Global Task Force on Cholera Control (GTFCC)
Working Group on WASH

WASH Working Group meeting

29 September 2021

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Acronyms and abbreviations

ICG	International Coordinating Group
GTFCC	Global Task Force on Cholera Control
NCP	national cholera control plan
OCV	oral cholera vaccine
US CDC	US Center for Disease Control and Prevention
WASH	water, sanitation and hygiene
WHO	World Health Organization

Participants

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Introduction

Alongside the GTFCC secretariat, WaterAid as chair of the WASH working group, led by Dr Nurullah Awal of WaterAid Bangladesh convened a working group meeting to discuss priority areas and workstreams of the working group for the year ahead, with the following objectives:

- Review and take stock of the WASH Working Group workplan
- Update members of the group on the group's five workstreams and discuss the priority areas of work for the remainder of 2021 and 2022
- Decide which 2-3 work areas to prioritize and plan resource allocation accordingly
- Create shared ownership of priority work areas through the development of sub-working groups, to be led by group members volunteering for the task.

After a quick live poll to get a sense of attendees' ongoing cholera control activities, the meeting started with an overview of the WASH working group workplan for 2021.

WASH working group workplan 2021

***Justine Haag**, GTFCC WASH focal point*

The 2021 workplan consists of ten activities split into five workstreams and needs updating. Some of these activities have started, others have not. Justine Haag provided brief updates on the different workstreams as follows.

- **WASH & oral cholera vaccine (OCV)**
    - Pilot guidance of WASH Minimum package in parallel to OCV campaign in Tigray (GTFCC-WHO): this has been done (see presentation below)
    - Inclusion of WASH in OCV requests (this has not been started)
    - Review of activities integrating WASH and OCV: this activity about two years old and ready to be refreshed.
- **WASH in National Cholera Control Plans (NCPs)**
    - Develop and pilot a costed tool for the WASH pillar of the NCPs: see summary of presentation below
- **WASH data**
    - Contribute to a repository/database of national level WASH data (in collaboration with Johns Hopkins University and the GTFCC surveillance working group): this work is ongoing
    - Methodology for WASH baseline in cholera hotspots: see summary of presentation below
- **Cholera WASH research**
    - Contribute to filling in the research project tracker with WASH studies relevant to cholera control: to be continued
- **Advocacy**
    - Develop simple and straightforward messages on Cholera and WASH
    - Develop an advocacy strategy for WASH projects to focus on cholera hotspots
    - Build on the successes linked to the COVID-19 response and related initiatives – for example, through the Hand Hygiene for All Initiative

WASH baselines in cholera hotspots

***Tom Handzel**, US Center for Disease Control and Prevention*

The objective of this workstream is to create baseline estimates for water, sanitation, and hygiene (WASH) coverage in predetermined cholera hotspots that can be used to measure progress over time as WASH infrastructure is developed. This work is designed to be linked to other activities, such as costed cholera plans or OCV coverage surveys, in order to show progress on the GTFCC Cholera Roadmap in these hotspots.

There are several examples of implementation of the baseline survey combined with planned OCV campaigns. In this methodology, the WASH questionnaire is included in the OCV coverage survey, often a multi-stage cluster survey, and paired water quality samples can be taken from households in each cluster (from stored household drinking water and source water), with a pre-plan to ensure sample size is powered enough to make WASH coverage estimates for the hotspots. The survey

consists of the OCV campaign questionnaire plus WASH coverage questions on water sources, availability, storage and treatment; sanitation; availability of handwashing stations; knowledge, attitudes, and practices regarding cholera; and health seeking behaviours.

The first study example was planned for Bangladesh, in the Rohingya population in Cox's Bazaar, where there are two hotspots, but was unable to proceed due to COVID-19. The next is planned for October 2021 in Zanzibar, where a post coverage survey will be combined with a WASH assessment across 33 hotspots defined at Shehia level (the administrative level below district level) in nine districts. The Shehias' populations range from 1000-25 000 persons and those of the districts range from 1000-132 000 persons. Shehias will be combined to create district level WASH baselines by oversampling if the budget is available. The study will be powered to provide WASH coverage estimates for select individual districts.

The second methodology for the group is to do standalone WASH surveys distinct from OCV campaigns. Here, the standard WASH questionnaire would be deployed using a representative sampling methodology. In smaller hotspots a simple random sample would be used assuming 80% power, 95% CIs, 10% non-response and proportion of 50% over a sample size of 430 households powered to make an estimate and detect at least a 10% difference between survey rounds. For larger hotspots a multi-stage cluster survey would be done assuming a default design effect of 1.5, 80% power, 95% CIs, 10% non-response and a proportion of 50% over a sample size of 698 households powered to make an estimate and detect at least a 10% difference between survey rounds. Paired water quality samples could be taken from a proportion of households and water sources of those households.

This work has raised a number of questions for discussion. These include whether there should be one baseline per hotspot or whether nearby hotspots can be merged for baseline; how to prioritize which hotspots to conduct baselines in; and whether to redefine hotspots if only a portion of the district is reporting cases (i.e. hotspots within hotspots).

Developing a methodology for costed wash action plans in cholera hotspots: progress and next steps

***Omar El Hattab**, UNICEF*

This work is part of the GTFCC WASH in NCPs workstream. It started in late 2019, supported by CDC, with the goal of providing a replicable and standardized method to produce WASH costed plans in cholera hotspots. The tool is targeted at national and local governments supported by GTFCC partners and is designed to provide a simple way to target key actions. To date, UNICEF has engaged a consulting firm (ESA) to develop a WASH costed plan methodology for cholera hotspots. Two country pilots were planned, but unfortunately COVID-19 disrupted the project, and only the first pilot was conducted (in Goma in 2020). This work evolved in three phases: a literature review and preliminary analysis of cholera data to provide a picture and identify key zones for intervention; a data collection phase; and the prioritization and costing of actions.

The next steps will be based on analysis of the work that has been done so far. The ESA pilot study was done as a proof of concept, and UNICEF and CDC have shared concerns about the methodology and results it obtained. The costing part of the project was intended to be the focus of the second pilot, which has not taken place, and needs further work. UNICEF and CDC are working together to resume the work and to define detailed terms of reference for the next phase. The possible options include use of a baseline approach only with a standard, easy-to-replicate methodology; use of a

mixed baseline approach with WASH access targeting based on household survey data providing an additional layer of geographic prioritization; or use of a mix of baseline approach with risk factor analysis to offer a second prioritization level based on intervention type (though a review of the methodology would be required to remove some methodological bias identified in the pilot). The higher complexity of different approaches can be expected to reduce replicability and raise costs.

Integration of WASH and OCV

***Malika Bouhenia**, GTFCC OCV focal point; **Francis Mulemba** – operations support and logistics, WHO HQ*

OCV campaigns are an excellent entry point and catalyst for WASH and community engagement work as complementary actions to bridge emergency response and medium to longer-term cholera interventions in endemic and epidemic settings. Emergency campaigns can be used as catalysts for advocacy and longer-term WASH investment in cholera hotspots. To this end, guidance has been developed that proposes a minimum package for WASH and OCV including interventions such as those in the figure below. The total cost is 200,000 USD for 200,000 people or 1 USD per person, accounting for 20% of the total cost required to support two rounds of vaccination. The overall cost is $1 million for 200,000 people or $5.00 per person.

Table 1. Cost of WASH and Community Engagement Interventions to Accompany an Emergency OCV Campaign[1]

Based on a population of 200,000 people living in a cholera hotspot for a 30-day supply, with an average of five people per household or 40,000 households. This covers one round of vaccination.

Activities	Items	Quantity	Unit Cost ($)	Total Cost ($)	Notes
Chlorination of water sources and safe water storage containers	• Bulk chlorination, bucket chlorination, household water treatment options • Water storage container[2]	Lumpsum per household 1 container per household	3.50	1404,000	Efficiency and cost-effectiveness should be considered when selecting most suitable treatment option (and/or combination of)
Provision of hygienic items	Soap - all purpose	1 bar per household	0.20	8,000	
Mass communication campaign	IEC materials, radio, posters, training, personnel	Lumpsum per household	0.40	16,000	
Monitoring and Evaluation	Equipment, training and personnel	Lumpsum per household	0.90	36,000	Costs to conduct Water quality surveillance, Post Intervention Monitoring and the WASH assessment are included
GRAND TOTAL ($)			**5.00**	**200,000**	**Cost per person is $1.00**

The timeline for integration consists of WASH and CE interventions during the first round of OCV; post-implementation monitoring during the second round (consisting of a survey to assess implementation); and the inclusion of WASH assessments in coverage, as per the previous presentation.

The GTFCC group intended to implement this approach for the first time in 2019 in Sudan, but this initiative failed due to inadequate preparation. It was subsequently carried out in Tigray in 2021. This region has seen conflict in since November 2020 and contains several cholera hotspots. Accordingly, in May 2021 four million OCV doses were requested through the International Coordinating Group (ICG) for a pre-emptive campaign in Tigray, and the first round of vaccination was carried out in June 2021, during which 1.4 million people were vaccinated across 21 woredas (administrative regions). There were some difficulties, including around finding internally displaced people (IDPs) and conducting monitoring and evaluation in a conflict situation. Partly as a result, the second round of vaccination is still pending.

Initial sizing for the planned distribution to integrate WASH and OCV for 200 000 families (i.e. around 1 million people) requires procurement and distribution of the following minimum quantities of each item for a 30-day supply:

- 40 000 10-litre handwashing devices (e.g. covered buckets with taps)
- 40 000 jerrycans for drinking water
- 1.2 million aqua tabs
- 40 000kg of soap for all purposes.

In Tigray, however, there was insufficient time to bring in all the materiel, and distribution challenges caused gaps between what was planned and what was realized. Subsequent challenges for distribution included supply chain and procurement issues between Addis Ababa and Tigray; issues with storage, where widespread looting prevented any pre-positioning of supplies; active conflict in rural areas making assessment of storage and cold chain capacity difficult; movement of IDP populations; random roadblocks; and limited cold chain capacity for adequate vaccine conservation.

Based on these issues and the identified lessons, recommendations for future campaigns include pre-positioning and stockpiling of WASH items; working to identify countries at high risk of outbreaks where this intervention could be replicated; ensuring that funds are readily available; reflecting more deeply on the type of WASH items used; and ensuring the presence of dedicated logistics staff.

Advocacy in the WASH WG

***Megan Wilson-Jones**, WaterAid*

GTFCC WASH advocacy activities in 2021 have been ad hoc and opportunistic. The current workplan includes work to develop simple, straightforward cholera and WASH messages; to develop an advocacy strategy for WASH projects to focus on cholera hotspots; and to build on relevant COVID-19 related work (such as the Hand Hygiene for All initiative). The goal of this work is to achieve increased political prioritization and financing of WASH for cholera.

From the perspective of the WASH working group, this would mean progress towards a situation where WASH components are fully funded in NCPs; the work of the WASH sector is coordinated in and with national cholera activities; there is increased donor funding for WASH; and existing WASH resources are targeted to cholera hotspots. Ways in which this could be achieved

include involvement of the working group in global and regional WASH and health events such as the World Health Assembly and the World Water Forum to elevate cholera and the role of WASH; wider and more effective documentation and sharing of case studies; better coordination so that the WASH sector works more closely with the health sector to target WASH projects to hotspots; and more and better WASH/OCV co-implementation. Engagement with the WASH sector could be improved. Support for national advocacy could also be strengthened via the GTFCC Country Support Platform (CSP) and its managers. For example, this could include additional resources and messaging could be produced by the working group to support national advocacy efforts, and mapping of WASH partners in these countries to coordinate efforts. These ideas should be developed further in a dedicated sub-working group or task team.

Workstream poll

A short poll was conducted to make an initial assessment of which working group members were willing to help conduct the different activities on the workplan. The group showed interest in continuing work on these workstreams, with the most interest in work on WASH capacity, case studies, hygiene and water safety planning.

The following sub-groups have been formed:

WASH data:
Pierre-Yves Oger, Lauren D'Mello Guyett, *Justine Haag*, Alex Machado, Kyla Smith

WASH in NCPs:
Christophe Valinguot, Pierre-Yves Oger, *Justine Haag,* Annika Wendland

WASH&OCV:
Omar el Hattab, *Malika Bouhenia*, Francis Mulemba, Albert Reichert, Justine Haag, Dr. Nurullah

Advocacy:
Megan Wilson-Jones, Tom Handzel, Kristen Cox Mehling

WASH research:
Claudio Valsangiacomo, Lauren D'Mello Guyett, Omar el Hattab, Albert Reichert, Tom Handzel

WASH capacity / training:
Alex Machado, Christophe Valingot, *Justine Haag*

Case studies:
Christophe Valingot

Hygiene behavior/safe food preparation:
Alex Machado

Water Safety Planning/Water Quality Monitoring:
Tom Handzel, *Justine Haag*, Omar el Hattab and Albert Reichert

WASH and IPC:
Pierre-Yves Oger, *Dr Nurullah*, Omar el Hattab

The leads are indicated in italic and can be contacted by members that did not attend the meeting and wish to join the discussions.

Discussion

A period of open discussion followed, highlighting several themes and points.

- The Tigray campaign is effective proof of concept that WASH and OCV can be combined; but arguably combination should not be the default option. There will be times when it makes sense to do it, and times when it does not. Clear criteria are therefore needed as to when to combine.
- While OCV is not a perfect solution or long-term solution, it saves lives and satisfies the mandate to avoid unnecessary death. Consolidation of activities requires rethinking the integration of WASH and OCV requests in light of re-examined mid- and longer-term objectives and workplans.
- It is important in every OCV application that there is a commitment from the respective governments to work on WASH to address the root causes of cholera. The GTFCC must have a way to hold governments to account when OCV applications are received. Two years ago there were demands for clear commitments from governments to work on WASH, but years down the line the same OCV applications are coming in, sometimes for the same locations. It is important to move away from the mentality of using OCV as a "painkiller" to respond to outbreaks, and instead to focus on their root causes. When making requests for preventive campaigns, countries submit a plan of WASH activities that they have to implement, but these are not subsequently assessed. The GTFCC is working on having a plan for multi-year requests that will allow better assessment of this and other developmental questions, facilitating a push for more evidence of what has been done.
- Putting pressure on states to be accountable for their promises for WASH and for general development of their infrastructure requires additional partners who, as part of their core work, push for the realization of the Sustainable Development Goals (and particularly SDG6). The GTFCC should address this.
- It is important that the GTFCC avoids excessive proliferation of subgroups. Keeping the collegiate nature of the existing working groups and ensuring that there is regular communication and cross fertilization of ideas from different technical working groups is important and should be safeguarded. As these new groups form, it is important to plan opportunities to come together and share across the different groups.
- In the coming month or two an updated vision for the WASH group will be drafted, along with a rough budget, a plan for consultancy demand, etc. The goal is to complete a draft workplan for 2022 by the end of the 2021, and an in-person WASH working group meeting will probably be held in March 2022.

Closing statement

***Philippe Barboza**, GTFCC*

It is important to use any relevant opportunities to piggyback WASH on OCV campaigns, and to ensure that OCV campaigns are strategically used to buy time for longer term WASH implementation. Cholera will not be controlled without sustainable implementation of minimal WASH.

Advocacy remains extremely important, and the GTFCC should explore collectively how to ensure that investment or wider strategy for WASH is channelled towards hotspots. Hotspots usually affect the

poorest and most vulnerable populations of any country, but unfortunately in many countries these are not necessarily the areas targeted first for new or improved infrastructure.

Establishing further working groups allows for much more leverage and flexibility to produce more work more quickly.

The role of WASH in NCPs remains extremely important and requires further development, with the development of a collective vision of what is needed and how to monitor countries' commitments. Preventive campaigns provide leverage opportunities to this end.