



BANGLADESH UPDATE TOWARDS 2030 ROADMAP

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26-27-28 June 2023

1. UPDATE ON CHOLERA EPIDEMIOLOGICAL SITUATION

Population:

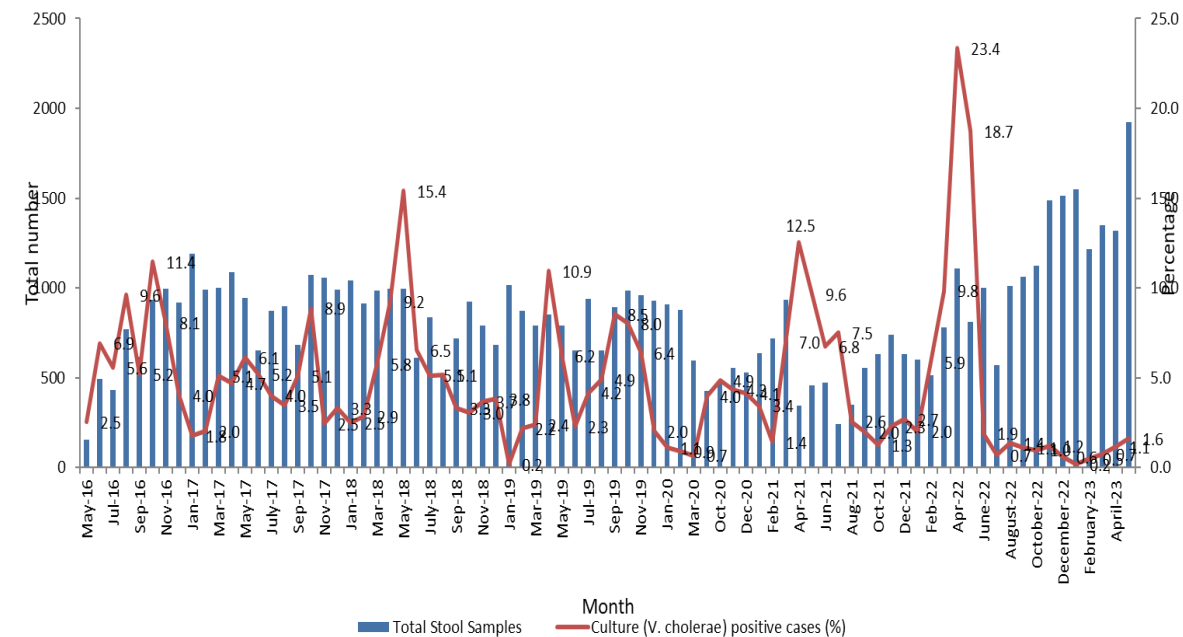
- 8th most populous country in the world – 170.0 million (2022)

Endemic Cholera

- Annual incidence rate of 1.64/1,000 population.
- Estimation: 450,000 hospitalised cases and >1 million infections per year.
- 4 Seasonality with a biannual peak
- Last large outbreak in 2022 in Dhaka City

Vulnerability :

- vulnerability to the natural disasters (cyclones, floods) & Climate change
- River network
- Population density, ongoing urban migration



2. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION



NATIONAL CHOLERA CONTROL PLAN (NCCP)
FOR
BANGLADESH

2019 - 2030

Communicable Disease Control
Directorate General of Health Services
Health Service Division, MOH&FW
Bangladesh

| Main features | |
|-----------------------|---|
| Name | National Cholera Control Plan (NCCP) |
| Timeline/ duration | 2019 – 2030 (finalised in 2019) |
| Length | 63 pages, no annexes |
| Lead writing entity | Ministry of Health and Family Welfare |
| Contributing agencies | DGHS, MODS Zone, Dept PH Engineering, Dhaka South City Corporation, icddr,b, UNICEF, WaterAid, WHO |
| Structure | <ul style="list-style-type: none">• Introduction• Goals• Situational Analysis• Strategy for Elimination• Strategic approaches• Implementation plan |

3. KEY ACHIEVEMENTS AND SUCCESS FACTORS

| KEY ACHIEVEMENTS | SUCCESS FACTORS |
|---|--|
| The Food and Waterborne Diseases Clinical Management guideline and flowchart have been finalized and printed. These guidelines are being distributed to all health facilities across Bangladesh. | <ul style="list-style-type: none"> • Technical support from Experts |
| Mapping of PAMIs for Cholera in Bangladesh based on the Global Taskforce on Cholera Control (GTFCC) guideline is completed | <ul style="list-style-type: none"> • GTFCC updated guideline • Support from partners like icddr,b and IFRC |
| RDT testing protocol has been developed based on the GTFCC guideline | Collaboration from partners like IEDCR, IFRC, MIS and icddr,b |
| Nationwide training for statisticians and medical officers on the updated Acute Watery Diarrhea/ Cholera testing protocol and updated diarrheal reporting template. More than 1295 health care workers (male - 1065 and female - 230) in 34 batches across the country were trained | Collaboration with various department (IEDCR, MIS, etc.) and support local health authorities and partners |

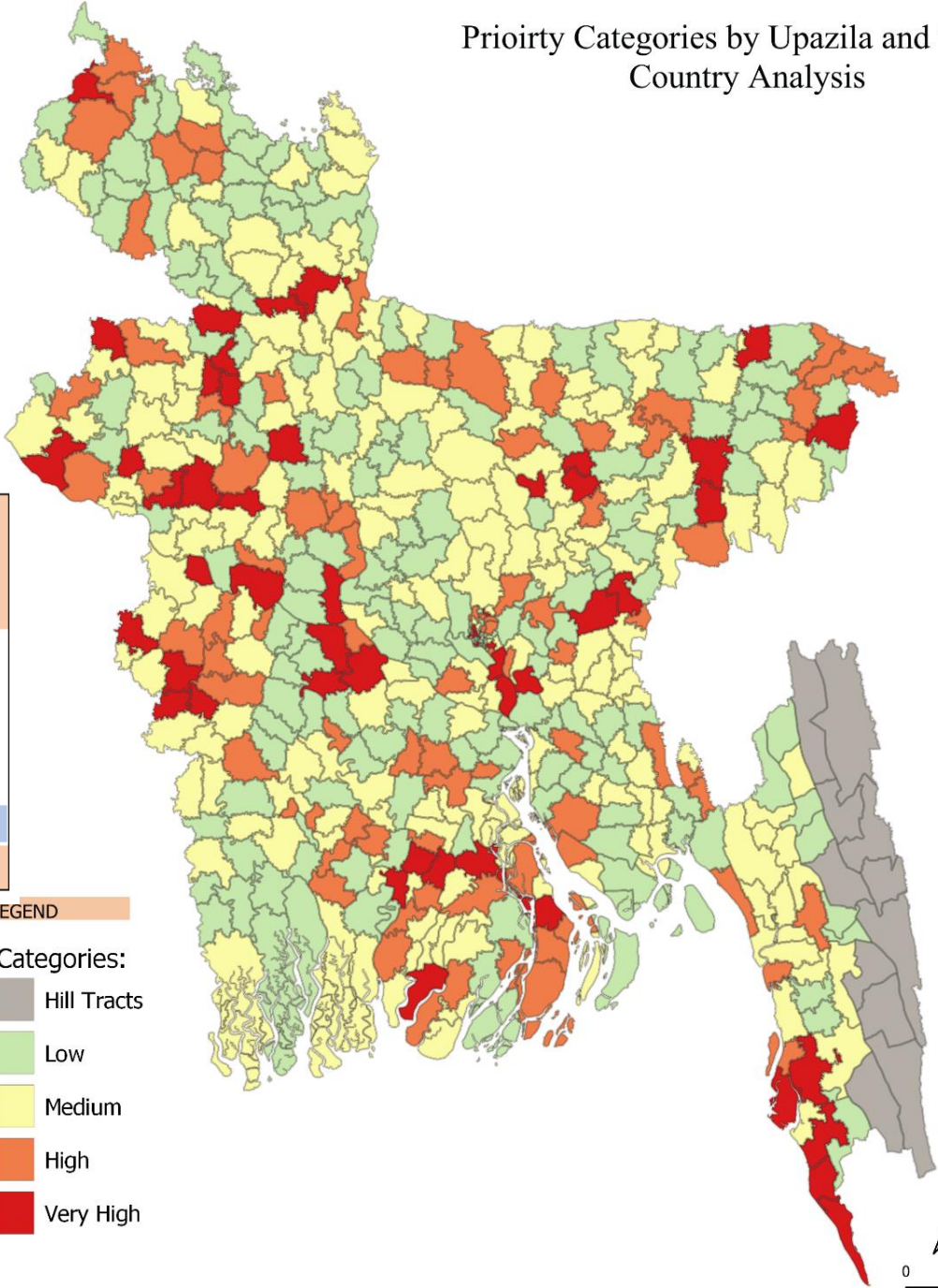
3. KEY ACHIEVEMENTS AND SUCCESS FACTORS

| KEY ACHIEVEMENTS | SUCCESS FACTORS |
|--|--|
| Conducted OCV campaign at Bhasan Char island reaching more than 28,000 FDMN. | Availability of doses from previous campaign |
| Hygiene promotion was held for members of the WASH cluster with an aim to strengthening the capacity of relevant WASH sector specialists in Bangladesh | Close collaboration with WASH cluster |
| Periodic update on the Progress and Challenges in the implementation of NCCP to the Core working Group. | Participation of stakeholders |
| Stakeholder dashboard has been developed in close coordination with WASH Cluster. More than 40 organization responded | Close collaboration with WASH cluster |

PAMIS RESULT

Table 1 Summary table of key parameters, stratified by priority category, Bangladesh, 2023

| Categories | Units* | Rel. % of the units | Cumulative % of units | Est. Population | Rel. % of the population | Cumulative % of population | Diarrhea Cases** | Cumulative % of the cases |
|-------------|--------|---------------------|-----------------------|-----------------|--------------------------|----------------------------|------------------|---------------------------|
| Very High | 53 | 10.1 | 10.1 | 18,443,471 | 11.2 | 11.2 | 432,279 | 25.3 |
| High | 91 | 17.3 | 27.4 | 27,761,695 | 16.9 | 28.1 | 410,352 | 49.3 |
| Hill Tracts | 11 | 2.1 | 29.5 | 729,360 | 0.4 | 28.6 | 6,822 | 49.7 |
| Medium | 192 | 36.6 | 66.1 | 63,663,380 | 38.8 | 67.3 | 637,570 | 87.1 |
| Low | 178 | 33.9 | 100.0 | 53,642,452 | 32.7 | 100.0 | 220,974 | 100.0 |
| Total | 525 | 100 | | 164,240,358 | 100 | | 1,707,997 | |



4. CHALLENGES AND WAY FORWARD

| CHALLENGES | SOLUTIONS | REMAINING OBSTACLES |
|---|---|--|
| Lack of Adequate Financing | <ul style="list-style-type: none">• Increase allocation in next 5-year plan for the Cholera control• Fund raising initiatives with partners and donors | Still major gap in the resources for building adequate WASH services |
| Insufficient Quantities of OCV vaccines | <ul style="list-style-type: none">• Multi year Plan for the OCV campaign | No Prequalification for locally manufactured vaccine |
| Strong Collaboration with WASH sector | Advocacy at highest level to better integrate WASH services in ide | |

4. PRIORITIES JUNE 2023-24

Vaccines

- ❖ Development of Multiyear Plan for Preventive OCV campaign
- ❖ Vaccinate migrant workers and pilgrims travelling during peak season

Surveillance

- ❖ Implementing RDT testing protocol and newly updated daily diarrhea surveillance system
- ❖ Case study on updated surveillance system

Case Management

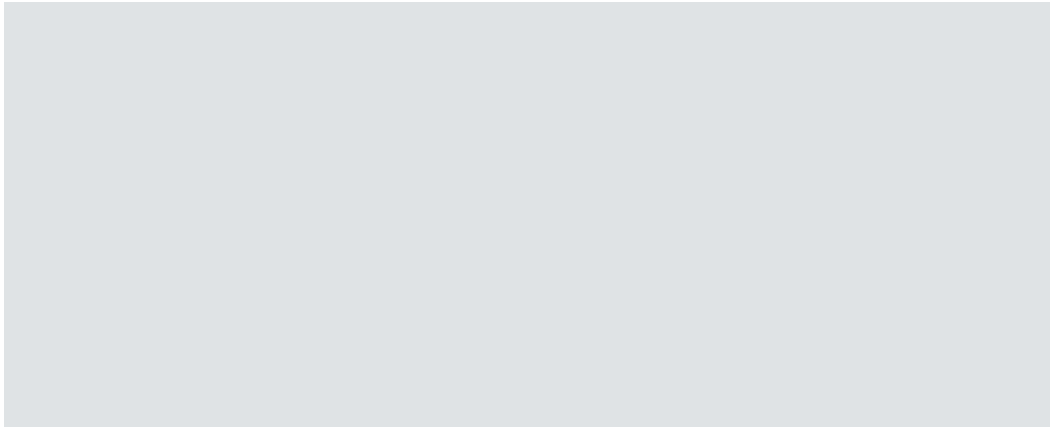
- ❖ Supporting some of the upazila health complex in hotspot areas to have functional ORT station.

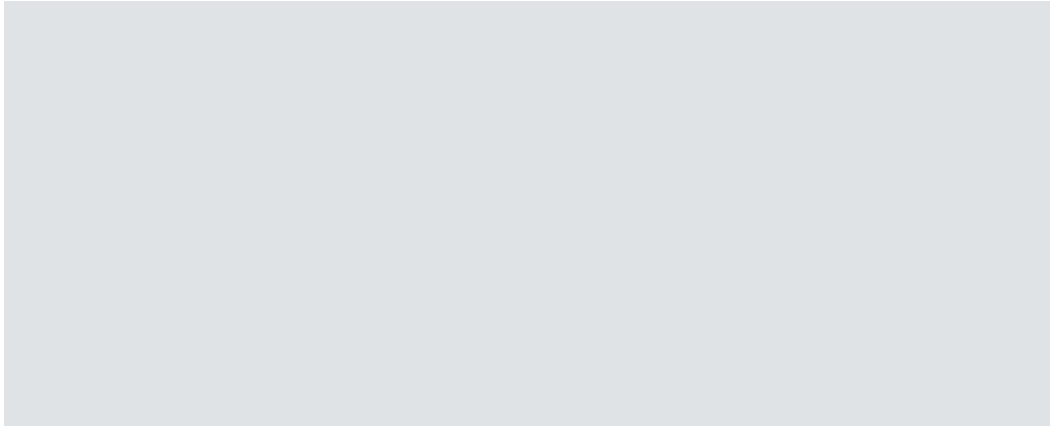
WASH

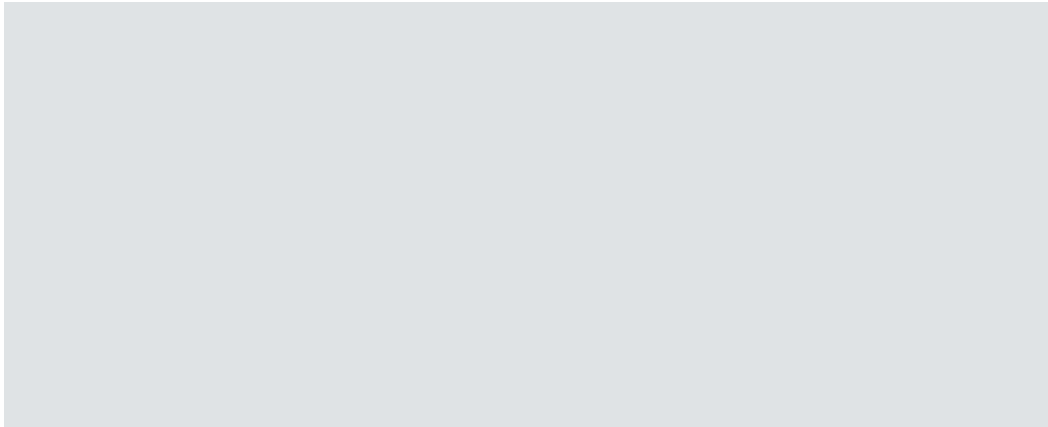
- ❖ WASH partners using the PAMI for WASH investment.
- ❖ Increase Collaboration with DPHE and WASA around hotspot

In **5th Health Nutrition and Population Sector Program** a separate operational plan for Diarrheal Diseases with increased allocation of funds

Organize a **partners meeting** in Bangladesh focusing on priorities in line with NCCP.







Thank you

Together we can
#endcholera



GLOBAL TASK FORCE ON
CHOLERA CONTROL

ANNEXE: ASSESSING PROGRESS AGAINST ROADMAP'S TARGETS

- Please include here reporting against the 16 indicators of the [Monitoring and Reporting section](#) from the NCP guiding document (pp.37- 43) – if some of those indicators are not relevant to your Country situation, please feel free to indicate it. Reporting period is June 2022 – June 2023 (if different, please indicate).

| Indicator (please refer to the NCP guiding document, Monitoring and Reporting section) | Status (please indicate when information/data is not available) | Comment (please share any additional element that may help understand the information provided or the lack of data available) |
|---|--|--|
| Indicator 1 – Proportion of the NCP which is funded through domestic and external funding | | |
| Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body | | |
| Indicator 3 – Incidence rate of suspected cholera | | |
| Indicator 4 – Proportion of cholera signals verified within 48 hours of detection | | |
| Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotposts with access to functional lab. | | |
| Indicator 6 – Number of deaths from Cholera | | |
| Indicator 7 – Case Fatality ratio in treatment centres | | |

| Indicator (please refer to the NCP guiding document, Monitoring and Reporting section) | Status (please indicate when information/data is not available) | Comment (please share any additional element that may help understand the information provided or the lack of data available) |
|--|--|--|
| Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home | | |
| Indicator 9 – OCV administrative coverage in hotspot areas vaccinated (over the preceding 12 months) | | |
| Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated | | |
| Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months) | | |
| Indicator 12 – Proportion of people with access to safe water in hotspots | | |
| Indicator 13 – Proportion of people with access to sanitation in hotspots | | |
| Indicator 14 – Proportion of people with access to hygiene in hotspots | | |
| Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots | | |
| Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities | | |