

I. Using the “Maximalist” Approach to Defeat Cholera

The ongoing cholera epidemic has taken a tremendous toll on the people of Haiti. The epidemic demands that we do everything in our capacity to address the problem, and our response to it has strained our resources and infrastructure. PIH/ZL has formulated a comprehensive response to the epidemic that is being carried out in close collaboration with the Haitian Ministry of Health (MSPP) and our partners in the field. Our cholera treatment and prevention activities include:

1. Treating active cases of cholera through a network of community health workers, oral rehydration posts, and cholera treatment facilities
2. Educating the public about cholera prevention, case identification, and treatment
3. Piloting the delivery of oral cholera vaccine to targeted communities
4. Advocating for additional funds to build water and sanitation infrastructure

II. Transformative Opportunity

Status Quo: Cholera prevention has, until this point, been focused primarily on educating the public about safe sanitation and water practices, and providing sanitation facilities in limited quantities and clean water at point of use. Many interventions are focused on low-cost methods that still leave many people at risk, despite calls from many experts that cholera vaccination could provide substantial protection for large numbers of people. Several global health practitioners have expressed concern that recipients of the cholera vaccine will not return for the required second dose, citing the weak public health system in the country as incapable of providing adequate follow-up with patients.

Global Opportunity: PIH/ZL has an opportunity to shift the conversation about cholera prevention to a “maximalist” approach in which we employ all the tools at our disposal to prevent the further spread of cholera. PIH/ZL can demonstrate that Haitian people deserve the highest standard of care available—including oral cholera vaccination. We have already shown that patients will return for a multi-dose vaccination course when, in 2009, we reached over 75% of recipients for a full course of HPV vaccine in rural Haiti. We also have years of experience successfully providing childhood vaccinations that require patients to return for multiple doses. In addition, nearly all cholera-related funding is for short-term prevention and treatment projects. What is also needed for cholera epidemic and endemic areas are large-scale infrastructure projects to assess, plan, cost out, finance and build municipal water and sanitation systems to provide safe water access to all citizens.

Improving and expanding cholera prevention and treatment will prevent deaths from a disease that kills roughly 50% of those with active disease if left untreated. Beyond saving lives in the short term, PIH/ZL has an opportunity to transform the conversation about cholera prevention in Haiti to include effective measures like cholera vaccine and highlight the importance of long-term measures. As we did with HIV decades ago, our ultimate aim is to put an end to the “prevent or treat” debate so that the response of the global health community to this outbreak and any future outbreaks is one that insists on using all of the tools at our disposal (vaccination, treatment, and education) to defeat cholera. We will also work with Haitian Ministries to develop plans and advocate for resources to build water and sanitation systems to prevent further outbreaks.

III. Project Milestones

June 30, 2012	Begin cholera vaccine pilot program
December 31, 2012	Collect data on pilot implementation
June 30, 2013	Expand pilot project, if successful
September 2013	WHO changes policy recommendations for cholera outbreaks to include vaccinations as a recommended prevention measure
September 2013	Water and Sanitation Conference at PIH to highlight need for infrastructure changes in cholera endemic states and regions
October 2018	50% more funding from bilateral and multilateral donors for large-scale water and sanitation projects