



GLOBAL TASK FORCE ON
CHOLERA CONTROL

**Sixth Annual Meeting of the
Global Task Force on Cholera Control**

3 - 4 June, 2019 – Les Pensières Center for Global Health

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Acronyms and Abbreviations

AU	African Union
CDC	Centres for Disease Control and Prevention
CSP	Country Support Platform
DINEPA	National Drinking Water and Sanitation Directorate, Haiti
GAVI	Global Alliance for Vaccines and Immunization
GTFCC	Global Task Force on Cholera Control
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
ICG	International Coordinating Group on Vaccine Provision
ICMR	National Institute of Cholera and Enteric Diseases
IDSR	Integrated Disease Surveillance and Response
IFRC	International Federation of Red Cross and Red Crescent Societies
IRP	Independent Review Panel
IVI	International Vaccine Institute
JHU	Johns Hopkins University
MSF	Médecins Sans Frontières
NCP	National Cholera Control Plan
NGO	Non-Governmental Organization
OCV	Oral Cholera Vaccine
RDT	Rapid Diagnostic Test
SDG	Sustainable Development Goal
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WG	Working Group
WHO	World Health Organization
ZACCEP	Zanzibar Comprehensive Cholera Elimination Plan

SESSION 1: Introduction and objectives of the meeting

Dr Frew Benson – Chairperson of the meeting – opened the meeting by welcoming participants at the sixth annual meeting of the Global Task Force on Cholera Control (GTFCC).

He reminded the participants that in October 2017, cholera-affected countries, global donors, and partners of GTFCC came together to launch the *Ending Cholera: A Global Roadmap to 2030*. Since the launch of the roadmap, the movement to end cholera has been steadily growing, led by countries. The leaders of cholera endemic countries are now taking bold and courageous actions to end cholera in their countries and around the world.

Standing behind these countries are the partners of the GTFCC without which the fight will not be possible. The role of the GTFCC partnership is critical, not only for ensuring that the support to countries is well coordinated, but also for providing necessary technical assistance, capacity building, and monitoring and evaluation of the implementation of country's cholera plans.

There are however still some challenges to tackle: all endemic countries should be engaged, the Task Force should be better structured to fulfil its goals, Oral Cholera Vaccine (OCV) supplies must be sustained and extended. OCV is playing a key role for reducing disease burden and is also serving as a catalyst in engaging countries in longer term measures to prevent and control cholera. Sustainable investment in Water, Sanitation and Hygiene (WaSH) interventions targeting cholera hotspots is critical in this regard.

The objectives of the meeting were to:

- Provide an update on progress of cholera control activities in endemic countries
- Review the activities of the GTFCC partners and the working groups over the last 12 months
- Validate the cholera elimination framework, i.e. the guidance to countries on how to develop National Cholera Elimination Plans (NCPs) and their components
- Present the services provided by the GTFCC to support countries in all the steps of the process
- Discuss the advocacy and resource mobilization strategy for cholera and agree on the way forward
- Discuss the structure of the GTFCC for effective country support

Dr. Sylvie Briand, Director Infectious Hazard Management Department at the World Health Organization (WHO), welcomed participants to the meeting and appreciated the commitment of countries, partners, donors attending with this large representation.

Presentations made during the two-day meeting are available on the website of the Fondation Mérieux: <https://www.fondation-merieux.org/en/events/6th-annual-meeting-global-task-force-on-cholera-control-gtfcc/>

SESSION 2: Summary of GTFCC activities over the past 12 months

Update on the implementation of the 2030 Roadmap

Dr Dominique Legros provided an update on the implementation of *Ending Cholera: A Global Roadmap to 2030* which is organized around three axes:

1. Early detection and immediate response to contain outbreaks
2. Multi-sectoral preventive interventions targeting cholera hotspots
3. GTFCC partnership as a coordination and country support mechanism

Over the last 24 months, the world has seen an unprecedented engagement of countries in the fight against cholera. Elimination plans were launched in Zambia, Zanzibar and Zimbabwe where the outbreak of 2018 was successfully controlled in two months. Haiti has launched the last phase of their elimination plan and is making progress towards elimination. The Democratic Republic of Congo (DRC), Nigeria and South Sudan have launched large scale OCV campaigns, Bangladesh is finalizing a cholera control plan and Ethiopia agreed to declare cholera cases.

Partners and donors are supporting countries in this process by providing technical support, including multisectoral interventions in cholera hotspots, such as supporting OCV campaigns and coordination of WaSH activities.

However, the road to end cholera is still long and challenging. Despite recent progress many bottlenecks still exist. The production of OCV is at its maximum with 17 million doses shipped in 2018 and requests received for 100 million. It is becoming more and more difficult with demands that are justified from a public health perspective being rejected due to lack of vaccine. National surveillance systems should be enhanced to ensure that cholera cases are detected and confirmed quickly, and basic WaSH measures should be systematically implemented after vaccination campaigns. This will require the engagement and commitment of all relevant sectors.

Moving forward, the GTFCC will increase its operational capacity to support priority countries to implement the roadmap, improve coordination and leadership mechanisms, and scale up advocacy and fundraising. The Task Force will also make all efforts to ensure that the relatively scarce vaccine supply will be used in a strategic manner.

Updates from the GTFCC Working Groups

At the start of the meeting, the leaders of the GTFCC working groups presented the progress that they have made over the past 12 months as well as outlining their objectives for the coming year. Although the working groups have their respective work-plans, they are working closely with each other to develop an overarching guidance such as the National Cholera Plan (NCP) Framework, to implement the GTFCC research agenda and to expand the profile of the Task Force by making it visible at relevant meetings/events.

The list of GTFCC technical guidance and briefing notes completed and under development are available in Annex 1.

Currently, the priorities of the working groups are the following:

- **Laboratory:** The working groups on laboratory and epidemiology are working closely on several areas; most notably on the definition of a process to certify cholera elimination. They will continue working on a set of criteria that will be used to define a well-functioning surveillance system. In addition, the Laboratory WG aims at increasing the accuracy of Lab testing for using molecular approaches for cholera and potentially other enteric infections.
- **Epidemiology:** The working group is developing guidance on how to conduct situational analysis, including the identification of cholera hotspots. The situational analysis is a key component of the NCPs. Other areas of work include the development of statistical and mathematical methods to better estimate cholera incidence and forecast the evolution of outbreaks.
- **OCV:** The OCV WG is working with the WaSH WG to develop a guidance note on integration of WASH and community engagement activities with OCV campaigns. This work is critical to engage countries in medium / longer term interventions that will successfully prevent cholera. The WG is also working closely with GAVI to help frame GAVI's OCV investment and its linkage with the Ending Cholera Roadmap.
- **WaSH:** The WaSH WG is working on a guidance for rapid response teams and providing direct support to countries through the deployment of human resources. It is also in the process of elaborating a Training Framework for WASH and cholera. Six priority areas have been identified as part of the research agenda of the WG.
- **Case management:** The WG has developed been working on a technical noteprotocol for treatment of children with cholera and severe acute malnutrition that will be published shortly, and one on infection prevention and control in cholera treatment centres with the WaSH WG. They will continue to develop field tools, job aids and training to support the activities in countries.

Two examples of collaborative work across the working groups are the **Cholera outbreak field manual** and the **Cholera App**. The field manual is designed to provide guidance to field workers during cholera outbreaks. A paper copy of the most recent draft was provided to all participants. A web version, adapted to both computers and phones, including downloadable, shareable tools will soon be available. A pilot version of the Cholera App was presented to the participants. The App provides a set of tools to complement the Field Manual. The App is free and works offline, it is compatible with both iOS and Android operating systems.

During the discussion, participants identified a number of areas that should be taken forward by the working groups. The difficulty to confirm cases was highlighted as a critical point. New tools for diagnostic as well as guidance on sample collection and transportation are required. Participants also reiterated that the surveillance for cholera should be integrated into national surveillance systems. Finally, it was mentioned that community engagement and health promotion are areas that should be strengthened in the work of the WG.

SESSION 3: Ending Cholera at Country Level (Part 1)

Panel 1 – Zambia, Zanzibar, Zimbabwe: perspectives towards cholera elimination in country

Representatives from Zambia, Zanzibar and Zimbabwe presented recent national progress on cholera control, the challenges they face and the support they expect from the GTFCC.

These three countries share an important commonality in that their respective governments are fully engaged in the fight against cholera. High-level commitment exists in these three countries and a coordinated system for implementing cholera control activities is in place. Both Zambia and Zanzibar have developed National Cholera Elimination Plans that are anchored in the Office of the Vice President and Zimbabwe is in the process of doing so. Dr. Isaac Phiri, Deputy Director Communicable Diseases, Ministry of Health, Zimbabwe, explained that a National Task Force for cholera elimination, chaired by the President, will soon be launched.

All three countries expect technical support from the GTFCC for strengthening their surveillance systems, in addition to accessing OCV. Technical and financial support for the development and implementation of the NCPs was also highlighted as a priority. Dr. Fahdil Abdalla, Director of Preventive Services and Health Promotion, Ministry of Health, Zanzibar, identified WaSH as a critical area for strengthening.

When asked about regional initiatives, Dr. Victor Mukonka, Director of the Zambia National Public Health Institute, said that cholera is a topic that has been addressed in meetings of the Southern African Development Community (SADEC) and that the Africa CDC in the southern region is a platform that was used to provide solidarity to countries affected by cholera outbreaks and support preparedness activities.

The coordination between partners and stakeholders at national level has proven to be critical. The involvement of the private sector, in particular to contribute to WaSH interventions, was discussed. Dr. Isaac Phiri said that the private sector is involved in revamping water infrastructure in Zimbabwe. The response to the outbreak in 2018 triggered support from the private sector for longer term activities.

Panel 2 – DRC, Nigeria, South Sudan, Yemen: large scale use of OCV for cholera control – results and perspectives

The second panel presented the results of large scale OCV campaigns implemented in DRC, Nigeria, South Sudan and Yemen, where cholera outbreaks started mainly in areas affected by conflict. These campaigns have been very successful as shown by the significant drop in the number of cases. South Sudan did not register any cholera cases in 2018 and 2019. Sebastian Yennan, Deputy Director/Incident Manager Cholera, Nigeria Centre for Disease Control, explained however that one of the limitations of the campaigns is the lack of evaluation. Impact assessments should be done more systematically but require both technical and financial support.

The question of acceptance of the vaccination was raised during the discussion. Dr Gervais Folefack, WHO Country Office, DRC and Mr Yennan both said that communities are accepting well the vaccination and that the involvement of the communities themselves is critical, including how to manage security issues in areas that are difficult to reach. In Nigeria, a lesson learnt from polio is that the involvement of religious and traditional leaders is important during vaccination campaigns.

The four countries are working towards longer term cholera control strategies: they all have developed or are in process of developing cholera strategic plans, South Sudan, Nigeria and Yemen are looking at implementing WaSH interventions and Nigeria would also like to start operational research.

The areas where GTFCC could further support the countries were similar to those mentioned by the first panel i.e. technical and financial support for the finalization and implementation of the cholera plans; set up coordination mechanisms; access to OCV. Dr. Joseph Wamala, WHO Country Office, South Sudan, mentioned the need to further identify and prioritize cholera hotspots and Dr. Flavio Salio, WHO Country Office, Yemen, requested additional Standard Operating Procedures (SOPs) for activities related to the laboratory.

SESSION 4: Ending Cholera at Country Level (Part 2)

Challenges of establishing coordination mechanisms with non-health actors

Dr. Storn Kabuluzi, Director of Preventive Health Services, Ministry of Health and Population, Malawi, provided a brief overview of the cholera situation in Malawi which is characterized by a decrease in the number of cases in 2018/2019. To consolidate this achievement and further move towards cholera elimination, Malawi has been implementing WaSH measures; strengthening the Infectious Disease Surveillance and Response (IDSR) system; ensuring prompt and appropriate management of cases and expanding the use of OCV. These measures however are not reflected in the National Cholera Plan.

Coordination mechanisms exist for public health emergencies: The Health and WaSH clusters are involved in the development of contingency plans and have regular meetings to review the progress in prevention and control efforts. Despite this, and even if Malawi remains at risk, it has proven to be difficult to maintain a high level of engagement and get support when the number of cholera cases is low.

Malawi highlighted that financial support is required to rebuild infrastructure after cyclone Idai and to continue the Open Defecation Free campaigns.

Practical approach to controlling cholera through dual interventions of WaSH and OCV

Prof Dr A. K Azad, Director General Health Services, Ministry of Health, Bangladesh presented key highlights of the National Cholera Control Plan 2019-2030. The NCP focuses mainly on the use of OCV as an interim measure and WaSH interventions as an ongoing and longer-term solution to reduce the burden of cholera.

Cholera exists in Bangladesh but is not reported from subnational levels due to the unavailability of diagnostic facility. The NCP includes a plan to identify hotspots through sentinel surveillance in 22 districts. Strengthening the surveillance system is one critical area where Bangladesh requires assistance from the GTFCC. He informs that Bangladesh started to report cholera cases to WHO.

Another important area to support for the successful implementation of the plan is access to OCV. Although the pharmaceutical industry in Bangladesh has built the capacity to produce vaccines, support will still be required.

Achieving and sustaining cholera elimination

Since 2010, the burden of cholera has significantly decreased – by 99% - in Haiti. Dr. Elie Celestin, Assistant Director, Ministry of Public Health and Population and Dr. Paul Christian Namphy, DINEPA, Coordinator National Response Cholera in Haiti presented the strategies put in place to sustain the progress made on cholera control.

These include a qualitative analysis of cholera hotspots in country. In total 12 communes were selected, representing almost 2 million inhabitants, where cholera elimination strategies will be strengthened. It includes a combination of OCV and WaSH interventions. In addition, capacity for rapid response will be maintained.

Moving forward after a successful emergency response

Dr. José Langa, Head of Endemic and Epidemic Disease Program, National Institute of Health, Mozambique, presented his country's response to the recent cholera outbreak and the perspectives for cholera control.

A multisectoral intervention at the government level with strong collaboration of partners allowed for an effective and rapid response. The drop down of cases after the OCV campaign was the result of a joint effort between teams in charge of immunization, WaSH, surveillance and case management. The lessons learnt from the cyclone Idai will be used to build a strategy for long term control of cholera. There is willingness to engage from the highest level of government to move forward and support will be required from the GTFCC to develop a NCP, establish strong coordination mechanisms and strengthening surveillance.

SESSION 5: Supporting the Implementation of the Roadmap - GTFCC Partners Updates

Cambridge University

Ian Ong, Candidate in MPhil Public Policy presented the outcomes of a study on innovative financing mechanisms for WaSH interventions. The key insights from the study are:

- 1- adaptability of innovative financing mechanisms for WaSH intervention varies;
- 2- several innovative mechanisms are being implemented across various WaSH sectors;
- 3- local context is critical to determine if the financing mechanism is implementable.

A specific analysis was conducted in Zambia to assess what financing mechanisms could be made available. It was found that earmarking a proportion of national taxes could be one option. The type of analysis could be scaled up to support additional countries in the same way.

US Centers for Disease Control (US CDC)

Christopher Braden, Deputy Director, National Center for Emerging and Zoonotic Infectious Diseases presented the work of CDC in the GTFCC. CDC provides both support for outbreak response (Zimbabwe, Mozambique) and longer term technical assistance for capacity building

(Kenya, Tanzania). Through the technical working groups, CDC also contributes to the development of technical guidelines. Finally, CDC has been involved in the monitoring and evaluation of OCV campaigns (Bangladesh) and in research activities. CDC leads the OCV WG.

Fondation Mérieux

As presented by Valentina Picot, Clinical Research Manager, Scientific Division, the Fondation Mérieux works closely with the GTFCC to organize the annual meetings and technical working group meetings but also to disseminate educational materials.

Koren Wolman-Tardy, Communication Director introduced the beta version of the GTFCC website. The objectives of the website are to advocate for the importance of cholera control and to serve as a one stop shop platform. A process will be defined to decide which documents should be published.

International Centre for Diarrhoeal Disease Research, Bangladesh (icddr, b)

The icddr, b represented by its Executive Director, Dr. John Clemens, has conducted a number of studies on the use of OCV, including a single dose trial in urban Bangladesh, a study on self-administration of the second dose of OCV which proved to be effective as well as one on the delivery of Shanchol to children aged 1-14. On the latter, the results were as follows: direct OCV protection 1-4 years was 40% and 5-14 years was 79%. The conclusion is that children should not be the only ones vaccinated against cholera through OCV. Icddr,b leads the case management WG.

International Federation of Red Cross and Red Crescent Societies (IFRC)

Robert Fraser, WaSH Senior Officer, gave an overview of the One WaSH initiative which aims at improving surveillance, preparedness and response capacities as well as WaSH access in hotspots. The Phase 1 started in 2019 and will last 5 years. It has a funding goal of USD 200 million. The Islamic Development Bank (IDB) has set up a USD 150 million cholera fund and Red Cross and Red Crescent provided USD 50 million. The IDB is engaging other banks and several partners with a potential to increase the scope of the fund.

International Vaccine Institute (IVI)

The cholera program strategy of the International Vaccine Institute (IVI) has two main goals which are to ensure the OCV supply and to generate evidence to support the use of and introduction of OCV in countries. Dr. Julia Lynch, Deputy Director General presented examples of activities conducted to support these objectives.

IVI is working with manufacturers in Bangladesh and India that are or will become suppliers for their own countries. In addition, IVI is involved in research projects in Malawi and Mozambique on surveillance and WaSH. Another project on enhancing national capacity to detect, respond and prevent outbreaks of cholera is in planning phase for Nepal.

Johns Hopkins University (JHU)

The areas of work of JHU presented by Justin Lessler, Associate Professor, include cholera mapping and epidemiology and cholera genomics to be linked with the surveillance data. JHU is

working with several countries doing case studies. In South Sudan the team is looking at the association between rainfall and cholera, and priority areas are being identified in Tanzania based on the annual incidence.

Médecins Sans Frontières (MSF)

The three areas of work highlighted by Dr Myriam Hekens, International Medical Coordinator, are vaccination, case management, and WaSH.

The support provided is usually based on requests and include cold chain management, vaccination implementation etc. MSF has been involved in the delivery of 2.4 M doses of OCV in Cameroon, Ethiopia, Mozambique, Nigeria, Uganda. MSF is also an ICG member and is advocating for more vaccines. An example of WaSH activities is in Zimbabwe where MSF works on the prevention of cholera and typhoid cases in selected high-risk area in Harare. Finally, the MSF Cholera guidelines have been finalized and are available at medicalguidelines-msf.org.

National Institute of Cholera and Enteric Diseases (NICED)

India continues to be at risk of cholera but does not have a national strategy or plan to tackle this public health issue. Dr. Shanta Dutta, Director and Scientist, presented a project which aims at identifying cholera vulnerable areas by deploying a facility- and indicator-based hybrid surveillance system and implement and evaluate the programmatic introduction of OCV as a control measure. The Government of India has agreed to undertake this project, but funding remains a constraint.

Partners In Health

Dr. Louise Ivers, Senior Advisor, described the work of Partners in Health in Haiti, in the Mirebalais facility where a study has been conducted between 2017 and 2019. The results show that the curve is going down. The results also show that culture now has low sensitivity (33%).

UNICEF

Dr Carlos Navarro Colorado, Principal Adviser, Public Health Emergencies, presented the three axes of UNICEF's support to end cholera. The first axis is on early detection and response in outbreaks. UNICEF provides surge support, technical guidance, supplies and trainings.

The second axis is on multisectoral interventions in cholera hotspots under which the work includes the support to NCP development, epidemiological studies and WaSH advocacy.

The third axis is the coordination, resources and partnerships. UNICEF has regional cholera platforms in Nairobi, Aman and Dakar that support the implementation of the Roadmap. These platforms could potentially be the hubs for GTFCC for information management and monitoring NCPs. UNICEF leads the WaSH WG.

Bill and Melinda Gates Foundation

Dr. Duncan Steele, Deputy Director and Strategic Lead for Enteric Vaccines, presented the priority areas of his team for 2019-2025 which include: identifying cholera hotspots, increasing vaccine supply, support to a global body to deliver vaccine (GTFCC).

BMGF is committed to address the shortage of vaccines and is working with partners such as IVI on this issue. Although it is understood that WaSH programmes need to go along with the vaccines, the focus of the Enteric and Diarrheal Diseases team will be on vaccines.

BMGF will continue to support the GTFCC Secretariat to lead the implementation of the Roadmap. The Foundation will also be involved in Gavi replenishment.

GAVI, the Vaccine Alliance

GAVI has supported the shipment of over 45 M doses of OCV since its investment began in 2014. Adam Soble, Program Manager, provided an update on the Gavi's new vaccine investment strategy (VIS) before Gavi's funding replenishment which is being launched in August 2019.

The current VIS recommendation under consideration by Gavi's Board is for an expanded investment in OCV for use in hotspots. As part of this recommendation, in November 2018, the Board approved bridge funding in 2020 for the continued use of the cholera stockpile for OCV campaigns in endemic settings. Additionally, it was recommended that some form of country financing be in place to support future OCV-use in hotspots which is still to be determined as part of GAVI's review of its funding policies. The Board approved the expanded investment in OCV for use in hotspots on two conditions: availability of funding and further alignment with Gavi next strategy. The Board's final decision on the expanded investment in OCV will take place at the end of June 2019.

As part of its expanded investment in OCV for use in hotspots, the GAVI Secretariat indicated that applications for future Gavi support would need to align more closely with Gavi's model for other vaccines in its portfolio. This was challenged by participants given the specific epidemiology of cholera and the fact that OCV are targeting specific groups of population.

Office of the US Foreign Disaster Assistance (OFDA)

As described by Albert Reinchert, WaSH Technical Advisor, OFDA supports countries by providing technical advice to the development of response strategies, response coordination, funding for cholera response commodities and core pipelines through several mechanisms. OFDA provides direct funding to implementing partners, including NGOs and UN organizations, for evidenced-based activities.

OFDA is working with USAID to identify areas that can be transitioned into longer term support. OFDA would also welcome proposals from GTFCC members for operational research.

Wellcome Trust

Charlie Weller, Head of vaccines, explained the ways of allocating resources in Wellcome Trust which are the primary fund (core) and reserve fund. She said the reserve fund is more directive and strategic, and vaccines are among the priority areas identified. Wellcome Trust supports partners' research efforts that can have an impact on policy and practice.

An Interim research agenda was developed in 2018 with the GTFCC and resulted in a call for proposals (with DFID). In total 11 research projects have been funded to investigate the dynamics of cholera prevention and control. A meeting is being held on 5th of June to seed future collaboration and discuss how upcoming research can inform practice and vice versa.

World Bank

George Joseph, Senior economist at the World Bank, presented the studies undertaken in Zambia and Zimbabwe that used cholera data to determine the WaSH interventions and priority areas where these could be implemented to reduce cholera risk. They looked at different improvements of WASH infrastructure and environment to identify the best options and come up with investment scenarios.

This modelling could be replicated in other settings on the condition that data is available. A key issue to consider in these studies is the budget available. Although sewer systems are critical but other options that can yield return on investment might be considered when the funding is limited.

SESSION 6: GTFCC Governance

During the meeting, countries have called for additional technical support from the GTFCC in the implementation of their NCPs. This support to countries is a key role of the GTFCC that cannot fully be implemented today due to the lack of capacity and structure.

Dr. Dominique Legros presented the proposed GTFCC governance structure (figure 1) that would allow more robust coordination, leadership and technical support.

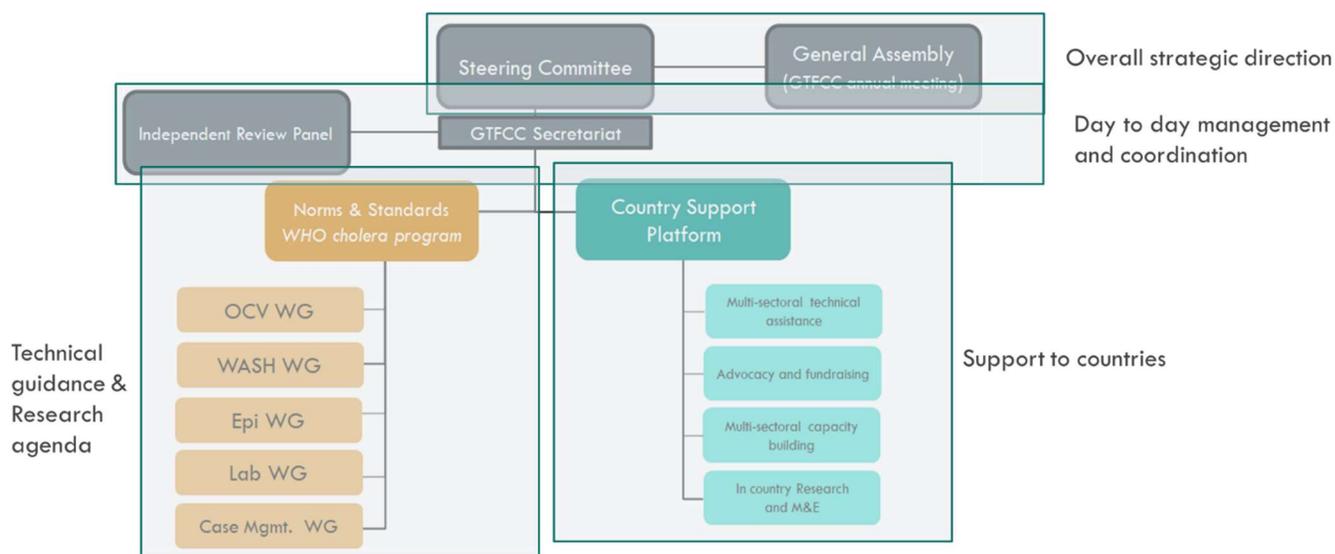


Figure 1: Upgraded GTFCC Governance

The strategic direction of the GTFCC will be given by the Steering Committee and the General Assembly. The **Steering Committee** will meet for the first time on 5th June 2019 and is responsible for the oversight, strategic direction and accountability for the GTFCC as a whole. The SC will engage partners at a more political level and advocate for cholera control in all relevant fora. The **General Assembly** (currently annual meeting) will be an opportunity to review progress and challenges and give voice to countries.

The **GTFCC Secretariat** monitor the implementation of NCPs, develop and regularly update a global advocacy, communication and fundraising strategy as well as organize the meetings of the GTFCC. The work of the Secretariat will be supported by the **Independent Review Panel (IRP)** which is an independent technical review mechanism that will assess the NCPs, ensuring consistency with the 2030 Roadmap.

The **WHO cholera program** will continue to ensure effective technical leadership and to develop guidance and standards. It coordinates the work of the working groups and the development of the research agenda.

The **Country Support Platform (CSP)** will be the operational arm of the GTFCC that will coordinate the support to countries for the implementation of the NCPs. Countries have voiced this issue and the GTFCC needs now to take action to ensure that capacities are built. The CSP will be hosted by a partner agency.

SESSION 7: GTFCC Support to Countries (Part 1)

Lorenzo Pezzoli, GTFCC consultant, introduced the working group session by presenting the Framework for the development of a multi-sectoral National Cholera Plan (NCP).

The Framework is a guidance document that includes key elements to consider when putting together an NCP, as well as a number of templates and tools to guide countries in establishing multisectoral plans. The GTFCC assists countries throughout the stages of the NCP development until its implementation.

An endorsement process of NCPs is being developed within the GTFCC to facilitate access to funds and technical support. The IRP - presented above - will provide a **practical review** of the NCP once submitted by the country. This review and final endorsement by the GTFCC will be based on **seven conditions** which span from the inclusion of a situational analysis to the development of plans and budgets for OCV, surveillance systems and other technical areas. Once the NCP is endorsed countries will be expected to **report annually** on the progress made in the implementation of the activities.

The objective of the working group session was to review the three steps highlighted above (questions available in annex 2) and the key points raised by the groups are the following:

- **The IRP process:** the group recommended that the IRP be generic, has between 5 to 10 members and a good balance of technical, implementation and public health expertise. The IRP members should be nominated by the GTFCC and include both institutional and individual representation. Any conflicts of interest should be managed effectively, and it is critical that the committee be fully independent.
- **The endorsement criteria:** the group felt that overall the 7 conditions and principles were agreeable, but they needed to review the criteria in more details. A number of questions were raised including how the endorsement process fits within the NCP approval process at the national level, how do the existing cholera plans fit into this new endorsement process and what would happen if a NCP is not endorsed.
- **The indicators for annual reporting:** the results of the survey conducted just before the session showed that participants agreed overall with the proposed indicators and that they did not find the process too burdensome for countries. They suggested to include indicators for health promotion and social mobilization and include more granular indicators for WaSH and laboratory/surveillance capacity. The audience of the reports will be donors, national governments and civil society and they will be submitted in June every year.

The GTFCC Secretariat reminded participants that the NCP development is a collaborative process and that support will be provided to ensure that all the components are included in the plan prior to the review by the IRP.

SESSION 8: GTFCC Support to Countries (Part 2)

Cholera hotspots – Control, elimination and risk of re-emergence

Dr. Francisco Luquero, Deputy Director – Intervention Epidemiology, Epicentre, presented the Situational Analysis which is a key component of the NCP. This includes the identification of cholera hotspots (subset of areas that are at risk) through an epidemiological analysis, refined using contextual factors (vulnerability, amplification or cultural behavioral) and WaSH indicators. The Situational Analysis is a dynamic process that should be repeated over time.

Another critical issue is the certification of elimination for which a robust process should be defined. The definition currently available has three key components: reporting absence of cholera cases, for three consecutive years, and the surveillance system is strong enough to detect cholera cases. Additional criteria would include: a validated NCP, a well-functioning surveillance system as well as the capacity to mitigate the risk, the absence of conducive factors and other performance indicators.

The GTFCC will define the process as well as SOPs to be used by countries in the coming months.

In country surveillance for early detection and response, targeting of interventions, M&E

The support that the GTFCC provides to countries on surveillance capacity building has two axes: early detection and response and targeted interventions and monitoring & evaluation. A number of obstacles have been identified by countries including the lack of availability of cholera RDTs, limited efficiency of multi-sectoral rapid response teams and limited capacity of peripheral laboratories to mention only a few.

Dr. David Olson, Medical Officer, Cholera Team, WHO, provided an overview of the support that GTFCC can offer: technical guidance, job-aids and training packages, material supplies and help to improve health information /reporting systems for cholera (multi disease, not standalone system), lab quality assurance program, coordination of research activities etc.

The estimated cost for surveillance support is USD 4,8 million per year globally.

Accessing the OCV stockpile

In 2017, an extensive review of the available data on OCV was conducted by the Strategic Advisory Group of Experts on Immunization (SAGE). The recommendation is to use OCV as a complementary cholera prevention and control measure, in conjunction with WaSH.

Dr. Kashmira Date, Medical Officer, US CDC, also noted the two requests and decision-making mechanisms to access OCV, which depends on the context in which they are being used i.e. emergency (ICG) or non-emergency (GTFCC). Given the shortage of supply, there are attempts to find solutions to make the best use of OCV, including the use of single dose. The issue of vaccines supply needs to be addressed and should be a key priority.

Finally, Gavi is updating its OCV program to include preventive immunization in cholera hotspots. The parameters have not yet been determined but country financing is being considered. Given that progress in the use of OCV is still fragile, participants felt that country financing should be used to support the implementation of WaSH activities rather than covering the vaccines and the operational costs.

Integration of WaSH and OCV

There is a consensus that OCV campaigns should be used to reinforce WaSH in the same targeted areas. Monica Ramos, Consultant, UNICEF presented a menu of interventions that was developed to help countries identify the activities that can be initiated during the OCV campaigns whether they are conducted during an emergency or planned in the cholera hotspots. Key issues to consider are the need to involve stakeholders from different sectors as well as the communities, ensure coordination at all levels and allow sufficient time – and funding - for the planning of the interventions.

Sharing of best practices between countries that have identified or started implementing WaSH interventions such as Zimbabwe or Zambia (with the support from the World Bank) should be encouraged.

Tracking progress: global database for epi and lab data

Dr Justin Lessler, Associate Professor at Johns Hopkins University, gave an overview of the cholera database developed by his team. The database includes incidence as well as serological and molecular data and risk factors from a variety of sources (governments, scientific studies, reports from UN agencies etc.). All data are linked to locations and time periods.

From this database, interface such as dashboards, maps can be created for different types of users including the GTFCC, country ministries and other organizations.

SESSION 9: Advocacy and Fundraising

Dr. Frew Benson covered the advocacy efforts that the GTFCC has been leading since its revitalization in 2014. Key milestones include the launch of the *Ending Cholera – A Global Roadmap to 2030* in October 2017 and the WHA Resolution on cholera prevention and control in 2018. According to him, the GTFCC has participated in a number of high level events in recent years however it was agreed that this type of engagement could go even further to use the African Union or United Nations General Assembly fora to continue advocacy and to raise the profile of the Task Force's work.

Following this introduction, Kristen Cox Mehling, Deputy Director, Global Health Visions presented the advocacy and fundraising strategy of the GTFCC to end cholera (based on the 2030 Roadmap).

The strategy has been developed around three key messages:

1. The Global Roadmap Goals are feasible: ending cholera is feasible and we have the tools to do it
2. Cholera efforts benefit a wide range of WaSH-related diseases and challenges
3. Cholera control has a high return on investment

Once these messages have been heard, the GTFCC has a number of requests: direct or indirect - from donors but also from cholera-affected countries. For the later the request is to invest in the fight against cholera at national level including developing and resourcing a National Cholera Plan. From donors, the GTFCC is requested to contribute to funding the Task Force mechanisms, in particular the support to countries, but also to increase funding in areas/activities that are intrinsically linked to cholera control such as WaSH (contributions to SDG 6) and vaccines (support Gavi replenishment).

The targets of the advocacy efforts are donors but also the countries themselves. At national level the GTFCC engages with ministries of health and other line ministries, however heads of states and ministries of finance should also hear the messages. It is thus important to equip the civil society and communities to channel these messages.

SESSION 10: GTFCC Work plan for the next 12 months

Dr. Frew Benson presented the workplan of the GTFCC for the next 12 months (details in Annex 3). He highlighted key priorities in terms of country support, development of technical guidance, governance, research and advocacy.

These include but are not limited to: finalizing the cholera App and the mapping of hotspots; establishing the mechanism of review and validation of NCPs and the Country Support Platform; developing a process to define and certify cholera elimination; advocating for cholera in existing fora and for OCV supply to match countries' needs.

CLOSING SESSION

Dr. Lul Deng, Director General, Ministry of Health, South Sudan closed the meeting encouraging countries to step up in the fight against cholera. Although ending cholera can be seen as a challenge it can come with opportunities: opportunity to share best practices; to learn from others who have succeeded; opportunity to create a legacy and to make a difference. He encouraged participants to become ambassadors and to take the message on cholera back home. Finally, he thanked the audience for the good interactions and the informative presentations.

ANNEX 1 – LIST OF GTFCC TECHNICAL GUIDANCE

Areas of work	Completed	Under development
Laboratory	<ul style="list-style-type: none"> • Interim technical note on the Use of Cholera Rapid Diagnostic Tests • Interim technical note on the Introduction of DNA based identification and typing methods to public health practitioners for epidemiological investigation of cholera outbreaks • Target Product Profile (TPP) for the development of improved Cholera rapid diagnostic tests • Job-aid on Sample Packaging and Domestic Transportation for laboratory confirmation of <i>V. cholerae</i> O1 or O139 • Job-aid on Strain Conditioning for International Transportation of <i>V. cholerae</i> O1 or O139 • Technical guidance on External quality assessment for national labs to Improve the quality of laboratory diagnostics of cholera • Technical guidance on PCR assays for the detection and confirmation of <i>Vibrio cholerae</i> 	<ul style="list-style-type: none"> • Job-aid on Isolation and identification of <i>Vibrio cholerae</i> O1 and O139 (coordination with the WHO Cholera lab Kit) • Job-aid on Antimicrobial resistance testing for treatment and control of cholera
Surveillance	<ul style="list-style-type: none"> • Revised Cholera Outbreak Response Field Manual • Interim Guidance Document on Cholera Surveillance 	<ul style="list-style-type: none"> • Briefing note on Outbreak Investigation Teams and Rapid Response Teams • Guideline on how to conduct a Situational Analysis, including a simple tool to support the analysis • First proposal of procedures to certify cholera elimination

OCV	<ul style="list-style-type: none"> • The Use of Oral Cholera Vaccines for International Workers and Travelers to and from Cholera-Affected Countries • Evidence of the risks and benefits of vaccinating pregnant women with WHO pre-qualified cholera vaccines during mass campaigns 	<ul style="list-style-type: none"> • <i>Collaboration with other working groups on guidance listed</i>
WaSH	<ul style="list-style-type: none"> • Technical Note on Water, Sanitation and Hygiene and Infection Prevention and Control in Cholera Treatment Structures, <i>collaboration with Case Management WG</i> 	<ul style="list-style-type: none"> • Technical guidance on integration of WASH and community engagement activities with OCV campaigns • Rapid Response Teams (RRTs) Operational Guidance • Training Framework for WASH and Cholera Technical Brief • <i>Collaboration with other working groups on guidance listed</i>
Case Management	<ul style="list-style-type: none"> • Technical Note on the Organization of Case Management during a Cholera Outbreak • Technical Note on the Use of antibiotics for the treatment and control of cholera 	<ul style="list-style-type: none"> • <i>Collaboration with other working groups on guidance listed</i>

ANNEX 2 – QUESTIONS FOR THE WORKING GROUP SESSION

Group 1: IRP process

- How do you recommend to nominate IRP members?
- Do you agree with the proposed competencies of the IRP?
- What is an appropriate size of the IRP?
- Should the IRP be country-specific (ad hoc review by specifically identified GTFCC members) or generic (ad hoc review by a fixed representation of GTFCC members that will review every NCP submitted)?
- What are the key risks / benefits of a country-specific IRP?

Group 2: Endorsement criteria

- Do you agree that countries must meet 7 conditions to receive endorsement?
- Do 40+ criteria capture how a country will implement the multi-sectoral approach of the global Roadmap?
- Are there any missing criteria, if so, please state

Group 3: Annual reporting

- Are the annual indicators sufficient to monitor global progress towards achieving Roadmap goals?
- Are there any indicators that we could remove to facilitate reporting?
- Are there any additional areas that should be reported on?
- What is the appropriate format to report the data?

ANNEX 3 – WORKPLAN FOR 2019-20

Country Support – Coordination	<ul style="list-style-type: none"> - Define in country coordination and inter country level (regional) coordination - Finalize hotspot mapping in all countries - Finalize the Cholera App - Health promotion and social mobilization - Establish a global database to help monitoring progress and reporting - Support in-country advocacy
Country Support – Technical	<ul style="list-style-type: none"> - Support the development of NCPs - Establish the mechanism of review and validation of NCPs – establish a reporting / M&E mechanism - Enhance surveillance capacity in countries
Technical guidance	<ul style="list-style-type: none"> - Develop SOPs / guidance on Outbreak Investigation Teams and Rapid Response Teams - Finalize the guidelines on how to conduct a Situational Analysis, including a simple tool to support the analysis - Develop a technical note on WASH measures to implement during OCV campaigns and identification of WASH best practices - Develop a process to define and certify cholera elimination - Develop a Training Framework for WASH - Continue providing training and guidance to countries on the use of RDTs, sample, shipment etc.
Governance	<ul style="list-style-type: none"> - Develop a workplan for the Steering Committee - Establish the Country Support Platform – integrate financial support from donors and in-kind support from partners - Appoint GTFCC coordinators in countries / at sub-regional level
Research	<ul style="list-style-type: none"> - Develop coordinated research agenda, ensuring alignment of countries roadmap needs and research activities in all domains - Support implementation in countries
Advocacy	<ul style="list-style-type: none"> - Use existing global fora as advocacy platform - Continue advocating for resources to implement NCPs on all aspects - Develop advocacy workplan and timeline - Advocate for OCV supply matching countries needs - Document success stories and best practices – this includes an open call to all GTFCC partners for stories that the GTFCC can highlight on its website/in information materials

ANNEX 4 – AGENDA

DAY 1 Time	6 th ANNUAL MEETING OF THE GTFCC, 3-4 June 2019
8.30 – 9.00	<i>Welcome coffee & Registration</i>
9.00 – 9.30	INTRODUCTION <ul style="list-style-type: none"> • Opening Remarks – Frew Benson, chair of the GTFCC • Introduction of participants and meeting objectives
9.30 – 11.00	REVIEW OF ACTIVITIES IN THE LAST 12 MONTHS <ul style="list-style-type: none"> • Update on the implementation of the 2030 Roadmap – Dominique Legros • Update from the GTFCC WG chairs (MLQ, FL, KD, MR for TG, KA for IH) • Demo cholera App – Chesco Nogareda
11.00 – 11.30	<i>Coffee Break</i>
11.30 – 13.00	ENDING CHOLERA AT COUNTRY LEVEL (Part 1) Panel discussions with participating countries to hear updates on progress on cholera control and for better understanding countries needs for support from the GTFCC partners <ul style="list-style-type: none"> • Panel 1 – Zambia, Zanzibar, Zimbabwe: perspectives towards cholera elimination in country • Panel 2 – DRC, Nigeria, South Sudan, Yemen: large scale use of OCV for cholera control – results and perspectives
13.00 – 14.00	<i>Lunch Break</i>
14.00 – 15.30	ENDING CHOLERA AT COUNTRY LEVEL (Part 2) <ul style="list-style-type: none"> • Malawi: challenges of establishing coordination mechanisms with non-health actors • Bangladesh: Practical approach to controlling cholera through dual interventions of WASH & OCV • Haiti: achieving and sustaining cholera elimination • Mozambique: moving forward after a successful emergency response
15.30 – 16.00	<i>Coffee Break</i>
16.00 – 17.30	GTFCC PARTNER UPDATES – SUPPORTING THE IMPLEMENTATION OF THE #ENDCHOLERA ROADMAP (Part 1) <ul style="list-style-type: none"> • Cambridge University – Ian Ong • CDC – Chris Braden • Fondation Mérieux – Valentina Picot • ICDDR,B – John Clemens • IFRC - Robert Fraser and Alexandra Machado • IVI – Julia Lynch

- JHU - Elizabeth Lee and Justin Lessler
- MSF – Myriam Hens
- NICED – Shanta Dutta
- PIH – Louise Ivers

END OF DAY 1

From 18.30 *Drinks on the terrace – Group picture - Dinner*

DAY 2 Time	6th ANNUAL MEETING OF THE GTFCC, 3-4 June 2019
9.00 – 10.00	GTFCC PARTNER UPDATES – SUPPORTING THE IMPLEMENTATION OF THE #ENDCHOLERA ROADMAP (Part 2) <ul style="list-style-type: none"> • UNICEF – Carlos Navarro • BMGF – Duncan Steele • GAVI – Zeenat Patel • OFDA – Albert Reichert • Wellcome Trust – Genevieve Hughes • World Bank - George Joseph
10.00 – 10.30	<i>Coffee Break</i>
10.30 – 11.00	GTFCC GOVERNANCE <ul style="list-style-type: none"> • Governance structure, Country support platform, Steering committee – Dominique Legros, WHO
11.00 – 12.30	GTFCC SUPPORT TO COUNTRIES (Part 1) <ul style="list-style-type: none"> • Framework for the development of a multisectoral National Cholera Plan (NCP) – development, review, M&E, IRP – Lorenzo Pezzoli <p>Group work</p>
12.30 – 13.30	<i>Lunch Break</i>
13.30 – 15.00	GTFCC SUPPORT TO COUNTRIES (Part 2) <ul style="list-style-type: none"> • Cholera hotspots – Control, elimination and risk of re-emergence – Francisco Luquero, Epicentre • In country surveillance for early detection and response, targeting of interventions, M&E – David Olson, WHO • Accessing the OCV stockpile – Kashmira Date, CDC • Integration of WaSH and OCV – Monica Ramos, UNICEF • Tracking progress: global database for epi and lab data – Justin Lessler, JHU
15.00 – 15.30	<i>Coffee Break</i>

15.30 – 16.30	GTFCC ADVOCACY AND FUNDRAISING <ul style="list-style-type: none">• Introduction on advocacy activities so far – Frew Benson• Advocacy and fundraising strategy – Kristen Cox Mehling, Global Health Visions
16.30-17.00	GTFCC WORKPLAN <ul style="list-style-type: none">• Proposed workplan for the future year – Frew Benson• Conclusions – Frew Benson, WHO leadership
<i>END OF MEETING</i>	

ANNEX 5 – LIST OF PARTICIPANTS



GLOBAL TASK FORCE ON CHOLERA CONTROL

6th GTFCC ANNUAL MEETING

3 AND 4 JUNE 2019, LES PENSIERES

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