



GLOBAL TASK FORCE ON
CHOLERA CONTROL

Update from GTFCC Secretariat

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Annual Meeting June 2022



2021-2022 epidemiological context



PRELIMINARY* OVERVIEW 2021/2022



- Largest outbreaks in decades
- Increase in cases, deaths and CFR
- Several dynamics of spread



- **2021 whole year** → 21 countries with outbreaks
- **2022 half year** → 21 countries with cholera/AWD outbreaks
 - 14 countries both 2021/2022
 - 5 new in 2022
 - + 2 countries AWD



Massive GTFCC partners support to countries

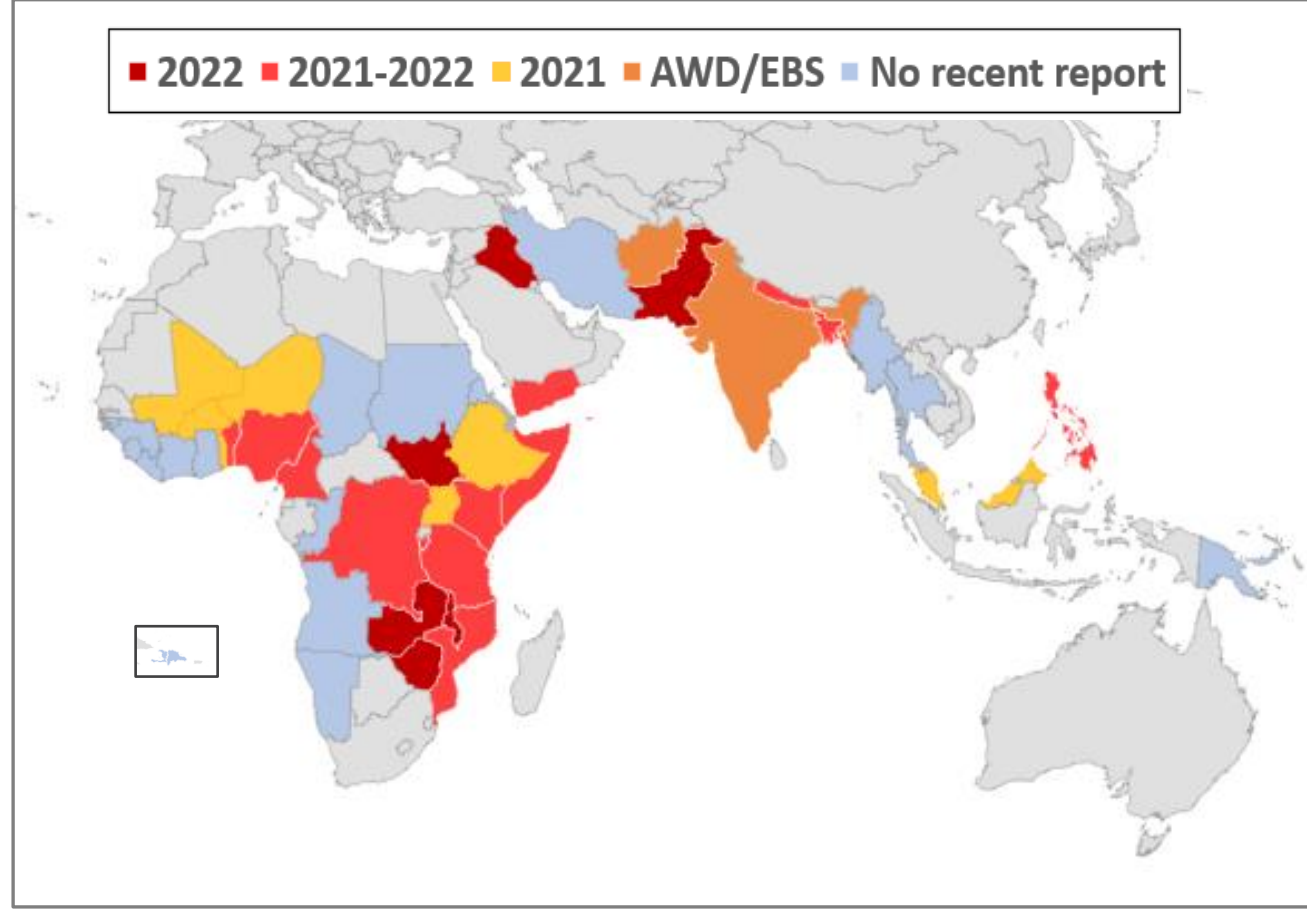


- 2021 Exhausted national & international response capacities



- 2021 Shortage OCV & other Cholera commodities

CHOLERA AFFECTED COUNTRIES PRELIMINARY* DATA 2021/22 (INCL. EBS)

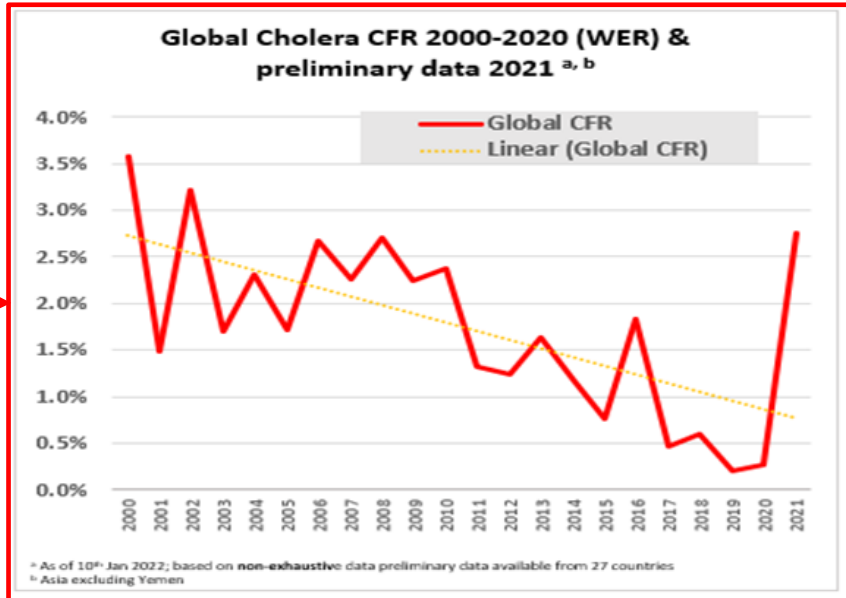


*OFFICIAL DATA 2021 BEING COLLECTED TO BE PUBLISHED IN WER IN SEPTEMBER



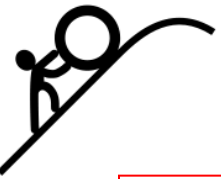
PRELIMINARY* OVERVIEW 2021

- Increased cases & deaths;
- Average preliminary CFR 2.8%



- ### External driving factors
- Conflict
 - Humanitarian crises
 - Climate, Natural disasters
 - Hunger
 - Trade, other or unknown
 - Specific risk factor
 - COVID

- ### Intrinsic factors
- Access safe water
 - Open defecation
 - Accessibility to health care
 - Poverty/vulnerability



VACCINATION CHALLENGES

- Mid-year → more doses shipped (14 M) & approved (26M) than maximum estimated availability for the year (38M)
- At end June gap is already 7.7 M doses (emergency stock included)
- More request under elaboration
- 2021 highest demand 2nd part of the year!
- Despite good rational → 2 Pre-emptive vaccination campaigns (8 M doses) not approved due to low availability of OCV
- Delayed emergency campaign implementation in country

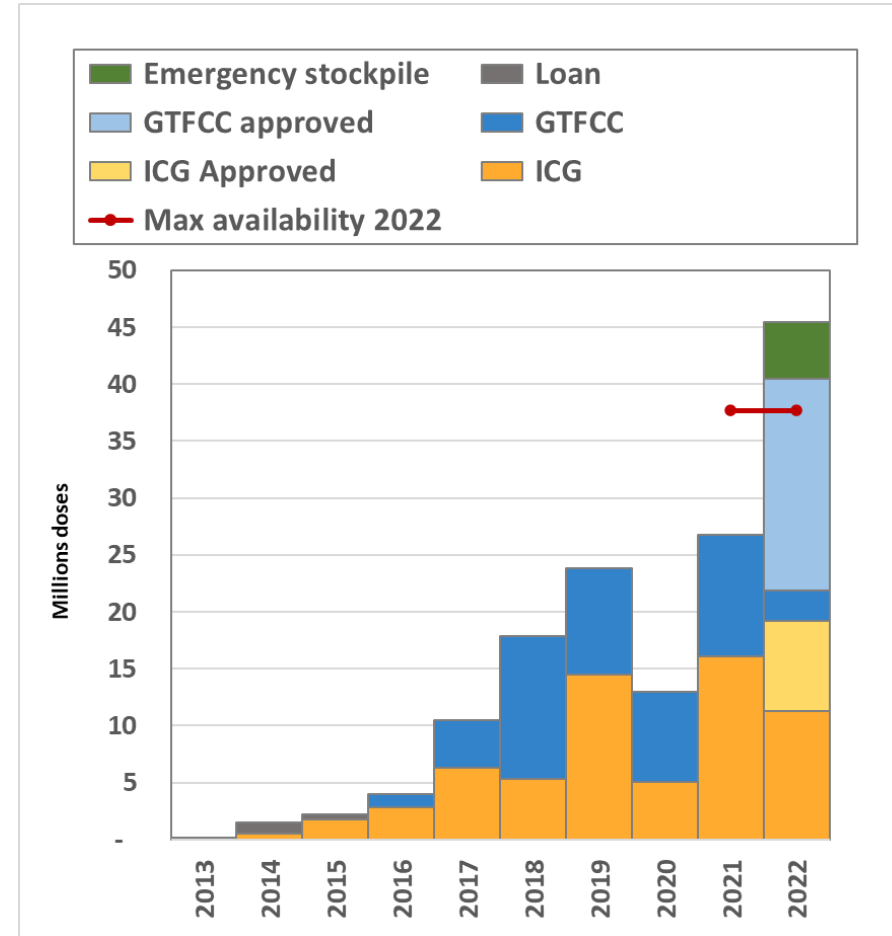


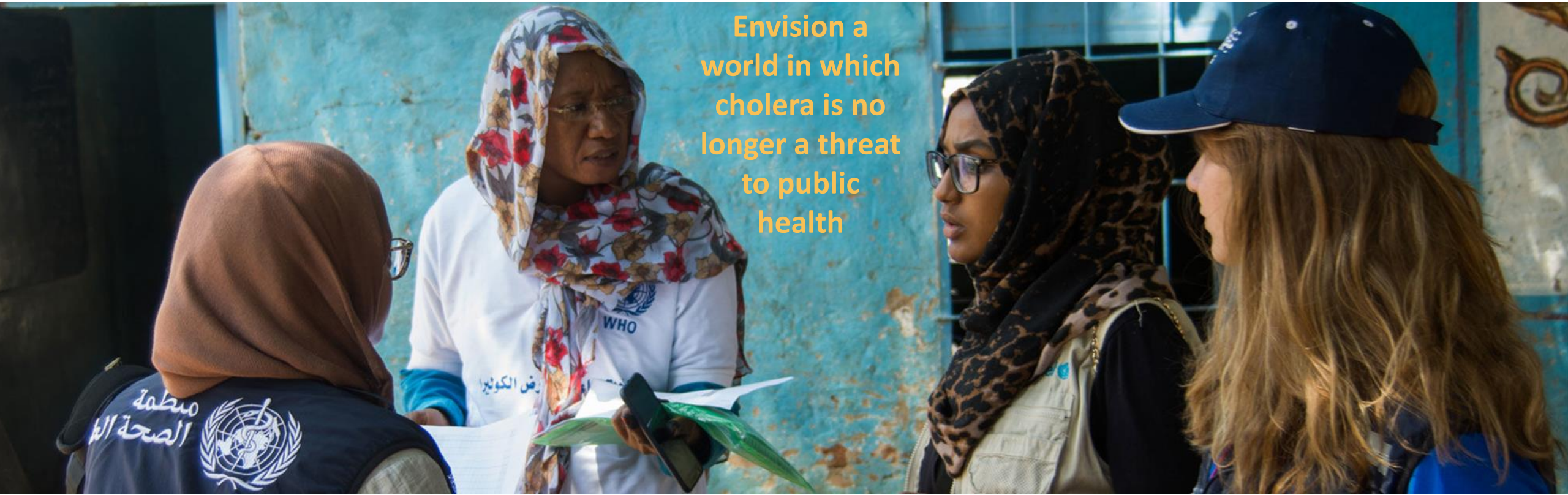
Will impact feasibility of planned preventive vaccination campaigns

- Increasing number of approved & under development preventive vaccination requests
- Reactive, pre-emptive & preventive vaccination campaigns complementary → continuum of strategy

Unmet generated expectations & break the momentum

SHIPPED OCV DOSES 2013 2022 & APPROVED DOSES PENDING SHIPMENT





Envision a world in which cholera is no longer a threat to public health



June 2021 – June 2022
Progress

Annual meeting 2021 - Key recommendations

Technical cooperation & coordination

1. Management of national cholera control programme above a single ministry (*number of NCPs managed by supra-ministry authorities*)
2. During development of NCP, alignment theory of change & indicators (*indicators need more thought*)
3. Systematic efforts to document multi-sector success stories to improve future technical collaboration & coordination (*# new case studies for next year*)

Integrating monitoring and evaluation mechanisms

1. Clarify M&E objectives to assess: 1) country's progress & impact; 2) Global Roadmap progress
2. M&E should be flexible to achieve both objectives: national & global (countries global level)
3. Develop guidance on how to achieve M&E by technical pillar; ensure that with the « toolbox » comes also the support to countries to implement M&E
4. Ensure M&E framework inclusion at the start of NCP with implementing partners, roles and responsibilities, and resources required

Financial mechanisms and advocacy goals tailored to countries' needs

1. Develop a more structured way for collaboration to advance advocacy
2. Develop mapping showing existing financing mechanism & type of support provided by partners
3. Engage relevant ministries (beyond just health and finance)



ROADMAP PROGRESS 2021 -2022



Hotspots with GTFCC tool:



DONE: Benin, Cameroon, DR Congo, Niger, Nigeria, Sierra Leone, South Sudan + Burundi, Ethiopia, Kenya, Sudan, Yemen, Zambia, Zanzibar, Zimbabwe



IN PROGRESS: Burkina Faso, Chad, Ghana, Mali, Mozambique, Togo

HOTSPOTS IDENTIFIED WITH GTFCC TOOL





ROADMAP PROGRESS 2021 -2022



National Cholera Control Plan (NCP)



LAUNCHED: Bangladesh*, Somalia, Zambia*, Zanzibar (* 2nd version in progress)



ENDORSED BY IRP: Ethiopia, Kenya



SUBMITTED TO IRP: Zimbabwe

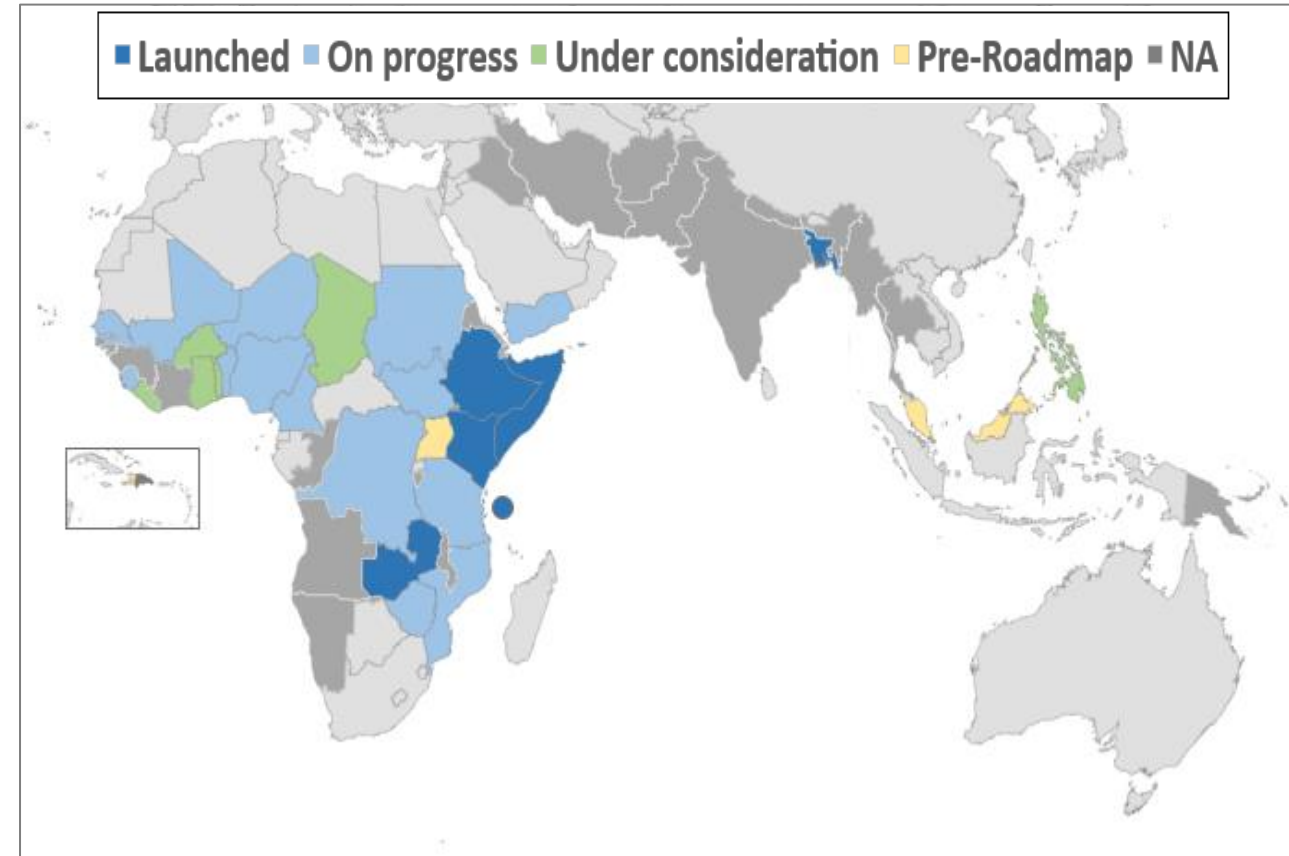


IN PROGRESS: Benin, Cameroon, DRC, Niger, Nigeria, Mali, Mozambique, Sierra Leone, South Sudan, Sudan, Tanzania (mainland), Yemen (+Senegal)



CONSIDERED, Burkina Faso, Chad, Ghana, Togo, Philippines

STATUS NCP



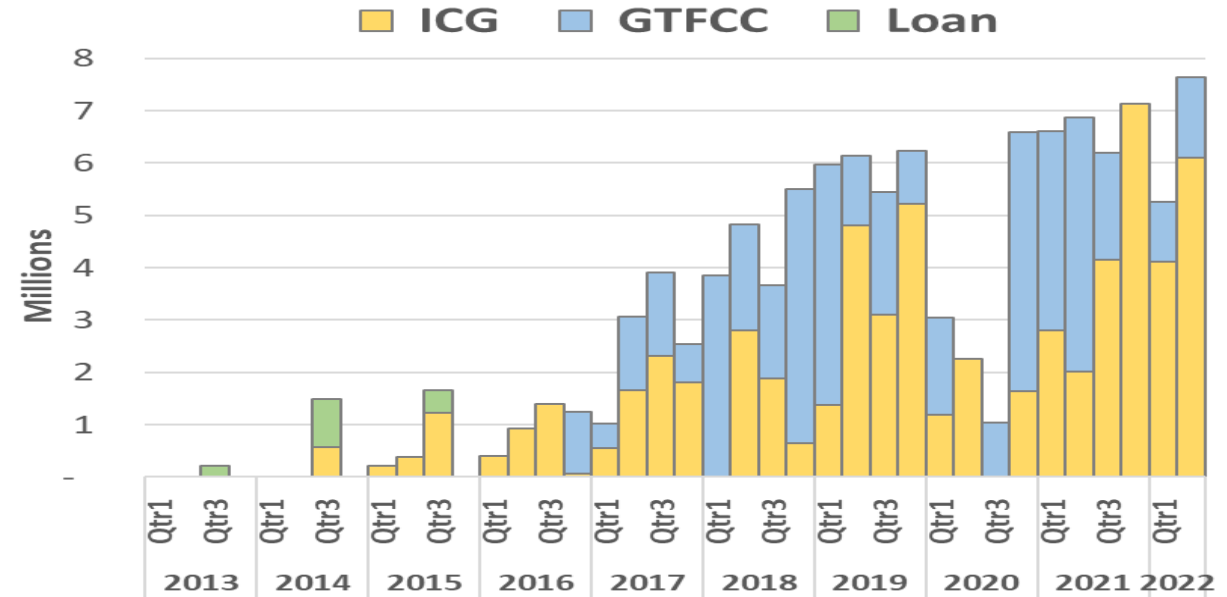


OCV DOSES SHIPPED

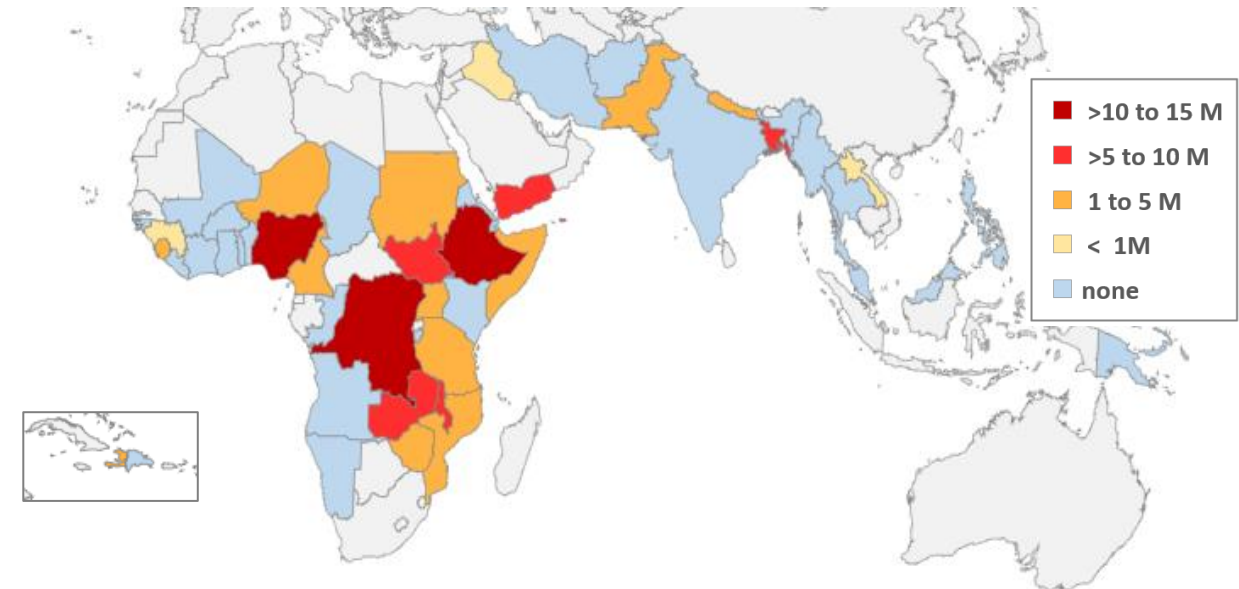
OCV use since 2013

- 112 million doses shipped to date
- To 22 countries
- 43% for preventive campaigns

OCV DOSES SHIPPED BY QUARTER AND MECHANISM



OCV DOSES SHIPPED BY QUARTER AND MECHANISM



OCV WG ACHIEVEMENT AND PROGRESS



Support for planned OCV campaigns – Consultant deployment + CSP



ToT Workshop to improve quality of OCG requests, campaign planning, implementation, and monitoring

- 1st Workshop 6 countries (ETH, KEN, MOZ, NGA, SSU UGA)
- Francophone countries Oct 2022
- Asia Workshop early 2023
- National level training materials to be piloted in Ethiopia Q4 2022



Interactive dashboard OCV deployment campaign indicators (β testing)

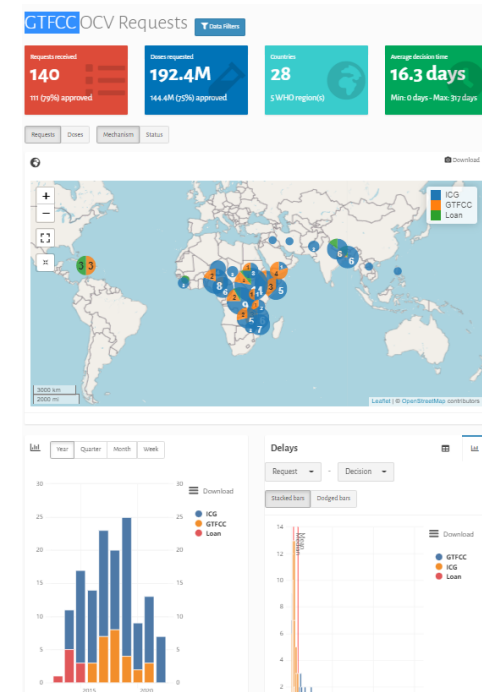


GTFCC request review process: Draft guidance under WG review



Technical notes / documents

- For selecting cholera hotspots for OCV use
- Develop technical documents to support MOH of endemic countries with multi-year planning for OCV campaigns





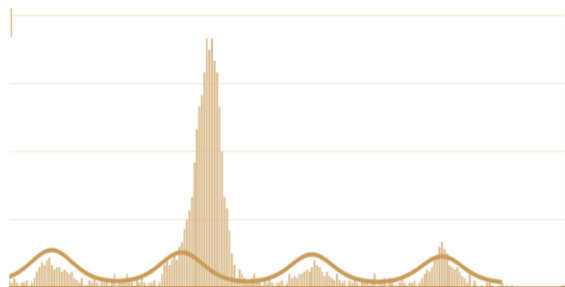
SURVEILLANCE, EPIDEMIOLOGY & LABORATORY



Without adequate surveillance, 2 of 3 axis Global Roadmap cannot be successful (axis 1. early detection, axis 2 interventions in hotspots)

Adaptive cholera surveillance strategy

- **Surv. objectives & modalities adapted to local epi situation** (e.g., baseline endemic transmission, outbreak, sporadic)
- Aim: **Maximize operational use** of surveillance data for multi-sectoral interventions
- ✓ *Guiding principles / overarching framework*
- ⌚ *Technical recommendations for operationalization*



Priority areas for interventions ('hotspots')

- ✓ Revised GTFCC method for the identification of priority areas in countries with high to moderate transmission, based on **'impact'** (incidence, persistence, mortality, lab conf)
- ⌚ New GTFCC method for the identification of priority areas in countries with low transmission based on assessment of **'vulnerability'** determinants
- ⌚ Guidance, tools, training material





SURVEILLANCE, EPIDEMIOLOGY & LABORATORY

GTFCC framework for cholera-free status

- Elimination of cholera as a **threat to public health** (i.e. no transmission in the community)
- Importance of **maintaining** a recognized status
- **Transparent** requirements & **independent** assessment
- Country Status and Regional Status
- Target per Global Roadmap: 20 countries by 2030



Coordinated regional and global surveillance

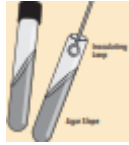
- Importance of strong regional **cholera networks**
- Monitor the cholera **situation and risk** at the supranational level
- **Support countries** to strengthen cholera surveillance
- ✓ *Landscape analysis of state of play*
- ⌚ *Stepwise approach to develop a regional action plan to strengthen cholera surveillance*
- ⌚ *Objectives, targets, data and functional requirements for regional and global cholera e-surveillance*





LABORATORY WG

Last year:



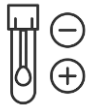
Distribution of technical tools – Job Aids & Fact Sheets



Recommendations for Environmental Surveillance (to be published)



Draft standardized lab capacity assessment tool, pilot-tested in 5 countries



RDT evaluation protocol with WHO-PQ



Testing strategy recommendations for the use and interpretation of RDTs in different epi-settings

*Cross cutting

Next steps:



Priority: Testing strategy, integrated in surveillance strategy incl. use of RDT, Culture & PCR



Development new RDT procurement mechanism (“ICG like”)



Technical supporting tools, guidance, recommendations, online training modules



Harmonized protocols for PCR testing



Guidance for use of whole genome sequencing



Cholera antimicrobial surveillance, SOPs and guidance



Support to field implementation of technical recommendations



Refined lab capacity assessment tool with the CSP



Lessons learned” improvement of technical recommendations



Integration of lab data in global cholera database



CASE MANAGEMENT



- 1st objective Global Roadmap is to reduce cholera deaths by 90%
- **Moral obligation**
- Prevention is best cure, but access to quality treatment also saves lives.



Operational objectives: Improving access to care and improving clinical management



Scoping review for risk factors for cholera mortality:



- Gaps : data collection, analysis & reporting



- Contextual variability



- Many deaths are occurring in community



- Higher mortality in men and elderly



- Collaboration with Surveillance WG to improve data
- Collaboration with countries to do national / sub-national analyses
- Review of potential treatment modalities
- Working with geriatric clinical specialists



Antibiotics

- **Continuing work on expanded use of antibiotics (including partners' research)**
 - Targeted prophylactic use (CATI)
 - Modelling the use of antibiotics on cholera transmission
 - Importance of monitoring antimicrobial resistance



COMMUNITY ENGAGEMENT



- ✓ Remains a Priority
- ✓ Communities essential in implementation of activities
- ✓ Should be at the centre of all strategy of all pillars

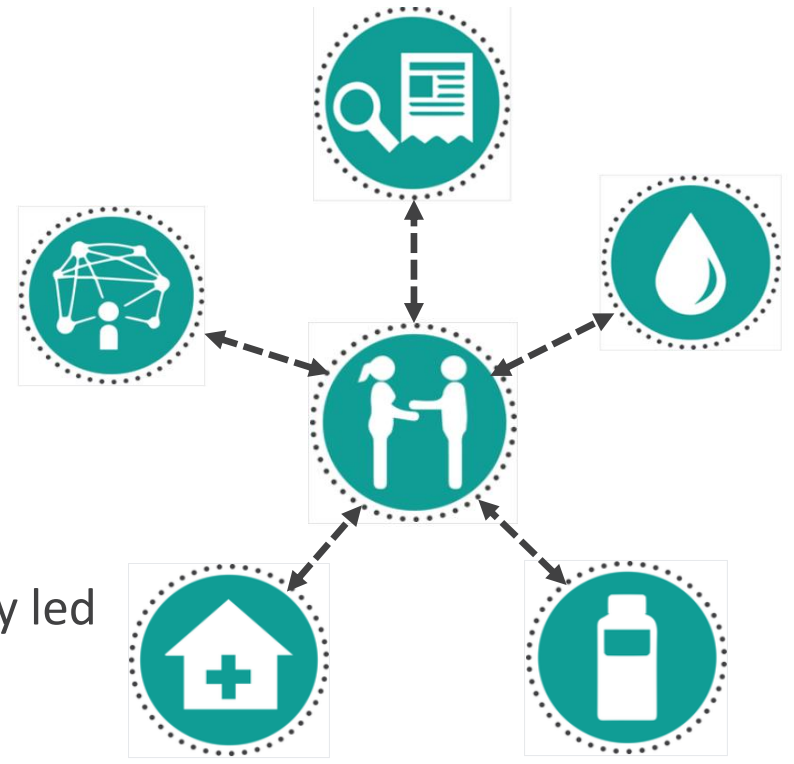
from last GTFCC AM Objective Community Engagement WG



- ✓ How to **effectively** engage neglected communities
- ✓ Requires strong political commitment
- ✓ Requires coordination at community level
- ✓ Requires a field presence cannot
- ✓ How best to build on success of other programmes – e.g. community led total sanitation (CLTS), CoVID.



- ✓ Need a reboot
- ✓ Insufficient capacity to realise this objective
- ✓ Involvement of GTFCC partners





WASH



Critical objective : Adequate WASH systems & services central to ensure **sustainable** cholera control and elimination through realization of SDG6



Opportunities

- **THE** long-term solution & broader impact (other water borne diseases)
- Quick WASH response to contain outbreaks = WASH preparedness + Emergency WASH response
- RM2030 :ideal approach to integrate WASH & Health



Challenge

- **Insufficient** advocacy, resource mobilization & coordination to implement NCP (~ 30-50% investment)
- Strengthening GTFCC's WASH capacity requires new partnerships at all levels (development & humanitarian actors, MoW/MoF central & district levels, Water Utilities)
- Prioritization areas of interventions & clear definition of GTFCC's role within the global WASH sector to manage expectations



Current priorities

- Re-boost WASH WG: develop its framework (WP & implementation strategy/mechanism)
- Technical assistance & coordination to GTFCC-CSP & other partners to develop & implement NCP
- Develop, pilot & evaluate
 - WASH & cross-pillar SOP supporting cholera control & elimination
 - Proof of concepts e.g.:
 - ✓ Roadmap implementation at district level (RDC)
 - ✓ Tailored WASH strategy to specific communities (Golf of Guinea)
- Push for specific cholera WASH research supporting development of adapted & operable guidelines to be mainstreamed



Contribute research agenda with WASH studies



INDEPENDENT REVIEW PANEL (IRP)



Independent Review Panel

- New process still requiring refinement
- 1st NCP review started in 2020
- 3 NCPs reviewed to date
- 2 endorsed (Ethiopia-Kenya) + 1 submitted (Zimbabwe)
- More reviews coming in soon!
- Need to build on lesson learned



Challenges

- Multiple expertise required
- Foreseen increase in NCP submissions
- Limited number of members
- Need for additional tools and guidance to support IRP reviews (started)



IRP Critical for independent review advocacy for country...



Prevent IRP from becoming a bottleneck due to increasing numbers of reviews



More resources needed



- Pre-screening Process
- Other being discussed
- On GTFCC Steering Committee agenda

WAY FORWARD

- Support countries to implement & monitor the *Roadmap* implementation
- Reinforce countries' **surveillance capacities**
- Further support **hotspot analysis & targeted multisectoral** interventions
- Target **hotspots** for **sustainable WASH** interventions
- Ensure most appropriate and **strategic use of OCV**
- Further promote ready **access to health care at the community** level
- Promoting **community** role in cholera control
- Further **integrate the different** pillars
- Implementation of **operational research**
- Seek potential **synergies** with other programmes
- Further advocate to invest in cholera control

PARTNERS & DONORS ENGAGEMENT

- **BMGF, SDC** support to GTFCC secretariat and the Country Support Platform
- **GAVI** support to OCV, technical assistance in countries, and surveillance
- **CDC** technical support in countries multi sectoral support for regional & country level activities
- **CDC, Epicentre, IFRC, Institut Pasteur, MSF WaterAid**, chairs of GTFCC working groups
- **Fondation Mérieux** assist with meetings organisation, and website development
- **GHV** Advocacy communication ,
- **IFRC** One WASH project targeting cholera hotspots and Country Support Platform
- **JHU** support global cholera data base
- **MSF, SCF, Medair, IOM....** support implementation of OCV campaigns
- **Wellcome Trust, MMGH** support the Cholera research Agenda
- All **Partners** to contributed to the IRP, the development of technical guidance, the working groups etc.

THANK YOU!

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#EndCholera

