



GLOBAL TASK FORCE ON
CHOLERA CONTROL

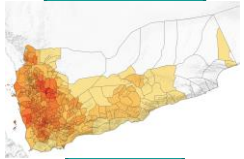
**TECHNICAL COOPERATION AND
COORDINATION**

Moderator: Nick Thomson
Rapporteur: Andrew Azman
GTFCC Secretariat Focal Point:
Kate Alberti & Morgane
Dominguez



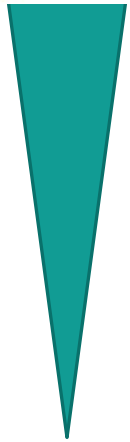
Conception phase

Aim is to say why and where we need a multi-sectoral approach



Planning phase

- Tell us about successes or failures*
- What/Where/when are there gaps in cooperation/coordination*
- What/where/when are the barriers to cooperation/coordination*



Implementation phase



KEY CONCLUSIONS FROM THE DISCUSSION

- Clear challenges between health and WASH coordination (less in emergencies)
 - Agency coordination
 - Very different planning and implementation timeline across sectors
- High-level political leadership really key
- Efforts to continue ‘selling’ the NCP not only during inception and development but during implementation
- Multi-sectoral cholera working groups common and bring sectors together
- National cholera control plans as a means for coordination and information sharing
 - Disappointment from some that some sector plans funded while others remain unfunded
- Shared framework for M&E (e.g., indicators, expected mechanism of action, common theory of change)
- Continued recognition that cholera is linked to many other community challenges (education, poverty etc) key
- Intermittent nature of cholera in many places leads to clear challenges for all sectors to keep cholera high on agenda. Broader integration with other standard programs (e.g., diarrheal disease) can help with continued integration.

RECOMMENDATIONS

1. Management of national cholera control program above the level of a single ministry (*number of NCPs managed by supra-ministry authorities*)
2. During development of national cholera control programs, alignment of theory of change and indicators (indicators need more thought)
3. Systematic efforts to document multi-sector success stories key to new improving future technical collaboration and coordination (*# new case studies for next year*)

Thank you

Together we can
#endcholera



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