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Access to care and the fight against cholera during the Haiti epidemic

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Ensuring access to care for as many people as possible is the first step in an epidemic. This is the most important thing to do in an emergency, and it saves the most lives. At the same time, it is important to put in place measures to limit the spread of the epidemic. Finally, it is necessary to ensure that the epidemic and its management do not constitute an additional obstacle to access to care for other pathologies. This problem was all the more complex to manage in Haiti, as it is one of the poorest and most unequal countries in the world, with 59% of the population living below the poverty line.

We present here a review of the health situation in Haiti and the management of the cholera epidemic that hit the country nine months after an extremely destructive earthquake, responsible for 100,000 to 300,000 deaths. The cholera epidemic was marked by a first wave of exceptional intensity (with a peak of more than 30,000 cases diagnosed in a single week), followed by seasonal waves punctuated by rains. It was only after six years, with the intensification of measures taken to break the chains of transmission around cases, that the epidemic was finally brought under control, before being completely halted two years later.

The initial, explosive phase of the epidemic was characterised by very uneven access to care, with large treatment centres in urban areas contrasting with the total absence of care facilities in many rural areas, resulting in very high mortality. The installation of lighter, more easily deployable treatment units then improved access to care. This greatly facilitated the implementation of a control strategy based on interrupting transmission around cases by securing water supplies and prophylactically treating contacts. The reduction in the number of outbreaks from 2017 onwards made it possible to strengthen the elimination strategy, which was finally successful in early 2019.

Throughout the follow-up of the epidemic and the monitoring of the fight against it, the missions carried out in the field showed how limited access to healthcare was for a significant proportion of the population, not only in the slums of the large urban centres, but also, and above all, in the isolated rural areas, particularly in the Mornes.