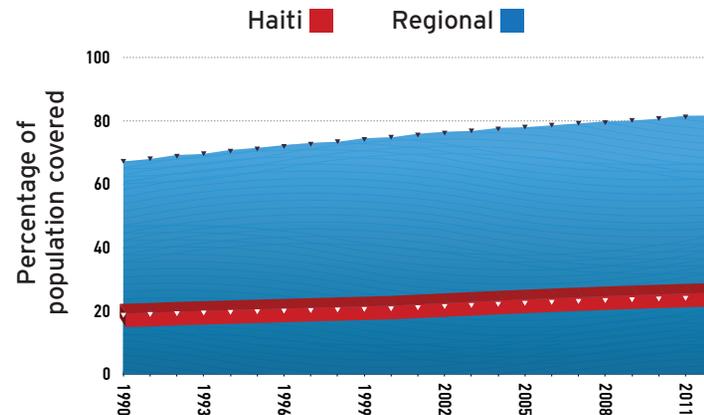
United Nations

Cholera spreads by

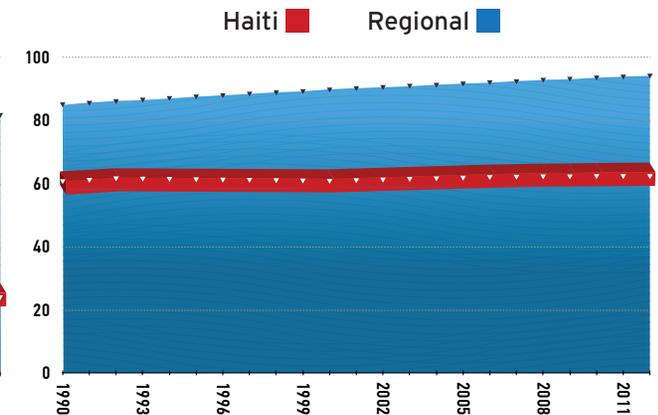
**WEAK INFRASTRUCTURE**

As with other waterborne diseases, cholera thrives in poor sanitation conditions. Haiti has the lowest water and sanitation coverage in Latin America and the Caribbean, and is falling behind. Source: WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, <http://www.wssinfo.org/>

Access to improved sanitation facilities



Access to improved water source



Haiti is highly vulnerable to

**NATURAL DISASTERS**

Every emergency is an opportunity for epidemics. In the past decade, Haiti has suffered through at least six major hurricanes and floods, and dozens more storms. The 2010 earthquake killed a quarter of civil servants and destroyed more than half the schools and administrative buildings in Port-au-Prince and surrounding areas. Building Haiti's resilience against crises will help prevent loss of lives, reduce risks and damage from disasters and allow Haiti to quickly return to a stable state.

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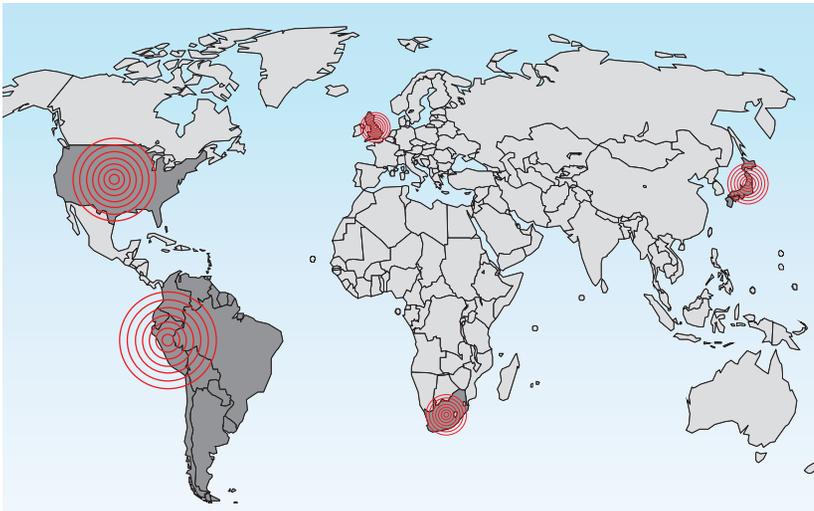
Cholera in Haiti is a

# REGIONAL ISSUE

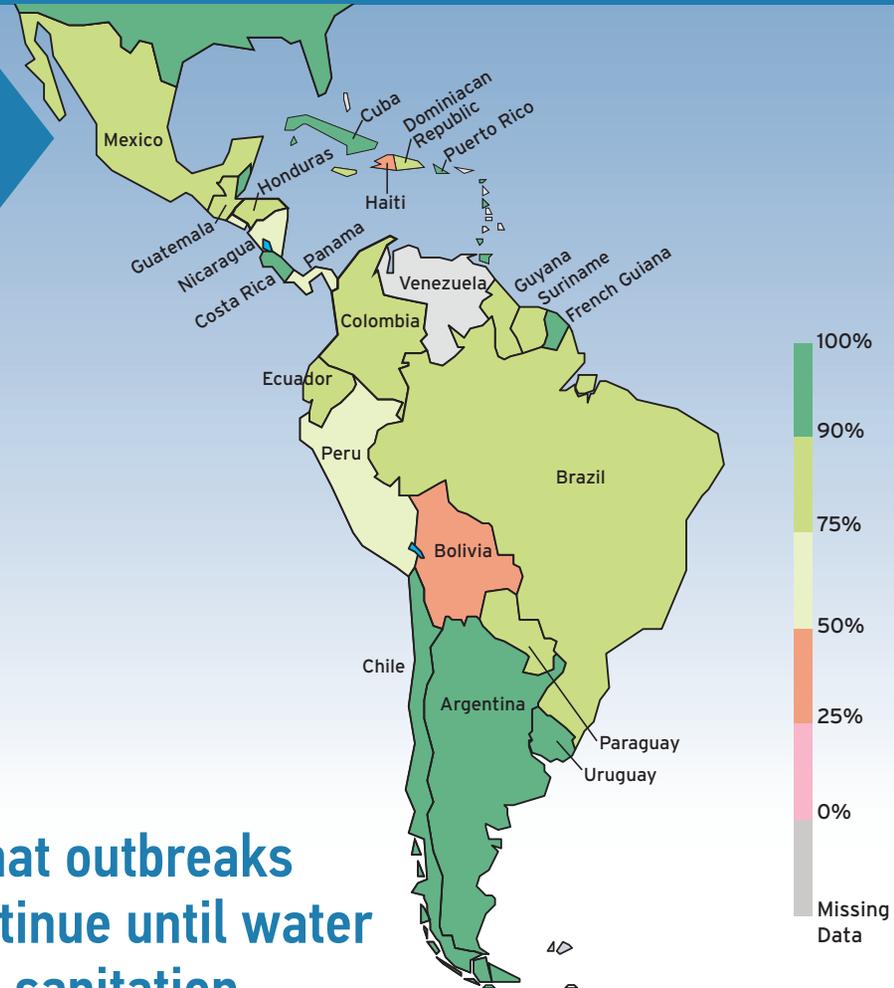
Cholera has spread to the Dominican Republic, Cuba and Mexico. It is a threat due to sanitation gaps throughout the region. Seventeen countries have sanitation access below 85 per cent.

Source: WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation  
<http://www.wssinfo.org/>

# HISTORY SHOWS...



...that outbreaks continue until water and sanitation systems are in place



### 1830-1850 United States

Outbreaks in New York, Detroit, St. Louis and New Orleans killed thousands, including Presidents James Polk and Zachary Taylor. New York began piping water from upstate in 1842 and later formed the Metropolitan Board of Health.

### 1830-1860 United Kingdom

Recurrent outbreaks in London killed some 36,500 people. The 1854 outbreak led to the discovery that cholera is transmitted by water. Sewage systems connected much of the city from 1859–1875, with outbreaks continuing elsewhere.

### 1858-1902 Japan

At least seven major outbreaks, with over 100,000 people killed in Tokyo alone between 1858–1860. Water and sewage systems averted further disease outbreaks.

### 1991-2001 South America

The last cholera outbreak in Latin America began in Peru and caused over 1 million cases and almost 10,000 deaths across the continent. It took ten years to eliminate the epidemic, due to poor sanitation conditions in most of the rural areas.

### 2000-2002 South Africa

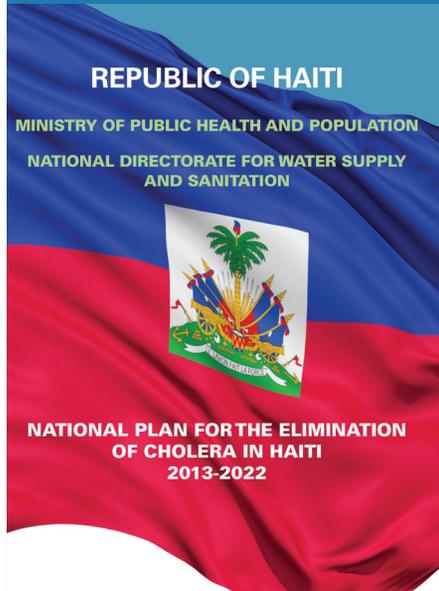
Nearly 114,000 cases and 260 deaths, disproportionately impacting those who could not afford to access to clean water. The 'user pays' water and sanitation policy in South Africa was heavily criticized for the 'right to access'.

# Water and Sanitation in Haiti

## Investments for the Elimination of Cholera

### ELIMINATING CHOLERA IS A PRIORITY

for the Government of Haiti and the United Nations



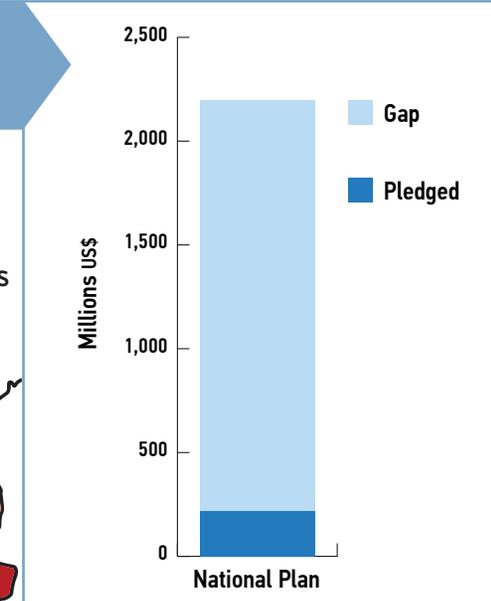
The Government of Haiti's 10-year National Plan to eliminate cholera requires \$2.2 billion, including \$1.95 billion for water and sanitation and \$269 million for health.

The UN Support Plan for 2014-2015 is aligned with the National Plan in six key areas: strengthening epidemiological surveillance, promoting health care, providing medical treatment, improving water, sanitation and hygiene, vaccination and coordination. 'Total Sanitation' is a key strategy toward the National Plan.

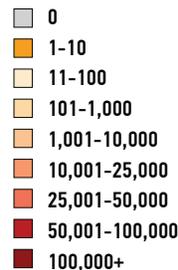
### FUNDS ARE LACKING

Funding for water and sanitation is limited, slow to be disbursed and concentrated in a few areas

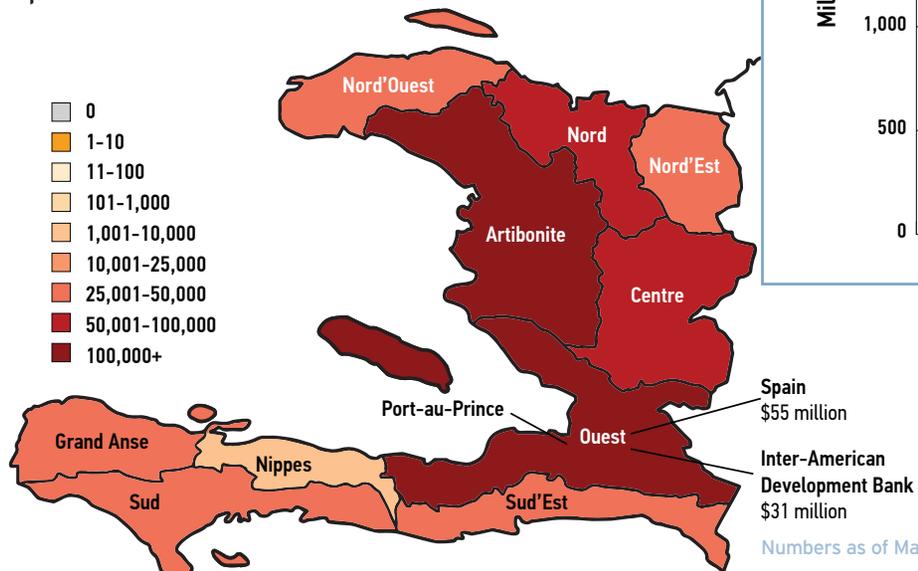
At the current rate of disbursements, it would take over **40 years** to fund the just the water and sanitation component of the National Plan. This means we are treating the symptoms and not the cause.



Cumulative suspected cholera cases by department, 2010-2014 \*



\* Cholera cases by department from 'Atlas of Cholera Outbreak in La Hispaniola, 2010-2014' [http://new.paho.org/hq/images/Atlas\\_IHR/CholeraHispaniola/atlas.html](http://new.paho.org/hq/images/Atlas_IHR/CholeraHispaniola/atlas.html)



# Water and Sanitation in Haiti

Investments for the Elimination of Cholera

## INVESTING IN WATER AND SANITATION

Latin America and the Caribbean must invest in water and sanitation systems in Haiti

Haiti urgently needs a calendar of investments to fund the 10-year National Plan. The region has shown its solidarity with Haiti when the peacekeeping operation MINUSTAH was formed in 2004. It now needs to complement this with social and economic development through its financial institutions:

- Caribbean Development Bank
- Development Bank of Latin America / CAF
- Inter-American Development Bank
- World Bank



**Improved water and sanitation systems have multiple impacts beyond cholera**

**Child mortality**  
Diarrhoea causes more deaths in children under five years old than HIV/AIDS, malaria, and measles combined

**Economic**  
\$1 invested would give an economic return of \$3-34

- In the region, \$1 in sanitation = \$7.2 return
- Direct healthcare savings; productive days gained

**Nutrition**  
An estimated 50% of childhood malnutrition is associated with repeated diarrhoea or intestinal nematode-related diseases.

- Education**  
Increases school attendance by
- Reducing time spent collecting water
  - Promoting positive health outcomes
  - Improving hygienic conditions, especially for girls



For information, visit:

<http://www.un.org/apps/news/infocusRel.asp?infocusID=91&Body=Haiti&Body1>

Produced by the Office of the Secretary General's Senior Coordinator for the UN Response to Cholera in Haiti