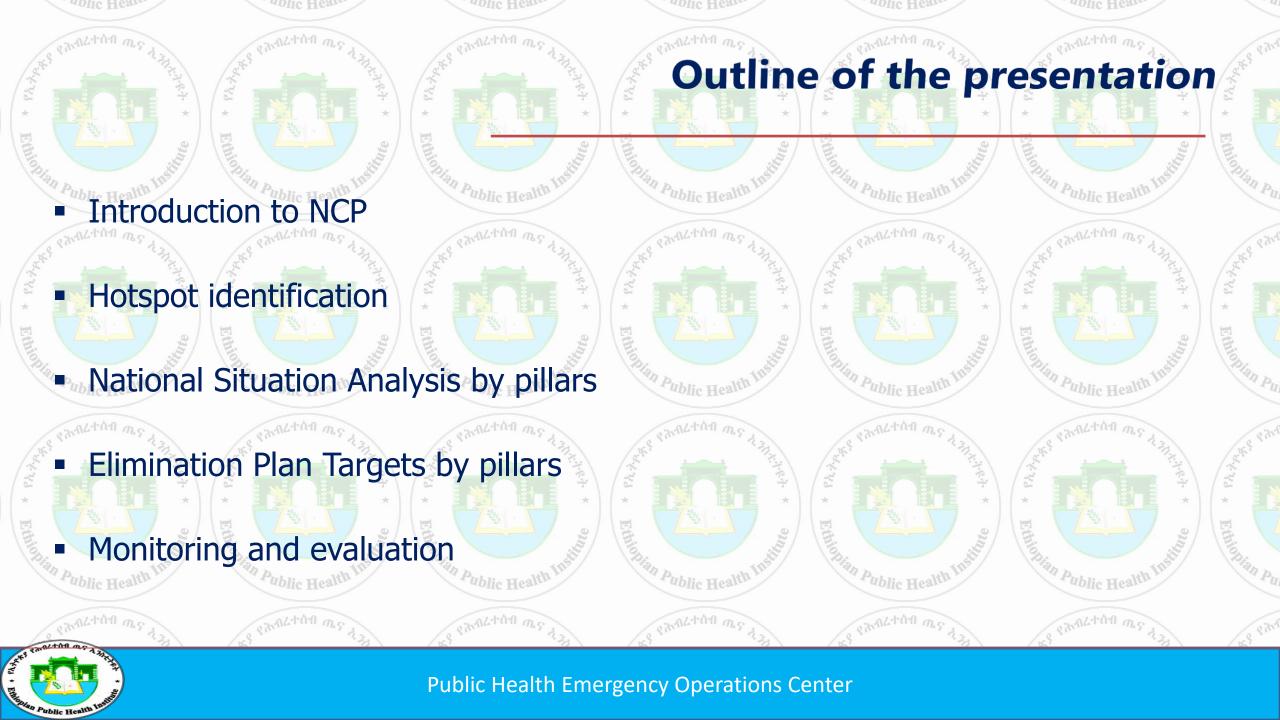
## **National Cholera Plan (NCP)**









 On July 2019, high level governmental meeting was conducted Chaired by HE Dr Lia Tadesse and called up on the development National Cholera Elimination Plan (2021 – 2028)

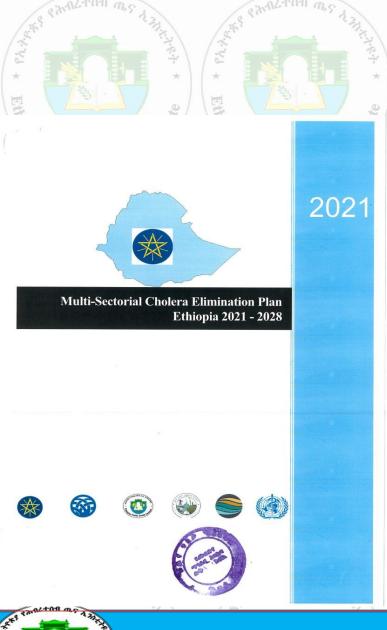




**Multi-Sectorial Cholera Elimination Plan** 

Ethiopia 2021 - 2028





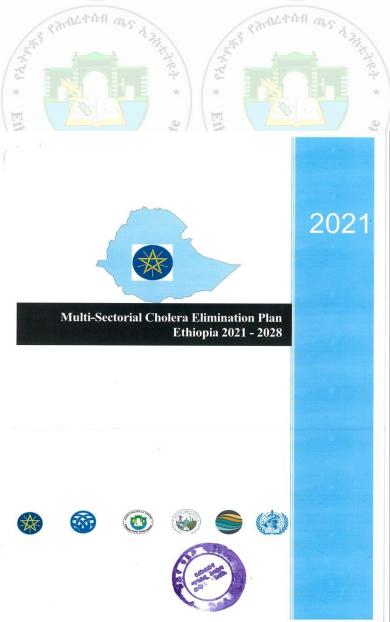
#### **National Cholera Plan**

- Ethiopia developed the strategic document.
- The naming of the document "National Cholera Plan"
- NCP aim at reducing the mortality from cholera by 90% by 2028
- **NCP has six Pillars:**









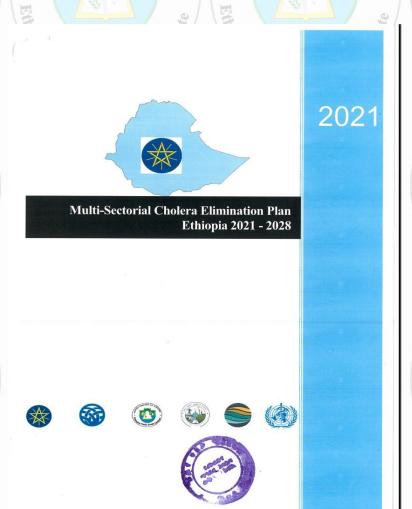
### Pillars/National Cholera Plan.

#### **Elimination Strategy by Pillar**

- The Ethiopian strategy is derived from the Global Roadmap and is Multi sectoral:
  - Leadership and Coordination
  - Water, Sanitation and Hygiene (WASH)
  - Surveillance and Reporting
  - Use of Oral Cholera Vaccine (OCV)
  - Healthcare System Strengthening
  - Community engagement

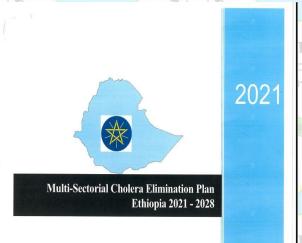


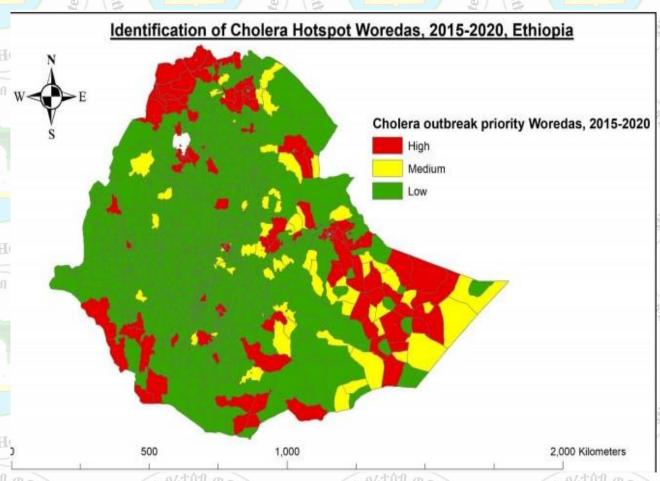
## Hotspot woreda I dentifications/National Cholera Plan···



- This pillars are to implemented in the "Hotspot woredas"
- Hotspot woredas were identified by Mean annual incidence and mean annual persistence over the period of 2015 to 2020.
  - An incidence rate of above 100 cases per 100,000 populations was considered as high incidence.
  - Occurrence of cases in 5% or higher of weeks
     under consideration was considered as high
     persistence.

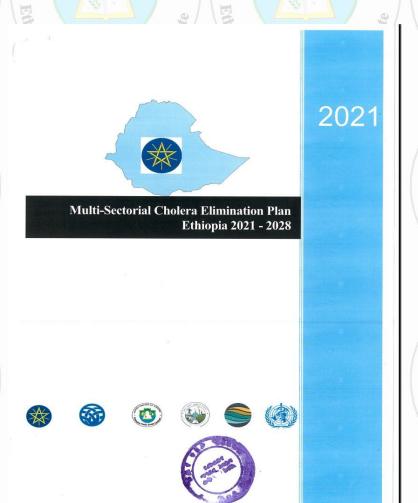
## Hotspot woreda I dentifications/National Cholera Plan···





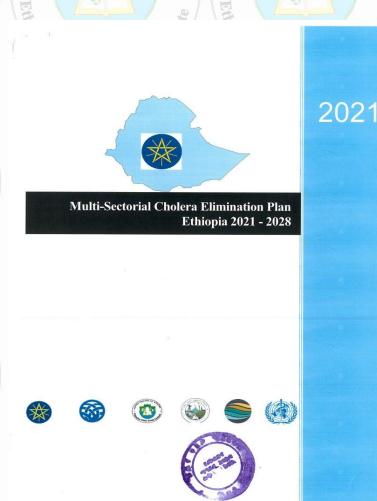
- The Red highlight is Hotspot one woredas
- Total of 118
   woredas within
   more than
   15,938,575
   populations have
   been included
   through the Country





#### **Leadership and Coordination**

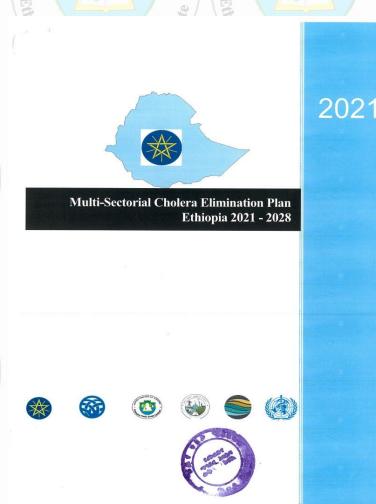
- Currently the Coordination activities of choleral Preparedness and Response is coordinated by PHEM/EPHI
- The center provides
  - technical
  - material support
- before, during, and after public health emergencies.



#### **Surveillance and Reporting**

- Cholera is one of the immediately reportable diseases in Ethiopia
- Report is sent to next health system level within 30 minutes of detection and is suppose to be reported to EPHI with 2 hrs.
- Currently cholera is being detected by Indicator Based Surveillance and Community based surveillance.
- Climate Sensitive Diseases surveillance is being initiated as supplementary.
- RRT has been established from national to woredatelevel.
- RRT has been established from national to woreda level.





#### **Surveillance and Reporting**

- Total of 10 laboratories across in 6 Regions are capable of doing
  - Stool culture
  - Polymerase Chain Reaction (PCR) and
  - Antimicrobial sensitivity test for cholera
- National Laboratory of EPHI serves as the reference lab for all regions
- There is national environmental laboratory located at EPHI to test all environmental samples.

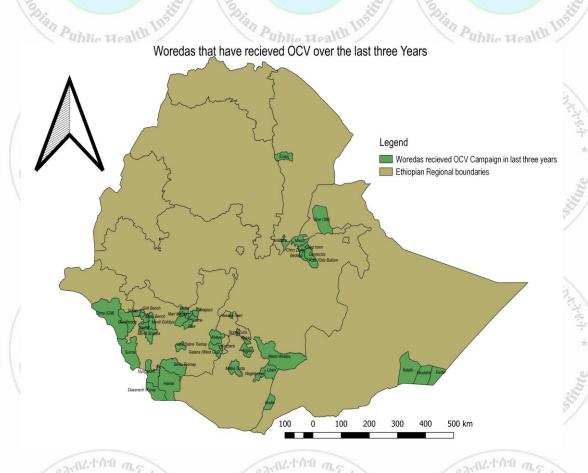




# Case Management and Infection Prevention and Control

- Goal of Cholera case management is to decreases
   CFR < 1% and improve IPC al all levels</li>
- In 2019 CFR was 1.9% and 2020 1.8% due to
  - Poor infrastructure lead to substandard case management
  - Poor health seeking behaviors
  - Inadequate supplies





#### **Use of Oral Cholera Vaccine (OCV)**

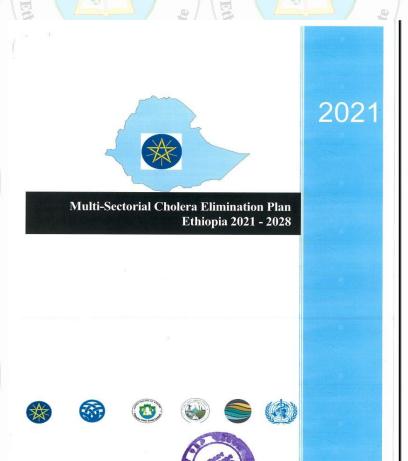
- Since 2019 ,a total of three rounds of OCV campaign have been conducted with 97% coverage
- Total 5,328,282 OCV doses have been received from ICG over the last three years
- Total of 5,185,220 population were vaccinated from
  - 45 Woreda
  - 6 Regions
- On preparation face for Tigray Region





- The general population has poor access to safe and adequate water and basic sanitation facilities, and the situation is worse for those in rural areas.
- Only 7% people has access to clean water and 6 % of people have access to improved sanitation

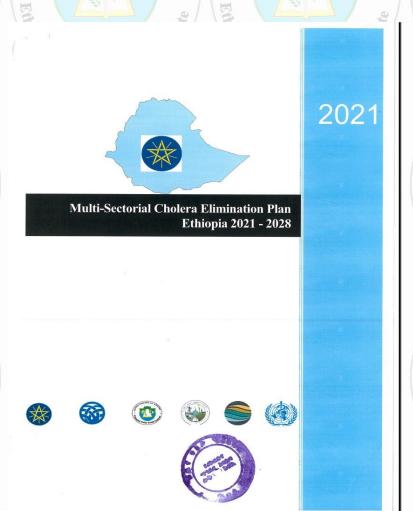




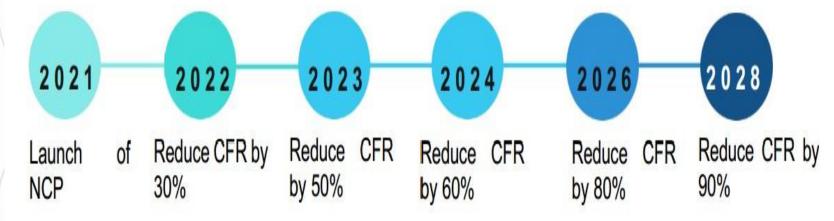
#### **Community Engagement**

- Information on cholera is being communicated to people through
  - Mainstream media outlets
  - Mega phones
  - FM radios
  - Religious places
  - Banners, Brochures
- Despite this vast effort We could not able reach Majority of our community (Rural where active outbreak is repeatedly reported)





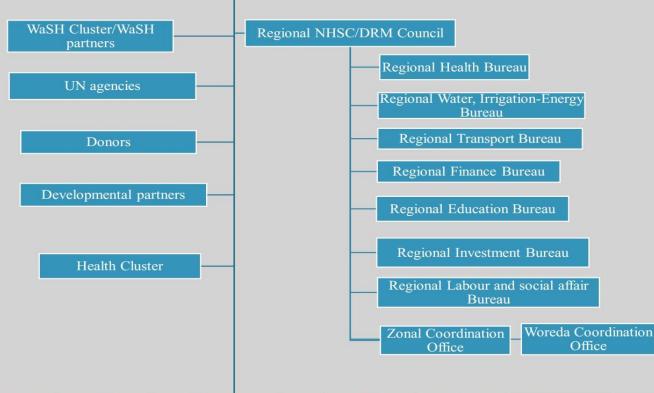
 Through this strategic plan ,Ethiopia has planned to decrease mortality by 90%







# Leadership and Coordination Deputy Prime Minister (Chair of NHSC)





Ministry of Water, Irrigation & Energy (Member)

Ministry of foreign affairs (Member)

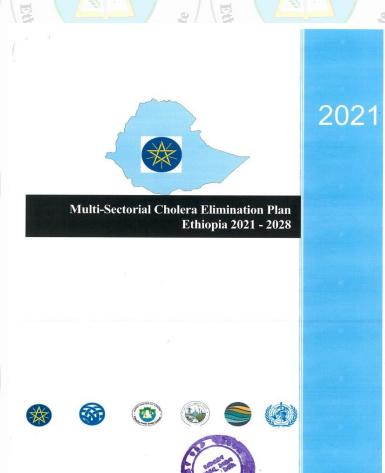
Ministry of Transport (Member) Ministry of Peace (Member)

Ministry of Finance (Member)

Ministry of Education (Member)

Ethiopian
Investment
Commission
(Member)

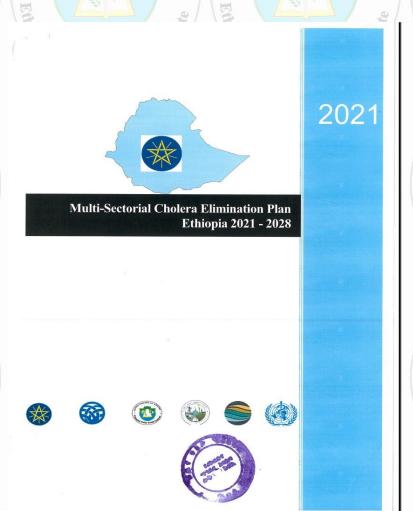
Ministry of Labour & Social <u>Affa</u>irs(Member



#### Surveillance

- Surveillance will continue through the existing system(DHIS2)
- Two strategic Objectives:
  - To enhance early detection, confirmation, reporting, and timely response to cholera outbreaks and monitoring the impact of the cholera control program.
  - To enhance laboratory capacity for confirmation of cholera cases, assessment of antibiotic susceptibility of the bacteria and tracking strains.



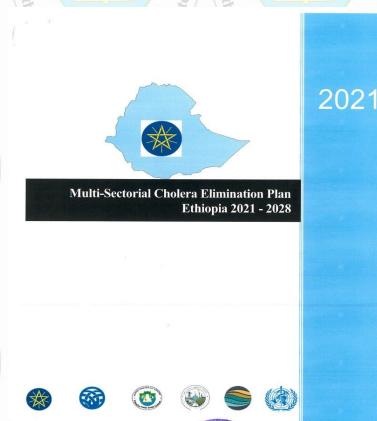


# Case Management and Infection Prevention and Control

- The goal of Case management and IPC :reducing CFR by 90% and ensure that there is no local transmission reported
- Through three strategic objectives:
  - Increasing the accessibility of early treatment
  - Strengthen health care systems
  - Strengthen capacity for cholera case managemen



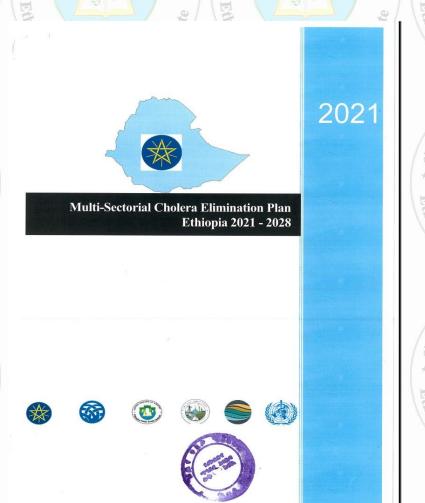




#### **Use of Oral Cholera Vaccine (OCV)**

- The administration of OCV will be conducted in cholera hot spot woredas(as both preventive and Reactive)
- Vaccine will always be in conjunction with the other preventive and treatment methods
- Eligible population will be age >1 year ,accounting of 80% of hotspot woreda populations
- The implementation will be phase based

	Implementation Year					
	2021	2022	2023	2024	2025	TOTAL
Target Population	3,031,267	2,998,115	3,001,158	2,972,525	3,488,851	15,491,916
OCV Doses		5.005.001	6 000 017	5.045.050		20.002.024
Required	6,062,534	5,996,231	6,002,317	5,945,050	6,977,702	30,983,834

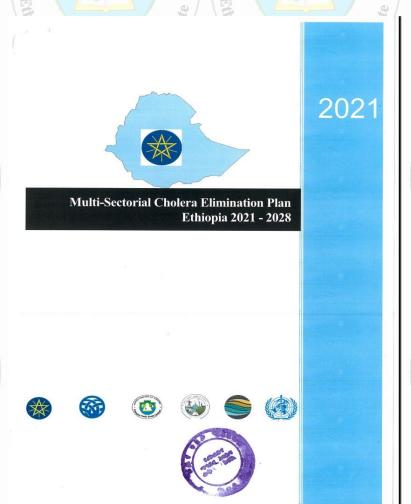


#### **Use of Oral Cholera Vaccine (OCV)**

- Three strategic objective:
  - To implement **reactive** large-scale mass
     vaccination with coverage>90%
  - To implement **Preventive** large-scale mass vaccination with coverage>90%
  - To establish contingency agreements with governments, agencies and suppliers







- Combinations of short medium and long-term WASH actions
- Focuses on:
  - WASH during OCV campaigns,
  - WASH emergency preparedness and response plan (EPRP),
  - WASH in affected communities,
  - WASH in specific strategic sites,
  - WASH in healthcare facilities and schools, and
  - Development of appropriate Water Quality Monitoring.

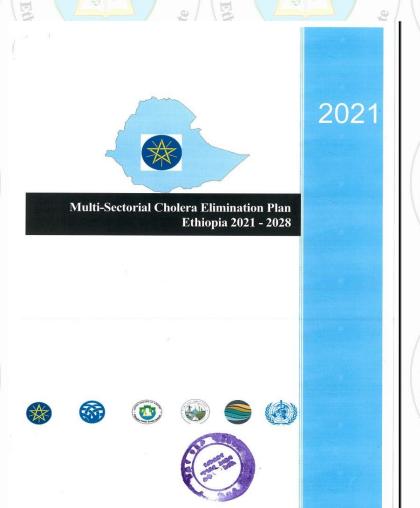






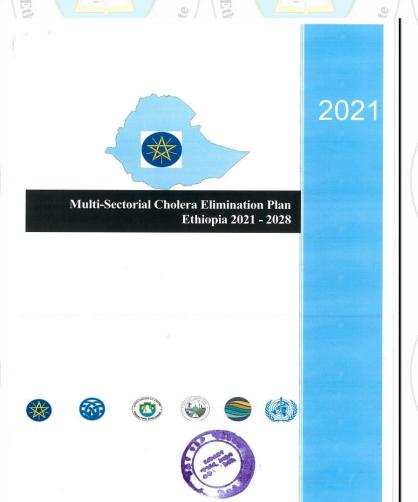
- Targets increasing basic water supply from 65% to 90% and improved sanitation and hygiene coverage from 6% to 80% by 2028.
- Focuses on:
  - WASH during OCV campaigns,
  - WASH emergency preparedness and response plan (EPRP),
  - WASH in affected communities,
  - WASH in specific strategic sites,
  - WASH in healthcare facilities and schools, and
  - Development of appropriate Water Quality Monitoring.





- Three strategic objectives
  - To strengthen emergency WASH preparedness and response
  - To improve access to sustainable adequate and safe water supply and sanitation services
  - To increase the availability and utilization of sanitation facilities

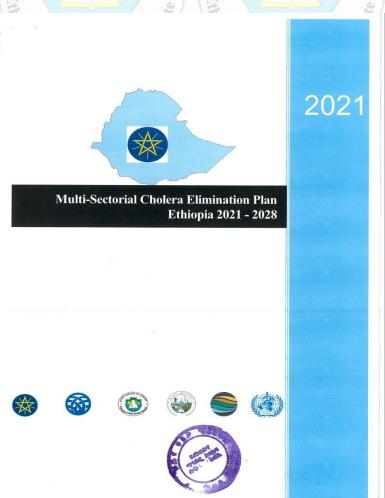




#### **Community Engagement**

- Three strategic objectives
  - Mainstream community engagement into all pillars
  - Increase the risk communication activities in mass gathering areas,
  - Increase community engagement and participation of communities for early diarrheal disease detection, notification, and cooperation during OCV campaigns

## Monitoring and Evaluation/National Cholera Plan···



 Baseline assessments across all intervention pillars will be conducted in the first year of implementation







