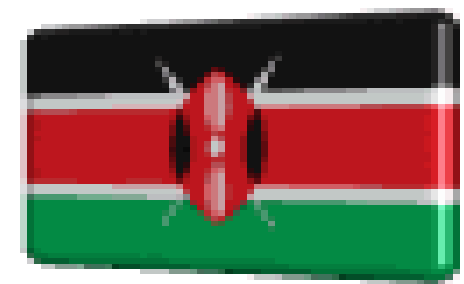


National Multi-sectoral Cholera Elimination Plan 2021-2025



**Presented by Dr. Okunga Emmanuel
Ministry of Health, Kenya
9th June, 2021**

Kenya NMCEP – The process



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71st WHA (May 2018) – resolution to implement Global Roadmap

Late 2018 – GTFCC/CDC sent a SME for technical support

July 2018 – Kenya first multisectoral meeting

March – September 2019 – Hotspot mapping conducted

February 2020 – CDC consultant engaged

Early 2021 – Kenya Submitted NMCEP to GTFCC Independent Review Panel

May – June 2021 Revising the hot spot analysis with recent data & addressing IRP comments



What is in the Kenya NMCEP?

- History of Cholera in Kenya
- Kenya's specific goals
- Coordination mechanism (National & County level structures)
- Hotspot mapping
- SWOT analysis (by pillar)
- Implementation plans (by pillar)
- Monitoring framework for Key Indicators
- County baseline information (questionnaire feedback)



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History of Cholera in Kenya



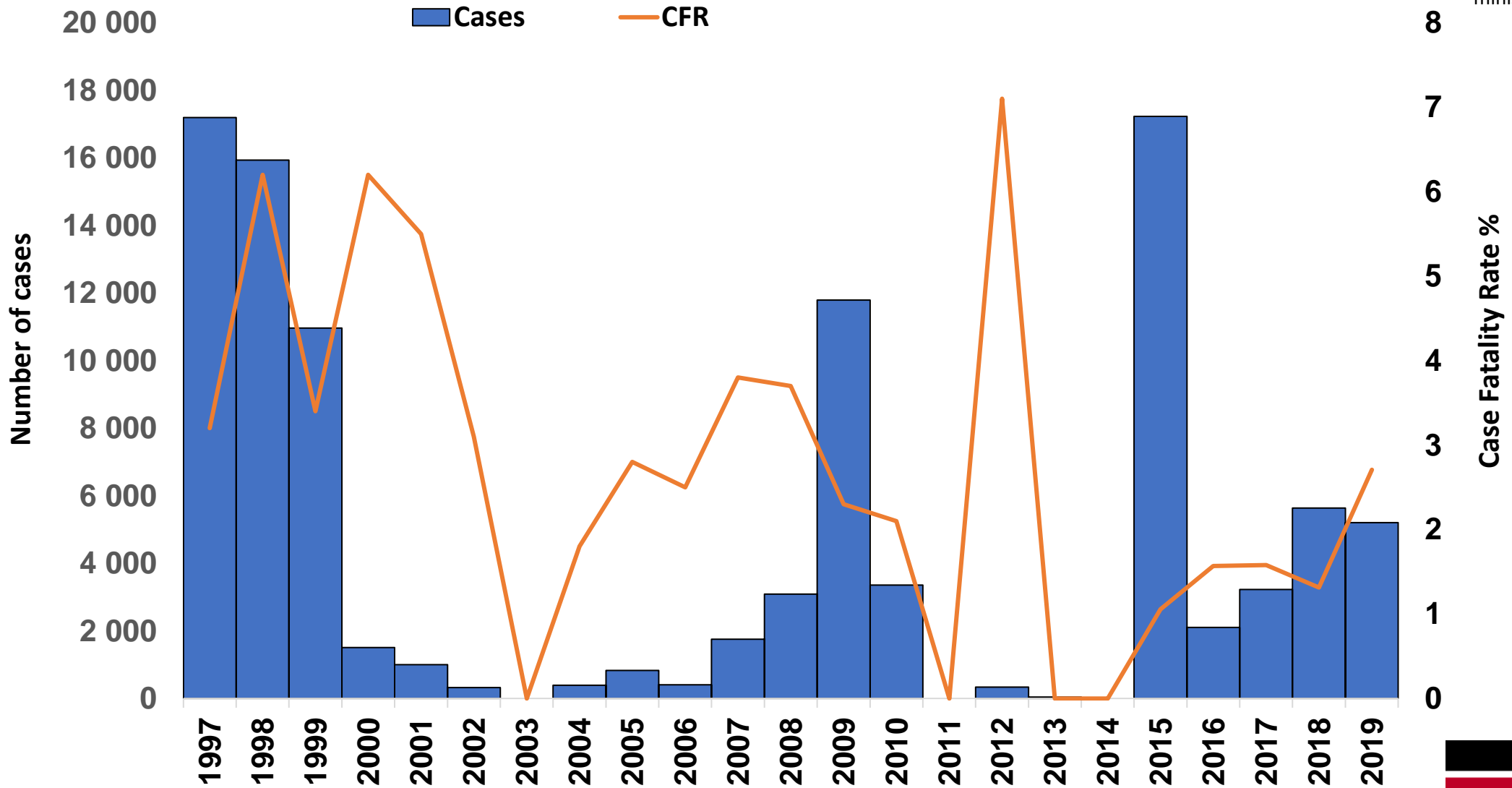
- Cholera is one of the priority diseases under Kenya's 3rd IDSR guideline
- Cholera was first reported in Kenya in 1971
- Notable widespread outbreaks in; 1997-1999, 2007-2010 & 2015-2020
- Widespread outbreaks in
 - Refugee camps
 - Informal settlements
 - Mass gatherings
 - Areas bordering neighboring countries
- Most recent outbreak (May 2021) in Dagahaley Refugee Camp, Dadaab Sub – County, Garissa County



Annual cholera cases & case fatality rate, Kenya 1997 – 2019



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Country goals towards Cholera elimination



Specific Goal	Baseline*	2025	2030
To reduce cholera annual incidence rate (excluding importations)	10 per 100,000	5 per 100,000	0 per 100,000
To reduce number of deaths reported by 90%	97 deaths	50% reduction	90% reduction
To reduce cholera case fatality rate to less than 1%	1.7%	0.8%	0.4%

**Baseline calculated as Average of past 5years*



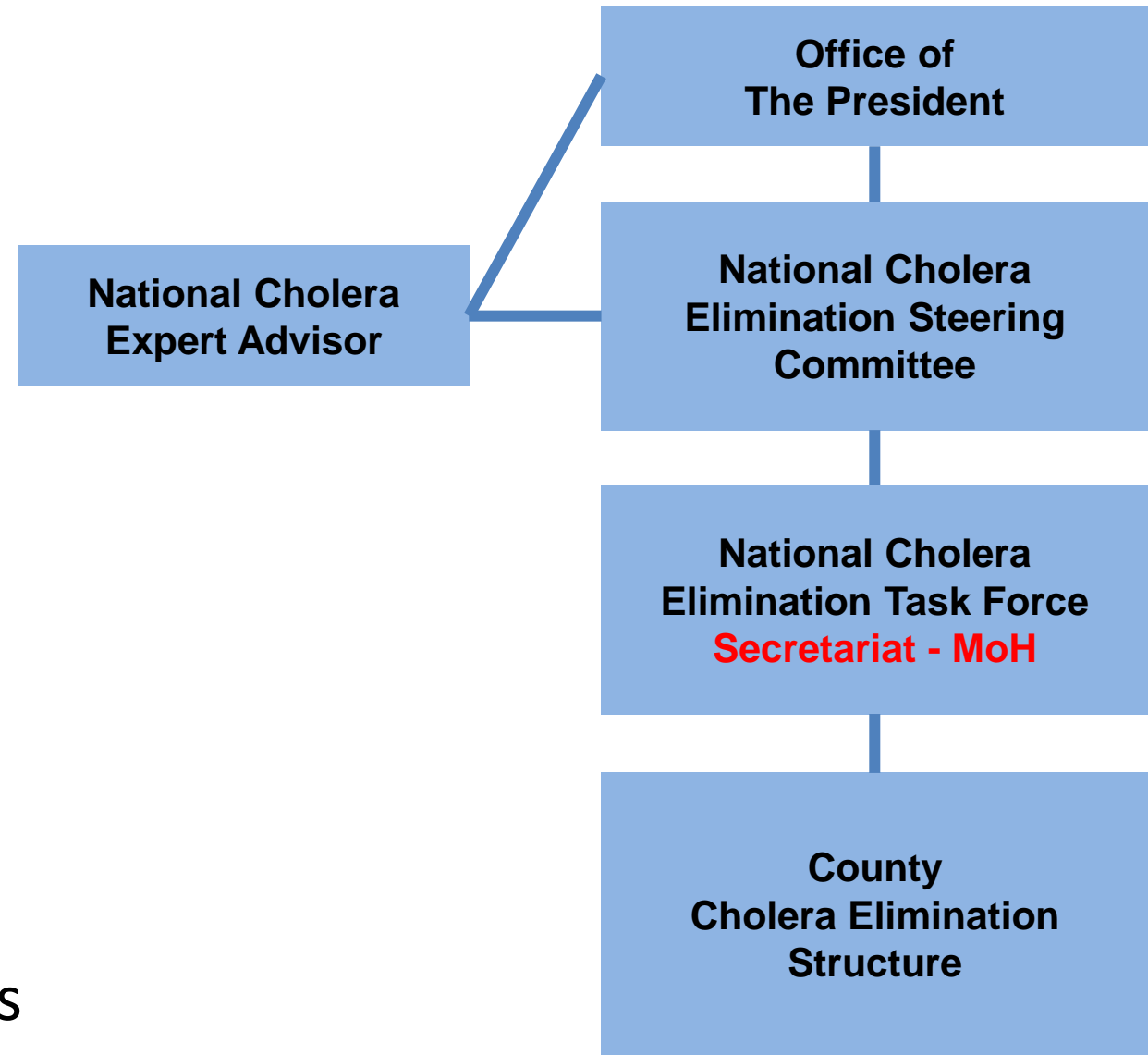


Coordination mechanism

- Multisectoral involvement
- NMCEP to be hosted by Office of The President
- National steering committee – key Ministry heads, Council of Governors & Partners
- Cholera advisor – advocate for funding, oversee implementation & ensure targets towards elimination are met
- Ministry of Health – secretariat to the Task force
- Counties to have similar structures



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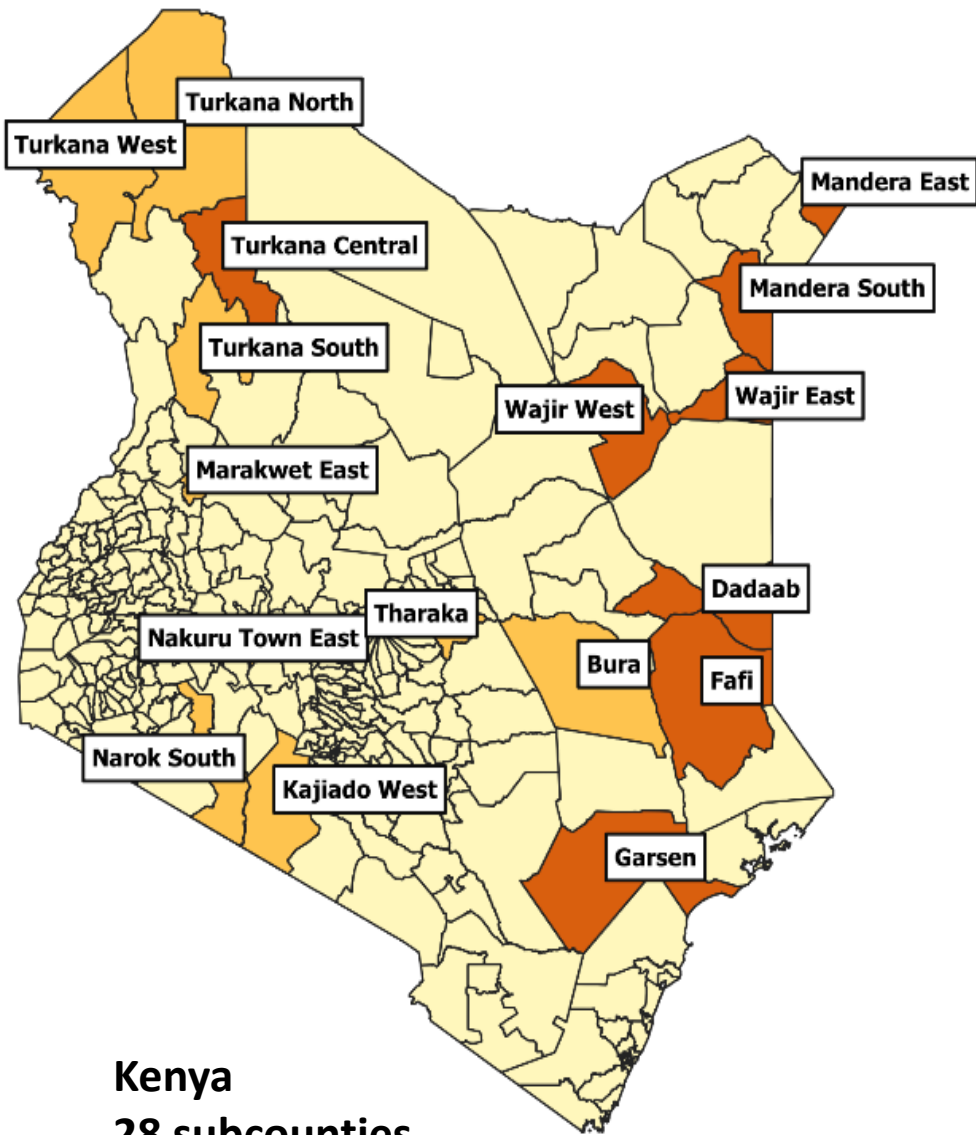


Cholera hotspot mapping

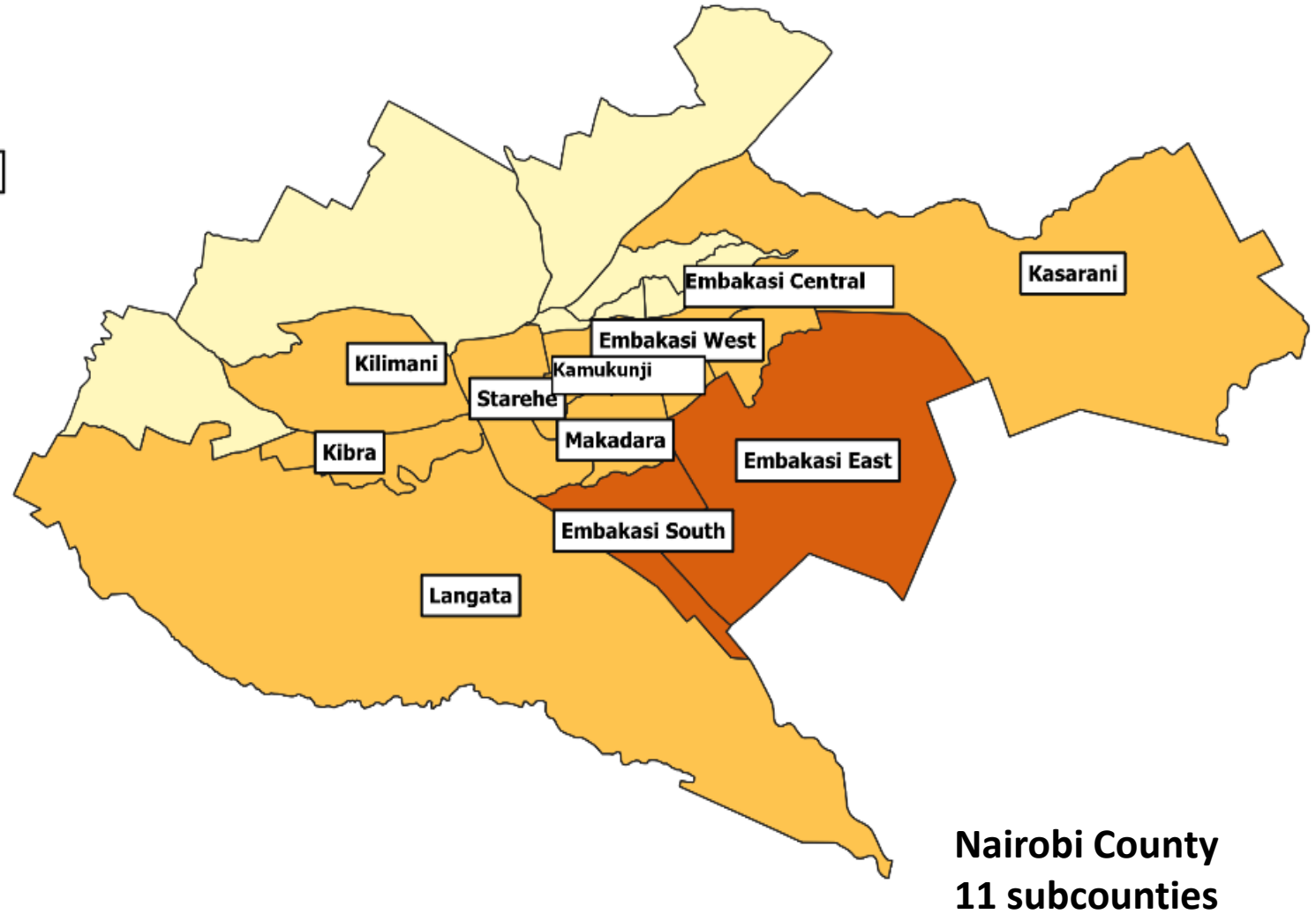
- Revision upon IRP recommendation to include recent data
- Applied hotspot definition proposed by the GTFCC Surveillance TWG
- 5 year surveillance line list data (2015 to 2019)
- **Step 1 – subcounty used as the unit of analysis**
 - Calculated Mean annual incidence over the past 5-year period
 - Percentage persistence by weeks
 - 25 (of 290) subcounties identified
- **Step 2 – WASH indicators applied** to reclassify subcounties classified as Low or Medium priority from step 1
 - 28 (10%) of sub counties classified as hotspots
 - Population living in the cholera hotspots is **6million**



Spatial distribution of hotspots by subcounty in Kenya, 2015-2019



Kenya
28 subcounties



Nairobi County
11 subcounties

High Medium Low



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Implementation plans – highlights

- Objectives and Activities for 6 pillars
 1. **Leadership and Coordination** - political commitment required for successful NCP implementation & continued funding, NMCEP to be hosted at the Office of The President
 2. **Surveillance and Laboratory services** - surveillance to be heightened to predict outbreaks
 3. **Case management** - prepositioning of commodities & laboratory supplies in hotspots
 4. **OCV** - Kenya is working on introduction of OCV for preventive & reactive campaigns
 5. **WASH** – focus on need for investment in WASH infrastructure
 6. **Risk Communication & Community engagement**- focus on community actors for cholera elimination in hotspot areas
- Monitoring & evaluation of key indicators (by pillar)
- Budget



Challenges

- Other Health Emergencies– Ebola Preparedness, COVID 19 preparedness & response, immunization activities
- Surveillance bias – focus by Surveillance officers on other emergencies -Cholera cases not adequately followed up
- Inadequate funding for implementation of cholera control measures
- Inadequate human resource/ technical capacity – reliance on external support to bridge HR gaps
- Lack of comprehensive and updated WASH data
- Difficulties in engagement of relevant sectors & actors during the various steps
- OCV not yet approved for in country use for Cholera control in general public hospitals and in community (OCV only approved /available in private facilities and pharmacies)



Lessons learnt

- Need to elevate coordination to a higher office i.e. Office of The President to
 - achieve multisectoral engagement in implementation
 - advocate for funding
 - give cholera special focus
 - prioritize Cholera elimination agenda
- Need to have coordination structures at all levels of government esp. in a devolved governance like Kenya
- External partner (WHO CDC WSU) technical and financial support key in moving the NMCEP revision
- GTFCC tool and guidance (September 2019) made the mapping process straight forward and reproducible without reliance on external input
- Availability of WASH data is essential in reclassification of hotspots



What Next for Kenya NMCEP?

July 2021

- Validation of document by wider stakeholders
- Seek Approval for OCV use in country

August 2021

- Adoption and launch of the NMCEP
- Engage an expert to make a case for Cholera elimination
 - Advocacy for funding (domestic and external)
 - Establish a strong M&E Unit
- Prepare multi year OCV introduction plan



Thank you



MINISTRY OF WATER, SANITATION
AND IRRIGATION



MINISTRY OF HEALTH

