

United Nations Nations Unies

HEADQUARTERS • SIEGE NEW YORK, NY 10017

TEL.: 1 (212) 963.1234 • FAX: 1 (212) 963.4879

25 November 2014

Dear Ms. Farha, Mr. Gallón, Mr. Pūras and Ms. de Albuquerque,

1. I refer to your joint communication dated 25 September 2014, in which you seek certain information concerning the cholera outbreak in Haiti. In this connection, you request a description of the actions that have been taken by the United Nations in relation to the outbreak, as well as, more generally, the measures that have been undertaken by the United Nations to ensure due diligence in the deployment of its peacekeeping operations and the policies and procedures that have been implemented to ensure that United Nations peacekeeping operations and personnel respect human rights and are held accountable for alleged violations.

2. The United Nations fully shares your concerns about the devastating impact of the epidemic in Haiti. From the outset of the outbreak, the Organization has been actively engaged in efforts to address the situation. The Secretary-General is personally committed to ensuring that the United Nations does everything in its power to help Haiti combat and eliminate cholera. The United Nations is working closely with the Government of Haiti and has established, in partnership with the Government, a joint High-level Committee for the Elimination of Cholera that focuses on the elimination of cholera and the provision of social and economic assistance to affected communities.

3. In July 2014, the Secretary-General visited Haiti and saw first-hand the tragic consequences of the outbreak. At that time, the Secretary-General reiterated his commitment to ending the cholera epidemic as soon as possible. While the United Nations stands ready to take all necessary steps to eliminate cholera, it can only do so with the continued support of the international community.

A. Background

4. The United Nations has had a long relationship with Haiti stretching over two decades. United Nations involvement in Haiti began in 1990 when, at the request of the Government, the United Nations dispatched observers to monitor the preparation and holding of elections. Following the 1991 military coup, successive United Nations peacekeeping operations were established, including the United Nations Mission in Haiti (UNMIH), the United Nations Support Mission in Haiti (UNSMIH), the United Nations Transition Mission in Haiti (UNTMIH) and the United Nations Civilian Police Mission in Haiti (MIPONUH).

5. In 2004, in light of the deteriorating political, security and humanitarian environment, as well as the conflict that had broken out in the northern part of the country, the United Nations Stabilization Mission in Haiti (MINUSTAH) was established to, among other things, support the Government in ensuring a secure and stable environment; assist in the restoration and maintenance of the rule of law, public safety and public order in Haiti; support Haiti's constitutional and political processes; support efforts by the Government to promote human rights; and monitor and report on the human rights situation in the country. Recently, in resolution 2180 (2014) of 14 October 2014, the Security Council extended the mandate of MINUSTAH until 15 October 2015, and expressed its intention to further renew the mandate of the mission. As of 30 September 2014, MINUSTAH's overall force levels consisted of 4,975 troops and 2,449 police (including formed units) as well as additional international and local civilian personnel, but pursuant to resolution 2180 (2014), there will be a drawdown of these levels.

6. In addition to the development, political and security challenges on which the United Nations has sought to assist Haiti over many years, the United Nations has been operating since January 2010 in the circumstances caused by the catastrophic earthquake, which killed approximately 220,000 people, including 102 United Nations staff, injured 300,000 and left more than 2.1 million people homeless. The United Nations led the effort to address the crisis, launching immediate humanitarian operations and providing support to life-saving assistance

efforts. Despite its own vast losses, MINUSTAH made extraordinary efforts to restore its capacity. It also acted decisively within its mandate to respond to post-earthquake needs by providing relief and security and restoring the Government's capacity.

7. Prior to the earthquake, one-third of the population did not have access to safe drinking water and basic sanitation coverage was already at a very low level of just 17% of the population. In addition, Haiti had the highest child mortality rate in the region, losing approximately 52 children per day, mostly due to preventable diseases, such as diarrhea. The 2010 earthquake compounded the challenges to Haiti's existing infrastructure. Wastewater collection systems were practically nonexistent. The earthquake destroyed or damaged the country's existing infrastructure, including more than 175,000 houses.

8. It was in this context that the 2010 outbreak of cholera in Haiti occurred. While in a different context, it might have been expected that the effects of the outbreak could have been contained, as it was in neighboring countries, in the particular circumstances of Haiti, the outbreak spread in an explosive manner with tragic results. These underlying conditions continue to expose the Haitian population to waterborne diseases and other health risks. They must be addressed by the United Nations and the broader international community in order to ensure the well-being of the entire Haitian population.

9. Immediately following the outbreak, the United Nations and MINUSTAH initiated numerous on-the-ground support activities, including the establishment of treatment centres and the provision of logistics and security support for the delivery of medical materials as well as drinking water throughout the country. The United Nations also established the Water, Sanitation and Hygiene (WASH) Cluster, which supported the efforts of the Haitian National Directorate for Water Supply and Sanitation (DINEPA) to distribute family hygiene kits that included soap, aquatab drops and oral rehydration salts. The MINUSTAH Community Violence Reduction Section provided an additional stock of 4,000 water filtration units, 500,000 aquatab drops and 870 gallons of chlorine, benefitting more than 2 million people. In addition, MINUSTAH prepared a waste water management improvement plan and

took action to construct additional septic tanks and soak pits in Port au Prince, Mirebalais, Hinche and Cap Haitien. Furthermore, MINUSTAH initiated the procurement of modular waste water treatment plants with a view to enhancing its waste water management capacity.

B. The Independent Panel

10. In January 2011, the Secretary-General convened a panel of independent experts to determine the source of the cholera outbreak and to provide the United Nations, the Government of Haiti and the international community specific recommendations on how to respond to the outbreak and avoid future epidemics. The Independent Panel presented its report at United Nations Headquarters on 3 May 2011 and to the Government of Haiti through the Special Representative of the Secretary-General for Haiti and Head of MINUSTAH on 4 May 2011. The Secretary-General subsequently made the report public. In its report, the Independent Panel noted that the explosive spread of cholera was due to several factors, including the poor water and sanitation conditions in Haiti as well as the conditions of the medical facilities in Haiti. It concluded that the outbreak was caused by a confluence of circumstances and that it was not the fault of, or due to deliberate action by, a group or individual. It also made seven specific recommendations on cholera prevention and response.

11. The Secretary-General immediately convened a senior-level integrated Task Force on 4 May 2011 to study the recommendations of the Independent Panel and to ensure prompt and appropriate follow-up on the Independent Panel's report. The Task Force was chaired by the Assistant Secretary-General for Field Support, with representatives of the Medical Services Division, Department of Peacekeeping Operations (DPKO), Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the Office of Legal Affairs (OLA). Other relevant United Nations actors and observers, including the Office of the Secretary-General's Special Envoy for Haiti, were consulted and participated in the work of the Task Force, as necessary.

12. Based on the Task Force's evaluation, the United Nations decided that the recommendations should be implemented, with the exception of the recommendation regarding prophylaxis and screening. The Task Force found that existing scientific information and expert opinion did not provide sufficient clarity to support the implementation of this particular recommendation. The United Nations has accordingly implemented the recommendations of the Independent Panel as summarized below.

C. United Nations measures to address issues of health, sanitation and water

i. Use of prophylactic antibiotics or screening of United Nations personnel traveling from cholera endemic areas

13. In its report, the Independent Panel of Experts noted that the Haiti cholera outbreak highlighted the risk of transmitting cholera during mobilization for emergency response. To prevent the introduction of cholera into non-endemic countries, it recommended that United Nations personnel and emergency responders traveling from cholera endemic areas should either receive a prophylactic dose of appropriate antibiotics before departure or be screened with a sensitive method to confirm absence of asymptomatic carriage of *Vibrio cholerae*, or both.

14. The United Nations is committed to protecting the health of the people it serves, as well as United Nations personnel and emergency responders, and to preventing the transmission of disease through its medical policies and practices. United Nations guidelines are based on guidance provided by the WHO.

15. The United Nations has supported the objective of lowering the overall risk of spreading the disease through the promotion of proper personal hygiene and cholera prevention training for United Nations personnel. In the context of United Nations peacekeeping, DPKO and the Department of Field Services (DFS), in partnership with the Medical Services Division, have developed a training plan for Troop and Police Contributing Countries (TCCs/PCCs) designed to reinforce proper hygiene and cholera prevention. The plan is included in the Medical Support Manual for missions and stresses the requirement for, and

importance of, cholera prevention training within the established pre-deployment training programmes. The training is implemented by each TCC/PCC before deployment to the field. Further in-mission training on cholera prevention is provided systematically by civilian and military medical personnel in each peacekeeping operation. This forms part of a larger focus on prevention of water-borne diseases.

16. After careful consideration, the United Nations has not adopted the use of prophylactic antibiotics or screening. The Task Force was unable to endorse the Independent Panel's recommendations on such measures in light of the divergent views within the medical community on their expected benefits.¹

17. Experts and institutions that recommend against the practice of mass prophylaxis have raised concerns that the prophylactic use of antibiotics would encourage selection and spread of antibiotic resistant pathogenic bacteria, leading to (i) the risk that antibiotic resistant strains of cholera may further develop and (ii) the risk that other organisms may develop resistance, which would compromise the use of that antibiotic in the management of other infectious diseases.

18. The Task Force also found that utilizing screening to confirm the absence of asymptomatic carriage of cholera poses immense challenges due to the lack of sufficiently sensitive screening methods and technology. It further found that screening of asymptomatic individuals to detect transient asymptomatic or mild infection was not possible because the relatively low levels of cholera bacteria that would be present in the individual would not be detectable.

19. The Task Force noted that the recommendation by the Independent Panel conflicted with existing WHO policy and recommendations on cholera control measures. WHO had previously stated that "mass antibiotic prophylaxis is not recommended because it has not been shown to be effective and because it contributes to the emergence of resistance"

¹ See PAHO/WHO Expert Consultation on Pharmacological Measures for Prevention of Cholera Introduction in Non endemic Areas, Report, Washington, DC (9 December 2011) PAHO/HSD/IR/A/00112; Reveiz L et al. Chemoprophylaxis in Contacts of Patients with Cholera: Systematic Review and Meta-Analysis, PLoS ONE, 2011, 6:11.

and that “antibiotics should not be used to prevent cholera except in certain very unusual circumstances”.² Extensive consultations within WHO had also found that it would be unlikely that the proposed screening method of the Independent Panel would achieve the desired objective.

20. These concerns were confirmed by a Pan American Health Organization (PAHO)/WHO Expert Group, which was convened on 9 December 2011, to specifically review this particular recommendation. The report produced by the group of experts, entitled “PAHO/WHO Expert Consultation on Pharmacological Measures for Prevention of Cholera Introduction in Non endemic Areas”, concluded that “it is not possible to endorse any recommendation about antimicrobial mass treatment of or screening for asymptomatic carriers (due to) lack of evidence on the efficacy, safety, and risks of the administered treatment and on the sensitivity and cost-effectiveness of the current technology for detecting asymptomatic carriers in a timely fashion”. The report further concluded that “the prevalence of asymptomatic cholera carriers and disseminators in any group of potential peacekeepers is unknown, and there is no evidence that similar azithromycin treatment could eradicate the state” and “implementing a policy without an evidence base is not ethical and should not be done”.³

ii. Use of prophylactic antibiotics or oral vaccines for all United Nations personnel traveling to emergencies

21. Given that United Nations missions commonly operate in emergencies with concurrent cholera epidemics, the Independent Panel of Experts recommended that all United Nations personnel and emergency responders traveling to emergencies should receive prophylactic antibiotics, be immunized against cholera with currently available oral vaccines, or both, in order to protect their own health and to protect the health of others.

² See Antimicrobial resistance in shigellosis, cholera and campylobacteriosis, 2001, WHO/CDS/CSR/DRS/2001.8.

³ PAHO/WHO Expert Consultation on Pharmacological Measures for Prevention of Cholera Introduction in Non endemic Areas, Report, Washington, DC (9 December 2011) PAHO/HSD/IR/A/00112.

22. In order to protect its personnel and the health of local populations, in the context of peacekeeping, all members of TCC/PCC contingents must undergo a pre-deployment medical screening examination to exclude all chronic diseases which could preclude a peacekeeper from deploying to a mission area. In accordance with the medical threat assessment in the mission area, the TCCs/PCCs are also advised on vaccinations that must be carried out prior to deployment based on WHO guidelines.

23. Currently, the cholera vaccine is mandatory for all peacekeepers deploying to and from cholera-endemic areas. It remains the responsibility of the TCC/PCC to provide the vaccinations.⁴

24. It should be noted that measures and guidelines implemented by the United Nations to prevent the spread of diseases during troop deployment are complementary to those instituted by States with respect to public health in general. Under Article V, paragraph 23 of the Agreement between the United Nations and the Government of Haiti concerning the status of MINUSTAH (the “MINUSTAH SOFA”), the United Nations and the Government are to cooperate with respect to sanitary services, and shall extend to each other the fullest cooperation in matters concerning health, particularly with respect to the control of communicable diseases, in accordance with international conventions.

iii. Waste water management

25. In order to prevent the introduction of contamination into the local environment, the Independent Panel of Experts recommended that United Nations installations worldwide should treat faecal waste using on-site systems that inactivate pathogens before disposal. The Independent Panel of Experts also recommended that these systems should be operated and maintained by trained, qualified United Nations staff or by local providers with adequate United Nations oversight.

26. The proper management and oversight of waste water treatment at United Nations installations, including the proper management and

⁴ The issues related to prophylactic antibiotics for cholera are addressed above in paragraphs 16 to 20.

oversight of United Nations waste water treatment services providers (where utilized), is a priority for all United Nations missions. The United Nations has undertaken substantial actions in this respect since the outbreak. In June 2011, DFS issued additional directives to all missions to reinforce existing policies and provide additional guidance on the management of waste water. All missions have provided action plans to ensure that their wastewater facilities meet the minimum required standards set by the United Nations Environmental Policy. Missions continue to implement these plans, report on the range of actions being taken, and highlight areas that require further attention and guidance from United Nations Headquarters. The actions being undertaken include the improvement and better monitoring of existing facilities, the installation of independent wastewater treatment plants, and the inspection and closer supervision of contractors involved in wastewater disposal. The United Nations also continues to strengthen its operational and oversight capacity in this regard.

27. The United Nations has established a global systems contract to facilitate the procurement of supplementary waste treatment plants and more than 119 plants have been procured by seven missions. The United Nations Headquarters has also adopted a model contract for use with waste water disposal vendors to provide guidance and outline the responsibility of the vendors, including with respect to compliance with environmental requirements.

28. Since October 2014, there has been an Environmental Officer on the staff of the DFS Logistics Support Division, who has the responsibility to support missions in the implementation of policies on sanitation and environmental issues. The Environmental Officer engages in close dialogue with all missions regarding the proper treatment and disposal of wastewater.

29. In Haiti, in June 2011, MINUSTAH successfully established a fully functional Environmental Compliance Unit (ECU), which has performed a detailed analysis of the mission's wastewater facilities. The mission actively inspects and reviews its sanitation and waste management mechanisms to ensure that acceptable standards are maintained. MINUSTAH has also installed 32 wastewater treatment plants throughout

the country and closely monitors the proper disposal of untreated wastewater into Government-approved disposal sites.

30. Moreover, MINUSTAH provides environmental briefings for all deployed military, police and civilian personnel. The environmental briefings cover, among other things, solid waste management, hazardous waste management and water management.

31. During 2013 and 2014, the ECU carried out 150 environmental briefings (with a total number of 3,498 participants) and 157 environmental inspections to regional and departmental offices and military and police contingents. Where the ECU encounters non-compliance during an inspection, a second environmental briefing is scheduled to ensure that all personnel are aware of MINUSTAH's environmental initiatives.

32. In addition, MINUSTAH has established a Mission Environmental Committee (MEC), which is chaired by the Deputy Director of Mission Support. The MEC meets once per month and prepares quarterly reports on environmental initiatives, including specific recommendations and challenges, which are submitted to the Special Representative of the Secretary-General.

iv. Containment and treatment measures

33. In order to improve case management and decrease the cholera case fatality rate, the Independent Panel recommended that United Nations agencies should take stewardship in: (a) training health workers, especially at the treatment centre level; (b) scaling up the availability and use of oral rehydration salts at the household and community levels in order to prevent deaths before patients arrive at treatment centres; and (c) implementing appropriate measures (including the use of cholera cots) to reduce the risk of intra-facility transmission of cholera to health staff, relatives and other patients.

34. Since the outbreak of the disease, the United Nations, in cooperation with other partners, has taken comprehensive steps both to contain and combat the epidemic and to prevent future outbreaks. The United Nations

strategy to support the Government's National Plan for the Elimination of Cholera (2013-2022) includes activities in all aspects of cholera prevention and response, including epidemiological surveillance, health and hygiene promotion, medical treatment and strengthening water, and sanitation systems.

35. Within this context, the United Nations has been supporting national authorities to ensure free access for cholera patients to adequate treatment and safe water as a first life-saving intervention. The United Nations is further assisting national health authorities to integrate cholera treatment services into the national health system in order to guarantee the sustainability of treatment of patients, to ensure that fast and reliable data on the evolution of the epidemic is available and to ensure that there is a rapid response to all alerts detected. To this end, the United Nations provides financial, technical and logistical support for the Haiti Ministry of Health Rapid Response Mobile Teams.

36. The United Nations has also helped establish a national data collection and reporting system to monitor cholera cases, in partnership with the Centres for Disease Control and Prevention (CDC). In 2013, 1,150 alerts on suspected cases of cholera were received through the system and responded to with health and water interventions. This number was dramatically reduced to 120 in the period between January and September 2014.

37. The United Nations has further invested significantly to sensitize and equip the Haitian population with the knowledge of how to protect themselves, their families and their communities from cholera. Knowledge and practice of safe hygiene behaviour represent the most cost-effective ways of reducing the risk of cholera in the country. More than 15,375 individuals have been trained on safe hygiene practices and, on average, at least 2.9 million people have been reached annually with cholera prevention messages.

38. To date, the United Nations and its partners have also provided significant material support to facilitate Government efforts to treat cholera patients. Among the many items supplied are over 17.7 million aquatab drops or tablets; over 2,000 gallons of chlorine; more than 1.2

million bars of soap; over 1.3 million sachets of oral rehydration salts; approximately 4.9 million antibiotic pills; 6,175 hygiene kits; 9,500 water purification kits and 30,410 cholera kits. In addition, over 150 cholera treatment facilities have been established or upgraded and nearly 700 water chlorination points have been created across Haiti.

v. Improving water and sanitation

39. In order to prevent the spread of cholera, the Independent Panel of Experts recommended that the United Nations and the Government of Haiti should prioritize investment in piped, treated drinking water supplies and improved sanitation throughout Haiti. The Independent Panel also recommended that, until such time as water supply and sanitation infrastructure is established, (a) programmes to treat water at the household or community level with chlorine or other effective systems, hand-washing with soap and safe disposal of faecal waste should be developed and/or expanded and (b) safe drinking water supplies should continue to be delivered and faecal waste should be collected and safely disposed of in areas of high population density, such as the spontaneous settlement camps.

40. Currently, only 24 percent of Haitians have access to improved sanitation and only 62 percent of the population has access to safe water. These represent the lowest levels in Latin America and the Caribbean, where the regional average is 82 percent for sanitation and 94 percent for water.⁵

41. As noted above, since the beginning of the epidemic, the United Nations has established and/or upgraded over 150 cholera treatment facilities and set up nearly 700 water chlorination points across Haiti. The United Nations has also supported sensitization campaigns to increase awareness of necessary cholera prevention and basic hygiene measures. As a result of sensitization efforts made at the community level through June 2014, the United Nations and its partners have met the target of

⁵ WHO/UNICEF Joint Monitoring Programme for Water and Sanitation, Progress on Drinking Water and Sanitation 2014 Update.

ensuring that 80 percent of the population is aware of at least three hygienic and prevention practices.

42. The United Nations strategy of engagement with regard to water and sanitation includes an emergency response mechanism for water and sanitation to respond to cholera alerts and a sustainable community-based water, sanitation and hygiene programme (WASH) to increase access to safe water, sanitation and hygiene for the population, particularly women and children. As part of the emergency response strategy, the United Nations has expanded its rapid response activities to protect households and communities in areas affected by cholera outbreaks. In cooperation with NGO partners present in all 10 departments of Haiti, UNICEF and PAHO/WHO work with technical field staff from DINEPA and local authorities to deliver the emergency WASH response to cholera spikes within 48 hours. As part of its WASH strategy, the United Nations has engaged in activities including sensitization on the treatment of water consumed by households in affected neighborhoods, the delivery of materials (soap, aquatabs, etc.) to improve water quality and hygiene, as well as the immediate repair of water points and systems in communities affected by cholera. From January to October 2014, 70 percent of the WASH interventions occurred within 48 hours after an alert, providing immediate response to over 250,000 persons living in cholera-affected areas.

43. The United Nations has also carried out sustainable community-based WASH projects in areas of cholera persistence. This has included supporting a nation-wide marketing strategy to promote larger household water treatment and storage, hand-washing with soap and supporting community sanitation.

44. The United Nations, in cooperation with government partners, is supporting increased access to safe water, including through the strengthening of water systems chlorination control, along with the chlorination of water tankers in the two metropolitan areas of Port-au-Prince and Cap Haitien.

45. Furthermore, the United Nations is also supporting the collection and safe disposal of faecal waste. Since 2012, the United Nations has helped

rehabilitate water and sanitation infrastructure in department hospitals and improved water quality in 80 health centres. The United Nations continues to support desludging and disinfection of sanitation facilities in treatment centres and has funded the repair of the Government's sanitation truck fleet dedicated to ensuring the desludging of treatment centres.

46. The United Nations has also been supporting the desludging of latrines in camps established for internally displaced persons (IDPs) since 2010. In 2012, UNICEF supported desludging for over 200,000 IDPs. In 2013, UNICEF continued to support desludging in IDP camps in the metropolitan area of Port-au Prince, which accounted for 98 percent of the remaining displaced population. In 2014, UNICEF supported desludging in 80 IDP camps in the metropolitan area of Port-au-Prince, with an average of 70,000 persons benefitting from these efforts between January and July. With the support of the United Nations and its partners, DINEPA has established and is maintaining a waste site, and has recently started to desludge health facilities in the areas most affected by cholera.

47. Through MINUSTAH's Community Violence Reduction programme, 98 projects related to water-borne diseases have benefited nearly 4.8 million people. With partners, four water filtration systems (water treatment plants with ultra-filtration mechanisms) have been operationalized, providing 10,000 litres of water per day to public institutions including schools and religious, community and health centres. The Programme also provided four biodigester systems (sewage systems built to produce biogas, recycle nutrients and generate useable sub-products) and constructed 32 latrines in the most affected community schools of Cité Soleil to benefit 3,841 children.

vi. Use of vaccines after the onset of an outbreak

48. The Independent Panel of Experts recommended that the international community should investigate the potential for using vaccines reactively after the onset of an outbreak to reduce the cholera caseload and the spread of the disease.

49. The Task Force established by the Secretary-General fully endorsed the use of vaccines reactively after the onset of a cholera outbreak as part

of an integrated overall response, particularly when other interventions could not be delivered effectively, in line with WHO guidelines.

50. On 14 August 2012, the PAHO Technical Advisory Group on Vaccine-Preventable Diseases recommended the introduction of the cholera vaccine in Haiti. In 2013, PAHO/WHO and UNICEF began working with partners to support the Haitian Ministry of Health to carry out a vaccination campaign targeting 600,000 people in areas of cholera persistence. The first phase of the campaign took place in August 2013, targeting 107,906 people in two affected communes. A second phase of the campaign targeting 200,000 people was implemented in August/September 2014 and reached 99 percent of the targeted population with two doses of the oral cholera vaccine in seven high-risk areas.

51. The United Nations is appealing to the international community to urgently mobilize the necessary funds to expand the vaccination campaign. Combined with vital longer-term investments in water and sanitation, the CDC estimates that the vaccination program could prevent nearly 90,000 new cases of cholera over the next two decades and significantly contribute to defeating the disease's spread. The United Nations has worked with the global health community to create a global stockpile of oral cholera vaccine (OCV), as an additional tool to help control cholera epidemics. As global vaccine production is limited, during 2015, the stockpile will gradually have two million doses of vaccine, primarily intended for outbreak interventions.

vii. Use of molecular microbial techniques to improve the surveillance, detection and tracking of cholera and other disease-causing organisms

52. In its report, the Independent Panel of Experts noted that recent advances in molecular microbial techniques contributed significantly to the investigative capabilities of their report. The Independent Panel recommended that through its agencies, the United Nations should promote the use of molecular microbial techniques to improve surveillance, detection, and tracking of *Vibrio cholerae*, as well as other disease-causing organisms that have the potential to spread internationally.

53. The United Nations strongly supports calls for the international scientific community to enhance its research focus on the use of molecular microbial techniques and in the development of appropriate technologies to assist with the timely detection of cholera, as well as other diseases that have the potential to spread internationally.

54. WHO, with the support of the wider system, has taken proactive steps to help coordinate the efforts of the scientific community, including by reviewing the laboratory tools best adapted to the surveillance and tracking of cholera strains and the identification of WHO collaborating centres and associated partners. WHO has also initiated a mapping of the existing rapid diagnostic tests for the detection of cholera. There are ongoing plans to evaluate the technical specifications of available tests, together with assessments of their field performance in order to elaborate recommendations for their use, alone or in combination with other existing techniques. In 2013, WHO initiated a project to study the feasibility of an innovative diagnostic technology that will support the simultaneous detection of a wide range of pathogens, including agents responsible for acute diarrhea.

D. UN measures to ensure accountability and respect for human rights in ongoing and future peacekeeping operations

i. Overview

55. The joint communication raises the question of measures that have been taken by the United Nations in response to alleged violations of the human rights to water, sanitation and health directly associated with the presence of and operation of MINUSTAH in Haiti, as well as, more generally, what measures are being taken to ensure accountability and access to remedies for alleged human rights violations in ongoing and future peacekeeping operations.

56. International human rights law is an integral part of the normative framework for United Nations peacekeeping operations. Peacekeeping personnel are trained to recognize human rights violations and respond appropriately within the limits of their mandate and areas of competence. They are also expected to respect human rights in both their public and

private activities. This is consistent with their individual obligations, and also reflects the purposes and principles of the United Nations enshrined in the Charter, as well as the obligations of the Organization to respect, promote and encourage respect for human rights.

57. The United Nations has adopted a number of specific policies and procedures to ensure that its peacekeeping operations and their personnel operate within the normative framework of international human rights law and are held accountable for alleged violations. These policies and procedures are discussed in detail below.

58. As is the case of MINUSTAH in Haiti, United Nations peacekeeping operations are frequently deployed to situations where the security, economic and political conditions present major obstacles to the protection and promotion of human rights. In these challenging environments, the mandates of peacekeeping operations often include the requirement to monitor and report on human rights, as well as to provide support to governments to assist them in fulfilling their responsibility to protect and promote human rights in their territories.

59. In implementing their various mandates, United Nations peacekeeping operations, the United Nations Secretariat and other United Nations entities are accountable to the General Assembly, the Security Council or other relevant intergovernmental bodies. Furthermore, the United Nations concludes bilateral arrangements with host States that serve to establish the terms and conditions under which it conducts its activities. These arrangements enable governments and the United Nations to address any issues or concerns that may arise out of United Nations activities in a particular host State.

60. Apart from this formal organizational accountability, the United Nations seeks to conduct its activities in a manner that is sensitive to the concerns and interests of host States and the local populations, including with respect to any concerns that the actions of the United Nations may constitute a risk for the population, or may be inconsistent with, or in violation of, human rights. This flows from the purposes and principles of the United Nations as provided for by the Charter. In this connection, the Organization has not only taken practical measures to mitigate the effects

of risks when they have occurred, but, in appropriate cases, it has also adopted new policies to reduce the probability of such risks occurring in the future. The Human Rights Due Diligence Policy and the United Nations comprehensive policy on sexual exploitation and sexual abuse by United Nations staff members and related personnel, as described in further detail below, and the various practical measures which they prescribe, are examples of policies and practical measures adopted in response to such concerns.

61. Moreover, on many occasions, the United Nations has also instituted necessary inquiries or investigations to establish facts in response to concerns from States, civil society or other relevant actors, and has subsequently taken measures based on those established facts to address the concerns raised. Such inquiries and investigations are an additional mechanism within the accountability framework, which not only demonstrate the commitment of the United Nations to be responsive to allegations of serious violations, but also ensure that any proposed measures have a solid factual basis. For example, the comprehensive policies and procedures to address sexual exploitation were adopted after a thorough process of investigation in order to establish the facts concerning the nature and scope of the problem of sexual exploitation and abuse in United Nations peacekeeping and to properly inform and advise the Secretary-General and Member States accordingly. In the case of the cholera outbreak in Haiti, the Secretary-General convened the Independent Panel of Experts discussed above to determine the source of the outbreak, which led to recommendations to the United Nations, the Government of Haiti and the international community on how to respond to the outbreak and avoid future epidemics.

62. In implementing the recommendations of the Independent Panel, the United Nations is working not only to eliminate the disease, but also to support the development of the economic and physical infrastructure capable of improving the health of the Haitian population through increased access to clean water and sanitation systems and improved medical facilities. These measures are intended to reduce Haiti's vulnerability to emergencies, such as those caused by the spread of infectious diseases. It remains the Secretary-General's strong conviction that the most effective way to address the situation in Haiti is by engaging

in sustained efforts, in cooperation with the Government, to build capacity and technical expertise so that human rights, including economic, social and cultural rights, are protected and promoted.

ii. Specific policies and procedures

a. United Nations Policy on Human Rights in United Nations Peace Operations and Political Missions

63. In September 2011, the United Nations adopted the Policy on Human Rights in United Nations Peace Operations and Political Missions, which is a joint Policy of the Office of the High Commissioner for Human Rights, DPKO, the Department of Political Affairs, and DFS. The Policy establishes, *inter alia*, that all mission personnel have a responsibility to ensure that human rights are promoted, respected and protected through and within operations in the field. It has specific provisions with regard to human rights training of all mission personnel, and outlines the role and accountability of the Head of Mission in ensuring that all staff are aware of and abide by international human rights and international humanitarian law standards.

b. The Secretary-General's Policy on Human Rights Screening of United Nations Personnel

64. The Secretary-General's Policy on Human Rights Screening of United Nations Personnel, adopted in December 2012, is another illustration of the commitment of the United Nations to promote respect for human rights by the United Nations in its operations. The policy has been established to avoid the deployment or recruitment of those convicted of, suspected of, or under investigation for human rights violations prior to their deployment with the United Nations.

65. This Policy allows the United Nations to reserve its right to deny deployment or to repatriate peacekeepers prematurely at the expense of the relevant national authority if there are grounds to believe that the person concerned has committed a criminal offence, misconduct during prior service with the United Nations, or where there are reasonable grounds to

believe that the individual has been involved in the commission of a violation of human rights or humanitarian law.

c. Pre-deployment training

66. The provision of pre-deployment training to uniformed personnel is a Member State responsibility, while the provision of pre-deployment training to newly recruited and returning civilian mission personnel is carried out by DPKO-DFS. The requirement for training in both instances has been stipulated by the United Nations at the initiative of the Secretariat and relevant intergovernmental processes, including the Special Committee on Peacekeeping Operations of the General Assembly. The minimum standards for pre-deployment training of both uniformed and civilian staff are issued by DPKO-DFS. These feature specific modules on human rights principles and standards set out in the Universal Declaration of Human Rights and international humanitarian law. The modules also include training on standards of integrity and conduct of personnel serving in United Nations peacekeeping operations.

d. Relevant obligations arising out of the Memorandum of Understanding concluded between the contributing State and the United Nations

67. With regard to formed units serving in United Nations peacekeeping operations, the national government of the TCC/PCC is requested, through a Memorandum of Understanding (MOU) between the national government and the United Nations, to ensure that all of its contingent members comply with the United Nations Standards of Conduct. The Standards of Conduct include the obligation of United Nations peacekeeping personnel to comply with the Guidelines on International Humanitarian Law for Forces Undertaking United Nations Peacekeeping Operations and the applicable portions of the Universal Declaration of Human Rights as the fundamental basis of United Nations standards. Under the MOU, it is the national government's responsibility to ensure all members of its contingent are familiar with and fully understand the Standards of Conduct and receive adequate and effective pre-deployment training in those standards. Moreover, troop contributing countries retain disciplinary authority over their personnel with respect to any misconduct

committed by such personnel while on assignment with a United Nations operation.

68. In accordance with the MOU, it is understood that the government has the primary responsibility for investigating any acts of misconduct or serious misconduct committed by a member of its national military contingent. In the event that the government has *prima facie* grounds indicating that a member of its national military contingent has committed an act of serious misconduct, it shall without delay inform the United Nations and forward the case to its appropriate national authorities for the purposes of investigation. In the event that the United Nations has *prima facie* grounds indicating that any member of the government's national military contingent has committed an act of misconduct or serious misconduct, the United Nations shall without delay inform the government.

69. If necessary to preserve evidence, and where the government does not conduct fact-finding proceedings, the United Nations may, in cases of serious misconduct and where the United Nations has informed the government of the allegation, initiate a preliminary fact-finding inquiry of the matter, until the government starts its own investigation. It is understood in this connection that any such preliminary fact-finding inquiry will be conducted by the appropriate United Nations investigative office, including the Office of Internal Oversight Services, in accordance with the rules of the Organization. Any such preliminary fact-finding inquiry shall include, as part of the investigation team, a representative of the government. The United Nations shall provide a complete report of its preliminary fact-finding inquiry to the government at its request without delay.

70. If either a United Nations investigation or an investigation conducted by the competent authorities of the government concludes that suspicions of misconduct by any member of the government's national contingent are well founded, then the government shall ensure that the case is forwarded to its appropriate authorities for due action. The MOU provides that those national authorities shall take their decision in the same manner as they would in respect of any other offence or disciplinary infraction of a similar nature under their laws or the relevant disciplinary code. The government

must also notify the Secretary-General of progress on a regular basis, including the outcome of the matter.

71. National governments are further requested to certify that the personnel they nominate to serve in peacekeeping operations have not been convicted of, or are not currently under investigation or subject to prosecution for any criminal offence, including violations of international human rights law or international humanitarian law, in accordance with the Secretary-General's Policy on Human Rights Screening of United Nations Personnel.

e. Conduct and Discipline Units

72. In 2005, Conduct and Discipline Units (CDUs) were established in 2005 at Headquarters and in several missions. These units facilitate training on misconduct for all categories of peacekeeping personnel.

73. The CDU at Headquarters develops strategies and policies on conduct and discipline issues, maintains global oversight on the state of discipline and provides overall guidance and direction to missions. It further develops tools and mechanisms to monitor application of United Nations standards of conduct and implementation of policies and procedures in the field, and ensures follow-up on misconduct cases, including on disciplinary actions to be taken by Member States.

74. Conduct and Discipline Teams (CDTs) deployed in larger peacekeeping missions and conduct and discipline focal points in smaller missions are the principal advisers to the heads of mission on all conduct and discipline issues involving all categories of peacekeeping personnel in the mission. The mission teams support the heads of mission in designing and implementing measures to prevent misconduct, enforce United Nations standards of conduct and ensure remedial action where misconduct has occurred. They provide technical advice and guidance to senior mission leadership on United Nations rules, policies and procedures relating to conduct and discipline. They also receive, assess and refer allegations of misconduct for appropriate action. CDTs also maintain records on all misconduct allegations and cases relating to all categories of

personnel in the mission, and liaise with investigative officials and the CDU at Headquarters on misconduct allegations and cases.

f. Special measures for protection from sexual exploitation and sexual abuse

75. The United Nations has a zero tolerance policy towards all forms of sexual exploitation and sexual abuse by United Nations staff members and related personnel. The Secretary-General is committed to taking all necessary measures to address all complaints of sexual exploitation and abuse brought to the attention of the United Nations.

76. The Secretary-General's bulletin on special measures for protection from sexual exploitation and sexual abuse⁶ which was promulgated in 2003 and is applicable to all United Nations staff, as well as United Nations forces conducting operations under United Nations command and control, reiterates the position of the Organization that sexual exploitation and sexual abuse violate universally recognized international legal norms and standards. The measures create reporting requirements for both United Nations staff members who may develop concerns or suspicions regarding sexual exploitation and sexual abuse, and for heads of department, office or mission where there is reason to believe that such activities may have taken place. Importantly, the measures also prescribe that, if, after proper investigation, there is evidence to support allegations of sexual exploitation or sexual abuse, a case may, upon consultation with the Office of Legal Affairs, be referred to national authorities for criminal prosecution.

77. A comprehensive strategy to eliminate future sexual exploitation and abuse in United Nations peacekeeping operations⁷ was prepared at the request of the Secretary-General in 2005. The General Assembly subsequently welcomed the report in its resolution 59/300 of 22 June 2005 and the Secretariat and relevant organs of the United Nations have since taken the necessary steps to implement its recommendations. In its resolution 62/214 of 21 December 2007, the General Assembly also

⁶ See ST/SGB/2003/13.

⁷ See A/59/710.

adopted a comprehensive strategy on assistance and support to victims of sexual exploitation and abuse by United Nations staff and related personnel, which provides, *inter alia*, that victims shall receive assistance and support in accordance with their individual needs, including medical care, legal services, support to deal with the psychological and social effects of the experience and immediate material care, such as food, clothing, emergency and safe shelter, as necessary.

g. Criminal accountability for United Nations officials and experts on mission

78. It is the policy of the Secretariat that officials and experts on mission should be held accountable whenever they commit criminal acts. Such acts cause harm to victims and also undermine the work and image of the United Nations. General Assembly resolution 62/63 of 6 December 2007 prescribes measures to be undertaken by the Secretariat to ensure that United Nations officials and experts on mission are held accountable, including through prosecution by Member States, for any criminal acts that may have been committed while serving with the United Nations.

h. Human Rights Due Diligence Policy on United Nations Support to non-United Nations Security Forces

79. In response to requests from Member States and regional international organizations, the United Nations is increasingly being called upon to provide support to non-United Nations security forces—including through paying salaries, providing training, developing operational capabilities, providing logistical support, providing fire support and even conducting joint military operations. Providing such support comes with the risk that the United Nations might be implicated in violations committed by those forces. To manage this risk, the Secretary-General announced in October 2011 the institution of a Human Rights Due Diligence Policy, applicable in situations where any part of the Organization is contemplating or is involved in providing support to non-United Nations security forces.

80. The Policy sets out the basic principles regarding respect for human rights, as well as the procedures that all United Nations entities must follow in order to guide their support to non-United Nations security forces. United Nations support cannot be provided where there are substantial grounds for believing there is a real risk of the non-UN security forces committing grave violations of international humanitarian, human rights or refugee law and where the relevant authorities fail to take the necessary corrective or mitigating measures.

81. In accordance with the Policy, where a United Nations entity is contemplating providing support to non-United Nations security forces, it must first conduct an assessment of the risks involved, in particular the risk of the recipient forces committing grave violations of international humanitarian, human rights or refugee law. Where there are substantial grounds for believing that there is a real risk of such violations taking place, and it is not possible to put in place measures to eliminate that risk or reduce it to acceptable levels, then the United Nations entity concerned must refrain from supporting the non-United Nations security forces concerned.

82. If a United Nations entity provides support to non-United Nations security forces, the Policy requires the United Nations entity to put in place measures to actively and closely monitor their conduct. If the United Nations entity then receives information that gives it reasonable grounds to suspect that those forces are committing grave violations of international humanitarian, human rights or refugee law, it must immediately intercede with their command elements with a view to bringing those violations to an end. If those intercessions do not succeed and the violations continue, then the United Nations entity in question must suspend or withdraw its support from the forces concerned.

E. The legal claims

83. The joint communication requests information concerning the determination that the legal claims filed with the United Nations arising out of the cholera outbreak in Haiti were “non-receivable”. With respect to this request, I have consulted with the United Nations Legal Counsel.

i. Background

84. In November 2011, a claim was submitted with the MINUSTAH claims unit and United Nations Headquarters on behalf of certain Haitian cholera victims, seeking (i) monetary compensation (minimum of \$100,000 for each cholera death and \$50,000 for each person who contracted a non-fatal case), (ii) the establishment of a United Nations-funded nationwide program for clean water, adequate sanitation and appropriate medical treatment to prevent the further spread of cholera; and (iii) a public apology, including an acceptance of responsibility for introducing cholera to Haiti.

85. For purposes of pursuing their claims, the claimants requested the establishment of a standing claims commission under the MINUSTAH Status-of-Forces-Agreement (SOFA) concluded between the United Nations and the Government of Haiti. Paragraph 55 of the MINUSTAH SOFA provides that any dispute or claim of a private-law character, not resulting from the operational necessity of MINUSTAH, to which MINUSTAH or any member thereof is a party and over which the courts of Haiti do not have jurisdiction because of any provision of the SOFA, shall be settled by a standing claims commission to be established for that purpose.

ii. The legal framework

86. Section 29(a) of the Convention on the Privileges and Immunities of the United Nations (the “General Convention”), provides that the United Nations shall make provisions for appropriate modes of settlement of disputes of a private law character to which the United Nations is a party. Paragraph 55 of the MINUSTAH SOFA is an implementation of Section 29(a).⁸

⁸ The commission is established by mutual agreement between the United Nations and the relevant government only in respect of third party claims as envisaged in Section 29 of the General Convention. To date, as noted by the Secretary-General in several reports to the General Assembly (see A/C.5/49/65, para. 17; A/51/389, para. 22; A/51/903, para. 8), a standing claims commission has not been established pursuant to any SOFA with Member States. It has instead been the practice for a local claims review board established in the mission to examine third party claims and recommend payment of those claims it considers well-founded.

87. Section 29(a) is by its terms limited to the consideration of private law claims. In the practice of the Organization, disputes of a private law character have been understood to be disputes of the type that arise between two private parties. Section 29(a) has most frequently been applied to claims arising under contracts between the United Nations and a private party, to those relating to the use of property in the context of a mission away from Headquarters, and to claims arising from vehicle accidents.

88. Claims under Section 29(a) are distinct from public law claims, which are understood as claims that would arise between an individual and a public authority, such as a State. On the international level, these claims may be addressed in various ways, such as through political, diplomatic or other means, including a body established for that specific purpose.

89. As the Secretary-General has explained, claims “based on political or policy-related grievances,” such as those “related to actions or decisions taken by the Security Council or the General Assembly,” are excluded from the scope of any obligation to provide an appropriate mode of settlement.⁹ That is, in contrast to claims arising from circumstances in which the United Nations is acting like a private person, claims attacking the political or policymaking functions of the Organization are not private-law in character. In this context, an assertion that the United Nations has not adopted or implemented certain policies or practices does not generate a dispute of a private law character.

90. When assessing a claim under Section 29(a), the Organization does not rely solely on the allegations of the claim itself, but also assesses the character of the claim in the context of all its circumstances. The mere allegation of tortious conduct does not make a claim one of a private law character. The nature of the duty allegedly owed by the Organization, the nature of the conduct or activity at issue, and other relevant circumstances are all pertinent to determining whether the claim involves a dispute of a private law character.

⁹ See A/C.5/49/65, at para. 23.

91. On a number of occasions, the United Nations has determined that it would not entertain claims based on the above analysis. In 1996, the Government of Rwanda requested the establishment of a claims commission for the purpose of considering claims by fourteen Rwandan nationals arising out of the alleged failure of the United Nations Assistance Mission in Rwanda (UNAMIR) to provide protection in the context of the 1994 genocide. The claimants further alleged that the UNAMIR had failed to implement its mandate to ensure law and order. The United Nations declined the Government's request on the grounds that the claims of the Rwandan citizens against UNAMIR were not of a private law character within the meaning attributed to it in the General Convention or in the practice of the United Nations.

92. Similarly, in 2002, a claim was submitted on behalf of relatives of those killed after the fall of Srebrenica in 1995 alleging that the United Nations had failed to protect the inhabitants of Srebrenica and had thus violated the Security Council's resolutions and the mandate of the United Nations Protection Force (UNPROFOR). The United Nations found that these claims did not indicate any violation of the claimants' legal rights vis-à-vis the Organization.

93. In 2011, representatives of Roma, Ashkali and Egyptian communities in Kosovo filed a claim, seeking compensation for damages to their health suffered as a result of lead contamination in camps established by the United Nations Interim Administration Mission in Kosovo (UNMIK) for internally displaced persons (IDPs). In that case, the claims involved alleged widespread health and environmental risks arising in the context of a precarious security situation in Kosovo. The claims were considered by the Organization not to be of a private law character since they amounted to a review of the performance of UNMIK's mandate as an interim administration, as UNMIK retained the discretion to determine the modalities for implementation of its interim administration mandate, including the establishment of IDP camps.

94. While an individual claimant may not have recourse in some cases through Section 29, the General Convention provides for a mode of dispute settlement arising out of the interpretation or application of the provisions of the General Convention between the United Nations and a

State party. A State Party to a SOFA may also seek to resolve disputes on the interpretation or application of the SOFA through the dispute settlement provision provided for in the SOFA.

iii. The claims submitted

95. With respect to the cholera outbreak in Haiti, the claimants alleged that the United Nations breached its duty to adequately screen troops for cholera from Nepal, a country where cholera was endemic, by ignoring the risk of asymptomatic carriage and only requiring testing where individuals presented active symptoms and, further, that they failed to administer prophylaxis prior to their departure. In addition, the claimants alleged that the United Nations improperly managed its sanitation facilities and waste disposal at its encampment by maintaining inadequate disposal facilities and practices. The claimants also alleged that the United Nations breached its duty to conduct proper water quality testing by allowing equipment necessary to ensure water quality to fall into disrepair. Finally, the claimants alleged that the United Nations failed to take immediate corrective action by willfully delaying and obscuring the discovery of the source of the outbreak.

96. The claimants contended that the actions alleged above violated Haitian law, including the Haitian Constitution, the Haitian Penal Code and the Haitian Civil Code. Additionally, claimants contended that the United Nations acted in violation of petitioners' rights under international human rights law.

97. The United Nations carefully considered the claims and the circumstances in which they arose. The claims raised broad issues of policy that arose out of the functions of the United Nations as an international organization. As such, they could not form the basis of a claim of a private law character.

98. Accordingly, the Legal Counsel of the United Nations informed the claimants that the claim was not receivable pursuant to Section 29 of the General Convention, as these claims would necessarily involve a review of political and policy matters.

iv. Immunity before national courts

99. A number of lawsuits arising out of the cholera outbreak in Haiti have also been instituted against the United Nations before the courts of the United States. You will appreciate that the United Nations is not in a position to comment in detail on such cases.

100. It should be recalled, however, that under Section 2 of the General Convention, the United Nations is immune from every form of legal process unless it has expressly waived its immunity. The immunity granted to the United Nations by its Member States is neither qualified nor limited in any way under the terms of the General Convention. This immunity is a vital condition for any international organization to exist and this is why such immunity is granted to all international organizations by the agreement of their Member States. This immunity is necessary in order for international organizations to be able to conduct their operations, which are not for the benefit of the organizations themselves, but for the common interests of their Member States. Without immunity, international organizations would be reluctant to establish offices, implement projects and conduct operations in their Member States. Importantly, the fulfilment of the Organization's obligation under Section 29(a) is not, and has never been understood, to be a prerequisite or condition for the enjoyment of its immunity from legal process.

101. The Secretary-General has made it very clear, that while the claims have been deemed not receivable under Section 29 of the General Convention and that the immunity of the United Nations before national courts should be upheld, this does not in any way diminish the commitment of the United Nations to do all that it can to help the people of the Haiti overcome the cholera epidemic. The priority of the United Nations and the international community is, and must be, for the benefit of the entirety of the Haitian population. Accordingly, the focus of the work of the United Nations and requests for funding from Member States must be with respect to measures that ensure that cholera is eliminated in Haiti and that the necessary infrastructure is built in Haiti that ensures that such an outbreak will not occur again.

F. Ongoing commitment of the United Nations and its partners

102. Based on the efforts of the United Nations and its partners, the number of suspected cases of cholera through the first eight months of 2014 is one quarter of what it was in the same period in 2013. The case fatality rate is also below the 1 percent target rate set by the WHO. Since the outbreak, the United Nations has invested \$174 million on cholera-related activities.

103. In its resolutions adopted on MINUSTAH and Haiti since the cholera outbreak, the Security Council has recognized the efforts by the United Nations to combat cholera and urged the United Nations to continue to support the Government of Haiti in addressing structural weaknesses, in particular with respect to its water and sanitation systems, and underscored the importance of strengthening the Haitian national health institutions. Most recently, in its resolution 2180 (2014), the Security Council specifically recognized the Secretary-General's initiative to support the Government's National Plan for the Elimination of Cholera (2013-2022) and stressed the importance of adequate and sustainable support with particular attention to rapid and targeted medical responses to outbreaks designed to reduce the threat. In that resolution, the Security Council also welcomed the visit that the Secretary-General undertook in July 2014 to Haiti, and took note that the Secretary-General had, among other things, launched, jointly with Prime Minister Lamothe, the "National Sanitation Campaign" as a key initiative against cholera, as well as the creation of the High-Level Committee for the Elimination of Cholera.

i. The Senior Coordinator for Cholera Response

104. The Secretary-General has appointed me as a Senior Coordinator for the Cholera Response in Haiti. As Senior Coordinator, I have consistently underlined the need for adequate funding for the elimination of cholera and investments in water and sanitation. I have also been engaged in extensive discussions with the international community to ensure that necessary funds are provided to support the cholera elimination efforts in Haiti.

ii. The National Sanitation Campaign

105. The United Nations is working closely with the Government of Haiti to implement the National Sanitation Campaign. The campaign will strive to increase access to water and sanitation infrastructure in primary and secondary schools, as well as in health centres. It will also encourage greater household investments in durable, hygienic latrines. Project activities are reaching 200,000 people in six high-risk cholera communes.

106. At the World Bank Group's high-level conference for Haiti held in Washington, D.C. on 9 October 2014, the joint Clean Water, Improved Sanitation and Better Health for Haiti appeal was launched. The purpose of the appeal was to solicit funds for a \$310 million strategy to reach 1.9 million people in 16 high-risk cholera communes with improved water, sanitation and health infrastructure over the next three years. It also included a \$70 million appeal to improve the water supply in Port-au-Prince. This effort aims to consolidate resource mobilisation efforts by prioritising high-risk cholera communes across the 10 departments. It will also support cholera elimination efforts and begin to address both the medium-term objectives of the Government's National Plan for the Elimination of Cholera (2013-2022) and the objectives of the National Sanitation Campaign.

iii. The High-Level Committee for the Elimination of Cholera

107. The Government's National Plan was initiated on 27 February 2013 with the overarching goal of eliminating cholera from the island of Hispaniola through technical and financial support from the international community and bi-national coordination. The National Plan covers four strategic areas: water and sanitation; health care management; epidemiology surveillance; and health promotion.

108. To support the coordinated and full implementation of the National Plan, the Government of Haiti and the United Nations established the High-Level Committee for the Elimination of Cholera pursuant to an exchange of letters in April 2014. The Prime Minister, the Minister for Foreign Affairs, the Minister of Health, the Minister of Economic Affairs



and Finance, the Minister of Public Works and the Minister responsible for extreme poverty and human rights represent the Government of Haiti within the High-Level Committee. The Special Representative of the Secretary-General for Haiti, the Senior Coordinator for Cholera Response, the Deputy Special Representative of the Secretary-General, the Representative of PAHO and the WHO in Haiti, and the Representative of UNICEF represent the United Nations within the High-Level Committee.

109. The High-Level Committee is a joint mechanism that will address the underlying conditions that have made the transmission of cholera in Haiti possible. This includes improving access to water, sanitation, hygiene and health-care facilities for the population of Haiti as a whole. The Committee is a unique collaboration between the United Nations and a Member State “to ensure the implementation of a common strategy for the elimination of cholera in Haiti and the provision of social and economic assistance to affected communities, with special emphasis on persons affected by the disease.” To date, the High-Level Committee has endorsed the National Sanitation Campaign, announced the results of a vaccination campaign and discussed approaches for social and economic assistance to affected communities.

110. As these initiatives show, the United Nations is pursuing a comprehensive approach to eliminate cholera from Haiti. The Secretary-General has made defeating the disease a priority and significant progress has been achieved. The Organization remains committed to supporting the efforts of the Government of Haiti and will continue its work to enable all Haitians to realize a healthier and more prosperous future.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Pedro Medrano', written over a light blue horizontal line.

Pedro Medrano
Assistant Secretary-General
Senior Coordinator for Cholera Response

cc: The Deputy Secretary-General
Ms. Malcorra
Mr. Al Hussein
Ms. Haq
Ms. Honoré
Mr. Ladsous
Mr. Serpa Soares