

“The Problem of Cholera in Haiti Is Not Solved”

*In this interview **Pedro Medrano Rojas**, UN Assistant Secretary-General and Senior Coordinator for the Cholera Response in Haiti, discusses the growing threat of pandemics, the low level of water and sanitation coverage in Haiti, the UN’s strategy to fight Cholera, the decreasing international attention for the problem and new guidelines for UN peacekeeping troops.*

Question: Since August 2013 you are UN Senior Coordinator for the Cholera Response in Haiti. The first Cholera case was registered in October 2010. More than 8,800 Haitians have died and some 736,000 people have been affected since then. Why was your appointment so late, nearly three years after the crisis occurred?

Medrano Rojas: The UN Secretary-General considers eliminating cholera in Haiti a priority for the United Nations. My appointment was precisely not to lose that sense of priority. Normally, when you have a crisis or when there is an emergency like the recent Ebola outbreak in West Africa in the first year it is certainly clear for everybody that it is a priority. But after a while you lose the sense of priority and the Secretary-General wanted to send a signal that this continues to be a priority for the UN. In that sense I was asked to help with ensuring that the whole UN system could be mobilized in support of the work we are doing not only with the UN but also with partners.

Was the devastating earthquake on 12 January 2010 the prerequisite for the Cholera outbreak in October of the same year? You have been Regional Director for Latin America and the Caribbean of the World Food Programme and responsible for emergency operations when the earthquake struck Haiti.

The earthquake destroyed the infrastructure of the country. And even before the earthquake Haiti was the poorest country in the whole region. The level of malnutrition and poverty were high, and the level of water and sanitation in general were the lowest in the whole region. It was a country with serious challenges in the area of health, education, economic development—as well as political stability. The earthquake set Haiti back 20 or 30 years in terms of development. The Cholera epidemic is an effect of a lack of health, water and sanitation systems and good hygiene practices. It is very much correlated with poverty and the lack of infrastructure.

But the UN has been in Haiti for a very long time with the mission MINUSTAH and with other missions before. So, one should assume that it is not belonging to the poorest countries because it gets support from the US as well as from the United Nations. Why is the country still in such a bad shape?

There are different reasons. Haiti had for many years a military dictatorship and it was certainly one of the most brutal dictatorships in the region. There were also political crises and it is a region with an extreme vulnerability to natural disasters. Every year you have natural disasters. Development is not something that happens overnight. It is a question of human resources, investment, education, employment. The UN has been there to help first of all with the political situation. That is the reason why the Security Council established MINUSTAH to support the government to have political progress—elections or rule of law. The rest of the UN is dealing with humanitarian and development issues. The international community has also been very much involved. But we need to understand that the problems of Haiti have been there for almost a hundred years. To give one example: When the last Cholera outbreak in Latin America began in Peru in the 1990s, coverage of sanitation in Latin America was on average 65 to 70 per cent, more in water. After 20 years the region has 80–90 per cent of coverage. Haiti has 24 per cent of coverage in sanitation. Almost 65 per cent of the population has access to safe drinking water. Before the earthquake Haiti did not have a sewage system for the capital. We cannot solve these problems overnight.

What did the UN do to prevent the epidemic from spreading?

First of all, we are supporting the government of Haiti. There is a national plan for the elimination of Cholera with several components. There is a massive prevention campaign to change hygiene habits. Cholera is spread mostly by food and water. So, hygiene awareness and information for the population is provided by NGOs, the government, through radio communication in the local language is the first component. The second component is vaccination. We have vaccinated approximately 300,000 people and this year we expect to vaccinate another 300,000 people. Also millions of purification tablets for the water have been distributed. That's the prevention. Then the construction of water chlorination points and water pumps at the community level and the construction of infrastructure and waste disposals has been part of the UN's work. But the work with the government for an alert system and the training of health workers and community leaders were more important to understand how Cholera is transmitted. We have also strengthened the surveillance system of the Ministry of Health, for example laboratories to get indications where the problems are. So, we have been able to identify 20 communes which account for the majority of the Cholera cases.

There is strong evidence that UN peacekeepers from Nepal were responsible for the Cholera outbreak. UN Secretary-General Ban Ki-moon rejected claims for compensation for Cholera victims in February 2013, citing diplomatic immunity. Although you do not take responsibility for the legal case lodged against the UN, can you understand the anger of the people of Haiti and do you reckon the UN policy as a responsible and appropriate reaction?

You may have the bacterium in Germany but you won't have an outbreak. The Cholera bacterium may be everywhere. To have an epidemic you need to have different factors and in this case it's poverty and the lack of water and sanitation. In a globalized world it is absolutely impossible to prevent the movement of bacteria or viruses. The largest pandemic of Cholera took place in a period when the world was not so interconnected—in the 19th century. Millions of people in Asia, Europe, Africa, Latin America and the US were affected. Today it is impossible to control the mobility. When the Secretary-General is saying that we have immunity of prosecution it is important to understand that it is not the Secretary-General who decided that. The international community and the member states decided this.

But what has the UN actually done?

What we have done in Haiti is that we have signed an agreement with the government and established a High-Level Committee in 2014 with two major functions. One is the response: How can we best implement programs? And the second is: How can we best assist families and communities infected by Cholera. The Secretary-General visited Haiti last year and met with affected families and with the government. There is a commitment of the United Nations to mobilize resources to solve this problem. We have been able to mobilize more than \$400 million out of \$2.2 billion required for the ten-year program. That is perhaps the largest amount that has ever been mobilized for water and sanitation in the history of Haiti.

You already mentioned some of the components of the UN strategy to tackle Cholera. What is your role in this endeavor?

My role is, first of all, to ensure that the UN system is harmonized and supporting what we do. We have a Steering Committee with all the principals of the UN agencies that are involved in Haiti like the heads of UNICEF, UNDP, DPKO, PAHO/WHO, OCHA or DFS.¹ The second thing is trying to explain that Cholera is still an emergency in Haiti. Any country with 30,000 cases of Cholera per year will consider this as an emergency. And my work is also to convince governments to support our efforts. We work for example very closely with Cuba, Brazil, Venezuela, Chile, Colombia, Mexico and NGOs like Médecins Sans Frontières, the International Federation for the Red Cross/Red Crescent and Partners In Health.

How do you want to mitigate risks of infections with regard to future UN missions? Any strategies or lessons learned?

¹ UNDP = United Nations Development Programme; DPKO = Department of Peacekeeping Operations; PAHO = Pan American Health Organization/WHO = World Health Organization; OCHA = Office for the Coordination of Humanitarian Affairs; DFS = Department of Field Support.

We have seven recommendations from the Independent Panel of Experts on the Cholera Outbreak in Haiti.² For example today all uniformed peacekeeping troops coming from or to endemic countries are vaccinated against Cholera. Then you have standards today for the disposal and treatment of wastewater. We have trained not only the troops but also governments and partners to be more aligned with certain standards of safety and even conformity with environmental rules. We also have learned that information is very, very important and try to make the population understand the health point of view and reduce risks.

But are these only recommendations or is it implemented in DPKO principles and guidelines?

Of course, where possible, all of this has been incorporated.

In an interview in 2013 you mentioned the scant resources that the international community has made available. Could you specify what was pledged and what has been really made available?

There are two or three important things to keep in mind. We need to treat those who are sick—that means Cholera treatment centers and also providing care and antibiotics. Then we have the underlying costs for things like water and sanitation which are basic needs in the long term. So we have immediate needs and long-term needs. For the immediate needs our concern is that we have enough resources to deal with the emergency, with humanitarian needs. The reason is that because we have been reducing the number of cases, people feel that the problem is solved. But this Cholera outbreak is the largest epidemic we have in the Western hemisphere. Last year we had close to 30,000 new cases. Our concern is to deal with these new cases. The other part is a long-term investment mostly provided by the World Bank, the Inter-American Development Bank and the Spanish Agency for International Development Cooperation. Canada and Japan are also supporting.

And Germany?

Germany is supporting German NGOs working in Haiti. So, there are \$2.2 billion needed for the whole plan. We have been able to mobilize commitments of \$400 million of which \$245 million have been disbursed.

It is a ten-year plan. So, \$400 million does not seem so bad.

No, but still we need almost \$200 million per year. And what we also need is not only money but also technical assistance and capacity development. This is something that will take time. We are working with the Haitian government to help them to build national capacity.

² See: <http://www.un.org/News/dh/infocus/haiti/UN-cholera-report-final.pdf>

Is it difficult to raise funds and awareness when disasters like the Ebola epidemic in West Africa and violent conflicts in Iraq and Syria take center stage?

In today's world if something is not in the news it is not a priority. Cholera is not in the news so people tend to feel that the problem is solved. We say it is not solved. Haiti is the poorest country in the region and the only country with a peacekeeping operation in Latin America. So, if there is one country where assistance should go, it is Haiti.

When do you think the Cholera will be eliminated on the island of Hispaniola?

It will be eliminated when we have sufficient coverage of water and sanitation. As I said, in Latin America there was a Cholera outbreak in the 1990s. Now there is 90 per cent of water coverage and 80 per cent of sanitation coverage in Latin America. In Haiti it is 65 per cent for water and 24 per cent for sanitation. As long as we have low coverage there is always a risk of Cholera, and not only Cholera. Infant mortality in Haiti is the highest because of diarrhea.

You cannot give a prognosis?

In the UK it took 30 years, in the United States it took 20 years to establish sanitation systems. We can continue work to contain the disease but it does not solve the problem. With this low level of water and sanitation coverage we will still have the largest number of children dying because of diarrhea or even malnutrition. Cholera is in my view a proxy indicator of poverty. We have the highest number of infant mortality in Haiti in the region and nobody talks about it.

Do you fear Cholera could spread to other countries?

It has already in the Dominican Republic with more than 32,000 cases. Of course, they are controlling it. There are some 700 cases in Cuba. But they are controlling this. They have a very good health system. But there is always a risk to spread to other parts of the Caribbean and Latin America. In today's world there is no such thing like a national epidemic—look at Ebola. Or there was a time when we were all concerned with the avian flu. To think it is the problem of Haiti is wrong. It is not a problem of Haiti. It is a problem of the international community, it's a global health issue.

How long do you think you have to do this job?

It is a limited time. Regardless of my role it is a priority of the UN. The end of my assignment is in the end of June this year. But we are going to transfer all the work we are doing to different parts of the UN.

The interview took place in Berlin on 17 March 2015. The interviewer was Anja Papenfuss, Editor-in-Chief, VEREINTE NATIONEN—German Review on the United Nations. See: www.dgvn.de/journal-vereinte-nationen. The German translation was published in VEREINTE NATIONEN, Vol. 63, No. 3, 2015, pp. 122–124.