



GLOBAL TASK FORCE ON
CHOLERA CONTROL

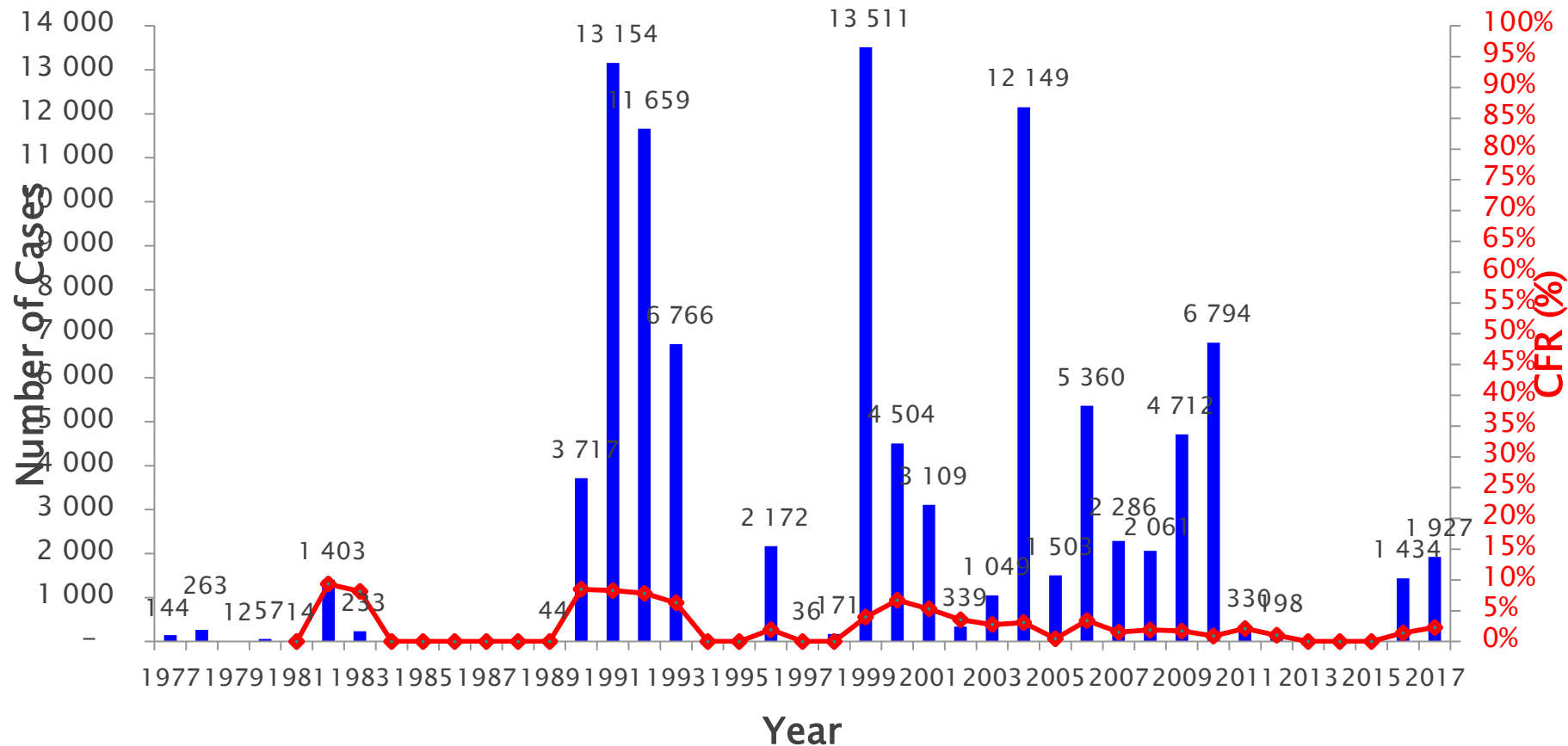
ZAMBIA

5th Annual Meeting of the
GTCC
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OBJECTIVES AND TIMELINES

General objective:

to control the current outbreak and reduce morbidity and mortality due to cholera (short term goal), and eventually achieve cholera elimination in Zambia (long term goal – by 2025)



SPECIFIC OBJECTIVES

- 1) Establish a multi-sectoral cholera control program to improve coordination between health and other stakeholders at all levels
- 2) Enhance cholera surveillance activities at all levels
- 3) Strengthen laboratory capacity to detect and confirm cholera cases at national and subnational levels
- 4) Improve case management and infection control protocols at health facility level
- 5) Enhance environmental control and WASH measures for cholera prevention and control
- 6) Strengthen outbreak response and endemic cholera control through the use of Oral Cholera Vaccine in areas affected by the current outbreak and in identified cholera hotspots
- 7) Strengthen social mobilization and community engagement
- 8) Ensure continuous effective monitoring and evaluation of cholera preparedness and response

IMPLEMENTATION

Generally organized along the three axes of the Global roadmap on cholera control:

- 1. Early detection and response to contain outbreaks at an early stage*
- 2. A multi-sectored approach to control cholera in hotspots*
- 3. An effective mechanism of coordination for technical support, resource mobilization and partnership at local and global levels.*

The implementation plan is along key thematic areas of:

- Leadership and coordination;*
- Surveillance and laboratory;*
- Water Sanitation and Hygiene;*
- Social mobilization;*
- Case Management;*
- Oral Cholera Vaccination*

Development of a National Action Plan backed by legislative framework supported by strong political will, with a focus on multi sectoral approach, earmarked resource allocation from both domestic revenue and donor funding and establishment of strong institutions to match budgets

CAPACITIES AND GAPS

1. Training/Research

- Increased data / epidemiological analytic capacity
- Orientation of frontline healthcare workers in IDSR

2. Laboratory capacity

- Establishment of Public Health Lab network
- Biobank for isolates & other samples

3. Information Management

- Central database & repository for historical surveillance data
- IT infrastructure to support data capture & sharing across all levels (eIDSR) (The China CDC model)
- Community-based surveillance (for early warning)

4. Funding for WASH

5. OCV