CHOLERA CASE MANAGEMENT; THE ZAMBIAN EXPERIENCE

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BACKGROUND

- Cholera remains a significant public health problem globally.
- In 2018, Zambia co-sponsored a cholera prevention & control to end cholera by 2030 (WHA 71.4).
- Further, Zambia took a bold step & made a legacy goal to eliminate cholera by 2025.
CHOLERA CASE MANAGEMENT IN ZAMBIA

- Zambia has experienced several cholera outbreaks in the past which have resulted into deaths.

- Poor case management was mainly due to lack of adequate preparedness and response including:
  - Non identification of cholera hotspots
  - Lack of prepositioning of medical supplies and consumables in hotspots
  - Inadequate skilled manpower
  - Delayed health seeking behaviour
  - Inadequate laboratory sites for confirmation of cholera far from most hotspots
  - Long distances and lack of transport to cholera treatment centres and
  - stigma
ENHANCED CHOLERA CONTROL

- Zambia’s cholera control is in line with the global roadmap for cholera control
- Overall aim is to reduce morbidity and mortality due to cholera
- In line with this roadmap, Zambia’s cholera control is organized along three axes:

  **Axis 1:** Early detection & quick response to contain outbreaks at an early stage

  **Axis 2:** A multi-sectoral approach to prevent cholera in hotspots

  **Axis 3:** An effective mechanism of coordination for technical support, resource mobilization and partnership at the local & global level

**90% Reduction in Cholera Deaths**
MEASURES PUT IN PLACE TO IMPROVE CASE MANAGEMENT
1. HIGH LEVEL LEADERSHIP COMMITMENT

His Excellency, the President of the Republic of Zambia, supported by Minister of Health and Honourable Minister of Local Government engage traders in Lusaka CBD on best practices

- High level commitment with cholera control anchored in office of Vice president
- Country’s President heavily involved in the fight
2. MULTI-SECTORAL CHOLERA ELIMINATION PLAN

- Plan prepared, launched and disseminated
  - Gives step by step guidance on how to improve case management
  - Provides overarching leadership and coordination for cholera control
  - Cholera Case Management Technical Working Group established including appointing Technical Focal Point
  - Implementation plan with budget, activities and strict timelines for case management prepared

Multi-sectoral team prepared MCEP plan
3. MULTISECTORAL APPROACH TO CHOLERA RESPONSE

Let's stand together and fight cholera. Elimination of cholera by 2025.
4. STRENGTHENED HEALTH CARE SYSTEMS

i. Ensure availability of adequate trained human resource
   - MOH given special treasury authority to employ key staff
   - Rapid Response Teams (RRT) at national and subnational levels constituted in all hotspots
   - Cholera case management teams formed in each hotspot

ii. Trainings on cholera detection and clinical management conducted:
   - National RRT
   - 8/10 Provincial RRT
   - 6/14 District RRTs in hotspots

iii. Ensure availability of adequate equipment for effective management of cholera patients
   - Procurement plan & budget for equipment and supplies for CTCs/CTUs in all hotspots prepared and submitted for support

iv. Provision of adequate motorized transport
   - Each cholera hotspot must be provided with at least one vehicle and two motorcycles and/or boat for cholera
4. STRENGTHENED HEALTH CARE SYSTEMS

iv. Community Cholera case management

- Community participation in case management (case identification and management at household level)
  - Training of community health workers (CHWs) on preparation and giving of ORS
  - Onsite mentorship and technical supervision for CHWs on preparation and giving of ORS
  - Oral Rehydration Corners set up at strategic points in the community

- Community Based Volunteers (CBVs) supported by partners—CHAZ, OXFAM, Red Cross, UNICEF etc
  - Conduct door to door outreach including giving ORS as well as sensitizing churches, markets and schools

- Health Promotion activities to enhance community case management through
  - Distribution of Posters & brochures
  - TV and radio programs
  - Messaging through public Address, Drama, Adverts

Community Engagements using various platforms
5. AVAILABILITY OF ADEQUATE INFRASTRUCTURE FOR EARLY ACCESS TO EFFECTIVE PATIENT CARE

- Plan and design well-equipped gender sensitive CTCs/CTUs in all districts in the country
  - Construct prefabricated CTUs for hotspots
  - Identify & renovate existing structures as CTCs/CTUs. Two structures currently being renovated

6. SECURE EMERGENCY CHOLERA SUPPLIES

- Preposition essential medical supplies and other consumables in all hotspots
- Emergency Cholera kits supplied to some hotspots
- Buffer stocks of essential supplies kept at all health facilities, district and provincial levels
- Adequate emergency stocks maintained at national level to replenish stocks at lower levels once exhausted
- All Health facilities have set up Oral Rehydration Points/Corners

Cholera Treatment Facilities

Delivery of medical supplies & consumables
7. IMPROVED LABORATORY TESTING AND CONFIRMATION

- All 10 Provincial Hospitals and other general hospitals capacitated to do culture for Cholera confirmation
  - Training of laboratory staff in cholera culture
  - Microbiology equipment installed
  - Quarterly technical support supervision to hotspot districts
  - Improved courier for sample referral to testing sites

6. Early detection and Reporting of Cholera cases

- Improved Acute Watery Diarrhea Surveillance
- Designation of two surveillance officers per district
- Training of surveillance officers and community Health Workers in EBS and CBS
MULTISECTORAL, MULTIDISCIPLINARY, LOCAL LEADERSHIP ENGAGEMENT
CHALLENGES IN CHOLERA CASE MANAGEMENT

i. Inadequate partner support towards cholera control

ii. Inadequate transport for sample transportation especially marine and motor vehicles

iii. Inadequate human resource

iv. Myths and misconceptions among members of the public

v. Poor health seeking behaviour

vi. Inadequate medical supplies for cholera case management

vii. Lack of transport to CTCs/CTUs
1. Poor Road network

- Inaccessible roads especially in the rainy season
  - Some areas can only be accessed using air/water transport
  - Water and air transport is expensive
Thank you
Together we can #endcholera