

Status Update on Cholera control in Zambia

Progress in Implementing the Multisectoral Cholera Elimination Plan (MCEP)

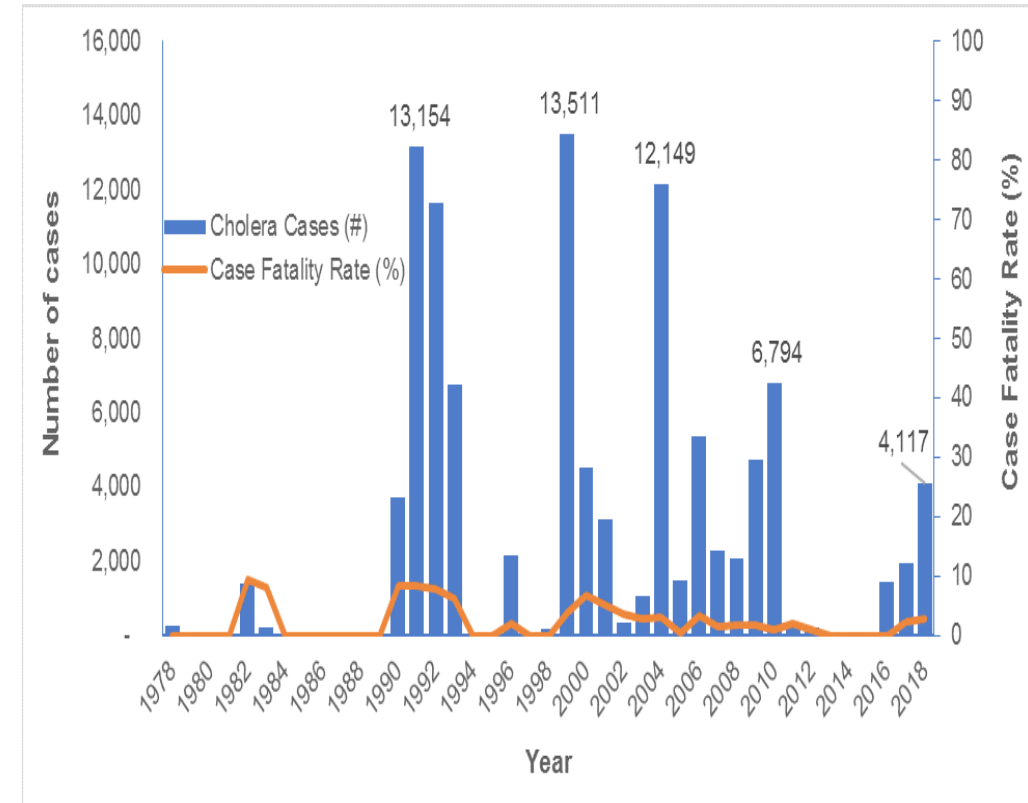
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National Cholera Elimination Coordinator

Zambia

Background

- Cholera remains a significant public health problem globally
- Zambia has experienced 31 cholera outbreaks since 1977
- Between 1999 and 2017, 61,157 cases and 1,832 fatalities (CFR \approx 3%) have been reported
- Majority of outbreaks occurred in **Lusaka, Luapula, Copperbelt, Northern, Central and Southern** provinces
- Outbreaks have also been reported along the borders with the DRC, Tanzania and Zimbabwe



Cholera Cases by Year, 1977—2018, Zambia



Multi-sectoral Cholera Elimination Plan (MCEP)

- Zambia remains threatened by recurrent cholera outbreaks. Owing to this, the country has committed to the elimination of cholera

In 2018

- Propose the resolution to end cholera by 2030 (WHA 71.4)
- Conducted the initial Cholera Hotspot Analysis and mapping
- Prepared a comprehensive costed MCEP to provide the roadmap towards the elimination agenda

In May 2019

- Zambia launched the MCEP at WHA
- Further, Zambia took a bold step & made a legacy goal to eliminate cholera by 2025

Costed Zambia Cholera Elimination Plan

Budget Line (US\$)	2017-2019 (30%)	2020-2022 (50%)	2023-2025 (20%)	Total
Leadership & Coordination	946,518	2,577,530	631,012	4,155,060
Surveillance & Laboratory	4,664,896	7,774,827	3,109,931	15,549,654
Case Management	886,639	2,477,731	591,092	3,955,462
Community Engagement & Risk Communication	715,835	1,193,059	477,223	2,386,117
WASH	20,362,853	33,938,988	13,575,235	67,877,076
OCV	2,326,637	2,211,062	884,425	5,422,124
TOTAL	28,903,378	48,173,197	19,268,918	99,345,493

- 70% of the budget is on WASH



Progress Update in Implementing MCEP

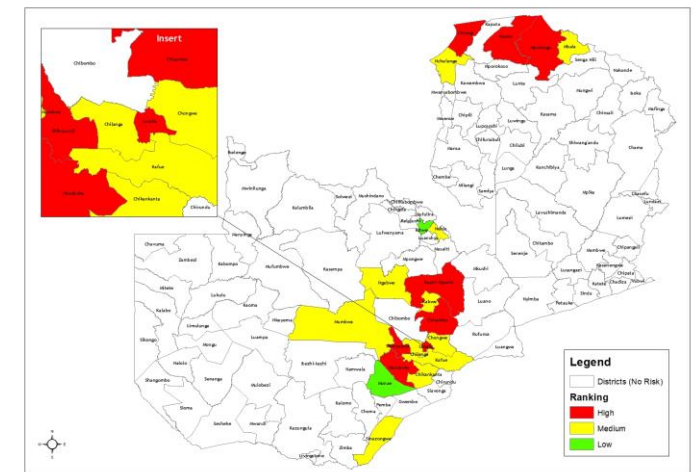
- Zambia has not recorded any cholera outbreak for the past 2 years
- The MCEP is built on strong leadership & coordination
- It is organized into six thematic areas
- 1. **Leadership & Coordination**
 - Governance structure anchored in the Vice Presidents Office created with coordination at two levels:
 - i. **Policy** (Council of Ministers & EPPC & MC at national and sub-national levels)
 - ii. **Technical**
 - Committee of Permanent Secretaries
 - Multisectoral National Cholera Elimination Task Force (MNCETF) & Technical Committees established
 - National Cholera Elimination Coordinator & Technical Focal points appointed
 - Operationalized Technical Working groups

Progress Update in Implementing MCEP

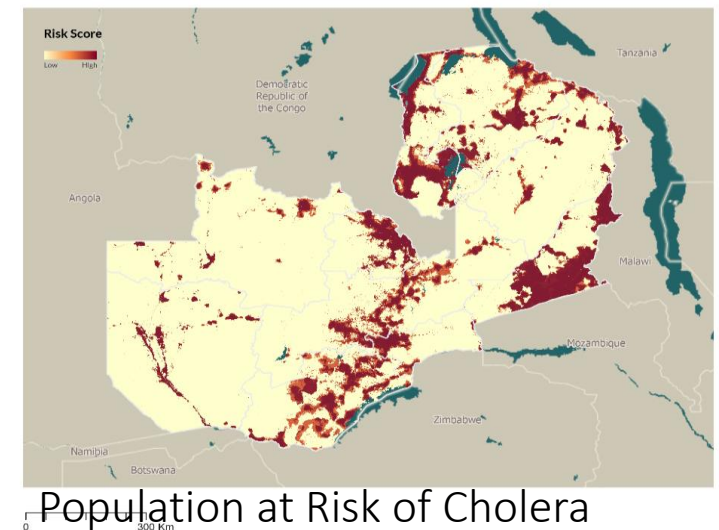
2. Improved Alert & Response

a. Surveillance & Laboratory

- Cholera database established- historical data from all districts collected (past 10 years)
- Review of country's Cholera Hotspots to guide targeted interventions conducted
- eIDSR introduced in all districts to capture data on Acute Watery Diarrhea (AWD)
- All General hospitals in all 10 provinces capacitated to confirm cholera by culture



Hotspots using GTFCC Tool



Population at Risk of Cholera

Progress Update in Implementing MCEP

2. Improved Alert & Response

b. Case Management

Infrastructure

- Designation of isolation facilities in all hotspot districts
- Rehabilitation of Isolation facilities in some hotspots
- Land for construction of isolation facility allocated

Capacity Building

- Integrated training of RRTs in Ebola, Covid-19 and Cholera done in all provinces
- Community Volunteer training in selected hotspots
- Integrated guidelines & SOPs for management of cholera being reviewed

Logistics & supplies

- Prepositioned basic supplies and other consumables & replenished regularly
- Inventory of basic equipment done

Refurbishment of Isolation facility, Mpulungu District, Zambia, 2021



Community Volunteer Training and deployment

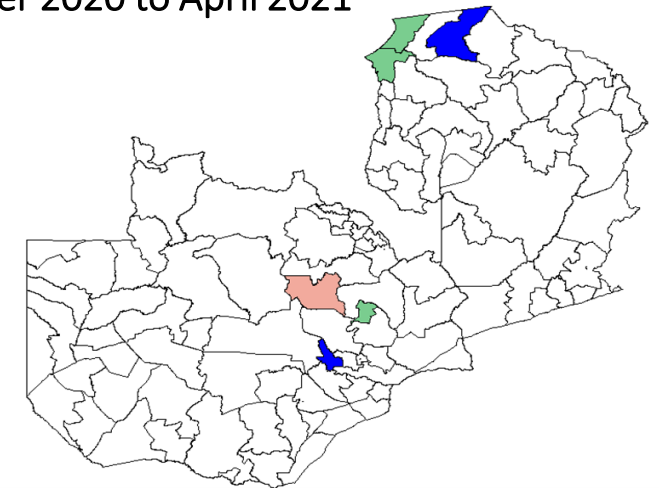


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3 . Oral Cholera Vaccine

- GTFCC approved request for 5.7 million doses of OCV to vaccinate 11 hotspot districts (2.9 million people)
- As of March 2021;
 - Total of 3.57 million doses to vaccinate 7 districts (1.7 million people) received
 - Successfully vaccinated 5/7 districts; 2 remaining districts planned for May/June 2021
 - Conducted OCV-CTC pilot study to generate evidence on benefits of not using cold chain
 - Costing study is underway
 - Plan to conduct sero prevalence study with support from Centre for Infectious Disease Research in Zambia (CIDRZ) in 4 hotspot districts-at ethical approval stage
- Plan to vaccinate all 11 districts by December 2021

Hotspot districts successfully vaccinated from December 2020 to April 2021



Minister of Health administering OCV



Progress Update in Implementing MCEP

4. Risk Communication and Community Engagement

- National community Engagement plan developed, Community engagement & sensitizations on-going
- Developed cholera specific messages adapted to target audiences
- Partner mapping & identification for RCCE done



Progress Update in Implementing MCEP

4 . WASH

- Water supply & investment plan developed
- Several projects being undertaken to benefit 3.5 million people in hotspots
 - Kafue Bulk Water supply to improve water supply to most parts of Lusaka
 - Kafulafuta Water Supply to improve water supply to the copper belt
 - Kaputa Water Supply and Sanitation Project to improve WASH in the Northern Part of Zambia-80%
 - Safely Managed Onsite Sanitation in all ten provinces with support from WHO
 - Construction of modern toilets in the slums of Lusaka

Construction of modern toilets in Lusaka



Water supply projects





Challenges

1. Multi-sectoral Coordination

- Full operationalization of the MCEP- inadequate institutionalization of the MCEP by some key stakeholders
- Inadequate partner support towards the MCEP
- Little attention given to MCEP in some key line ministries due to individual ministry/organizational priorities

2. Resource Mobilization

- A comprehensive advocacy and resource mobilization strategy not yet developed. The country is working on developing plan
- Inadequate budgetary allocation to MCEP in the national budget

3. Surveillance, Laboratory & Case Management

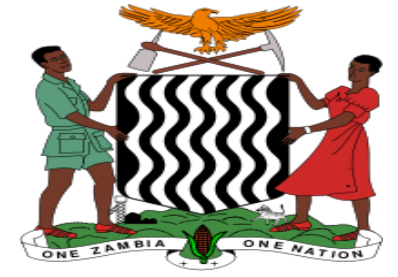
- Inadequate number of well equipped CTCs/CTUs particularly in hotspots
- Delays in confirmation of cholera by culture due to long distances to reference laboratories
- Inadequate number of Community Based Surveillance structures in place
- Inadequate transport particularly marine transport for sample & patient referral, and contact tracing

Challenges



Hard to reach areas with impassable roads in the rainy season





“Our overall aim is to eliminate cholera in
Zambia by 2025.”

Thank you