

Dear Ms. Farha,

Thank you for your letter of 23 October 2015 to the Secretary-General regarding the situation of victims of cholera in Haiti.

First of all, I wish to reassure you that the Secretary-General is deeply committed to the fight against cholera in Haiti, which remains a key priority for the United Nations system in Haiti. As you rightly point out, sustained efforts are still required to fully eradicate this disease. The United Nations country team continues to work with the Haitian authorities and its key partners to strengthen health systems, improve access to clean water and sanitation, and raise awareness on hygiene as a key component of its overall programming. The United Nations peacekeeping operation, MINUSTAH, has also taken steps, within its specific capabilities, to provide support to communities affected by the disease. I am attaching as an annex to this letter a description of some of the ongoing actions undertaken to date, since our previous letter of 25 November 2014.

As you are well aware, the Secretary-General and I are fully committed to ensuring that the Organization fulfills its human rights obligations. The United Nations has been a staunch defender of human rights in Haiti and has stood by the Haitian people through their struggle with dictatorship and State-sponsored human rights violations. The protection and promotion of human rights is a central pillar of the work of the United Nations in Haiti and will remain so for as long as is necessary.

I welcome your offer to engage further on this matter and discuss what further steps the United Nations could take, in keeping with its mandates, to assist the victims of cholera and their communities. Such efforts must be undertaken in close coordination with the Government and should ideally fit within the framework of existing United Nations programmes, and their capacities according to the availability of resources, some of which could be fine-tuned or expanded as needed.

Ms. Leilani Farha
Special Rapporteur on adequate housing
as a component of the right to an adequate standard of living,
and on the right to non-discrimination in this context
Office of the High Commissioner for Human Rights
Geneva

Similar letters have been sent to the other co-signatories of your letter.

Yours sincerely,

<del>J</del>an Eliasson



Dear Mr. Alston,

Thank you for your letter of 23 October 2015 to the Secretary-General regarding the situation of victims of cholera in Haiti.

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Mr. Philip Alston Special Rapporteur on extreme poverty and human rights Office of the High Commissioner for Human Rights Geneva

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Yours sincerely,



Dear Mr. Gallón,

Thank you for your letter of 23 October 2015 to the Secretary-General regarding the situation of victims of cholera in Haiti.

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Mr. Gustavo Gallón Independent Expert on the situation of human rights in Haiti Office of the High Commissioner for Human Rights Geneva

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Yours sincerely,



Dear Mr. Puras,

Thank you for your letter of 23 October 2015 to the Secretary-General regarding the situation of victims of cholera in Haiti.

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Mr. Dainius Puras
Special Rapporteur on the right of everyone
to the enjoyment of the highest attainable
standard of physical and mental health
Office of the High Commissioner for Human Rights
Geneva

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Yours sincerely,



Dear Mr. Heller,

Thank you for your letter of 23 October 2015 to the Secretary-General regarding the situation of victims of cholera in Haiti.

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Mr. Léo Heller Special Rapporteur on the human right to safe drinking water and sanitation Office of the High Commissioner for Human Rights Geneva

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Yours sincerely,

#### Annex

The United Nations, through the UN Country Team in Haiti, notably the Pan American Health Organization/World Health Organization (PAHO/WHO), and the United Nations Children's Fund (UNICEF), working in conjunction with the national health departments, has intensified its activities of rapid response to alerts. The distribution of chlorinated products and oral rehydration serum, enhancing community awareness, decontamination of houses, dormitories and sanitary facilities have been carried out in affected communities. In the department of the Artibonite, the International Organization for Migration (IOM) and PAHO/WHO supplied the diarrhea treatment center with medicines and human resources. In all ten departments, the mobile teams of the Haitian Ministry of Public Health (MSSP) are responsible for the community response in the most affected areas, with the support of NGO mobile teams (more than 60 teams active today). Other initiatives, including the investigation and protection of water sources, the active search for cholera patients, and awareness activities have been implemented; extra beds have also been made available in health centers in the most affected areas.

UNICEF is providing assistance to the National Sanitation campaign which aims to increase access to improved sanitation in both rural and disadvantaged urban areas. The Haitian National Directorate for Water Supply and Sanitation (DINEPA) and the MSPP have developed an operational plan for the implementation of the campaign in 16 of the priority communes as a first phase. In addition, the UNICEF-supported Community Approach to Total Sanitation, an essential element of this campaign, is being implemented in target areas with training being provided for the water and sanitation technicians and community health agents to support local villages and families in the priority communes to eliminate open defecation.

So far, the Total Sanitation campaign has been implemented in 67 localities and is already producing positive results with 1000 community-built household toilets and 2,000 in progress. Six communities have been certified open defecation free and 16 are in the process of becoming so certified. Thematic funds and donor funds have been used to build/rehabilitate sanitation infrastructures in 77 communities, 43 schools and 20 health centres.

The agreement to target 16 of the high-risk cholera communes under the National Sanitation Campaign has an estimated cost of US\$310 million (\$228 million for water, sanitation and hygiene (WASH) and \$82 million for health) over the next 3 years. A further US\$70 million is needed for investments in water supply in Port au Prince. In support of the initiative, UNICEF, focusing on rural water and sanitation, has so far mobilized US\$13 million and has internally allocated \$1.38 million. The World Bank has so far mobilized US\$50 million.

Since 2011, the Central Emergency Relief Fund (CERF) has allocated more than \$30 million to the cholera response in Haiti. In August 2015, the CERF allocated, through its Rapid Response window, a total of \$4.14 million, which will allow UNICEF and partners to keep the rapid response mechanism in place until March 2016. These CERF funds are also being used by PAHO/WHO and IOM to increase rapid response capacities of governmental and non-governmental actors, ensure safe and quality care at institutional level, support timely detection, and surveillance, and promote protective health and hygiene practices. Furthermore, in early 2015, the OCHA-managed Emergency Relief Response Fund (ERRF) provided \$2.2 million to the cholera response, contributing decisively in containing the outbreak registered in the last quarter of 2014 in Port-au-Prince's metropolitan area.

The UN Country Team in Haiti has received from GAVI 200,000 doses of oral cholera vaccine (enough for 100, 000 thousand people), and will start vaccination campaigns in February 2016. This follows on from previous UN supported vaccinations campaigns since 2012, in which some 290,000 people have been vaccinated.

The UN continues to coordinate its activities with the Government of Haiti through the High-level Committee for the Elimination of Cholera.