



GLOBAL TASK FORCE ON
CHOLERA CONTROL

**GTGCC WASH WG MEETING — 9-10 MARCH
2022**

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1.Improve preparedness, early detection, and response to contain cholera outbreaks

2.Deliver long-term integrated WASH/Health projects to prevent cholera and reduce morbidity and mortality

3.Internal and external advocacy, commitment and resource mobilization

ONE WASH FOCUSES ON THREE MAIN ACTIONS THAT ARE CLOSELY INTERLINKED AND OPERATE IN FULL ALIGNMENT WITH THE ***GLOBAL TASK FORCE ON CHOLERA CONTROL ROAD MAP***

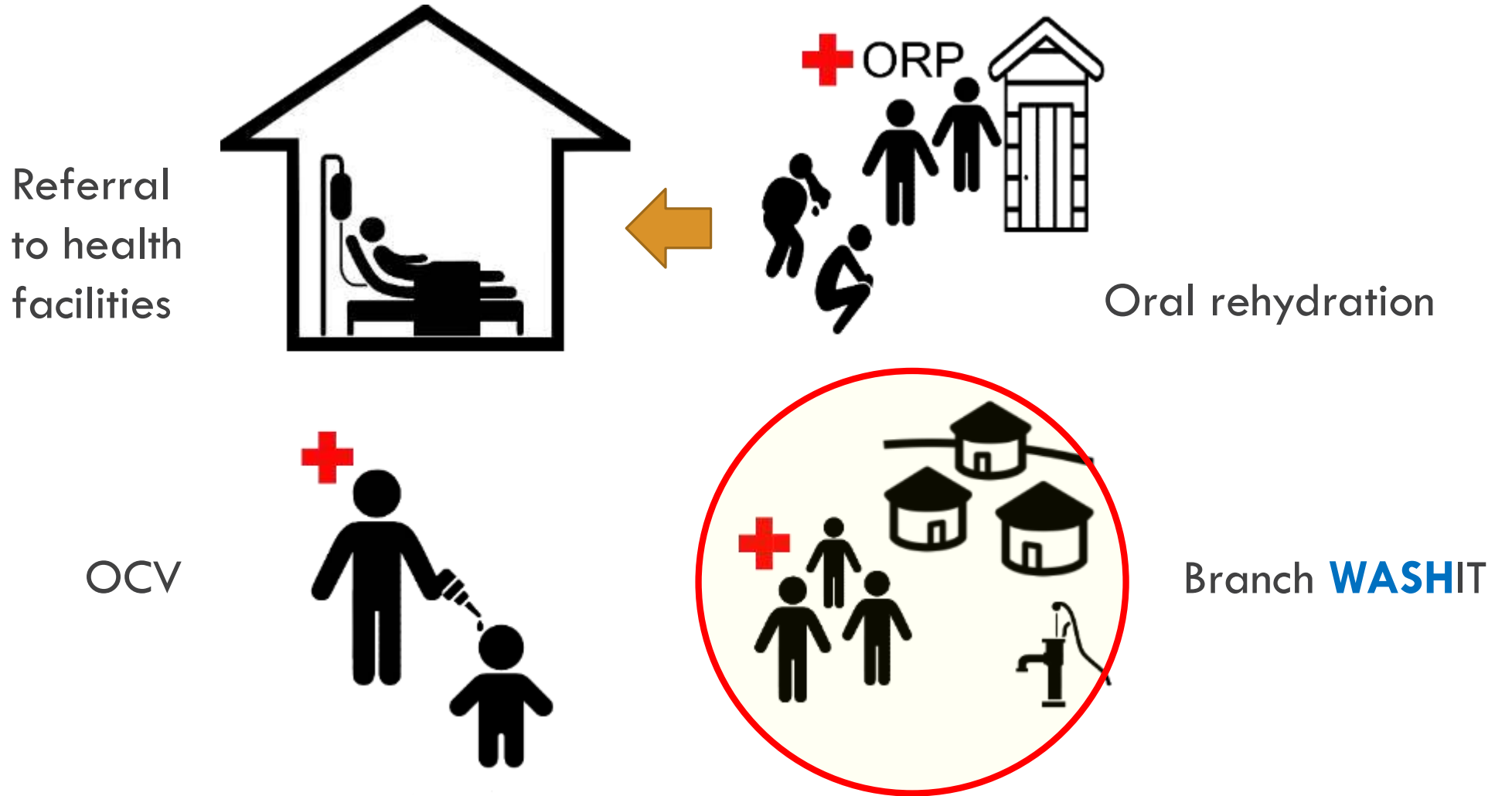
IMPROVE PREPAREDNESS, EARLY DETECTION, AND RESPONSE TO CONTAIN CHOLERA OUTBREAKS

Red Cross Red Crescent (RCRC) branches and their volunteer network offer rapid action if coordinated with community and state health services. Prioritizing branches in cholera hotspots.

The RCRC cholera response approach has three elements:

- ***Oral rehydration therapy in communities*** - immediately saving lives through rehydration and referral
- ***Branch WASH Intervention Teams*** to break transmission in health facilities, households, and communities
- ***Support to oral cholera vaccination campaigns*** through community awareness and mobilization and rumor management.

RCRC PREPAREDNESS, EARLY DETECTION AND RESPONSE



HOW IT WORKS AT COMMUNITY AND BRANCH LEVEL

Community ORT volunteers identify, treat and refer cases of diarrhoea based on level of dehydration. They alert branch and district health authorities of cases.

If district health authorities identify a significant increase in cases, one or more ORPs are deployed.

Cases are registered either by ORT volunteers in their community, by volunteers working at the ORP or by government health facility staff.

Registered cases are used by local health authorities and the Team to identify outbreak hotspots.



HOW IT WORKS AT COMMUNITY AND BRANCH LEVEL

Branch WASH Intervention Teams (WASHIT) visit communities with high case numbers, directed by line lists and evidence from health facilities, their task being to identify and break transmission routes.

If disease spreads, becoming a major outbreak, ORP numbers are increased and Branch WASHIT continue their work.



HOW IT WORKS AT COMMUNITY AND BRANCH LEVEL

Where vaccination is appropriate and the government is successful in getting oral cholera vaccine (OCV), RCRC volunteers support community mobilization in the campaign and in some cases if required the set up and operationalization of vaccination centres.



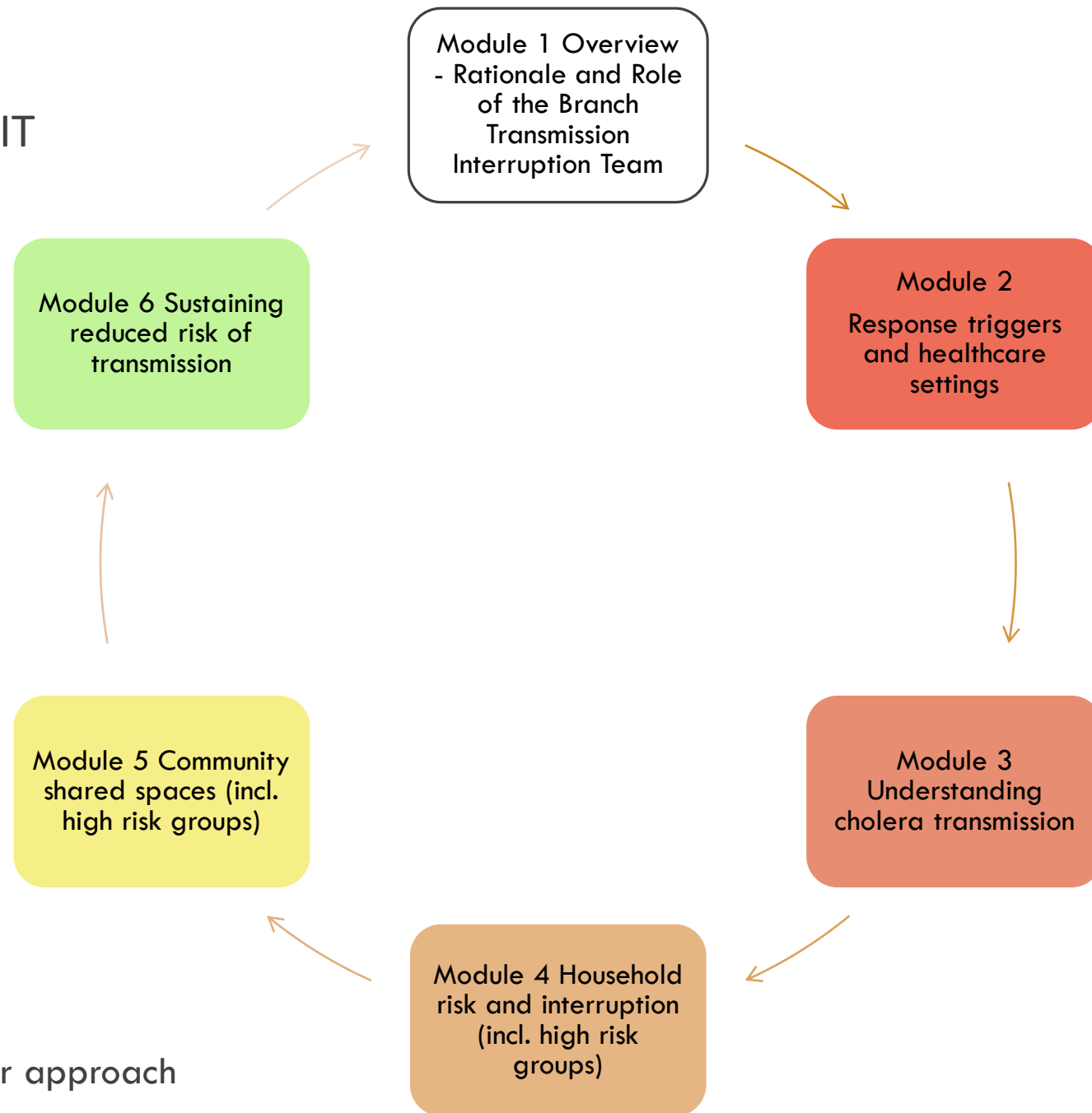
RATIONALE: WHY A BRANCH WASH INTERVENTION TEAM?

Lack of long-term solutions to WASH infrastructure means the risk of cholera outbreaks continues.

A RCRC branch WASHIT can direct prepositioned emergency WASH resources and trained community volunteers to reduced the transmission with community and household level early WASH actions using basic equipment in a targeted manner.

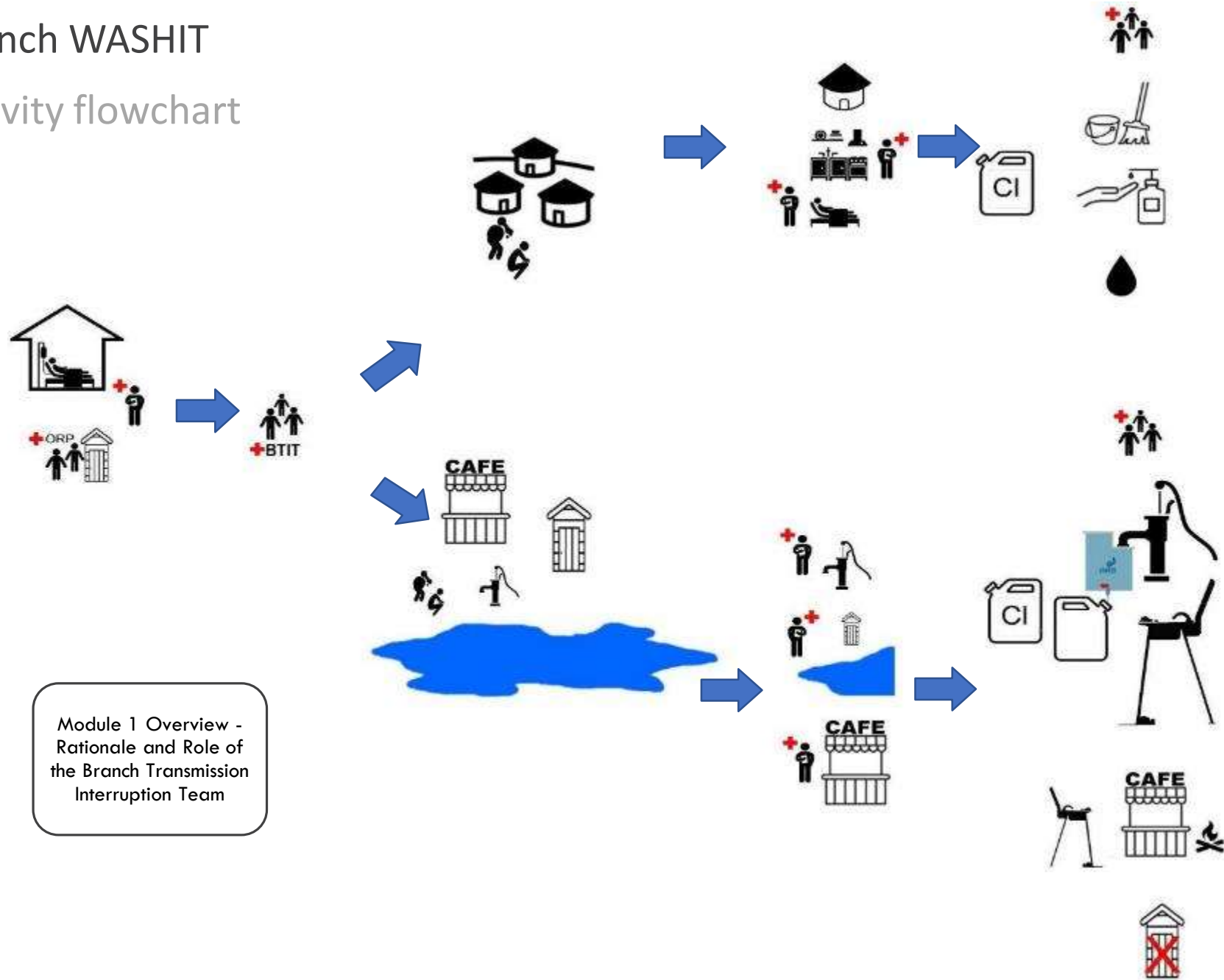
A WASHIT identifies cholera locations, assesses risks, intervenes to interrupt transmission and leaves 'protection' in place to reduce the possibility of recurrent outbreaks.

Branch WASHIT



Based on the MSF five tier approach

Branch WASHIT activity flowchart

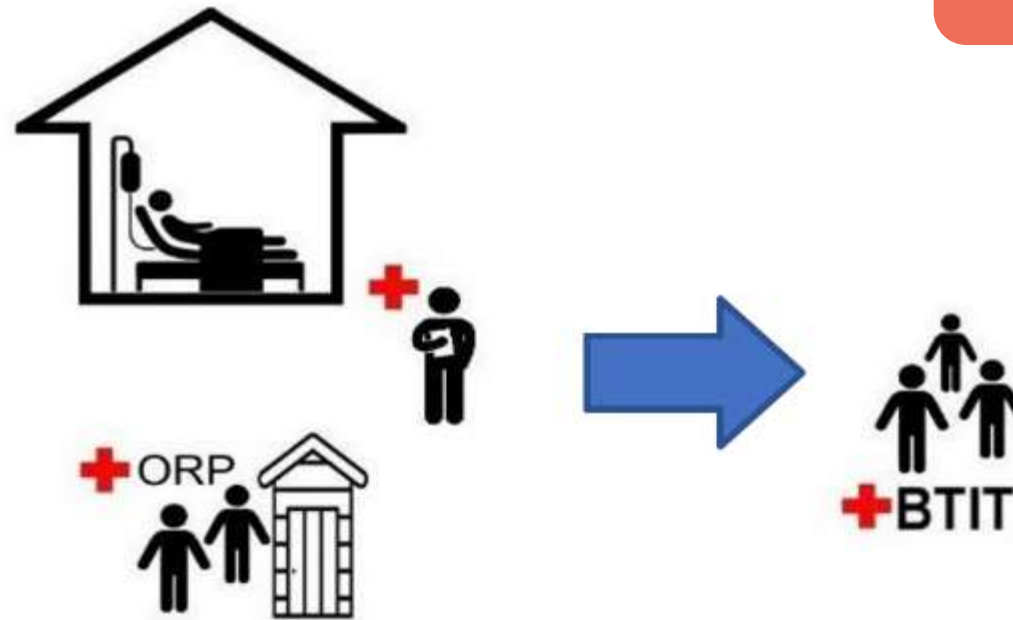


Module 1 Overview -
Rationale and Role of
the Branch Transmission
Interruption Team

Branch WASHIT

activity flowchart

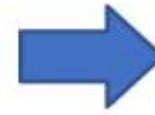
Identifying
intervention locations
through District Health
authorities EPI data
analysis



Module 2
Response triggers and
healthcare settings

Branch WASHIT
activity flowchart

In cholera location, a
general overview of risk



In case household and neighbours
using same water source



Shared spaces

Module 3
Understanding cholera
transmission



Branch WASHIT

activity flowchart

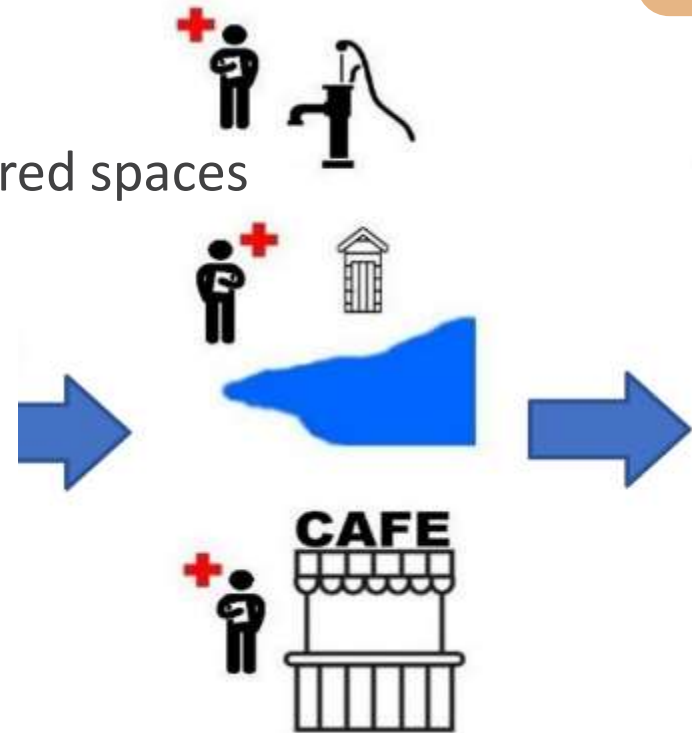
Rapidly assessing risk

Households



Module 4 Household risk and interruption (incl. high risk groups)

Shared spaces



Module 5 Community shared spaces (incl. high risk groups)

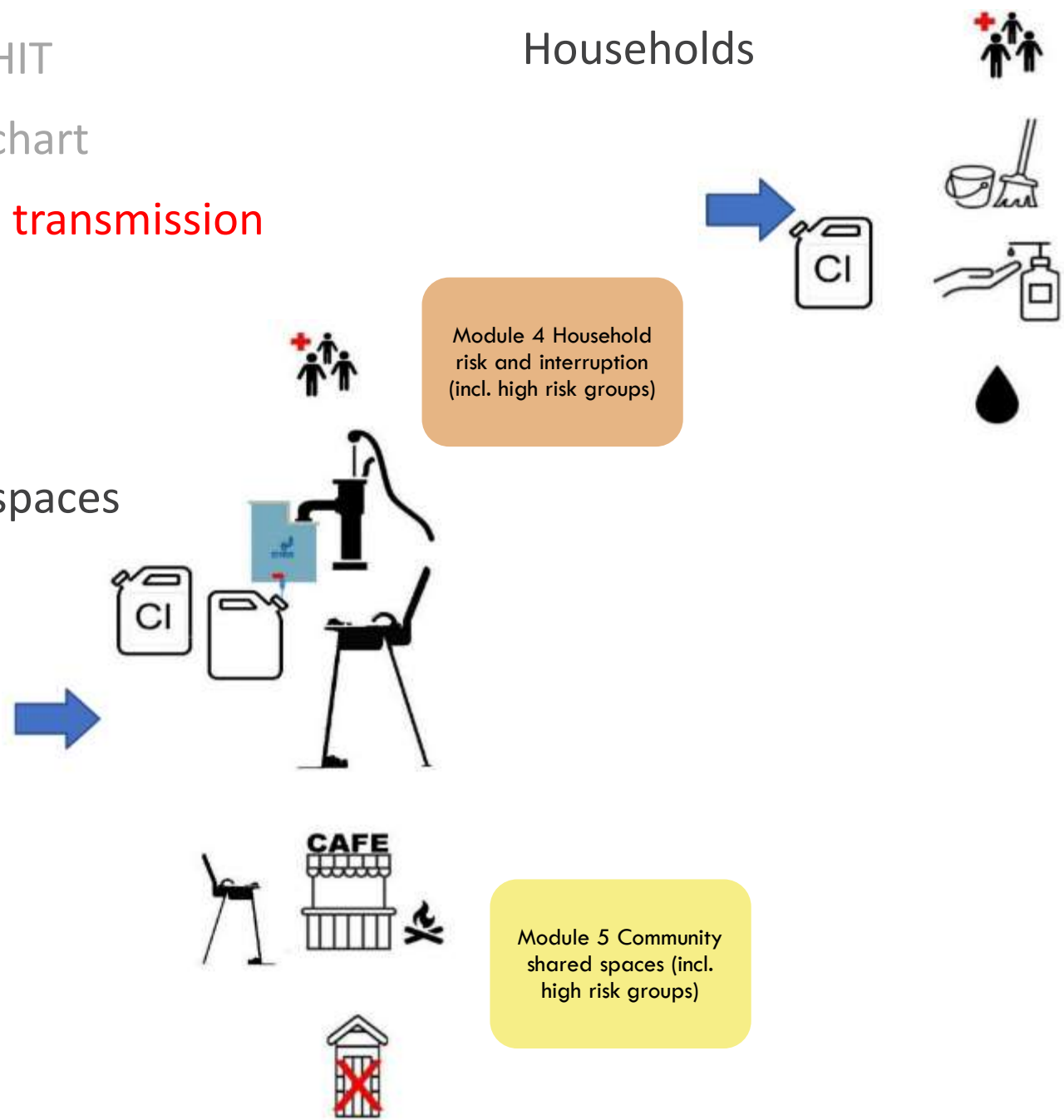
Branch WASHIT

activity flowchart

Intervention transmission

Households

Shared spaces



Branch WASHIT

activity flowchart

Leaving protection through kits
and knowledge behind

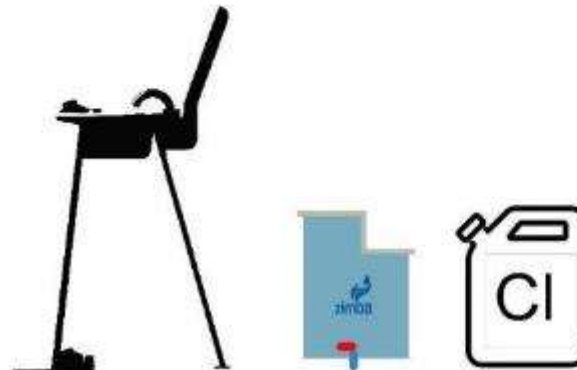
Households



Module 6 Sustaining
reduced risk of
transmission

+ replenishment systems
and responsibilities

Shared spaces



Branch Transmission Intervention Team Training

Module 6: Linking the response to longer-term interventions



Leaving behind the 'means'

The end of an outbreak should not mean the end of working with affected communities. RCRC has the advantage of the permanence of its presence through branches and volunteers.

Leave behind the means handwashing , sanitation, to chlorinate water, continually, seasonally, or during outbreaks elsewhere.

Ways of Working

Work within long term programmes of participating NSs whether it be WASH, Disaster Risk Reduction or Health projects: the methodology fits !

Anticipatory Action protocols for cholera , to provide support on readiness and early action.

Using ongoing emergencies as an opportunity emergency funds building preparedness capacity : preparedness strengthens response and response strengthens preparedness.

Plans for roll out in 2022

Zambia , Malawi (CDC) , Sierra Leona, Niger, Nigeria, Ghana

New: Kenya , Ethiopia, Tanzania, Mozambique

Always looking for donor partners interested in interventions at community level by community members.

Thank you

Together we can
#endcholera



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