



GLOBAL TASK FORCE ON
CHOLERA CONTROL



Introduction to the Cholera Country Support Platform (CSP)

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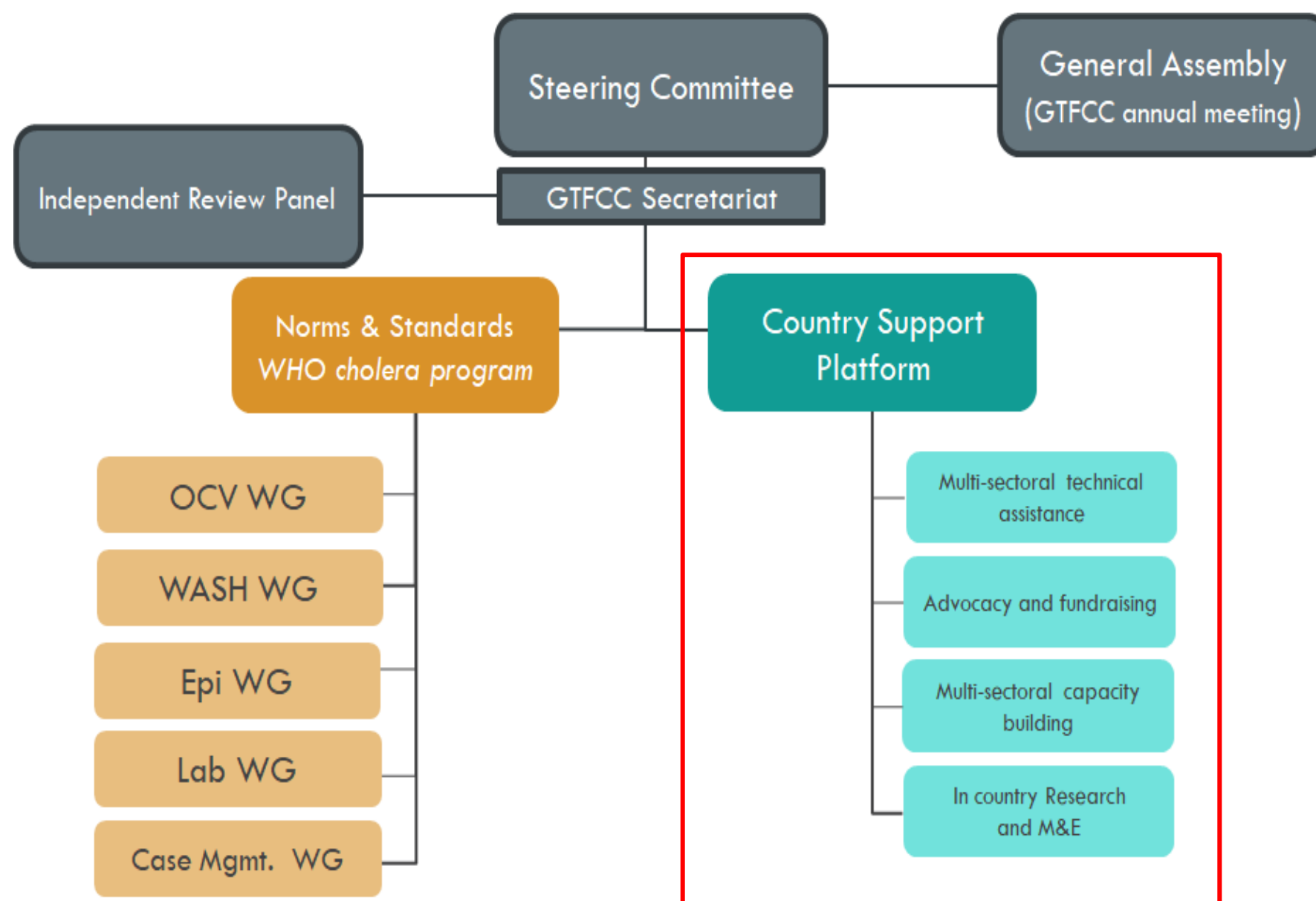
Agenda

- **A look back at the Cholera Country Support Platform (CSP)**
- **CSP Accomplishments to date**
- **Additional Initiatives**
- **Way Forward**
- **Contacts**

THE CHOLERA COUNTRY SUPPORT PLATFORM (CSP)

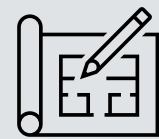
BRIEF HISTORY OF CSP: A LOOK BACK

GTFCC



- Cholera affected countries have called for additional technical **support** from the GTFCC to **roll out the Global Roadmap at national level**
- Establishment of the CSP was endorsed at the GTFCC annual meeting in 2019 as an **operational arm** of the GTFCC
- **IFRC hosts the CSP**, managed in close consultation with the GTFCC
- Seed funding for first 3 years was received from **Bill & Melinda Gates Foundation (BMGF)**, additional funding from **Swiss Agency for Development & Cooperation (SDC)**
- **Wellcome Trust** will be supporting a position for the cholera research agenda

OBJECTIVES OF THE CSP



Outcome 1

Countries develop and implement NCPs through a multisectoral coordination mechanism



Outcome 2

Countries have mobilized resources towards the funding needs identified in their NCPs



Outcome 3

Multisectoral technical support and capacity building provided to countries

➤ Support at global level includes

- NCP development (supporting process from inception) → submission to the IRP → implementation in country
- Advocacy, communications and resource mobilization (RM) expertise
- Technical expertise from GTFCC partners including coordination of a pool of expert deployments based on needs expressed by countries
- *In addition, CSP is supporting specific pillars; OCV & WASH*

➤ Support at country level includes

- CSP program managers working closely with key stakeholders to develop and implement their NCPs
- Expanding research, laboratory support, community-based and national surveillance, cholera outbreak preparedness, OCV, both short term and longer-term WASH service provisions
- Advocacy and resource mobilization (RM) support
- Ad-hoc support

LIMITATIONS OF THE CSP

CSP doesn't provide:

- Direct funds to countries
- Long term human resources to countries
- Logistic support for cholera interventions

CSP doesn't Lead Strategic Decisions

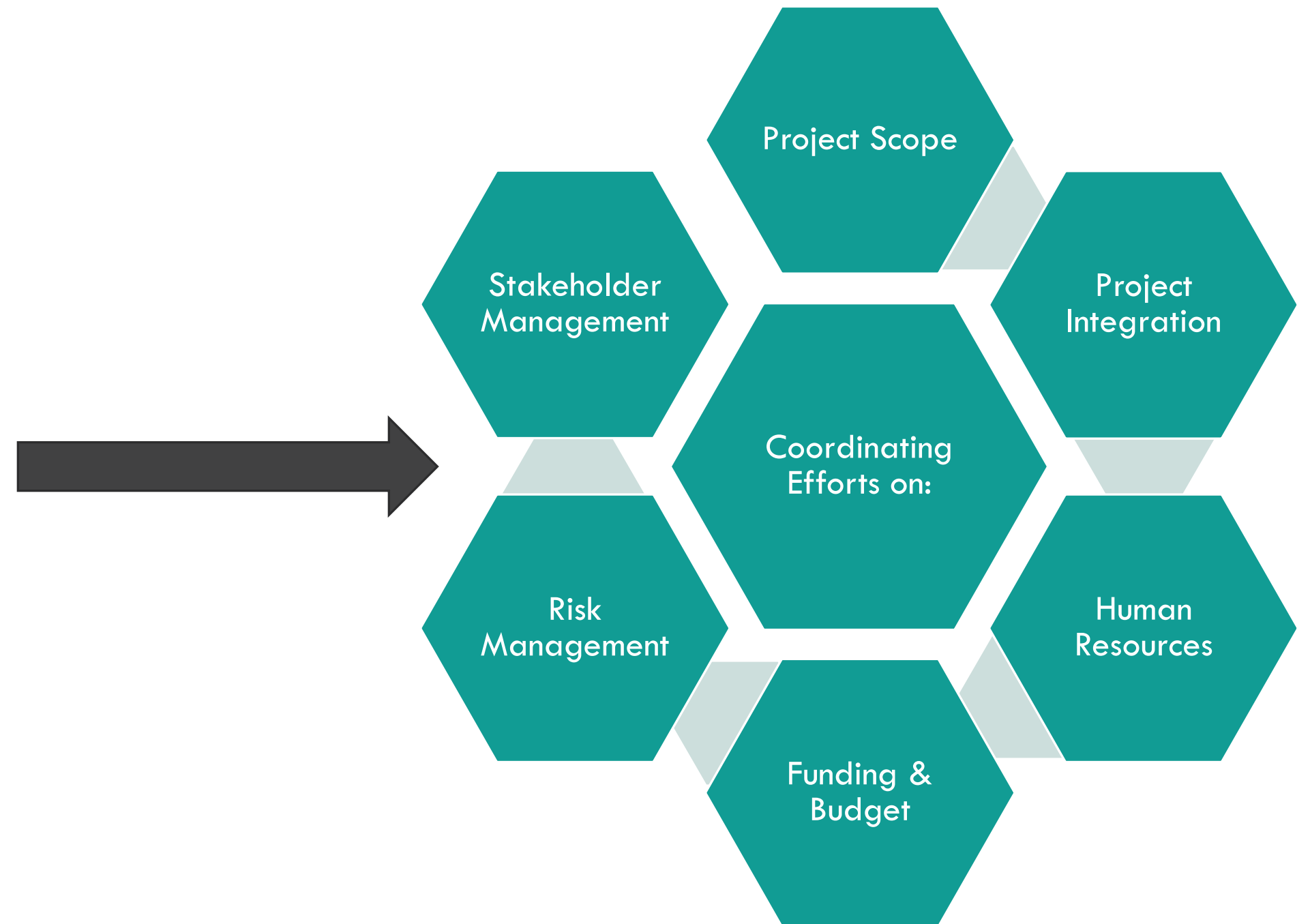
- IFRC is participating in the GTFCC Steering Committee (but not the CSP)
- The CSP is participating to the Cholera Technical Working groups (but not leading)
- The CSP do not replace existing mechanism (WHO, GTFCC, countries)

CSP ACCOMPLISHMENTS TO DATE

INCEPTION OF THE CSP

Inception Period

- Inception phase took longer than planned
- Handover phase to new team started in May 2021
- Establish a new model of operation within the IFRC mechanisms, with National Authorities as main interlocutor:
 - HR
 - Finance
 - Logistics ...

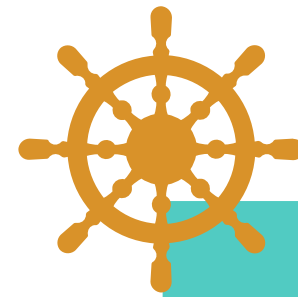


ESTABLISHING THE CSP COORDINATION ARM



THE TEAM

- By end of 2021, 7 out of 8 positions filled
- Latest recruitment was in Mar 2022 – PM in Bangladesh
- CSP present in Bangladesh, DRC, Nigeria and Zambia
- On-going adaptation to CSP needs after 1 year of experience



THE PROJECT

- Regular meetings and retreat with GTFCC Sec to ensure coordination between the two arms
- Strong stakeholder engagement with key partners to establish trust
- Developed several Standard Operating Procedure (NCP, Deployment, ToR)

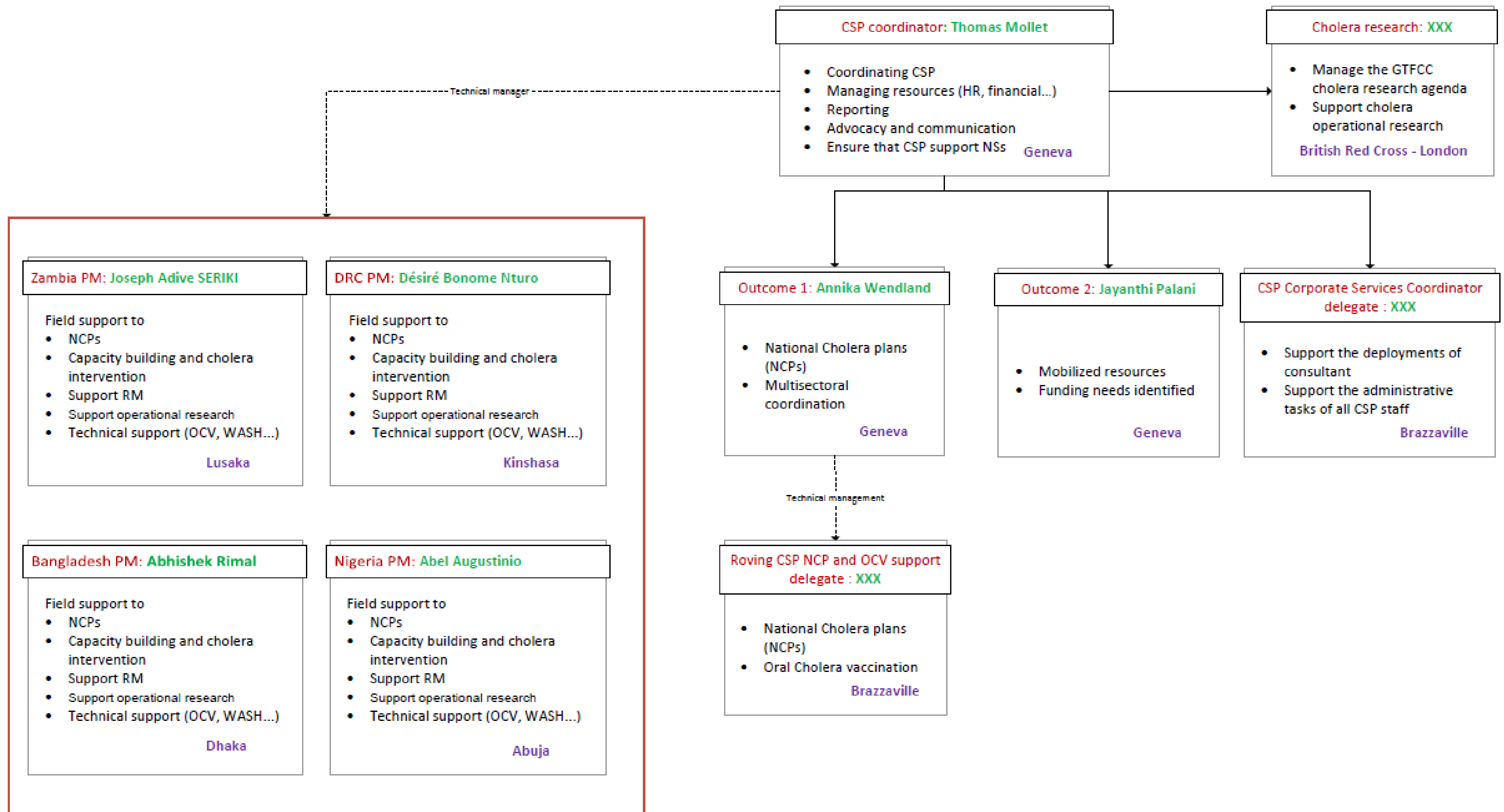


THE CHALLENGES

- Delays in recruitment
- CSP is new; had to build trust in the cholera arena
- Need to consolidate the Country Task Force
- Additional projects related to the 3 outcomes
- External factor such as COVID

BUILDING THE SHIP WHILE WE ARE SAILING IT

CSP ORGANOGRAM





■ Countries with CSP project managers
 CSP supported countries

Consultancies	Countries	Main objectives
2021		
OCV	Zanzibar	Support OCV campaign
WASH	Ethiopia	Cholera WASH assessment
WASH	Ethiopia	Cholera WASH assessment
NCP	Mozambique	Hotspot analysis
NCP	Mozambique	Hotspot analysis
2022		
WASH tools and SOPs	Geneva	Update WASH SOPs
WASH	Nigeria	WASH baseline tool in Nigeria
WASH	Madrid for Nigeria	WASH baseline tool in Nigeria
3 OCVs consultancies	Nigeria	OCV Training
NCP	Nigeria	Workshop and NCP in Nigeria
WASH	DRC	WASH assessment for NCP
OCV*	Pakistan	OCV reactive campaign

ACCOMPLISHMENTS BASED ON CSP OUTCOMES:

OUTCOME 1 — NCP

- ✓ Supporting countries to translate global roadmap to national framework
- ✓ Strengthening in country Cholera Task Forces
- ✓ Facilitating Workshops focusing on NCP development/ review
- ✓ Developing Stakeholder mapping
- ✓ Mapping out milestones, timelines and resources required

ROLLING OUT THE **GLOBAL ROADMAP** IN COUNTRIES — NATIONAL CHOLERA PLANS (NCP)

By 2030 – 20 countries eliminate cholera and cholera mortality is reduced by 90%.



GLOBAL FRAMEWORK

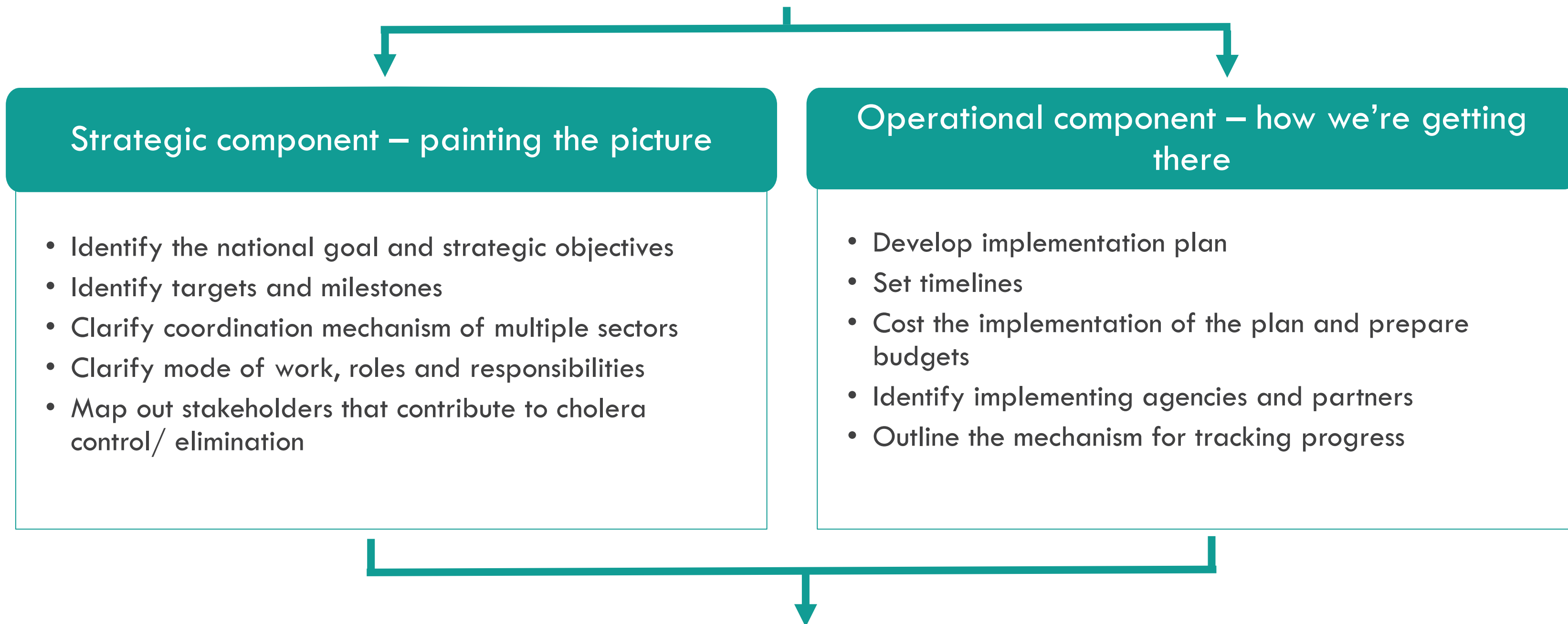
To achieve the objectives of the Roadmap we need:

- **Countries to commit** – at the highest level of governments -to controlling cholera. National goals should be defined.
- **Partners to engage** and provide technical support to countries to implement their action plans / activities
- **Donors to commit** to supporting financially the priorities defined by countries

NATIONAL FRAMEWORKS

LEVERAGING AN NCP

NCP developed aligned to GTFCC guiding principles



Strategic component – painting the picture

- Identify the national goal and strategic objectives
- Identify targets and milestones
- Clarify coordination mechanism of multiple sectors
- Clarify mode of work, roles and responsibilities
- Map out stakeholders that contribute to cholera control/ elimination

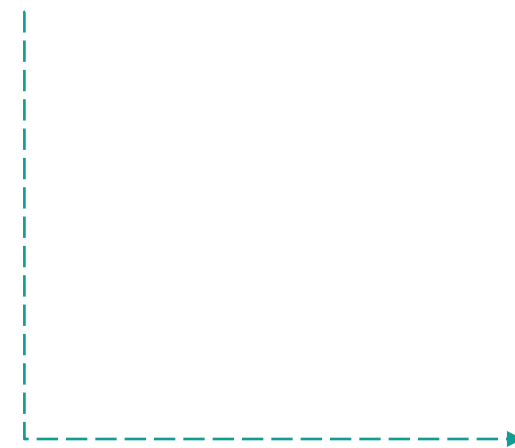
Operational component – how we're getting there

- Develop implementation plan
- Set timelines
- Cost the implementation of the plan and prepare budgets
- Identify implementing agencies and partners
- Outline the mechanism for tracking progress

NCP functions as the core document for cholera control, advocacy, gathering political interest, mobilising resources and coordinating the national effort

WORKSHOPS FOCUSING ON NCP DEVELOPMENT / REVIEW IN CSP COUNTRIES

- Workshops were carried out in **DRC, Zambia and Nigeria**, with the next workshop planned in **Bangladesh** for July 2022



Preparatory phases

- Declare country commitment
- Define leadership & coordination mechanism
- Identify & prioritise hotspots
- Conduct situational analysis
 - Stakeholder mapping
 - Where are we now/ what do we have
 - SWOT
 - Capacities and gaps
- Formulate goal
- Formulate strategic objectives



Milestones

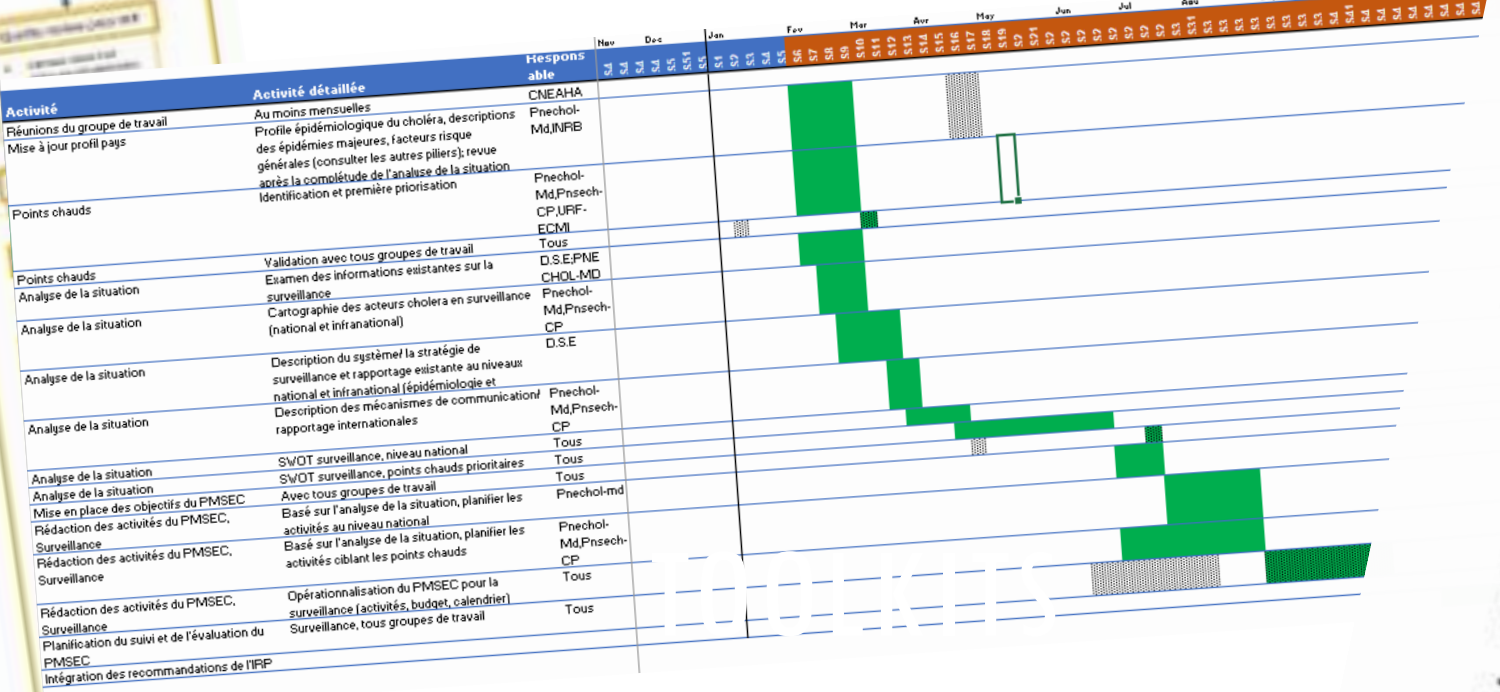
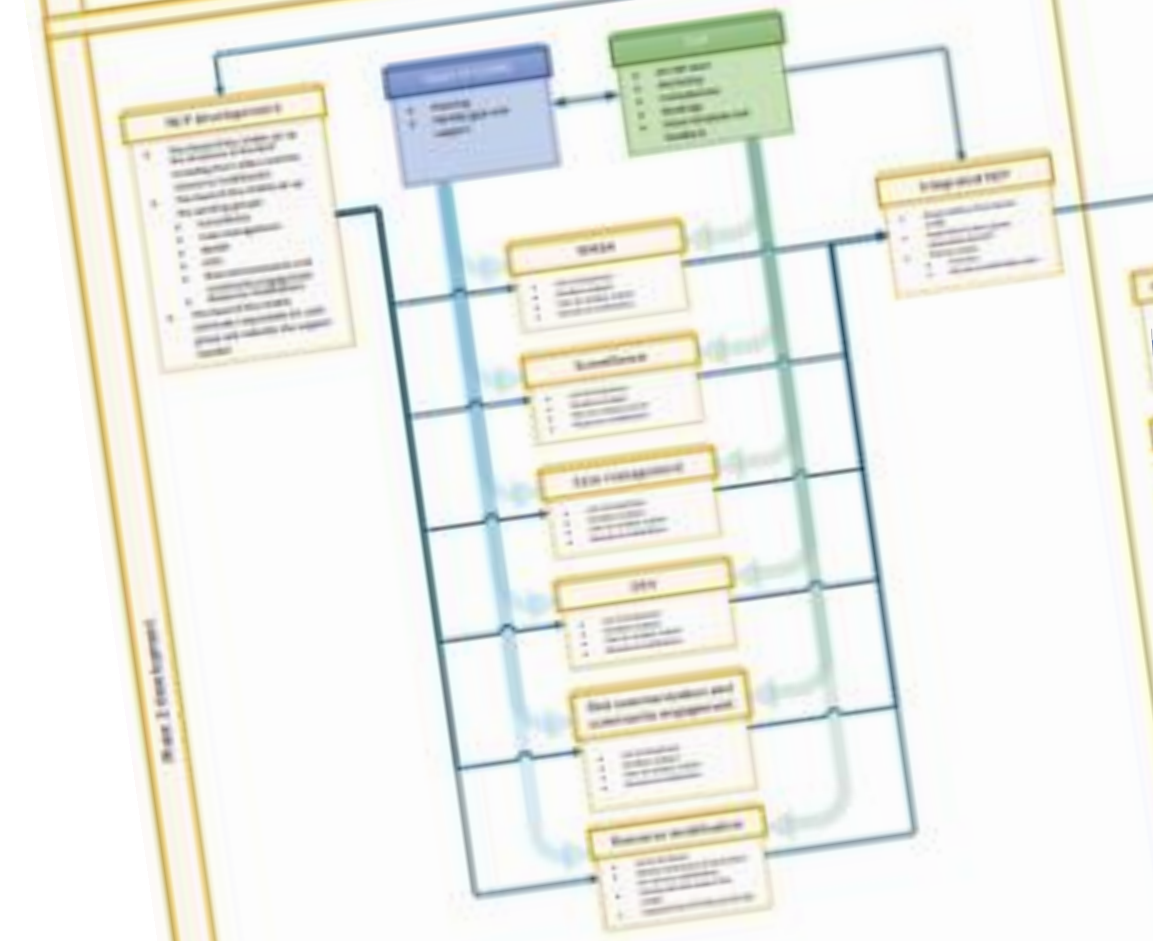
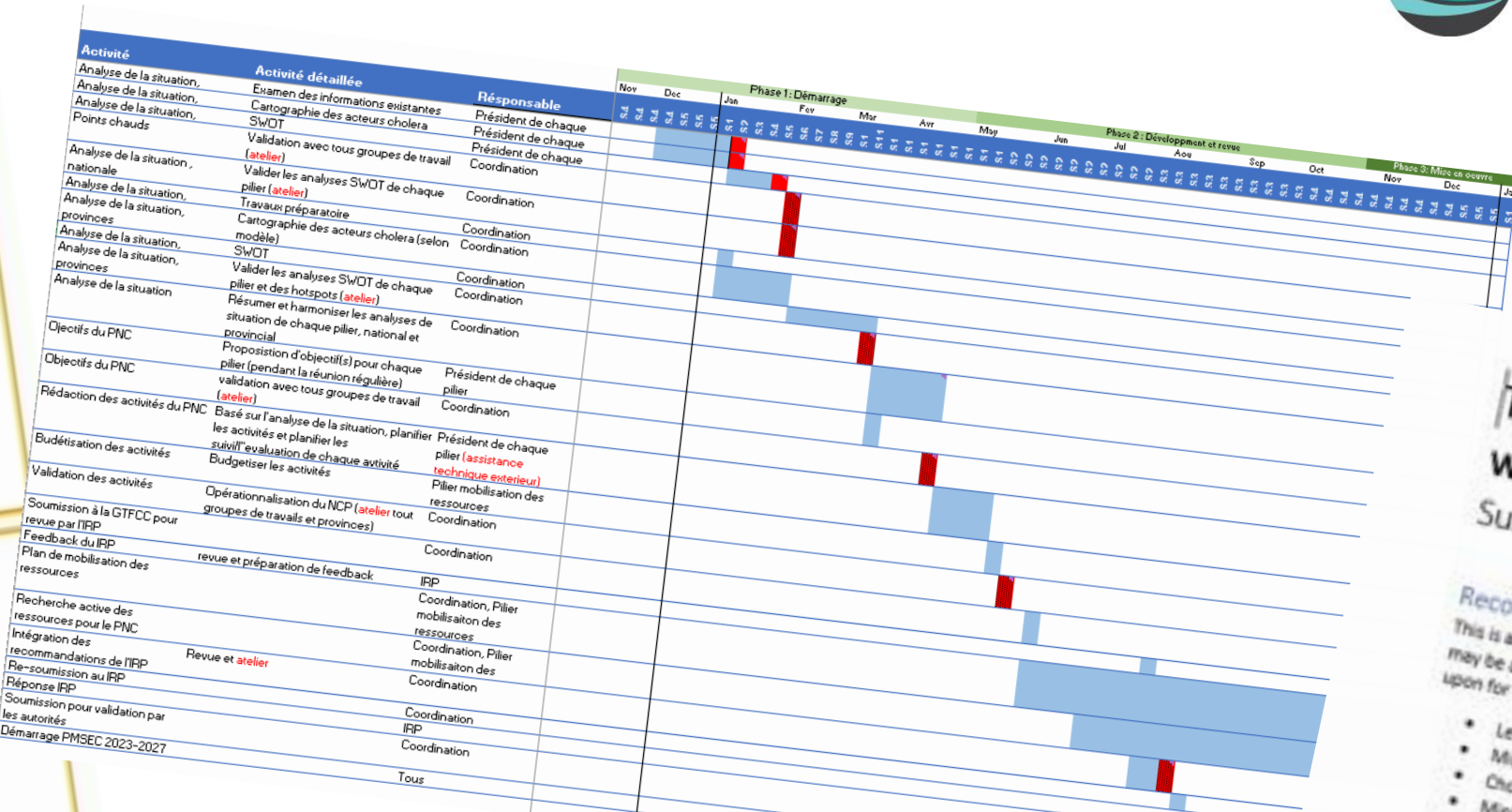
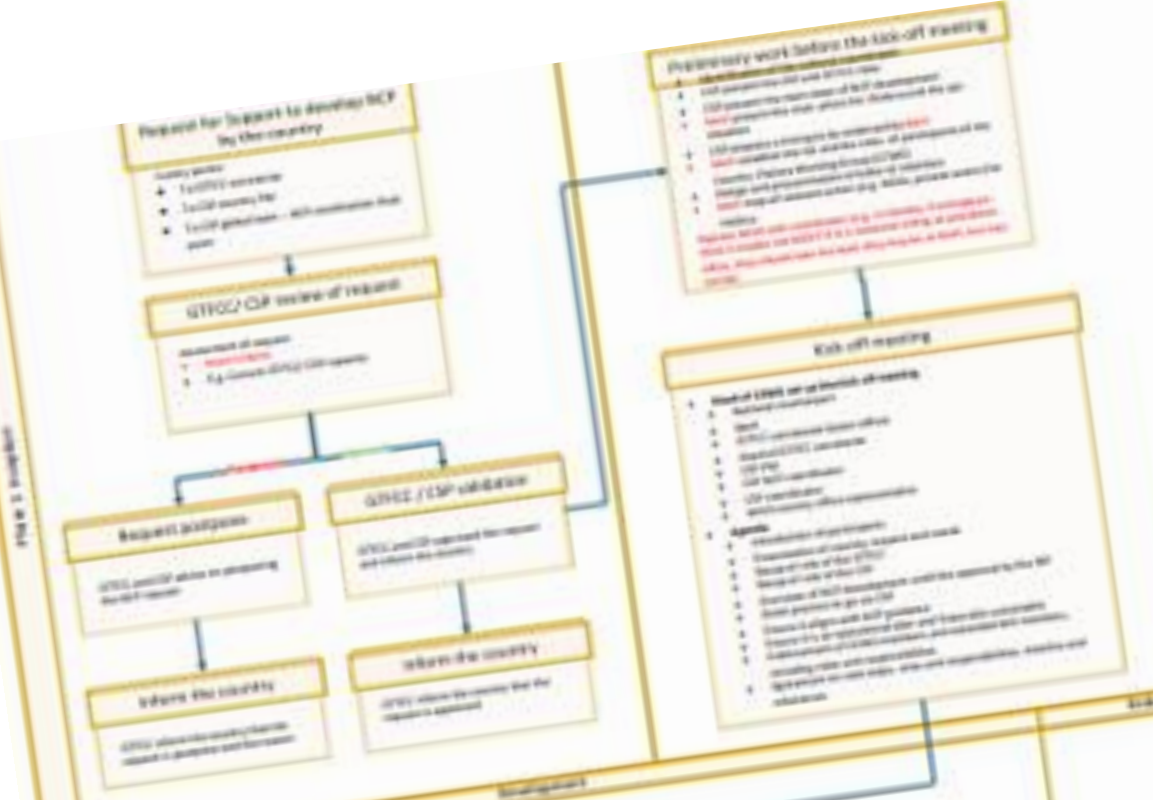
Timeline

Hotspots

Situational
Analysis

Country RM
Strategy





Terms of reference, national cholera working group for NCP development
Surveillance (epidemiology and laboratory)

- Recommended members/ representation/ expertise**
- This is a proposed list of members and will need to be adjusted depending on the country context. It may be advisable to identify a core group of participants, and additional members that can be called upon for specific subjects.
- Lead of WG (part of national coordination mechanism)
 - Ministry of Health
 - Cholera surveillance and epidemiology actors (national and sub-national)
 - Ministry of population/statistics/planning
 - Laboratory representatives
 - WHO country office
 - Surveillance and laboratory partners
 - Expertise on community engagement/ community representatives

- Reference documents**
- Ending Cholera - Global Roadmap to 2030
 - Interim guidance document to support countries for the development of their National Cholera Control Plan
 - Tool for identification of cholera hotspots
 - Guidance on environmental hotspots
 - GTCC Cholera Outbreak Response Field Manual

- Objectives of the working group**
- The main objective of the process is to develop, review and validate a national multi-sectoral plan for the control or elimination of cholera (national cholera control plan (NCP)).
- Specific objectives are to:
- Define and agree on the surveillance and laboratory approach to be followed to establish a cholera elimination or control program in the country
 - Identify the "cholera hotspots" in the country
 - Have an overview of existing conditions for cholera prevention and response nationally and in the cholera hotspots specifically (situational analysis)
 - Agree on roles and responsibilities in the operationalization of the NCP
 - Draft the NCP with the respective activities, budget and assigned responsibilities
 - Develop a monitoring and evaluation plan for the implementation of surveillance and laboratory activities
 - Revise and validate the NCP so that it is ready for implementation

NCP STAKEHOLDER MAPPING

Ref: *To list down identified stakeholder/organisations's name (Free Text)* *To list down stakeholder type* *To list down stakeholder type categories* *To list down stakeholder sector* *To list down stakeholder interest areas* *To list down stakeholder's current projects/initiatives (Free Text)*

NC	STAKEHOLDER NAME	STAKEHOLDER TYPE	STAKEHOLDER CATEGORY	STAKEHOLDER SECTOR	STAKEHOLDER INTEREST AREAS	STAKEHOLDER PROJECTS
		<div style="border: 1px solid black; padding: 5px;"> Implementing partner Donor Interested parties Government Agency </div>				

- STAKEHOLDER TYPE**
- Implementing partner
 - Donor
 - Interested parties
 - Government Agency

- STAKEHOLDER CATEGORY**
- Academic
 - Government Agency
 - International Government Agency
 - NGO (International)
 - NGO (National)
 - Private sector
 - UN agency
 - Development bank
 - Civil Society Organisation (CSO)
 - Community Leaders
 - Media Agencies
 - Religious Leaders

- STAKEHOLDER SECTORS**
- Agriculture/ other rural sectors
 - Manufacturing (Chemical, Construction, Mining, Mechanical, Textiles)
 - Commerce & Retail Trade
 - Education
 - Financial services
 - Food & Beverages
 - Forestry & Environment
 - Health services
 - Hotels & Tourism
 - Media
 - Oil and Gas
 - Telecommunications services
 - Public service
 - Shipping & Logistics; ports; fisheries; inland waterways
 - Transport (including civil aviation; railways; road transport)
 - Utilities (water; gas; electricity)

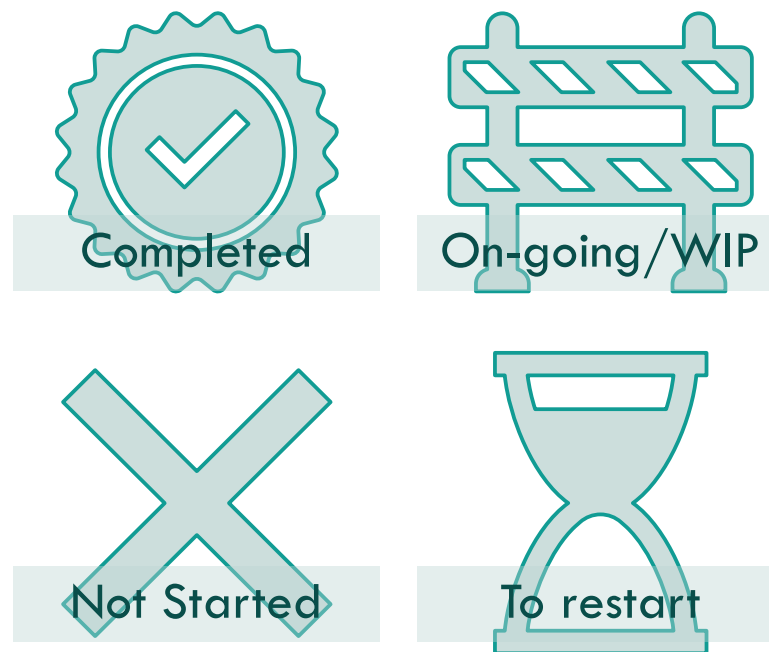
- STAKEHOLDER INTEREST AREAS**
- Leadership & Coordination
 - Lab
 - Research
 - Case Management/IPC
 - WASH
 - Logistics
 - OCV
 - Community Engagement
 - Epi Surveillance















- GEOGRAPHICAL AREA**
- Global
 - National
 - Sub national

Next steps:

- Partners to support (GTFCC? cluster?)
- Implement a platform for info sharing?

TOOLS UNDER DEVELOPMENT TO SUPPORT NCPs



-  **NCP SWOT analysis**
-  **NCP situational analysis**
-  **WASH Costing tool**
-  **Hotspot representation template**
-  **Hotspot method**
-  **NCP tool kit**
-  **Goal and objective setting workshop**
-  **Developing an implementation plan**
-  **Developing indicators/outcomes timeframe template linked to the implementation plan**
-  **Country investment case**
-  **Resource mobilisation methodology**
-  **Stakeholder mapping**
-  **Advocacy toolkit**
-  **IRP evaluation**

ACCOMPLISHMENTS BASED ON CSP OUTCOMES:

OUTCOME 2 — ADVOCACY AND RESOURCE MOBILIZATION

- ✓ RM processes at global and national level
- ✓ Participation in the GTFCC Advocacy Task Force
- ✓ Development of bimonthly Operational Highlights
- ✓ Profiling of CSP at a global platform - WHA organized by GTFCC Sec and hosted by IFRC
- ✓ Engaging new partners through donor stewardship
- ✓ Supporting country level advocacy (stakeholder & media engagements)
- ✓ Developing global donor mapping
- ✓ WIP: Country level factsheets and advocacy toolkits , Presence on social media and other platforms to be expanded beyond Twitter (@SecGTCC)

ACCOMPLISHMENTS BASED ON OUTCOMES:

OUTCOME 3 — CAPACITY BUILDING

Development of tools

Expert pool (150
experts)

Deployment of
experts

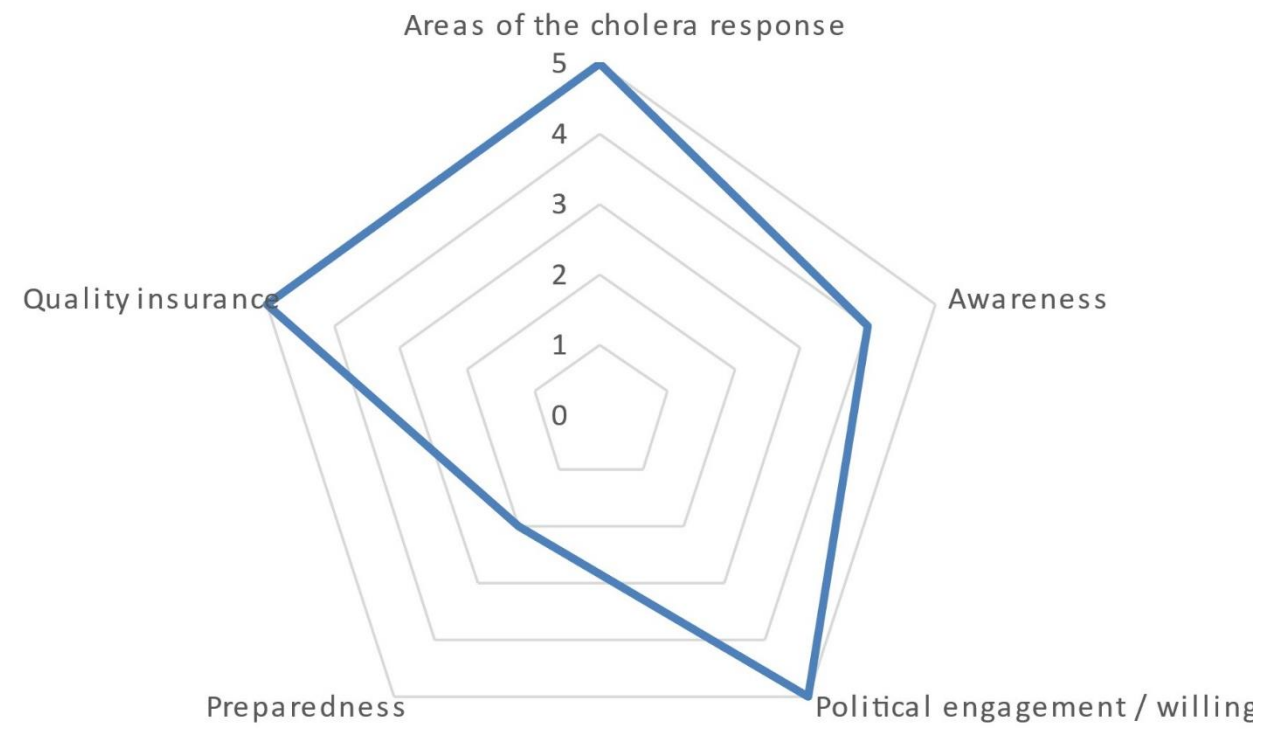
Mapping of
available cholera
trainings

Actor self assessment
tool for cholera

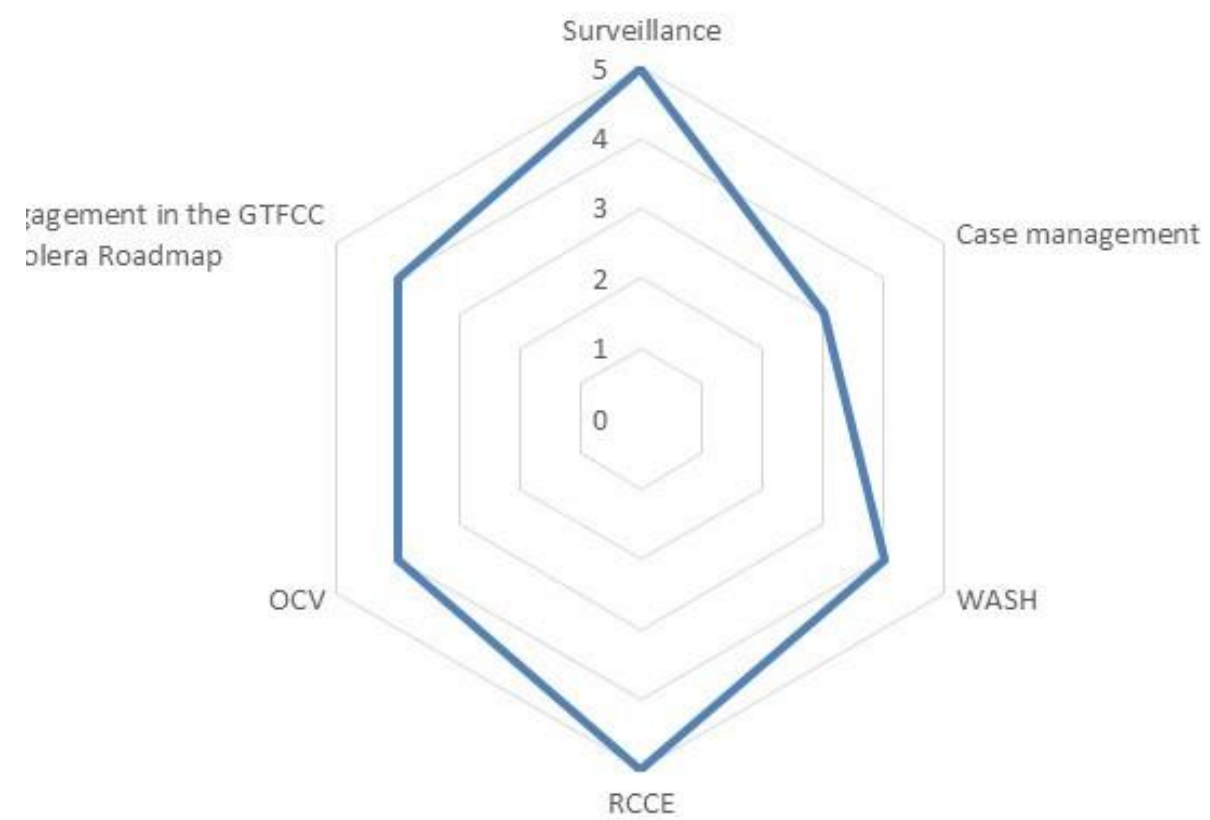
Training of OCV
consultants



ZAMBIA RC - Cholera Readiness



Nigeria - cholera control engagement



ACCOMPLISHMENTS BASED ON OUTCOMES: NEW OUTCOME — RESEARCH



Job Description Senior Officer, Cholera Research (SOCR)

Job Level	Level 5	Job ref
Directorate	BRC International hosted on behalf of IFRC	Service
Reports to	IFRC CSP, (BRC WASH Adviser)	

Scale and scope of role

Direct reports	N/A	Indirect
Budgetary responsibility/accountability	Up to 100k	Accountability
Reach and impact	The focus of the research is Cholera Research (SOCR) coordination of the GTFCC S World Health Organization - Cross Red Crescent Movement including research, which Roadmap to 2030".	

Context

At the British Red Cross, we help anyone, anywhere in the world they need if crisis strikes connecting human kindness with the UK and abroad to prepare for and withstand emergency crisis is over, we help them to recover and move on with the and Red Crescent humanitarian network.

Our values and principles

Our values (compassionate, courageous, inclusive and member of the Red Cross and Red Crescent Movement, bound by, its fundamental principles: humanity, impartiality, unity and universality.

The Cholera Roadmap Research Agenda identifies 20 key research priorities which when addressed will aid progress in fulfilling the GTFCC strategy *Ending Cholera: A Global Roadmap to 2030*.

PILLARS	ORAL CHOLERA VACCINE	WATER, SANITATION & HYGIENE	SURVEILLANCE	COMMUNITY ENGAGEMENT	CASE MANAGEMENT	ALL PILLARS
	RANK OVERALL	PILLAR	RESEARCH QUESTION			
	1	🏠	What are the optimal oral cholera vaccine schedules (number of doses and dosing intervals) to enhance immune response and clinical effectiveness in children 1 to 5 years of age?			
	2	🏠	What are potential delivery strategies to optimise oral cholera vaccine coverage in hard-to-reach populations (including during humanitarian emergencies and areas of insecurity)?			
	3	🏠💧	Is there additional benefit to adding WASH packages, for example household WASH kits, to an oral cholera vaccine campaign?			
	4	🏠	What is the optimal number of doses of oral cholera vaccine to be used for follow up campaigns in communities previously vaccinated with a 2-dose schedule?			
	5	🏠	Can the impact of oral cholera vaccine on disease transmission, morbidity and mortality be maximized by targeting specific populations and/or targeted delivery strategies?			
	6	🏠	What are the barriers and enablers for integrating cholera treatment into community case management by community health workers?			
	7	💧	What levels of coverage for relevant water, sanitation and hygiene interventions is required in cholera hotspots to control and ultimately eliminate the risk of cholera?			
	8	🏠	What impact does the timing of oral cholera vaccine use have on outbreak prevention and control?			
	9	🏠	What is the impact of early diagnosis of cholera using a rapid diagnostic test at the point of care in a community setting compared to testing only in health facilities?			
	10	🏠	How can the use of oral cholera vaccine in the controlled temperature chain (i.e., outside the cold chain) be leveraged to maximize the coverage or impact of vaccination in a field setting?			
	11	🏠💧🏠	What is the incremental benefit of implementing a comprehensive interventions package (including water, sanitation and hygiene, antibiotics, oral cholera vaccine, oral rehydration therapy) to reduce cholera mortality during an epidemic?			
	12	🏠	What is the effectiveness and impact of different vaccination strategies for rapid response to cholera outbreaks (e.g., ring vaccination, case-area targeted interventions, etc.)?			
	13	🏠💧	What is the most cost-effective package of water, sanitation and hygiene and oral cholera vaccine in different situations, based on transmission dynamics in cholera hotspots?			
	14	💧	What are the most essential (or what is the minimum set of) infection, prevention and control (IPC) interventions in cholera treatment facilities and oral rehydration points to reduce risk of transmission within these facilities?			
	15	🏠	Are there immunisation strategies other than repeated mass campaigns that will be effective in preventing endemic or epidemic cholera?			
	16	🏠🏠	What is the role and added value of CORITs (community outreach response teams) in enhancing case investigation and outbreak detection?			
	17	🏠	Can oral cholera vaccine be co-administered safely and without interference with other vaccines during mass campaigns or during routine immunization visits (measles containing vaccines, yellow fever, typhoid, meningitis, pneumococcal conjugate vaccine)?			
	18	💧🏠	What are effective strategies to scale up the use of household water treatment in controlling cholera outbreaks?			
	19	🏠	How can we improve and fine-tune hotspot definition and identification at a district and sub-district level, such as micro-hotspots?			
	20	💧	Is improved access to safe water (e.g., water points and distribution networks) effective in controlling and preventing cholera outbreaks?			

■ Cross-cutting Research Priorities which involve more than one pillar

In progress: Hiring of a Cholera Senior Research Officer (SRO)

- Grant awarded by Wellcome Trust to the British Red Cross (BRC) and IFRC
- BRC to recruit the SRO to work with the GTFCC on research uptake at both global and country levels
- The research focal point will be embedded at the BRC on behalf of the IFRC and the CSP

WAY FORWARD FOR THE CSP

Extra technical support is needed at all levels (global & country)

Strengthening global advocacy and RM

Continue to focus building CSP well instead of fast

GET IN TOUCH WITH THE CSP:
countriesupportplatform@ifrc.org

IFRC CSP team

CSP coordinator – Thomas Mollet, Thomas.Mollet@ifrc.org

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CSP country support manager, Nigeria abel.augustinio@ifrc.org

CSP country support manager, Bangladesh – abhishek.rimal@ifrc.org

CSP workshop with key cholera stakeholders to review the NCP in DRC, Nov 2021



CSP workshop with key cholera stakeholders to review the NCP in Zambia, Jan 2022



TOGETHER WE CAN #ENDCHOLERA



WHA Side Event, May 2021

CSP workshop with key cholera stakeholders to review the NCP in Nigeria, June 2022