Global Task Force For Cholera Control Programmatic Experience



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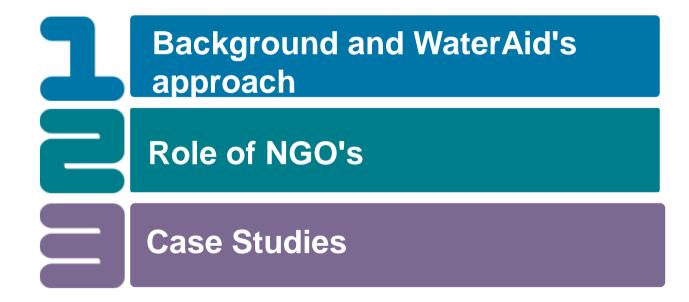








Outline





Background

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- Cholera is a disease of inequality, inequalities exacerbated by COVID-19 pandemic, climate crisis and poverty
- Overshadowed by global events, the impacts of cholera on marginalized populations further deepens the economic burden of disease and inequalities
- West Africa region currently facing the largest cholera outbreak in a decade: A critical call to action is for governments to look beyond emergency measures for cholera response and develop plans that integrate long-term WASH systems improvements for prevention
- Prevention requires coordination of national and sub-national level actors including health and WASH alongside those who budget for cholera prevention and control.

WaterAid's focus on integration

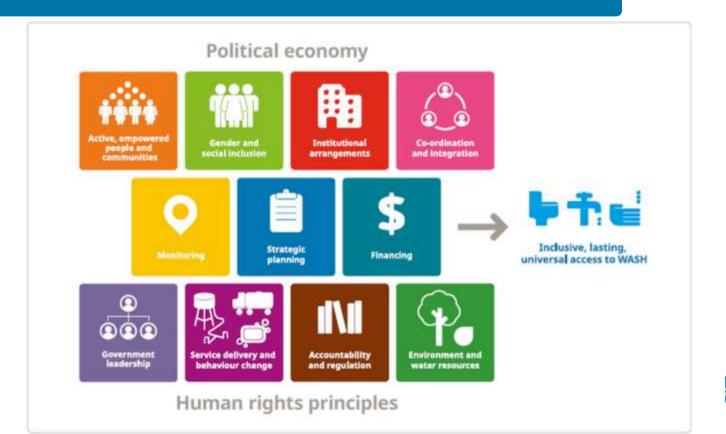
- Key to our former and new global strategy: integration of WASH into existing health programming and responses
- WaterAid works to strengthen WASH components of national cholera programmes through policy engagement, advocacy and contributing programmatically in cholera hotspots.
- Worked in Nigeria, Mozambique, Nepal and Zambia with governments on integrating WASH into cholera programmes
- System strengthening and empowerment
- Evidence-based, behaviour centred designed hygiene behaviour change programming



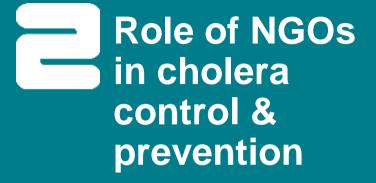


CHOLERA CONTROL

WaterAid's system strengthening approach for sustainable and inclusive WASH







Accountability

Addressing Inequalities

Investment



Accountability: NGOs can hold duty bearers accountable for WASH as a priority in long term cholera prevention and quality healthcare

- Urgently provide adequate resources for an enabling environment to improve and sustain climate resilient WASH infrastructure, supplies and training, particularly in identified cholera hotspots.
- Ensure involvement
 of ministers across government responsible for water,
 sanitation and hygiene are engaged in achieving National Cholera
 Plans and leveraging entry points for integration.
- Ensuring use of data to drive action Embedding and tracking disease surveillance data and WASH data to target WASH solutions as part of cholera prevention.



Addressing inequalities: NGOs advocate for equitable access to sustainable WASH for marginalised groups and targeting cholera hotspots

- Mass public health information campaigns are tailored to meet the needs of the most at risk groups including people with disabilities.
- Empowering marginalised groups at greatest risk of cholera outbreaks to directly advocate to decision-makers for WASH as part of prevention and improving living conditions.



Rhoda Chikanda speaks for her community with parliamentarians in Malawi.



Investment: NGOs drive action for prioritisation of climate resilient WASH and influencing this investment as a critical part of long-term cholera prevention

- Demonstrating impact of investing in climate resilient WASH now to prevent future outbreaks
- Reaching across sectors such as vaccines, WASH, disease surveillance and financing
- Bringing together like-minded and nontraditional partnerships across emergency response and long-term development
- Supporting skilled workforce capacity building e.g. integration of hygiene behaviour change into cholera vaccination programmes, WASH technical training









Case Studies:

- Hygiene behaviour change through routine immunisation
 - Nepal
- Driving political will to end cholera and prevent COVID-19 spread in Bauchi State

Soordination

Sustained Hygiene Behaviours at Scale

Integration modality (health, education, nutrition, private sector)

Mainstreaming modality (WASH)

Campaign modality (national/districts/regional / institutional)

Inspirationally branded umbrella campaign



Handwashing with soap



Safe Water Management



Faeces Management



Food Hygiene



Menstrual Hygiene COVID19 sensitive behaviours

Households/communities, schools, healthcare facilities, public places and workplace settings

Behaviour change focus

- Changing scripts motivations
- Changing <u>behavioural</u> settings
- Encouraging social norms

Infrastructure / products

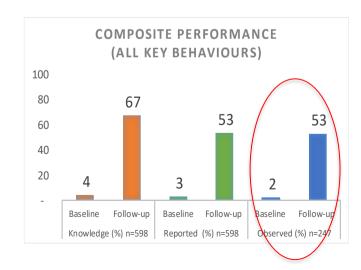
Knowledge

Policy environment

Example: Integration of hygiene promotion through routine immunization in Nepal

- **Aims:** to improve behaviours, strengthen immunization system and change policy
- Approach: behaviour-centred design
- Implemented at scale: 4 districts (pilot) to nationwide scale (77 districts) – 700,000pop,
- Delivered through existing immunization programme
- Offered model and solid business case for integration (WASH, health, behaviour change/nutrition sensitive behaviours and immunisation/vaccines
- Routine immunisation now modelled as sustained mechanism to implement hygiene programme
- Strong partnership and leadership with Government was vital to transit into scale implementation





Driving Political Will to End Cholera Project in Nigeria

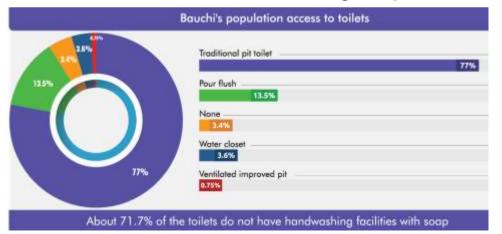
Context

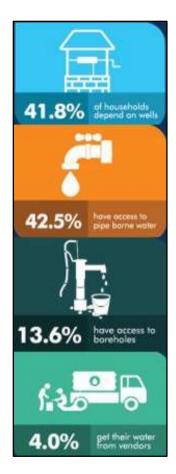
 Cholera remains a global threat to public health – Nigeria accounts for a large proportion of cholera burden and disease is linked to insufficient access to safe, clean water supplies, crowded living conditions and poor hygiene and sanitation

Bauchi state has the worst indices of cholera outbreaks in Nigeria

Climate crisis increase risk and COVID-19 exacerbating inequalities and

disease burden







Key activities in Nigeria

- Conducted **political economy analysis**
- Reviewed State WASH policy. Implementation guideline and WASH action plans developed to align the National Action Plan with plans on hygiene and cholera prevention
- Cholera Champions legislators as advocates to end cholera in Bauchi and prioritise WASH
- Increase budget to Bauchi State's EPA for sanitation in hotspots
- Clean Family Campaign behaviour change campaign focusing on key cholera behaviours and integration into ODF campaign
- Context-specific cholera hotspot map developed
- Multi-sectoral coordination platform for cholera prevention strengthened and part of COVID-19 response task force

Evidence of change in Nigeria

- Governor of Bauch state committed to end OD in Bauchi state at the launch of National Clean Nigeria Campaign. Government prioritised funding for sanitation issues. Constituted a steering committee to ensure state WASH action plan is implemented.
- 2. Initiated review of Emergency Response and Preparedness committee's role to prioritise, plan and implement preventative measures for cholera, not only curative initiatives. Integrated into COVID-19 response committee.
- 3. Increased political will by legislators to champion the course of ending cholera in Bauchi state by improving access to WASH

Wanke hannaye da sabulu na tsawon sakan 20 kafin cin abinci, bayan fitowa daga bandaki da kuma bayan mu'ammalar taha jiki da wani domin wanke datti, kura ke kuma nau'in kwayoyin cutuka dake jikin hannu. Mutanen da suka tsaftaco hannunsu sanfi samun kwanciyar hankali, mutuswa , kumala da kuma samun kariya data iyalansu daga annohar corena da sauran cutuka masu saduwa kannar Amai da Godawa.



Handwashing promotion asset developed for Clean Nigeria campaign



Five asks for the government







Review state budget to reflect prevention strategies for infectious diseases such as cholera and COVID-19. Ensure allocated funds are released and implemented accordingly to reduce over dependence on donor agencies



Scale-up behaviour change campaigns nationally and embed hygiene behaviour change in the core of immediate response plans



Develop a targeted multi-sectoral approach to prevent cholera recurrence and ensure coordination and collaboration of resources and plans across these sectors. Support consistent meetings toward prioritising cholera prevention rather than response.



Domesticate the national **WASH COVID-19 guidelines** and implement revised WASH policy and a state WASH











Thank You

