



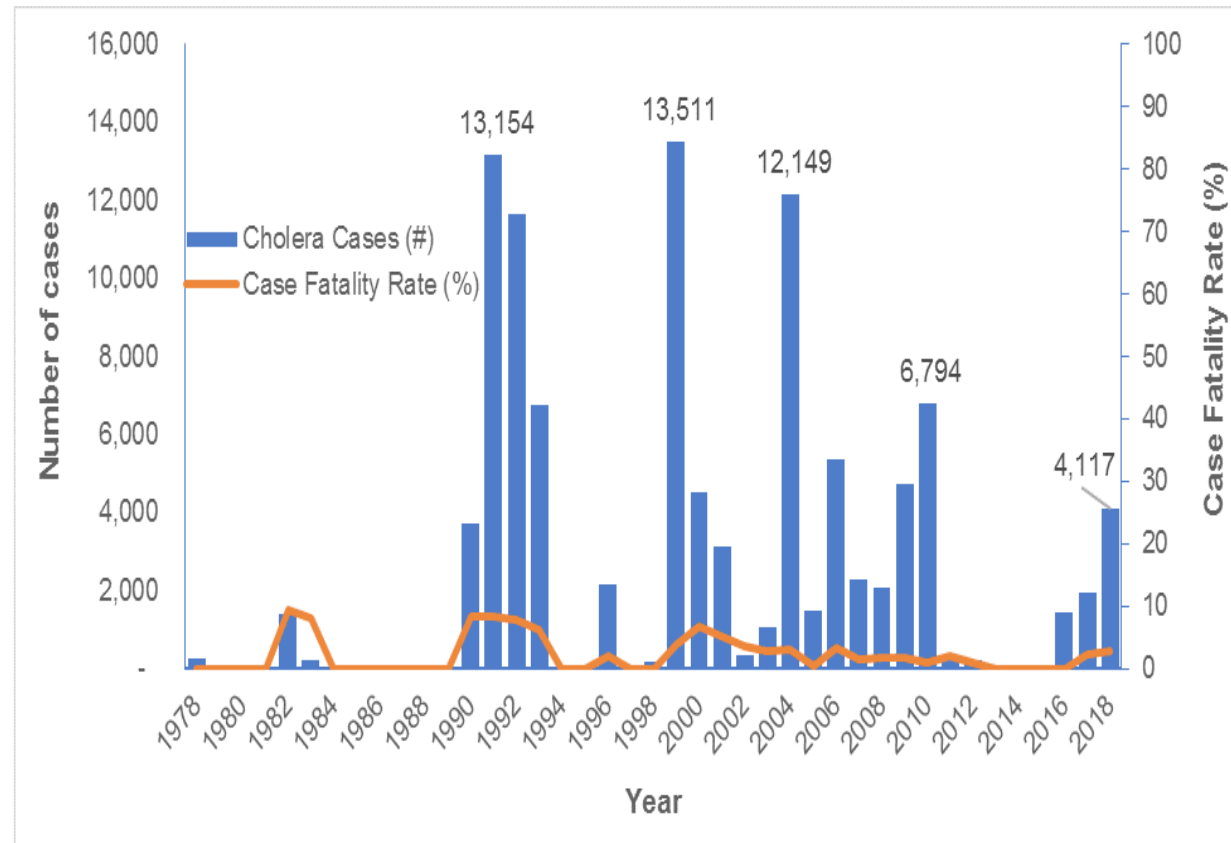
GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

# CHOLERA CASE MANAGEMENT; THE ZAMBIAN EXPERIENCE

Dr. Fred Kapaya  
National Cholera Program  
Coordinator

# BACKGROUND

- Cholera remains a significant public health problem globally
- Between 1977 & 2019, Zambia experienced 30 outbreaks with varying magnitude
- 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



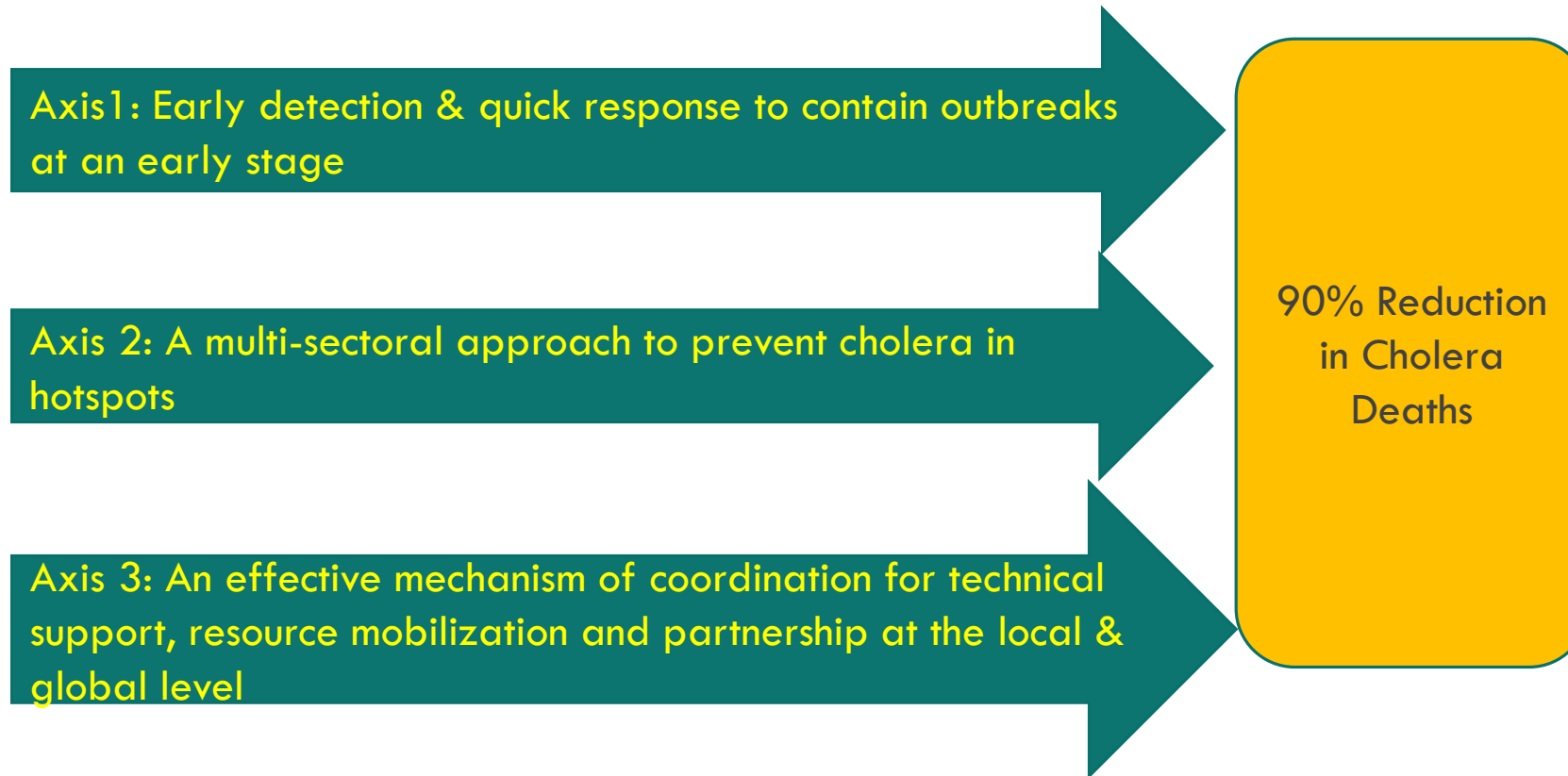
# CHOLERA CASE MANAGEMENT IN ZAMBIA

- 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:





# **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**



**Central Government Support**

- 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 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



**Cholera Treatment Facilities**

## 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



**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



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**