



GLOBAL TASK FORCE ON
CHOLERA CONTROL

COUNTRY UPDATES

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CHOLERA SITUATION

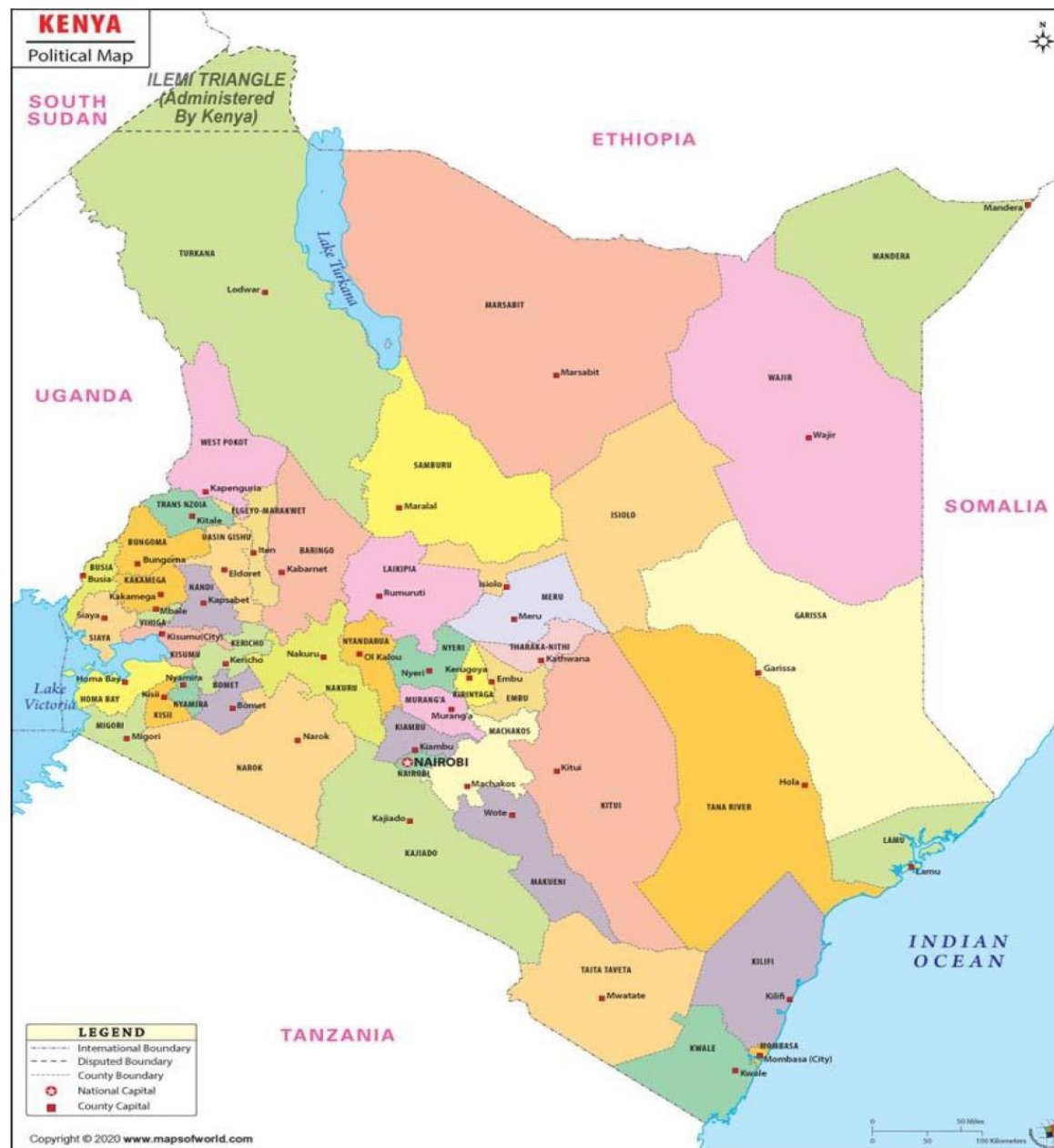
Recent Outbreaks

2021

- 38 cases, zero deaths
- in refugee camps of Daadab (Garissa County) and Kakuma (Turkana County)

2022

- 8 cases, 2 deaths (CFR 25%), 1 confirmed
- 7 cases from 5 subcounties of the capital Nairobi
- One case from neighboring Kiambu County
- Kenya on alert due to cholera outbreak in Gedo region of neighboring Somalia with potential for spread to Northern Kenya and the Kenyan Coast – **no confirmed imported cases**
- Also monitoring situation in South Sudan and Tanzania



UPDATE ON THE KENYA NMCEP

March 2022

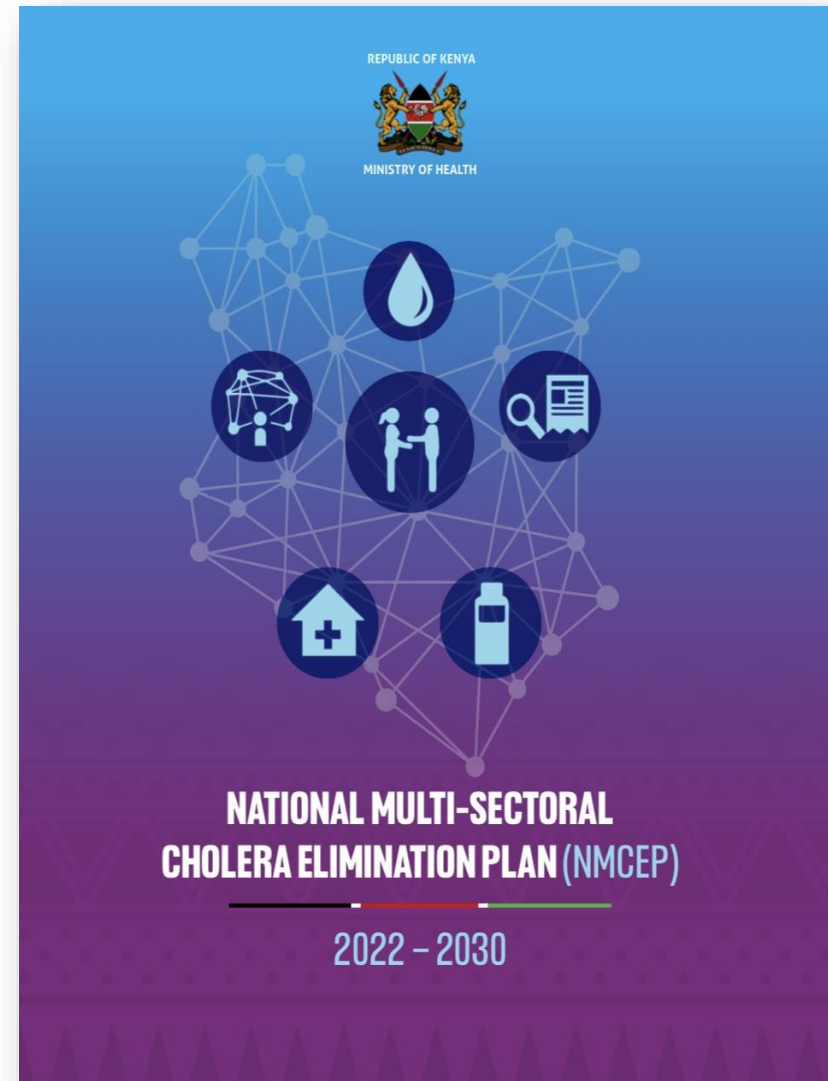
- NITAG recommended use of OCV
- NMCEP validated & Finalized
- NMCEP endorsed by GTFCC

May 2022

- NMCEP endorsed by Ministry of Health leadership

June 2022

- OCV MYPOA developed
- Submitted ICG preemptive requests
- County teams sensitized on the NMCEP revision
- Official launch planned for July 2022
- Advocacy for funding is ongoing



ENDORSED NMCEP



FOREWORD

Cholera remains an issue of major public health importance in Kenya. Kenya has in recent years experienced outbreaks affecting different parts of the country. Prevention of cholera is dependent on access to safe water, adequate sanitation, and basic hygiene needs. Cholera infection results in acute watery diarrhoea that can cause severe dehydration and death if untreated even in previously healthy individuals. Prompt treatment of cases with appropriate antibiotics and fluid therapy is essential in averting cholera related deaths.

During the 71st World Health Assembly in May 2018, a resolution to implement cholera prevention and control Global Roadmap was introduced by Governments of Zambia and Haiti with Kenya supporting the resolution. The 2022-2030 National Multisectoral Cholera Elimination Plan is aligned to 'Ending cholera – A Global Roadmap to 2030' that envisions a ninety percent reduction in cholera deaths by 2030.

The 2022-2030 multisectoral plan outlines key interventions structured across the six key pillars of: Leadership, Surveillance, Case management, Risk communication, Water Sanitation and Hygiene (WASH) and Oral Cholera Vaccine (OCV).

The successful implementation of the plan is dependent on political goodwill, a multisectoral approach and seamless coordination at both the National and County levels of Government. The plan emphasizes the need for multisectoral engagement. To guarantee seamless coordination of the relevant sectors the plan is to be anchored at the Office of The President. The Ministry of Health is committed to the implementation of this multisectoral plan and to elimination of local cholera transmission by 2030.

SEN. MUTAHI KAGWE, EGH
Cabinet Secretary,
Ministry of Health



ACKNOWLEDGMENT

The Principal Secretary wishes to sincerely thank all those who contributed to the development of the 2022 – 2030 National Multisectoral Cholera Elimination Plan. Special appreciation to the technical team that worked tirelessly to ensure that Kenya has a revised plan. They include: Dr. Francis Kuria (MoH), Dr. Daniel Langat (MoH), Dr. Emmanuel Okunga (MoH), Dr. Nolluscus Ganda (WHO – Kenya), Eunice Mugeru (MoWSI), Joan Brunkard (US CDC), Dr. Eric Osoro (WSU – GH Kenya), Dr. Catherine Kiama (WSU – GH Kenya), Annastacia Muange (MoH) and Doris Marwanga (WSU – GH Kenya). The full list of contributors is provided in the annex.

The Ministry of Health also takes this opportunity to appreciate the technical and financial support from the US Centers for Disease Control and Prevention (US CDC) and Washington State University (WSU – Global Health Kenya). In addition, we sincerely thank the following institutions for the technical support provided: Division of Disease Surveillance and Response, County departments of Health, Ministry of Water, Sanitation and Irrigation, WHO – Kenya, Global Task Force on Cholera Control, UNICEF, AMREF - Health Africa and WASH Alliance Kenya.

We invite our stakeholders and partners to continue supporting the Ministry of Health in implementation of planned activities as we focus on Cholera elimination in our country.

SUSAN MOCHACHE, CBS
Principal Secretary,
Ministry of Health



EXECUTIVE SUMMARY

The Kenya National Multisectoral Cholera Elimination Plan 2022 - 2030 will guide implementation of cholera related activities and interventions for Kenya to achieve cholera elimination by 2030. Following a review of the previous 2013 – 2018 plan, a cholera risk assessment, proposed coordination structures at both national and county levels, and deployment of Oral Cholera Vaccines are timely additions in the revised plan.

The revised plan highlights the specific country goals which are to reduce; cholera annual incidence to zero per 100,000 population, number of deaths by 90% by 2027 and Case Fatality Ratio to less than 1% by 2027. The plan also elaborates the cholera situation in Kenya with mapped high disease burden areas that will be prioritized for targeted interventions.

The implementation matrix will follow 6 key pillar areas. **1) Leadership & coordination:** outlines the key stakeholders that will form the coordination structures at both national and county levels. **2) Case management and Infection Prevention Control:** focus on activities that will better the outcomes of patient management and contribute to averting cholera related deaths. **3) Surveillance and laboratory services:** focus on prompt cholera case detection, investigation and reporting at various levels. **4) Water, sanitation and Hygiene (WASH):** aims to bring together various WASH actors to invest in the WASH infrastructure, improve water quality, provide safe water, WASH packages as part of response to cholera outbreaks as well as integration of WASH with other interventions. **5) Risk communication with community engagement:** messaging for social behavior change to reduce occurrence and transmission. **6) Oral Cholera Vaccine (OCV):** highlights the prerequisite planning for deployment of the vaccination as a new intervention. The circumstances under which OCV will be deployed are outlined in the Plan.

Additionally, a detailed monitoring framework for each of the pillars is outlined with targets and key indicators for evaluation at various years of implementation.

DR. PATRICK AMOTH, EBS
Ag. Director General,
Ministry of Health

STATUS OF OCV REQUESTS

Pre-emptive OCV campaigns

- Northern Kenya and the Kenyan Coast i.e. Mandera, Wajir, Garissa & Lamu counties and Turkana West sub-county
- Potential for cross-border spread from neighboring Somalia and South Sudan
- Included refugee (population 461,381)
- 7,699,134 doses
- ICG Request **not approved**
- **Plan to resubmit pre-emptive request for 922,762 doses targeting the refugee camps and settlements ONLY**

Preventive OCV campaigns

- Mapped hotspots from the NMCEP
- Total 18 high priority areas: HH (10 subcounties) and HM (8 subcounties)
- First phase to target 5.1% of the total population
- 7,072,498 doses
- Request is being finalized for submission to GTFCC

Reactive OCV campaigns

- Prepared OCV request to react to the Nairobi County outbreak
- 9,410,467 doses
- Request not submitted
- Outbreak was contained. Last case with date of onset 25th May 2022

KEY ACHIEVEMENTS

ACHIEVEMENTS	GOOD PRACTICES
KENITAG recommended use of OCV	Collaboration with the Ministry of Water, Sanitation and Irrigation & county governments
GTFCC endorsed the Kenya NMCEP	Use of WASH data to refine hotspots
MOH leadership announced endorsement of the Kenya NMCEP at the concluded WHA	Validation of the hotspot mapping methodology and findings by county teams
Developed the Multi-Year Plan Of Action	Use of readily available GTFCC resources esp. NCP framework, GTFCC guidance & tool for hotspot identification
Developed and submitted OCV requests for a pre-emptive campaign – not approved but advised to amend	Bi-weekly check in meetings with GTFCC, WHO, CDC, MOH
Developed OCV request for preventive campaigns – not yet submitted	

WATER SECTOR INTERVENTIONS

Streamlining of policy, legislative and institutional structure

- The National Water Policy of 2021
- Strategies and regulations for Water Services Provision, National Water Resources, National Water Harvesting and Storage
- **The National Sanitation policy - final stages of approval**

Ongoing activities

- Expansion of water infrastructure (borehole drilling) in the informal settlements
- Construction of Water pans and dams in ASAL areas
- Registration of new water service providers
- Distribution of Water treatment chemicals to ensure communities are able to access safe water
- Handwashing points with soap and water to be expanded in hotspot counties

MAIN CHALLENGES

CHALLENGES	SOLUTIONS
Other Public Health Emergencies - COVID 19 preparedness & response, immunization activities , persistent WASH challenges	Cholera related activities to be integrated in the MoH calendar Coordination structures to ensure cholera related activities are prioritized National Cholera advisor to give cholera special focus Implementation of National Water and Sanitation Strategy
Difficulties in engagement of relevant sectors & actors during the various steps	Hosting NMCEP at a higher office Proposed county coordination structures esp. in hotspot areas
Reliance on external technical support in the development process and OCV application	Ministry of Health (Disease surveillance and NVIP) hands on involvement in the identification of hotspots and OCV application to build capacity within the Ministry

PRIORITIES FOR 2022-23

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Leadership & Coordination	Official NMCEP launch	July 22		
	Hosting the NMCEP at Office of The President to ensure funding and seamless coordination of the various actors	July 22		Technical support to prepare an Investment case
	Sensitize and support counties to adopt the cholera elimination plan	July 22	Competing Public health priorities	Resources
	Advocacy to the presidency, governors and partners for budget support for implementation of NMCEP	Continuous	Electoral season/change in leadership	Technical support to prepare an investment case
	National cholera task force and technical working group meetings	Quarterly	Competing Public health priorities	Resources

PRIORITIES FOR 2022-23

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Surveillance & Lab	Roll out 3 rd IDSR training – prioritize hotspot counties	ongoing		Resources
	Strengthen capacity for the lab staff to do stool cultures and AST	Sep 22		Resources
	Distribute cholera confirmation SOPs for all county and sub county laboratories	Sep 22		Resources
	Train rapid response teams (RRTs) at the national and subnational levels on cholera preparedness and response	Oct 22	Other competing health priorities	Resources
	Strategic stock piling of essential commodities and supplies for cholera response	July 22	Erratic supply of commodities	Resources
	Hold quarterly surveillance review meetings at national and sub national level	Quarterly	Other health priorities	Resources

PRIORITIES FOR 2022-23

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Case management & IPC	Develop County specific emergency response Plans	Aug 22	Other competing health priorities	Resources
	Update & disseminate the national guidelines on cholera clinical case management	Aug 22	Other competing health priorities	Resources
	Training of HCWs on case management & IPC targeting at least 60% HCWs in hotspot areas	Sep 22	Other competing health priorities	Resources
	Train Community Health Volunteers (CHVs) on community cholera management in the respective community units identified as hotspots	Sep 22	Other competing health priorities	Resources

PRIORITIES FOR 2022-23

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Risk Communication	Update RCCE training package and job aids	July 22		Resources
	Update targeted Cholera messages for various audiences esp. communities in hotspot areas	July 22		Resources
	Production of Communication (IEC) materials	Oct 22		Resources
	Rolling out the Cholera training package/job aids during trainings on OCV	Oct 22		Resources
	Integrate risk reduction messaging during OCV campaigns	Nov 22		Resources

PRIORITIES FOR 2022-23

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
WASH	Enforce Public health, Water, EMCA Acts in hot spot areas	Continuous	Hotspot mapping not factored in previous Water policies	Resources
	Community water quality surveillance in areas without conventional water treatment	Continuous	Community engagement Insufficient Testing kits	Resources
	Water treatment of all water treatment works, boreholes, protected dams	Continuous	Insufficient water treatment chemicals	Resources
	Community-Led Total Sanitation (CLTS) activities in all hot spot areas	Continuous	Community engagement Lack of community units in some areas	Stipend for CHVs
	Household water treatment and safe storage in hot spot areas	Continuous	Insufficient water treatment chemicals	Resources

PRIORITIES FOR 2022-23

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
OCV	Submit MYPOA & OCV request to GTFCC for preventive campaigns	Jun 22		Technical support in finalization of the request
	Prepare documentation tools and IEC materials			Resources
	Review and adapt training materials on OCV use	Sep 22	Other competing EPI priorities	Resources
	Train Health care workers on OCV use	Oct 22	Other competing EPI priorities	Resources
	OCV vaccination campaigns (preventive) in cholera hotspots	Nov 22	Depleted global stock pile	
	OCV vaccination campaigns (reactive) in emergency settings or during cholera outbreaks	Situation dependent	Depleted global stock pile	

Thank you

Together we can
#endcholera



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