



GLOBAL TASK FORCE ON
CHOLERA CONTROL

TITLE - SUBTITLE

Ethiopia

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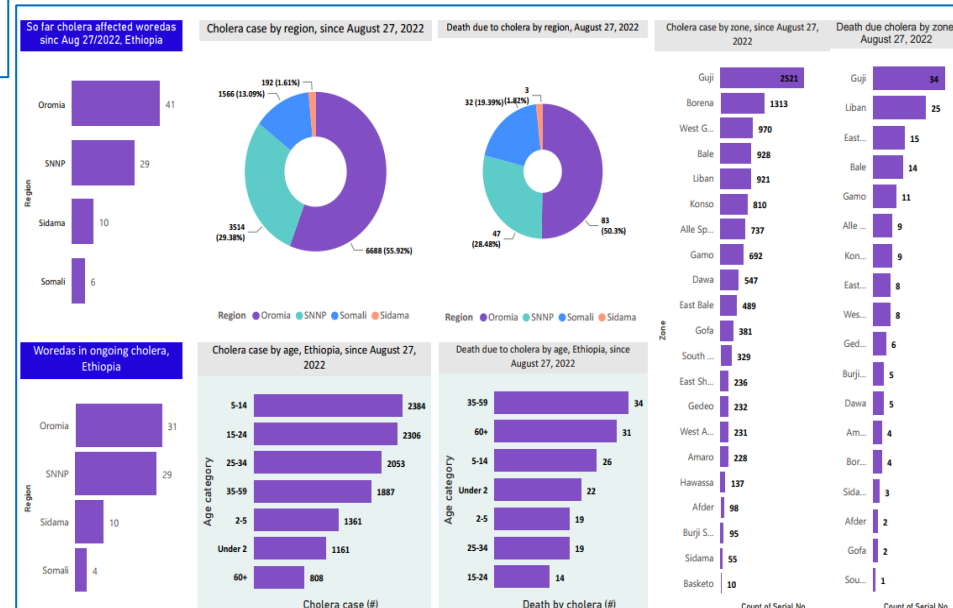
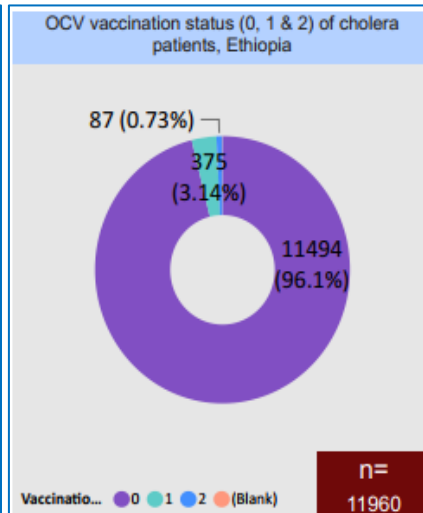
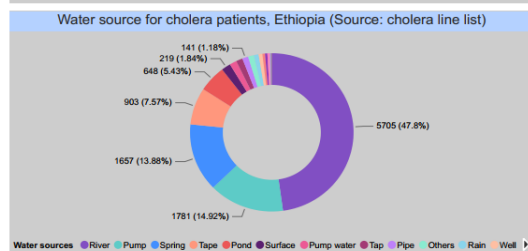
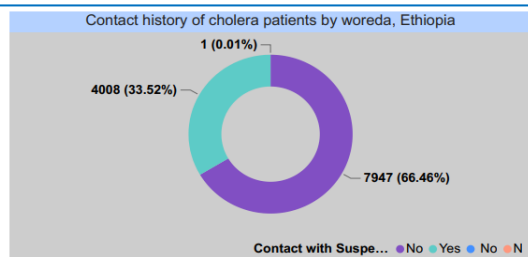
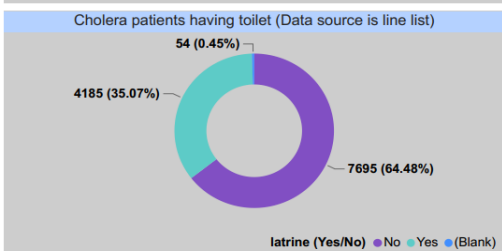
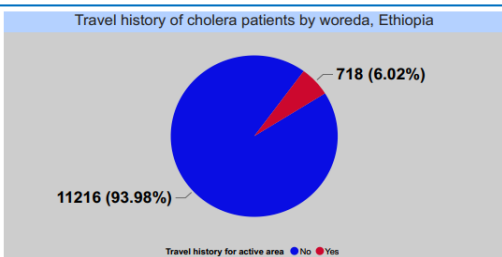
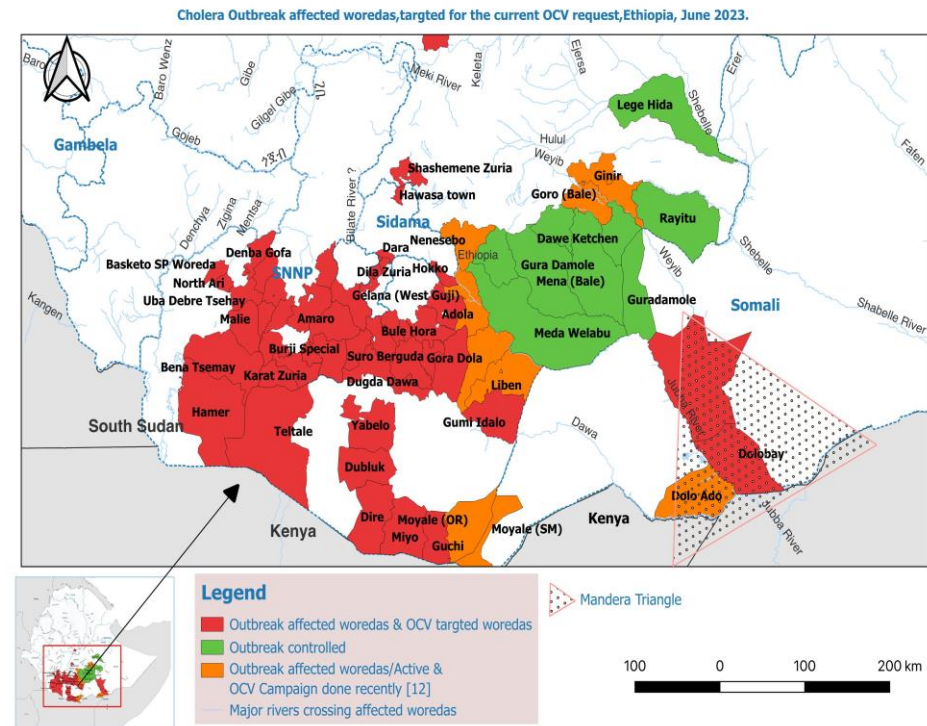
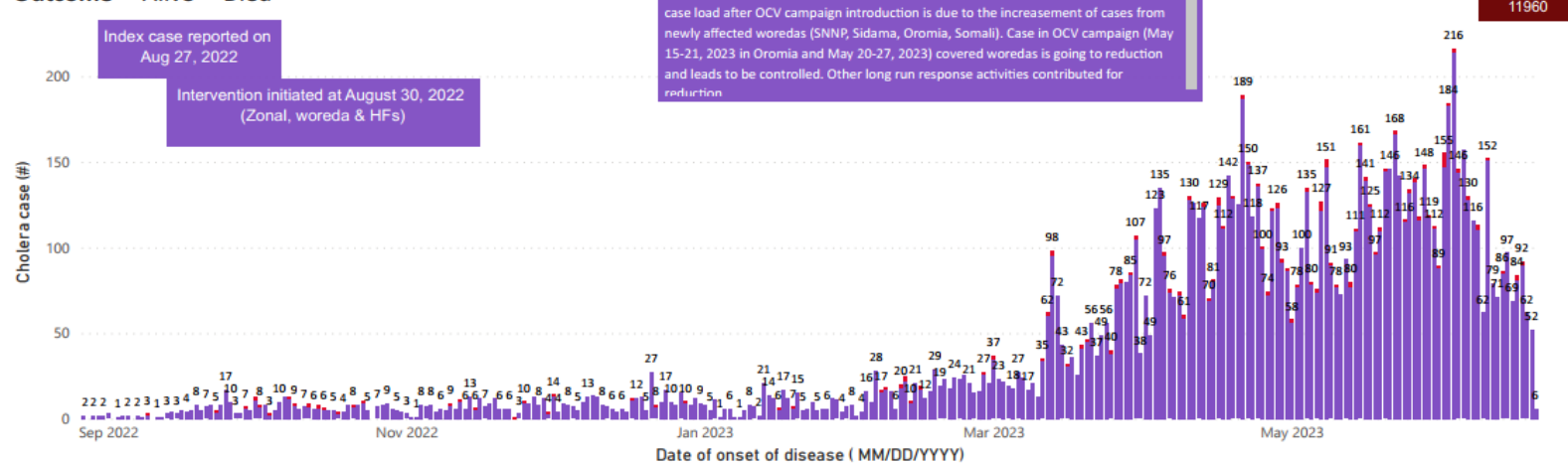
10th GTFCC Annual Meeting
26-28 June 2023

1. UPDATE ON CHOLERA EPIDEMIOLOGICAL SITUATION

Cumulative cholera case (#) since August/27/2022	Cumulative severe dehydration patients (#)	Cumulative cholera attack rate per 100,000 at risk population	Cumulative cholera patient died (#)	Cumulative cholera CFR (%)	New cholera cases (#) of week 25 (2023)
11960	5971	136.2	165	1.38	120
Total cholera affected woredas/#	Cholera epidemic (#) active woredas	Cumulative cholera (#) in cholera epidemic active woredas	Cumulative severe dehydration patients (#) from woredas in ongoing cholera	Cumulative cholera patient died (#) in woredas with ongoing outbreak	
86	74	10944	5425	132	

Epi-curve of cholera outbreak in Oromia and Somali region, Ethiopia, since August 27, 2022

Outcome ● Alive ● Died



2. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION

■ *Preparedness/Early Detection*

- Year one-Operational plan was prepared
- Cholera Guideline updated and yearly based EPRP with revising in every 6 months
- 7500 RDTs distributed to hotspots and cholera affected woredas
- Comprehensive Cholera training 2075 health workers
- The outbreak was detected within 24 hrs in 68(79%) woredas/from 86 woredas
- *Alert letter for all nationwide HFs and gov. sectors*
- *Deploying national partnership RRT at very high risk regions, Northern part of Ethiopia*

■ *Outbreak Response*

- Reactive OCV Campaign done in 21 woredas in two rounds (4 in 1st and 17 in 2nd)
- 83 CTC Established
- ORP in all HPs and HFs (HCs & Hospitals)
- Short term WASH intervention (84 common latrine built, 15 water scheme rehabilitated, 106 water scheme disinfected, 6 EM Wat kits installed and Water treatment chemical distribution)
- *Daily zero reporting goggle sheet (ODK, excel-mail)*
- *Daily cholera SITREP sharing and feedback*
- *Revitalization of PHEOC, called COVID-19 and Drought related emergency IM system*

■ *Multisectoral collaboration*

- National Taskforce active meeting Quarterly
- Cholera outbreak high level advocacy meeting
- National TWG meeting/Tuesday (EPHI, MoH, MoWE, WaSH Cluster, DRMC, HC, WHO, UNICEF, CDC, USAID, MSF, SCI)
- Contributed operational budget and logistic for outbreak response



3. KEY ACHIEVEMENTS AND SUCCESS FACTORS

KEY ACHIEVEMENTS	SUCCESS FACTORS
NCP Endorsement/Nationally	Top Leadership commitment
Hotspot woredas Implementation plan done	Strong national Cholera TF
Guideline updated	Roadmap endorsement, Good coordination
Established RRT at each Hotspot woredas	Trained Field Epidemiologist
Outbreak detectionn with in 24 hrs in 69(79%) woredas woredas	Capacity building, distribution of printed Guideline, 24/7 functional call center, Partnership central RRT Deployment
CFR < 1% in 60% of affected woredas	Capacity building, availability of treatment kits/logistic support from partners, Central RRT Deployment
Over 1,997,326 doses of OCV campaign done/Reactive	Submission of application during early phase of outbreak, Well coordinated National TF, partners (ICG, WHO, UNICEF)
Cross-border meeting	WHO-Health cluster and National TWG

4. CHALLENGES AND WAY FORWARD

CHALLENGES	SOLUTIONS	REMAINING OBSTACLES
Five years Data	Contacted WHO, Health (Regional, zonal & Woreda Bureau)	Solved
NCP Operational Plan not done for Tigray	To do the plan ASAP	Security to visit implementing woredas
NCP Operational budget not mobilized	Partial implementation (Outbreak response)	Developmental activities implementation not started,
Preventive OCV campaign not implemented for approved 6.8 million doses	Responding to outbreaks in case it happened in the hotspot woredas	Preventive Campaign not implemented
CFR reduction from baseline 26%	It should have been 30% ORP opened at all kebeles , cappacity building, MSF team deployment	Still CFR reduction from the baseline is below 30%

4. PRIORITIES JUNE 2023-24

- Outbreak control beyond response
- Preventive OCV Campaign implementation (6.8 million doses)
- Preparing year II operational plan
- NCP Operational Budget mobilization
- Implementation of developmental activities in prioritised hotspot
- Revision of hotspot worded as
- Annual review meeting on cholera outbreak response performance
- Strengthen cross-border meeting (IGAD and others)
- Capacitating regional and sub regional Lab for V.cholera confirmatory test
- Doing interventional research

SOME PRACTICAL SAMPLED PICTURES



Thank you

Together we can
#endcholera



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ANNEXE: ASSESSING PROGRESS AGAINST ROADMAP'S TARGETS

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	35%(Only the emergency part is funded)	Only the outbreak response is funded through the existing system
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	1 Ministerial level meeting,3 National Taskforce meeting and 48 TWGs	Ministerial level meeting(MOH,MoWE,MOF,DRMC,Partners) National TF meeting i being held once quarterly,National TWG meeting once weekly
Indicator 3 – Incidence rate of suspected cholera	136.2 per 100,000	As per National Guideline,only one Culture posetive stool sample is required per woredat to declare outbreak
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	The outbreak were verified in 48hrs with in 49 (57%) woredas	
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotposts with access to funcitonal lab.	0	Only the six regional labs and EPHI(Centerla lab) can do culture
Indicator 6 – Number of deaths from Cholera	165	Making CFR 1.38%
Indicator 7 – Case Fatality ratio in treatment centres	165 death and 1.38% CFR	CFR 1.38%

Indicator	Status	Comment
Indicator 8 – Proportion of the population living in hotposts who have access to ORS within a 30-min. walk from their home	64%	ORS is available in all Health Posts which can be accessed in 2hrs.
Indicator 9 – OCV administrative coverage in hotpost areas vaccinated (over the preceding 12 months)	Average coverage 98%	Berbere, Dollo Mena, Goro, Meda Wolabu, Moyale, Negele Town and Dollo Ado were from hotspot but covered by reactive campaign
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	0	No preventive campaign have been done sofar
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	1	1,997,326 reactive campaign were given
Indicator 12 – Proportion of people with access to safe water in hotspots	13%	
Indicator 13 – Proportion of people with access to sanitation in hotspots	9%	Over 91% (around 16 million people living in Hotspot) does not have access to basic sanitation services.
Indicator 14 – Proportion of people with access to hygiene in hotspots	8%	92% of households do not have access to a hand washing facilitywith soap and water
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	7% of Hotspot spot woredas	Berbere, Dollo Mena, Goro, Meda Wolabu, Moyale, Negele Town and Dollo Ado
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	NA	Assesmsnt not done/planned