



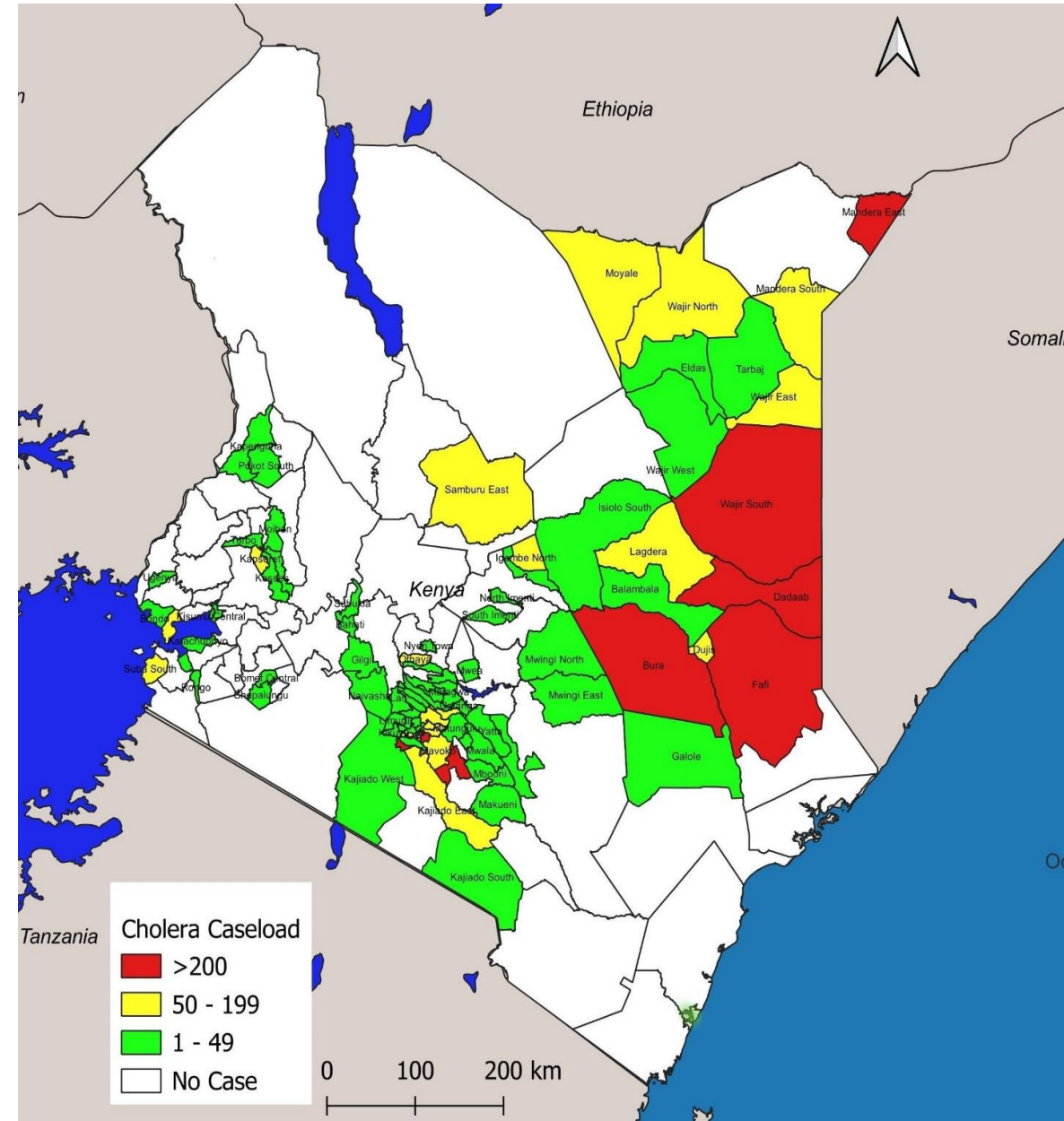
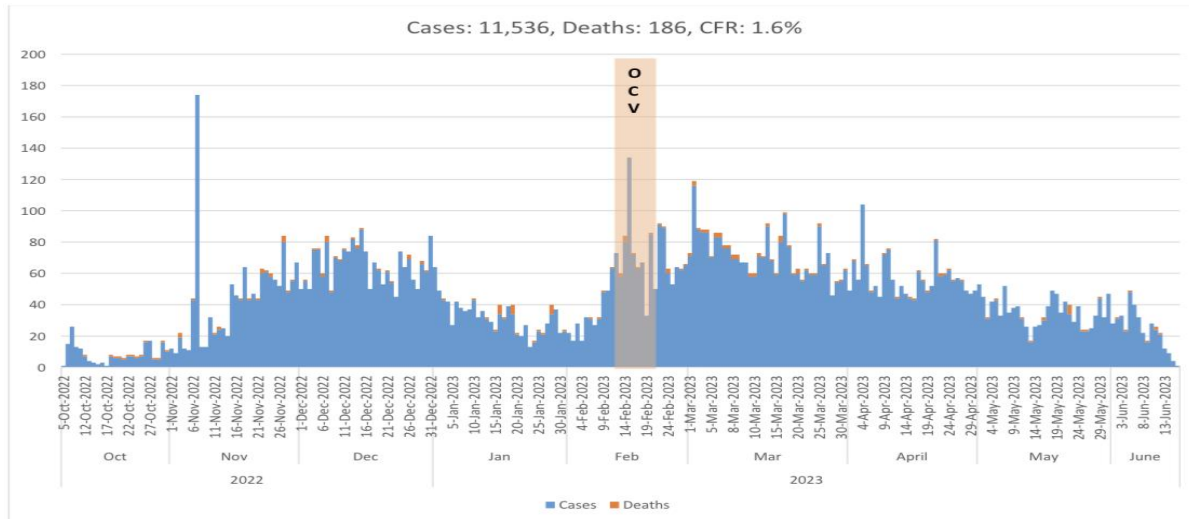
GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

# UPDATES FROM KENYA

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Division of Disease Surveillance and  
Response  
Ministry of Health, Kenya  
10<sup>th</sup> GTFCC Annual Meeting  
26-27-28 June 2023

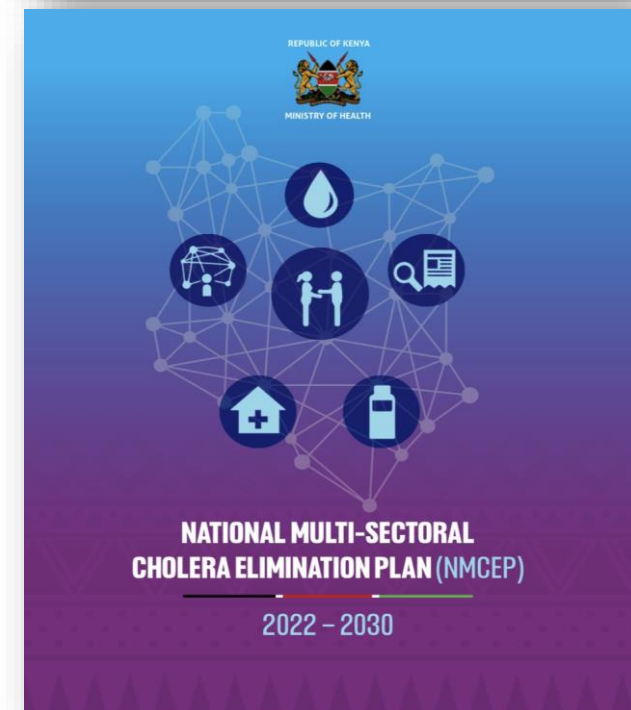
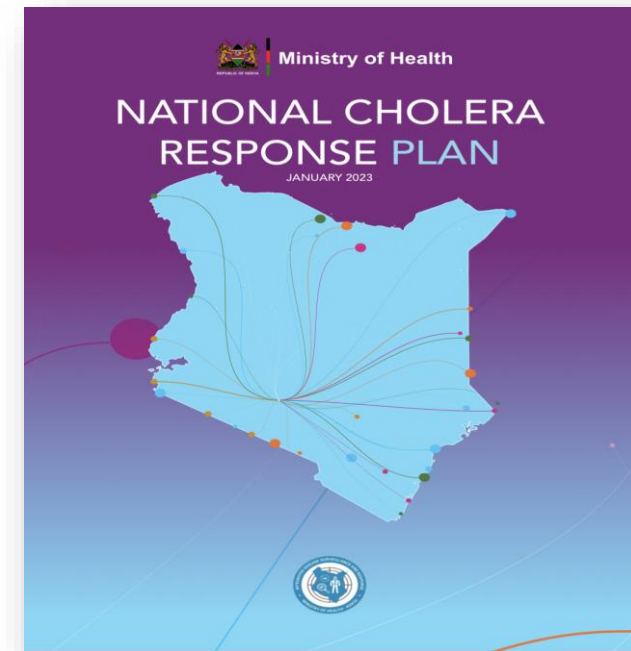
# 1. UPDATE ON CHOLERA EPIDEMIOLOGICAL SITUATION

- Outbreak started in October 2022
- Cases to date – 11,536 across 26 counties
- CFR 1.6%
- OCV reactive campaigns
  - Feb 2023 – 9 subcounties, refugee camps in Garissa
  - July 2023 (Planning in progress) – 6 subcounties & institutions



## 2. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION

- 1. NCP endorsed** by Ministry of Health and Ministry of Water, Sanitation & Irrigation, pending official launch
  - No domestic funding
  - Funding (from partners) of NCP activities is ad hoc
- 2. National Task Force** is present at National Level with similar structures at County level
  - Convened by the Ministry of Health
  - Working in close collaboration with the other line ministries notably Ministry of Water, Sanitation & Irrigation
  - Partners included
  - NTF Not funded
  - National Cholera response plan endorsed
- 3. To reduce mortality** during the ongoing outbreak
  - Evaluation of cholera treatment facilities using the GTFCC tool
  - Case management trainings at cholera treatment facilities
  - Community messaging to encourage early health care seeking, treatment of household water, proper disposal of fecal waste
  - Reactive OCV campaign
  - Development of the technical guide for cholera management
  - Dissemination of the GTFCC app to health care workers
  - Intra action review meetings with affected counties



### 3. KEY ACHIEVEMENTS AND SUCCESS FACTORS

KEY ACHIEVEMENTS	SUCCESS FACTORS
Kenya implemented its' first ever OCV Campaign during a cholera outbreak in Feb 2023 with high acceptability and good coverage	Good coordination from the OCV planning team
Kenya revised and validated the technical guide for cholera management	Good coordination, support from partners – WHO, WSU, US CDC
Inta-action review meetings with high burden counties	Financial support from partners – US CDC, WSU
National RRTs support to cholera affected counties incl. Evaluation of cholera treatment facilities	Financial support from the partners – WHO, KRCS
Engagement of the Ministry of Water, Sanitation in the outbreak response activities	Multi-sectoral engagement

## 4. CHALLENGES AND WAY FORWARD

CHALLENGES	SOLUTIONS
Lack of resources to implement the activities within the NCP	Advocacy for funding
Lack of sufficient OCV doses to implement the reactive campaigns as desired	Mechanism to increase emergency supply to match country needs
Other Public Health Emergencies - COVID 19 preparedness & response, immunization activities	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
Difficulties in engagement of relevant sectors & actors during the various steps	Hosting NCP at a higher office Proposed county coordination structures esp. in hotspot areas

# PRIORITIES JUNE 2023-24

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Leadership & Coordination	Official launch of strategic documents (NCP, Response plan, cholera technical guide)	July 2023		
	Sensitize and support counties to adopt the cholera elimination plan/ finalize on County specific preparedness and response plans	July 2023	Competing Public health priorities	
	Advocacy to the presidency, governors and partners for budget support for implementation of NCP	Continuous		Support to prepare an investment case
	Establish/Convene a technical working group for cholera and other enteric pathogens	Quarterly	Multisectoral engagement	
	Develop cholera prevention strategies for institutions (schools, prisons, food establishments, camps/ settlements) and roadside food handlers			

# PRIORITIES JUNE 2023-24

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Surveillance & Lab	Strengthen capacity for the lab staff to do stool cultures and AST	July – Oct 2023	Funding gap	
	Print & distribute laboratory SOPs to all county and sub county laboratories	July – Aug 2023	Funding gap	
	Train rapid response teams (RRTs) at the national and subnational levels on IDSR & comprehensive cholera training package	July – Oct 2023	Funding gap	
	Hold quarterly surveillance review meetings at national and sub national level	Quarterly	Funding gap	

# PRIORITIES JUNE 2023-24

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Case management & IPC	Print & disseminate the national guidelines on cholera clinical case management	July – Oct 2023	Funding gap	Mobilize resources
	Training of HCWs on case management & IPC targeting at least 60% HCWs in hotspot areas	July – Oct 2023	Funding gap	Mobilize resources
	Train Community Health Volunteers (CHVs) on community cholera management in the respective community units identified as hotspots	July – Oct 2023	Funding gap	Mobilize resources
	Procure & distribute commodities for case management, IV fluids, cholera cots, tents	PRN	Funding gap	Mobilize resources



# PRIORITIES JUNE 2023-24

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
Risk Communication & Community engagement	Production of Communication (IEC) materials	July 2023	Funding gap	
	Integrate risk reduction messaging during OCV campaigns	PRN		
	Engage Community Own Resource Persons	Continuous	Funding gap	
	Continued messaging in cholera affected counties	Continuous	Funding gap	

# PRIORITIES JUNE 2023-24

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
WASH	Enforce Public health, Water, EMCA Acts in hot spot areas	Continuous		
	Community water quality surveillance in areas without conventional water treatment	Continuous		
	Water treatment of all water treatment works, boreholes, protected dams	Continuous		
	Community-Led Total Sanitation (CLTS) activities in all hot spot areas	Continuous	Lack of community units in some areas	
	Household water treatment and safe storage in hot spot areas	Continuous	Lack of water treatment supplies	

# PRIORITIES JUNE 2023-24

Pillar	Priority activities	Timeframe	Bottlenecks	Potential needs/gaps
OCV	Reactivate MYPOA & OCV request to GTFCC for preventive campaigns	July 2023	Depleted global stock pile	Technical support in finalization of the request
	Carry out OCV reactive vaccination campaigns including in the Manderera Triangle	July – Aug 2023	Depleted global stock pile	

# Thank you

Together we can  
**#endcholera**



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# ANNEXE: ASSESSING PROGRESS AGAINST ROADMAP'S TARGETS

<b>Indicator</b> (please refer to the NCP guiding document, Monitoring and Reporting section)	<b>Status</b> (please indicate when information/data is not available)	<b>Comment</b> (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	Funded partially	Funding is ad hoc
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	1	
Indicator 3 – Incidence rate of suspected cholera	40.5 per 100,000	
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	86.5%	M-Dharura Dashboard
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotposts with access to functional lab.	100%	The facilities without lab capacity have access to a sample referral network to refer samples to the next level for testing
Indicator 6 – Number of deaths from Cholera	186	
Indicator 7 – Case Fatality ratio in treatment centres	1.6%	Includes community deaths

<b>Indicator</b> (please refer to the NCP guiding document, Monitoring and Reporting section)	<b>Status</b> (please indicate when information/data is not available)	<b>Comment</b> (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 hotposts who have access to ORS within a 30-min. walk from their home	0%	No community ORPS set up, but ORPS are present within all peripheral facilities
Indicator 9 – OCV administrative coverage in hotpost areas vaccinated (over the preceding 12 months)	99.2%	
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	-	Not implemented the preventive campaigns
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	-	Only administered reactive OCV campaign
Indicator 12 – Proportion of people with access to safe water in hotspots	37.4%	Findings of the post campaign survey
Indicator 13 – Proportion of people with access to sanitation in hotspots	89.3%	Findings of the post campaign survey
Indicator 14 – Proportion of people with access to hygiene in hotspots	47.3%	Findings of the post campaign survey
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	40%	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	26.3%	Findings of the post campaign survey