



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

# OCC WG, RECAP OF COUNTRY PLANS

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# Update on hotspots and NCP



## Hotspots identified with GTFCC tool:



**Completed:** Burundi, Ethiopia, South Sudan, Sudan, Yemen, Zambia, Zanzibar, Zimbabwe, Nigeria.



**In progress:** Cameroon, Mozambique, Togo, DRC, Niger, Kenya



## National Cholera Control Plans (NCP)



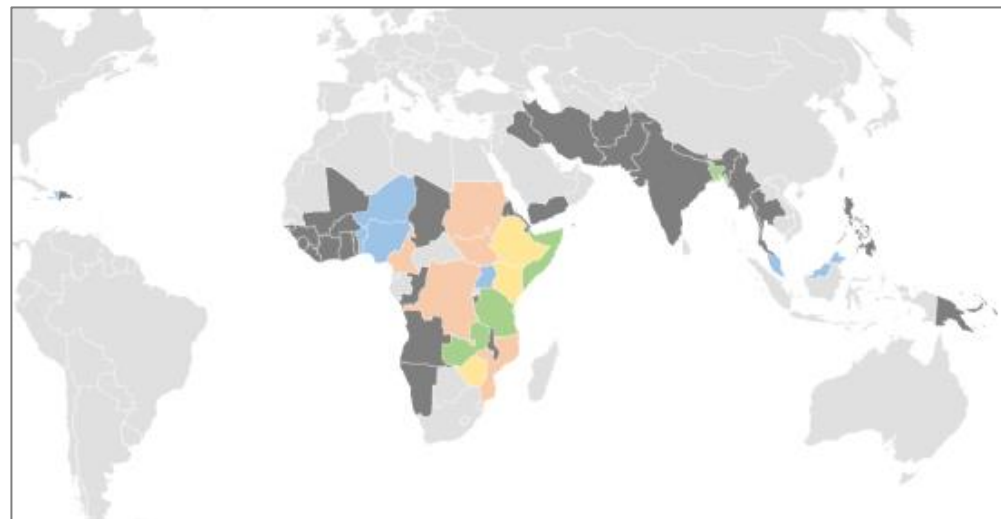
**Launched:** Bangladesh, Zambia - Somalia, Zanzibar



**Submitted to IRP:** Ethiopia, Kenya, Zimbabwe

**In progress:** Cameroon, DRC, Mozambique, South Sudan; Sudan, Tanzania (mainland)

Status NCP



# COUNTRIES PRESENTED THEIR LATEST PROGRESS TOWARDS ROADMAP IMPLEMENTATION

- 9 countries presented their progress and challenges
  - Bangladesh, Cameroon, DRC, Ethiopia, Kenya, Mozambique, Nigeria, South Sudan, and The Sudan
- Significant progress has been made on NCP development and hotspot analyses following GTFCC guidance
  - *Next step: hotspot identification in progress in some countries are finalizing their hotspots per GTFCC guidance and into multi-year OCV implementation plans (e.g., sufficient chain space, ability to OCV implement, etc).*
- Leadership and engagement of government officials has played an integral role and needs to be continually developed
- All countries presented their preliminary OCV dose requirements for next 1-3 years

# PRELIMINARY PLANNED OCV REQUIREMENTS BASED ON IDENTIFIED HOTSPOTS FROM 9 COUNTRIES FOR 2022-23

Note: Likely that the doses will decrease but it shows needs of the identified hotspots

**57**M

Doses for planned campaigns  
between 2022-23

# CHALLENGES BEING FACED BY COUNTRIES

- COVID 19
  - Has created resourcing challenges
  - Difficult to raise awareness of cholera
  - Need better communication to improve understanding of cholera versus COVID
- Data
  - Data quality is still improving there are still gaps; important to triangulate different data sources
  - Data collection can be challenging – may not be able to access data
  - WASH data is not ‘real time’; may not be at the right level
- Engagement with different sectors
  - While governments are committed, the multi-sectoral approach will be heavy to implement
  - Important to define rules of engagement
  - EPI engagement has been ad-hoc, need better integration
- Vaccinating in insecure or hard-to-reach areas
- Delays in shipments of the 2<sup>nd</sup> round of OCV campaigns

# ADDITIONAL ISSUES FLAGGED DURING THE SESSION

- While local political engagement is improving, the global community must continue to reinforce the message that we need to prevent cholera and we should not only deal with cholera as a last minute / in emergency situations
- Border synchronization e.g., Polio conducting simultaneous campaigns in Nigeria and Cameroon
- Linkages with the incidence management system to improve coordination between departments, including EPI teams
- Data, particularly data that is of good quality, is needed for planning and implementation of future campaigns to reach the Roadmap goals

Country	Date	Target population	Received only 1 dose	Received both doses	Received at least one dose	Main reasons for not vaccinating
Cameroon	2021	1.2m		Less than 50%		
Malawi	2021	1.7m	34.9% [95% CI: 33.0-36.9]	49.9% [95% CI: 47.9-52.0]	84.9% [95%CI: 83.3-86.3]	Absence during the vaccination
DRC (Uvira)	2021	3.3m	Finished			
Zambia	2021	2.9m	In progress			
Zanzibar	2021	0.3m	In progress			
Uganda	2021	2.0m	In progress			

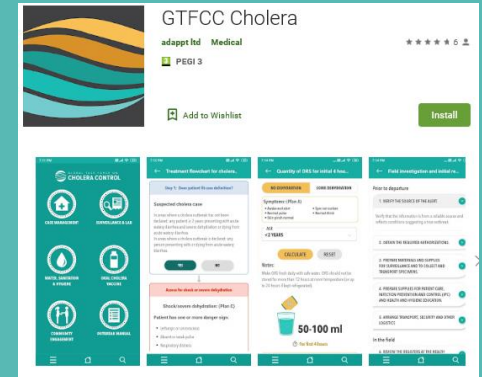
# SUMMARY OF 2021 COVERAGE SURVEYS

# THANK YOU!

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## GLOBAL TASK FORCE ON CHOLERA CONTROL



About GTFCC Search... OK EN

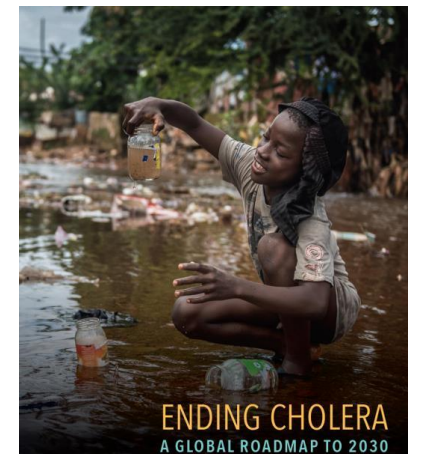
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# #EndCholera





# FUTURE DISCUSSION POINTS FOR OCV WG

- What can the OCV WG do to improve global communication and advocacy on preventing cholera?
- Is there opportunity for more/better regional collaboration?
- What opportunities should we explore to better integrate with EPI teams, what can the OCV WG to facilitate?
- Would a standardized, simple reporting form assist countries / guidance / training?
- What actions can we take to improve timing of 2<sup>nd</sup> round campaigns?
- What can we clarify on the funding for OCV?

To be discussed during the virtual bi-weekly discussions