



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**



Government of Malawi

## **BATTLING AN INTRACTABLE CHOLERA OUTBREAK IN THE REPUBLIC OF MALAWI**

**Wilfred Nkhoma, MPH, PhD, FRSPH**  
**Co-chairperson, Presidential**  
**Taskforce on Coronavirus and**  
**Cholera.**

**10<sup>th</sup> GTFCC Annual Meeting**  
**26 - 28 June 2023**



# IMPORTANT ANTECEDENTS TO THE CURRENT CHOLERA OUTBREAK IN MALAWI

## Outbreak history, estimated water and sanitation coverages

❑ Prior the current one, last cholera outbreak was from October 2001 to April 2002, affected 26 of the 29 health districts, resulted in 33,546 cases and 968 deaths (CFR 3%).

❑ 52.1% of Malawi population (9.9 of 19 mil) lacks adequate basic sanitation

❑ 29.5% of Malawi population (5.6 of 19 mil) lacks access to safe water sources.

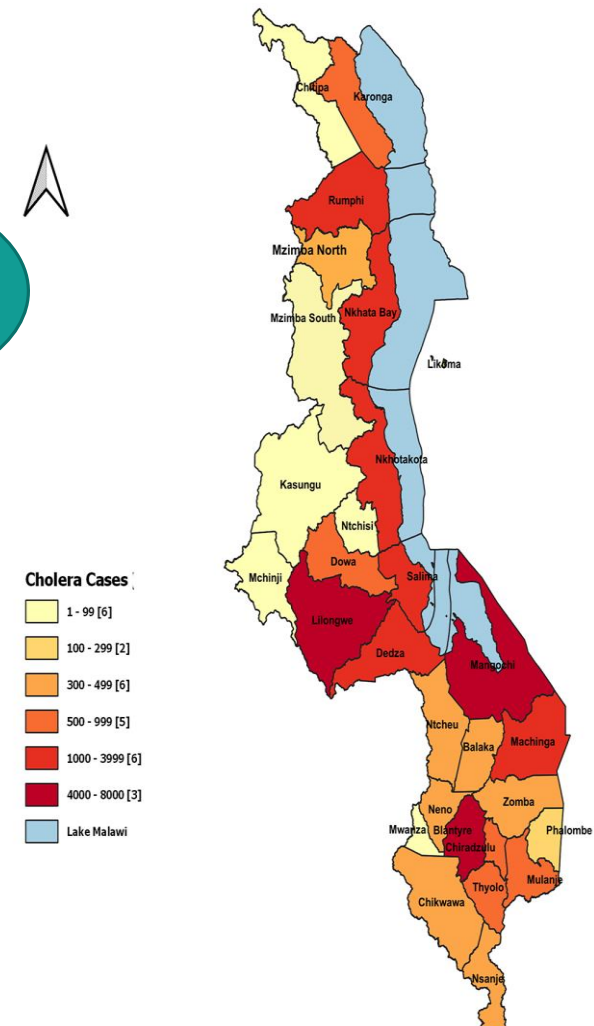
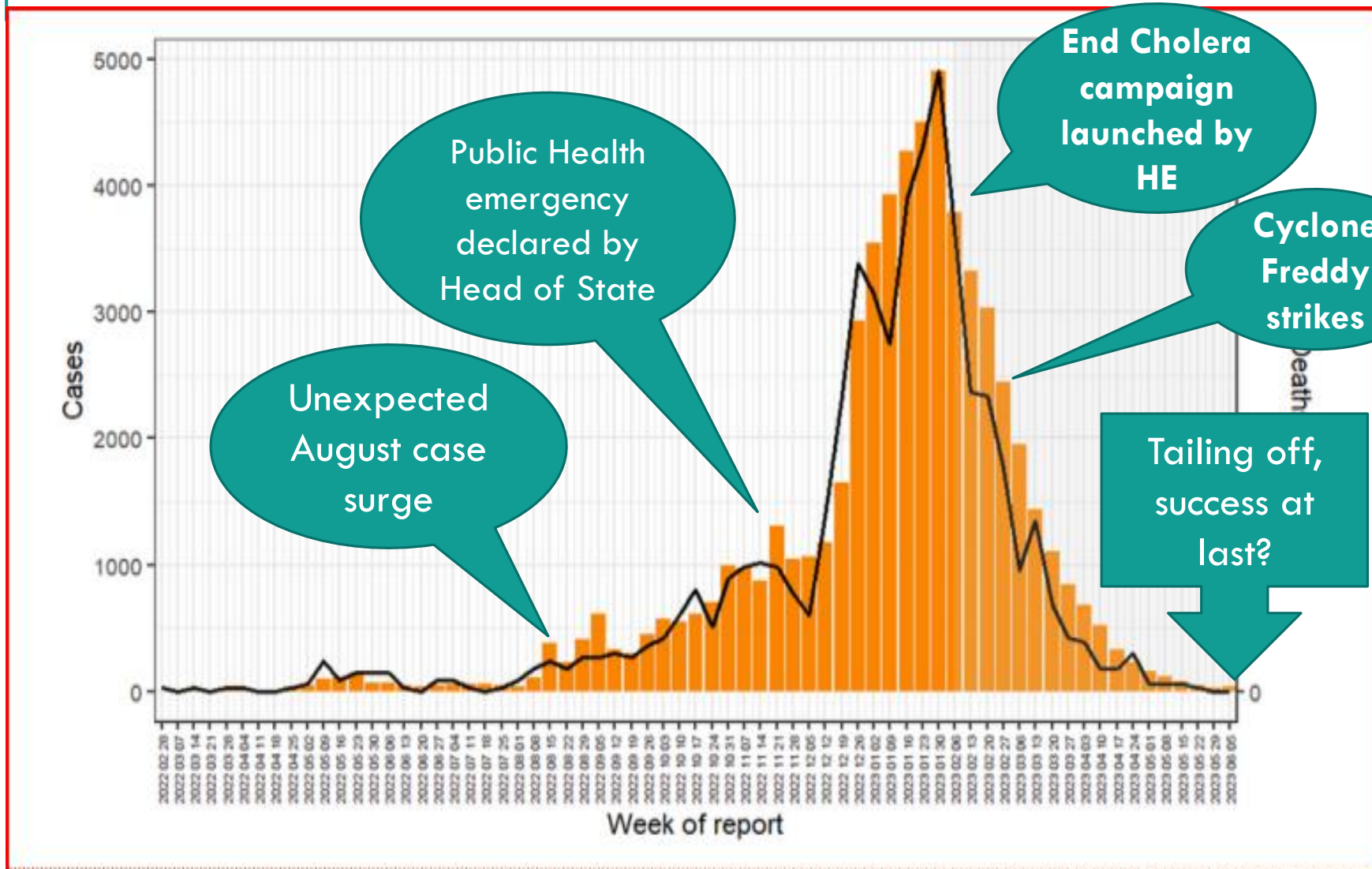
## Share of violent cyclones since 2018

In the past five years, Malawi has suffered at least four cyclones on account of its proximity to Mozambique and the Indian Ocean. Consequently, the hardest hit have been districts in the Southern Region of the country. The cyclone seasons have linked with the summer monsoon in the Indian Ocean (Dec to March):

- 1) **Cyclone Idai: March 4-16, 2019:** Wind speed: max. 213 km/h; Diameter max. 185 km; Saffir-Simpson category 4; Affected districts in the Southern Region
- 2) **Tropical Storm Ana: January 23-25, 2022:** Wind speed: max. 93 km/h, Diameter: max. 148 km. Affected regions, Southern Region
- 3) **Cyclone Gombe: March 8-14, 2022:** Wind speed max. 183 km/h; Diameter, max. 630 km; Saffir-Simpson category 3; Affected regions Southern Region
- 4) **Cyclone Freddy: March 2-14, 2023:** Wind speed max. 183 km/h; Diameter max 556 km; Saffir-Simpson category 3; Affected districts in the Southern Region

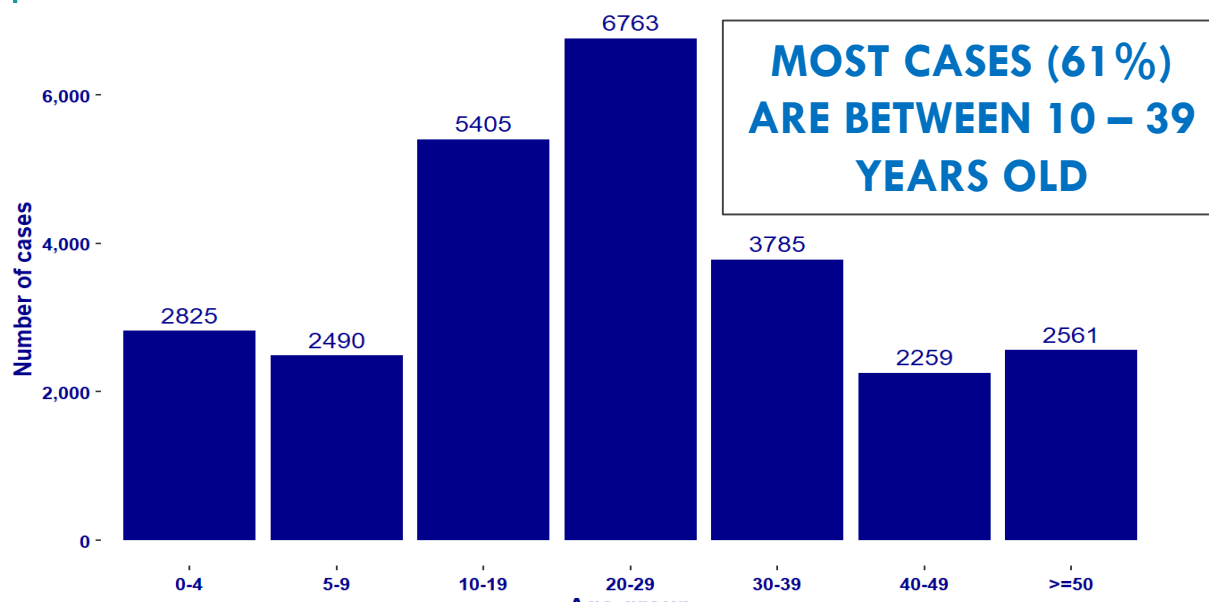
# 1. CHOLERA OUTBREAK EPIDEMIOLOGIC SITUATION. Epi curve, weekly reported cases Feb 2022 to June 2023. Started in Feb 2022, defied the dry season, peaked with the rainy season, concentrated in lakeshore districts and two main cities (peri-urban areas)

**CUMULATIVE: CASES: 58 887 | DEATHS 1 762 | CFR:3.0%**

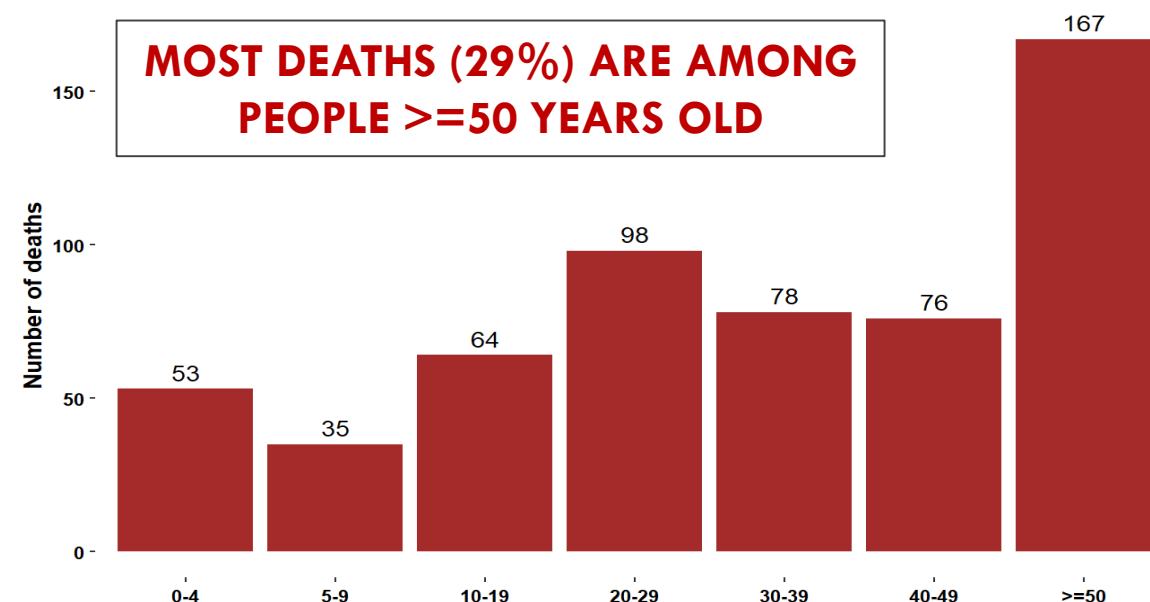


# Outbreak with a demographic face: Stratification of cholera cases and deaths by age group and sex

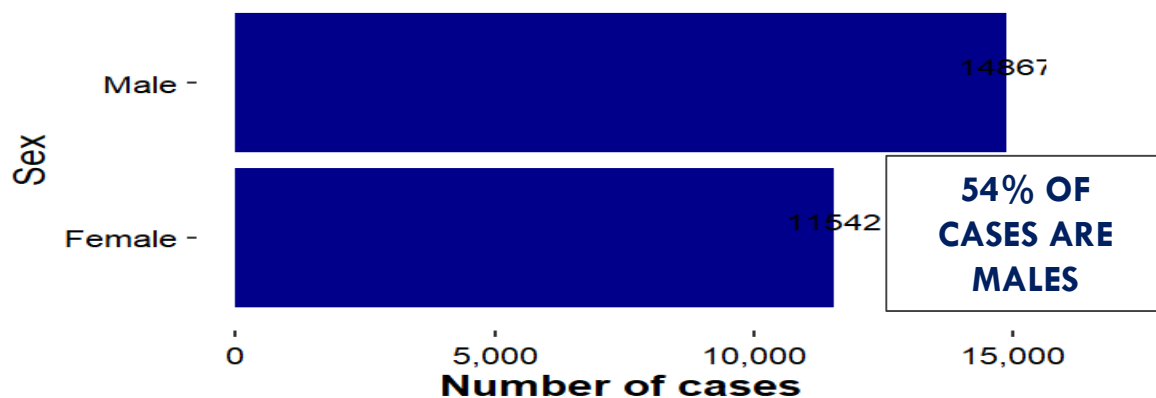
Distribution of cholera cases by age group, Malawi, (n=26,088)



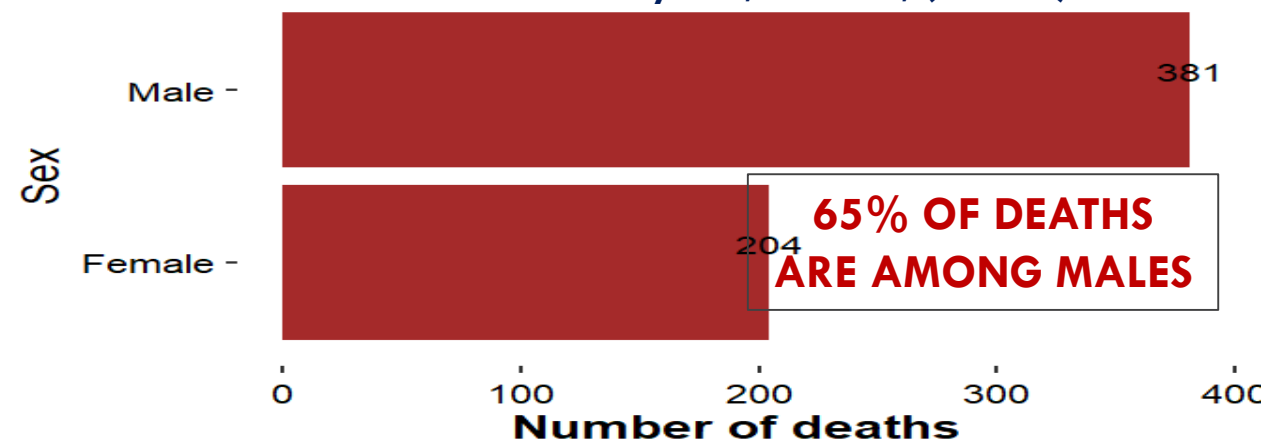
Distribution of cholera deaths by age group, Malawi, (n=571)



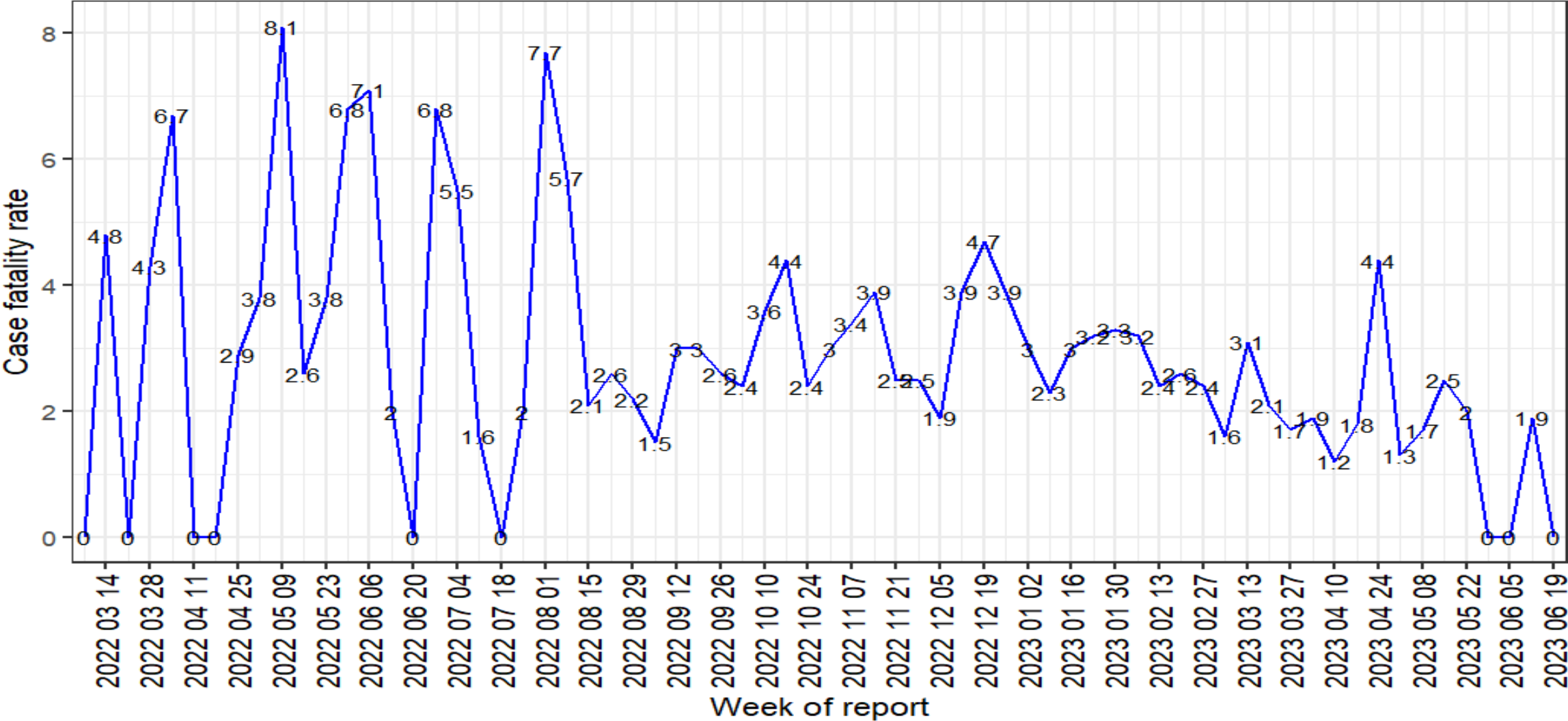
Distribution of cholera cases by sex, Malawi, (n=24,564)



Distribution of cholera deaths by sex, Malawi, (n=555)



**OUTBREAK WITH OVERALL (CUMULATIVE) HIGH CASE FATALITY RATE**  
.... **CFR NOW DECREASED ... FROM 1.9% TO 0% IN THE LAST WEEK**  
: Trend of weekly case fatality rate: 28 Feb 2022 – 25 June 2023



## 2. NATIONAL STRATEGIC APPROACHES AND INTERVENTIONS ADOPTED FOR CHOLERA CONTROL (1)

- ❑ **Governance and stewardship:** Declaration of state of Public Health Emergency (by Head of State); Designation of **Presidential Taskforce on Cholera Control**, activation of **intersectoral / Multisectoral response clusters to enhance cross sector coordination and collaboration**; set up of **EOCs at various levels**; set up of **District Rapid Response Teams (DRRTs)**; **mobilization and distribution of supplies and logistics**; **cross border collaboration** initiatives; launch and roll out of national **End Cholera Campaign** (by Head of State)
- ❑ **Elaboration of National Preparedness and Response Plan as blue print:** directed at four key risk factors: **high use of unsafe water sources**; **low latrine coverage (promoting open defecation free zones)**; **poor general sanitation and food hygiene**; and **suboptimal RCCE variables** (inadequate risk communication, low community awareness of cholera and methods for its control, and suboptimal participation of local communities and leaderships, etc.)
- ❑ **Case identification, prevention, treatment and care initiatives:** **Early case detection and contact tracing**; **Training / mentorship of health workers on Cholera**; **proper case management at health facility and community levels**; **clinical and death audits on cholera**; **OCV administration**; **RCCE initiatives**



## 2. NATIONAL STRATEGIC APPROACHES AND INTERVENTIONS ADOPTED FOR CHOLERA CONTROL (2)

❑ **Water and Sanitation (WASH) interventions:** aimed at **Improving access to safe water and improving sanitation coverage and hygiene practices** : activating old and new safe water sources, chlorination, water bowzers, water bills payment amnesty, etc. ... **focus on hotspots and high risk areas**

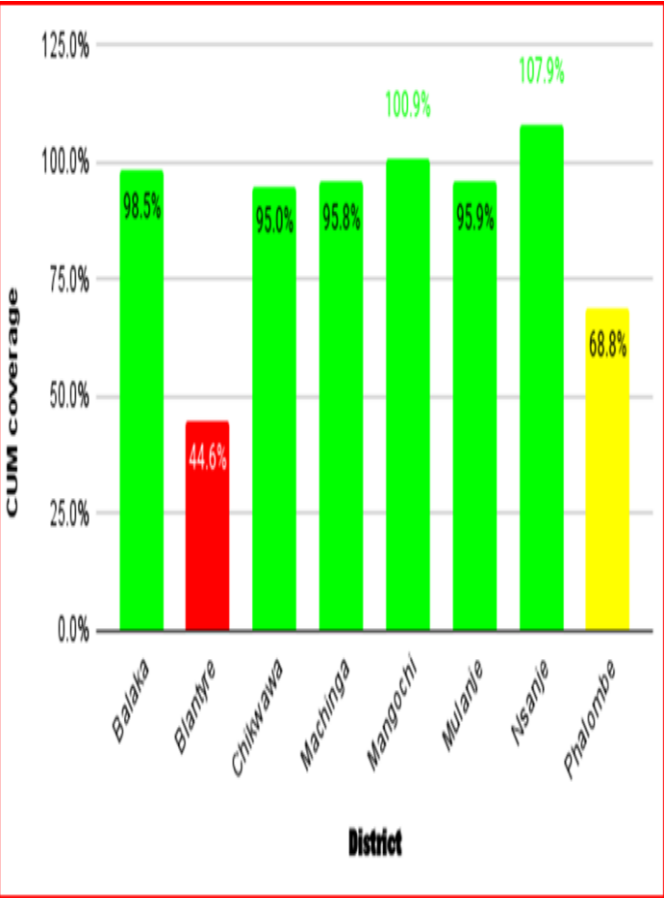
❑ **Enhancing Risk Communication and Community Engagement:** Awareness raising, civil society mobilisation, **community engagement drives, NGOs and media engagement, etc.**

❑ Adjunct response knobs:

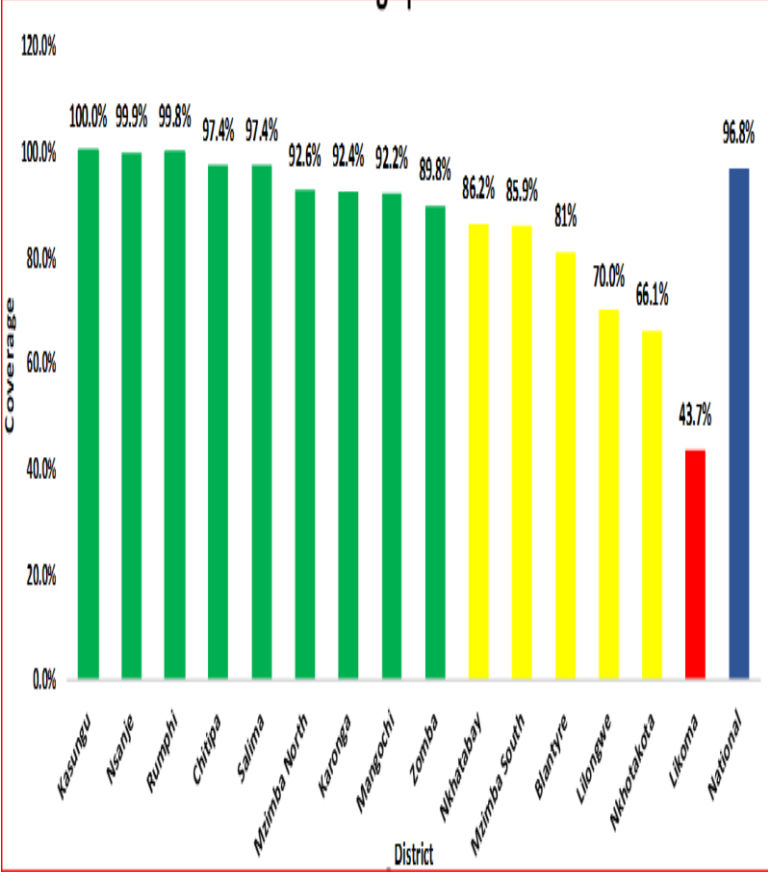
1. **Capacity building-** Infrastructure, Mentorship/Supervision and Training of health workers in Cholera case management.
2. **Setup of Mobile clinics** in Cyclone Freddy affected districts
3. **Establishment of ORPs – Community Oral Rehydration Points** in Cholera Hot spots and Cyclone affected district/IDP camps ... **a surprise winner for local leaders and chiefs who have refused to close them even when cases are low**
4. **Assessment of, and actions to facilitate continuity of essential health services delivery** in the context of the cholera outbreak and cyclone Freddy (93 health facilities across 16 high cholera burden and heavily Freddy affected districts)

# STRATEGIES CONTINUED: TARGETED ORAL CHOLERA VACCINATION DRIVES ... to the extent that OCV stocks allowed

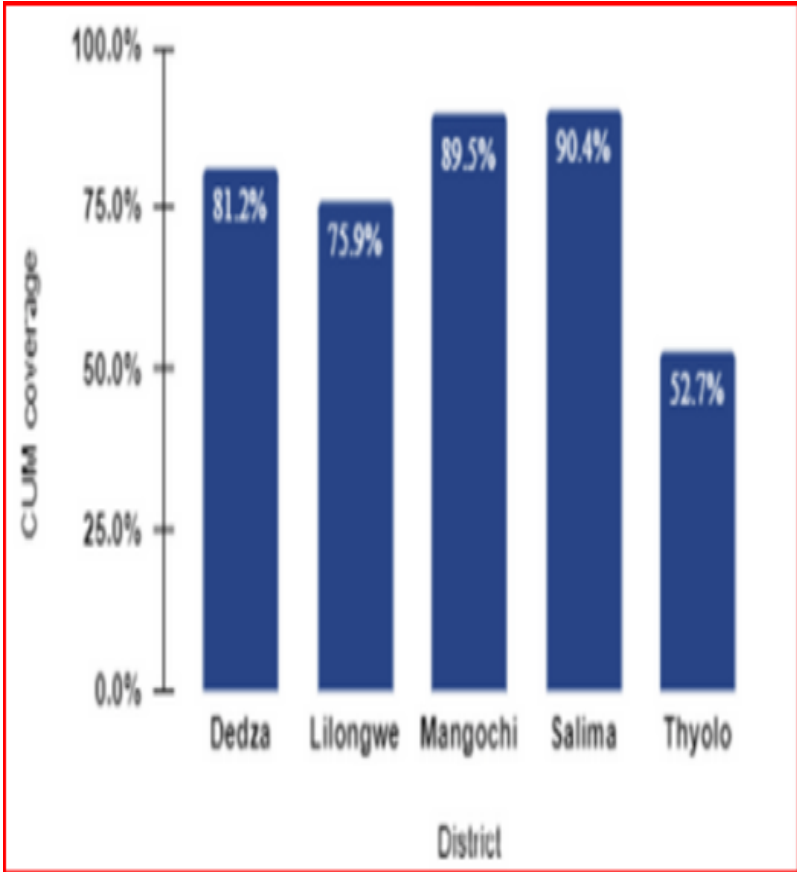
First round 8 districts (May 2022):1,996,811 doses



Second round 15 Districts (November 2022): 2,782,245 doses



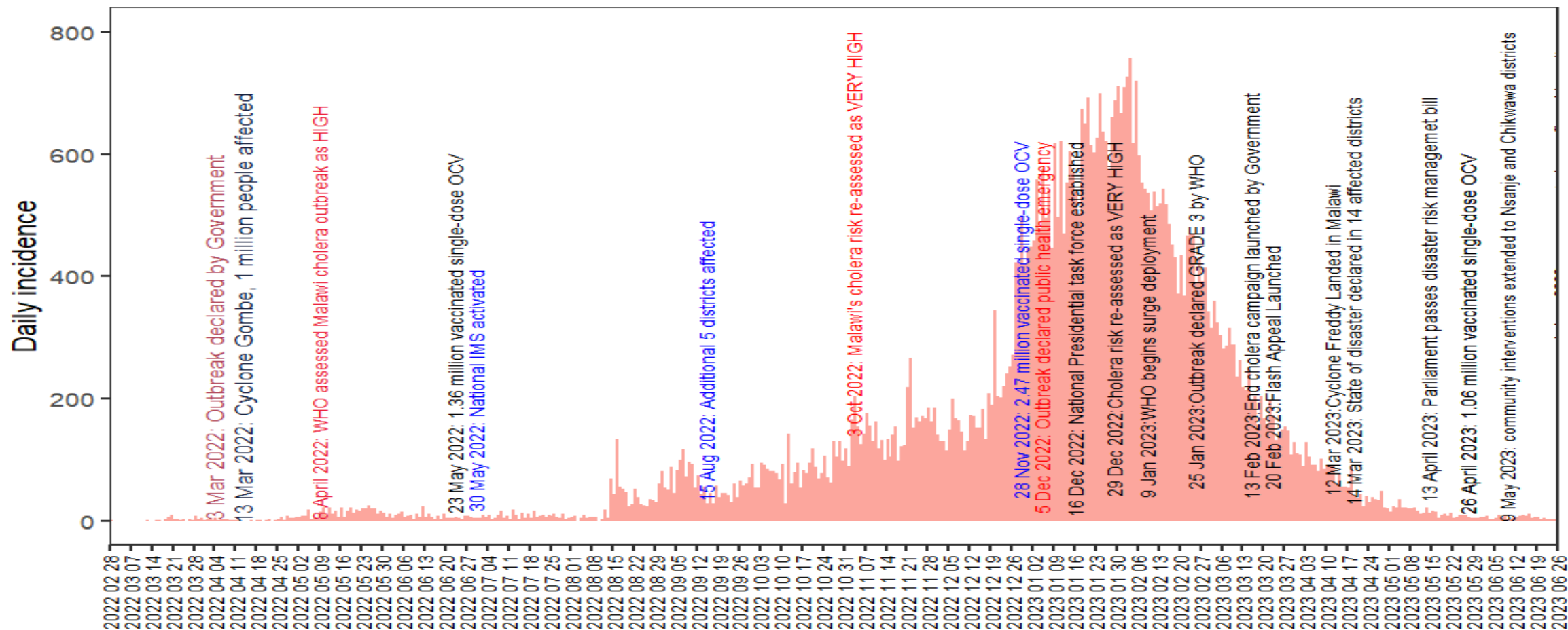
Third round 5 districts (May-June 2023):1,415, 497 doses





# Weekly incidence of cholera cases and associated notable events, 28/2/22 – 25/6/23

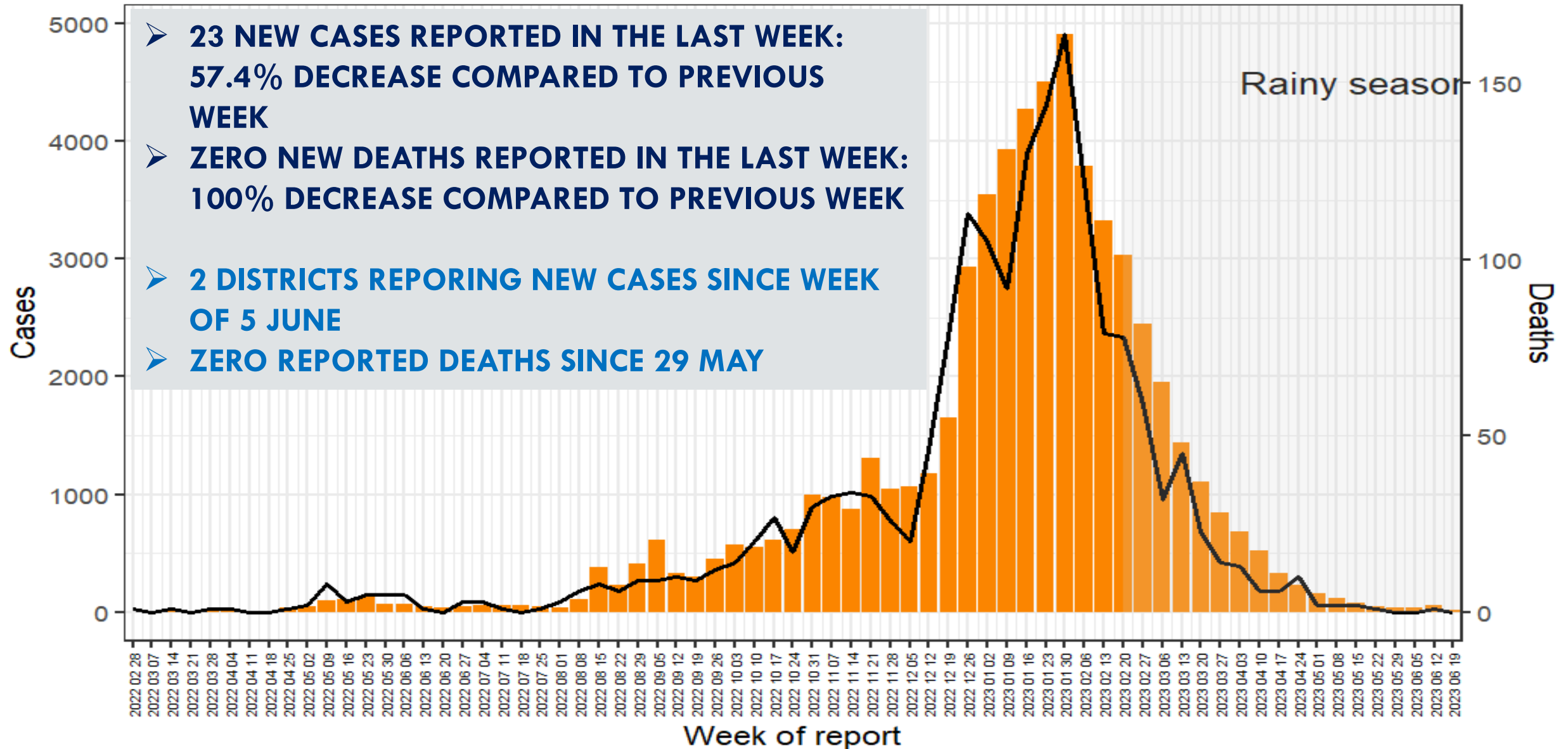
**CASES: 58 887 | DEATHS 1 762 | CFR:3.0%**



### 3. KEY ACHIEVEMENTS AND PURPORTED SUCCESS FACTORS

KEY ACHIEVEMENTS	SUCCESS FACTORS
<b>ENHANCED Multisectoral collaboration and coordination</b>	<ul style="list-style-type: none"> <li>▪ Presidential <b>declaration of and a public Health Emergency</b> and launch of an <b>End Cholera Campaign</b></li> <li>▪ <b>Supra ministerial and departmental oversight body:</b> PTF, EOCs,</li> <li>▪ Activation of <b>cross Ministry and cross departmental Response Clusters</b> at central level, and EOCs at district level (existing decentralisation structure)</li> </ul>
<b>IMPROVING awareness, and community participation</b>	<b>Community engagement meetings</b> with block, community and religious leaders; engagement and mentoring of public and private media;
<b>IMPROVED quality of treatment and care</b>	<b>Decentralisation of care infrastructure; donor and private sector support</b> with human, material and infrastructure resources;
<b>DECLINED case incidence and case fatality rate</b>	<b>Decentralisation of care infrastructure; donor and private sector support with human, material and infrastructure resources; roll out of WASH initiatives</b> focusing on increasing access to safe water and sanitation facilities: <b>initiatives to provide safe water, house to house water chlorination; intensified contact tracing</b>
<b>CONTAINED CASE INCIDENCE DESPITE CYCLONE FREDDY and establishment of IDP camps</b>	<ul style="list-style-type: none"> <li>• Existence of <b>effective countrywide Disaster Preparedness and Response structure and plan</b></li> <li>• Government and partner <b>resources mobilisation and disbursement</b></li> </ul>

## Declining weekly incidence of cholera cases and deaths, 28 Feb 2022- 25 June 2023



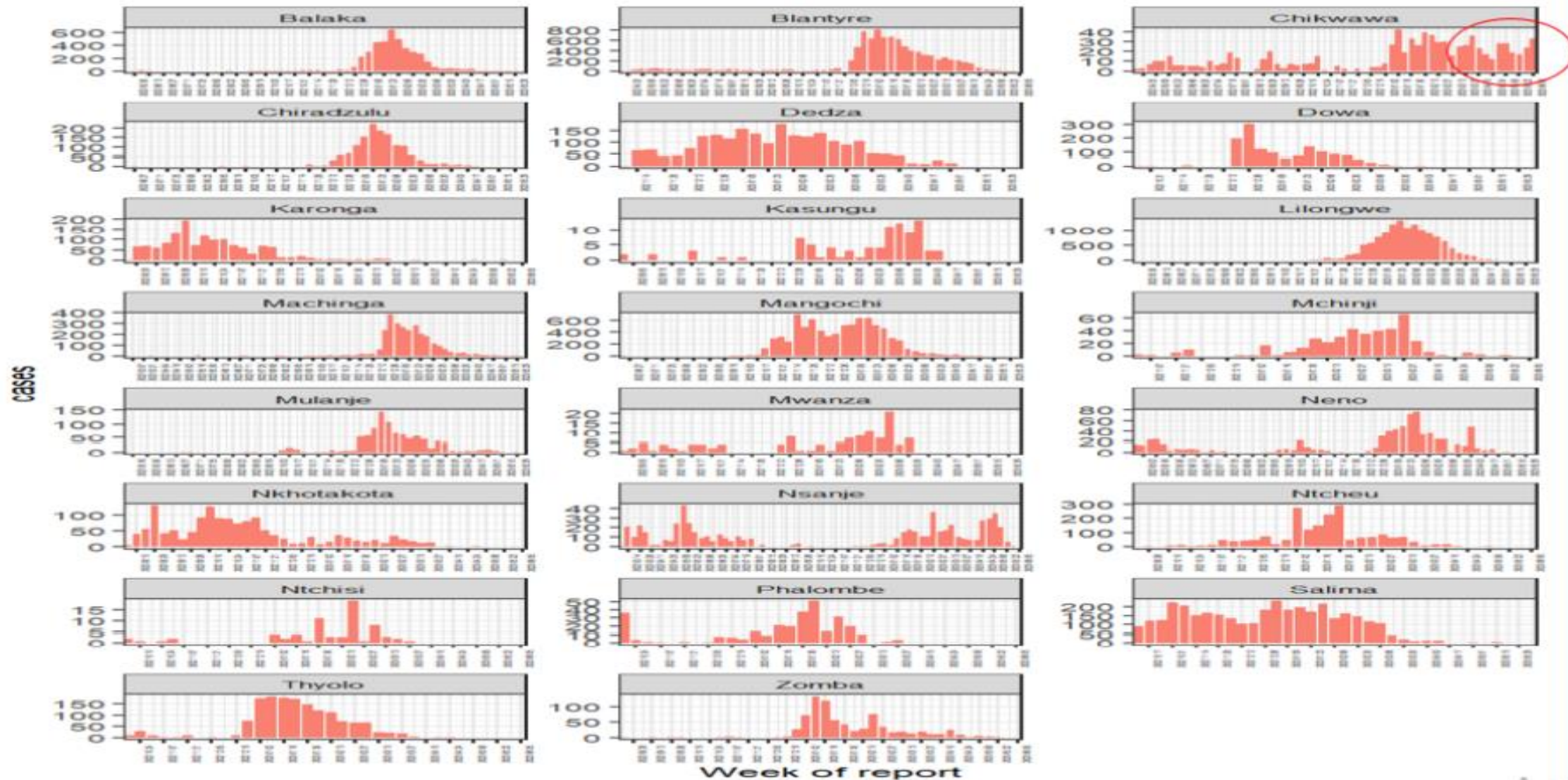
# STEADY CONTROL OF NEW CASES AND DEATHS ESTABLISHED:

Cases and deaths by epi week: 15 may – 23 June 2023

REPORTING PERIOD	EPI WEEK	NEW CASES	NEW DEATHS	CASE FATALITY RATE	NUMBER OF DISTRICTS REPORTING NEW CASES	NUMBER OF DISTRICTS THAT HAVE REPORTED NO CASES IN LAST 14 DAYS (OUT OF 28)
19-23 JUNE	26	23	0	0.0%	2	21
05-11 JUNE	23	34	0	0.0%	2	21
29 MAY -4 JUNE	22	17	0	0.0%	6	18
22 -28 MAY	21	51	1	2.0%	10	18
15-21 MAY	20	78	2	2.6%	9	18



# STEADY DECLINE IN NEW CASES ACHIEVED IN THE MAJORITY OF DISTRICTS: Weekly trend of cholera cases in selected districts:



## 4. CHALLENGES AND WAY FORWARD (1)

CHALLENGES	SOLUTIONS	REMAINING OBSTACLES
<p><b>CASE MANAGEMENT AND IPC:</b> Inadequate staffing; diagnoses, care and treatment infrastructure and equipment; PPEs; supplies of OCV; and high cost of managing admitted cases [estimated at 50 million kwacha a day]</p>	<ul style="list-style-type: none"> <li>Capacity building: infrastructure development, mentorship/ supervision; setup of mobile clinics in Cyclone Freddy affected districts; set up of ORPS in Cholera Hot spots and Cyclone affected district/IDP camps; recruitment of additional staff to meet rising demand; cross border initiatives</li> </ul>	<ul style="list-style-type: none"> <li>High <b>CFR</b>, shortage of <b>supplies and commodities</b>, in-adequate <b>human resources</b>, lack of permanent <b>infrastructure</b>; inadequate coverage with <b>diagnostic services</b> (RDT, culture and PCR), low <b>OCV stocks</b>; <b>mobile populations</b> (fishing communities)</li> </ul>
<p><b>WASH:</b> Low coverage of safe water sources and latrines; widespread poor sanitation and hygiene practices; shortages of HTH for chlorination; high cost of WASH equipment and investments; and averse social cultural and religious beliefs related to some WASH practices</p>	<ul style="list-style-type: none"> <li>Engagement of water and sanitation sector: Ministry in PTF; local water boards; WASH services NGOs</li> <li>RCCE on WASH initiatives</li> <li>National Laws, and sub-national bylaws</li> </ul>	<ul style="list-style-type: none"> <li><b>Low coverage with safe water and adequate sanitation</b></li> <li><b>WASH infrastructure destroyed by Cyclone Freddy occurrences</b></li> </ul>
<p><b>RISK COMMUNICATION &amp; COMMUNITY ENGAGEMENT:</b> low community awareness; Inadequate coverage with community engagement and Interpersonal Communication initiatives; averse social cultural and religious beliefs related to some cholera causes and control strategies</p>	<p>RCCE on cholera:</p> <ul style="list-style-type: none"> <li>IEC materials production and disseminations</li> <li>Media engagement</li> <li>community engagement: block, community and religious leaders on cholera prevention in hotspots and at health facilities</li> </ul>	<ul style="list-style-type: none"> <li>Averse <b>traditional beliefs and practices</b></li> <li>Averse <b>religious beliefs</b></li> <li>Inadequate public media coverage</li> </ul>

## 4. CHALLENGES AND WAY FORWARD (2)

CHALLENGES	SOLUTIONS	REMAINING OBSTACLES
<b>SUPPLIES AND LOGISTICS:</b> Inadequate essential supplies and commodities for cholera prevention and management (intravenous fluids, IV giving sets and accessories, oral rehydration salts etc.); <b>high freight costs and long lead times for pipeline supplies;</b> inadequate storage capacity at subnational and service delivery levels	<ul style="list-style-type: none"> <li>• Supplies monitoring initiatives at service delivery levels;</li> <li>• subnational storage depositions;</li> <li>• engagement of donor partners; prestocking initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Background inadequate financial and material resources; Rising cost of supplies and commodities due to global economic challenges;</b> High freight costs and long lead times for pipeline supplies</li> </ul>
<b>SURVEILLANCE:</b> inadequate technical and geographical diagnostic capacity and supplies (RDTs, culture and sensitivity and Genomic sequencing); <b>inadequate human and logistic resources</b> for contact tracing, and follow up; inadequate <b>recording and reporting</b> equipment and human resources	<ul style="list-style-type: none"> <li>• Integrated recording and reporting by service delivery facilities</li> <li>• Mentorship and data quality assessment initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• <b>low coverage of capacity to confirm cases;</b></li> <li>• <b>Low geographical coverage, and digitisation of surveillance system</b></li> </ul>
<b>EFFECTS OF ENVIRONMENTAL DEGRADATION AND CLIMATE CHANGE ....</b> Increased risk of floods and cyclones	Promoting environmental initiatives that protect natural world: leveraging sustainable, eco-friendly, and environmentally safe practices and alternatives such as water conservation and shifting to renewable energy	Still high levels of global pollution and waste, global warming, and poorly planned urbanization in cities and towns



## 5. PRIORITIES JUNE 2023-DEC 24

OVERALL PRIORITY FOCUS: **Towards eliminating cholera from the country:**

### PRIORITY KNOBS

1) Addressing factors driving high impact of infection and disease (weak health systems, lack of access to timely diagnosis, late diagnosis and delayed entry into clinical care pathway; lack of access to life-saving supplies and commodities such as OCV, IV fluids, ORS, and other therapeutics etc.).

2) Addressing factors driving high transmission of infection - Working towards universal access to safe drinking water and adequate sanitation – WASH

3) Establishing multisectoral national capacity to prevent, prepare for, detect and respond to cholera outbreaks .... Systems to deliver integrated and cross border preparedness and response

### POTENTIAL BOTTLENECKS, GAPS AND NEEDS TO ADDRESS

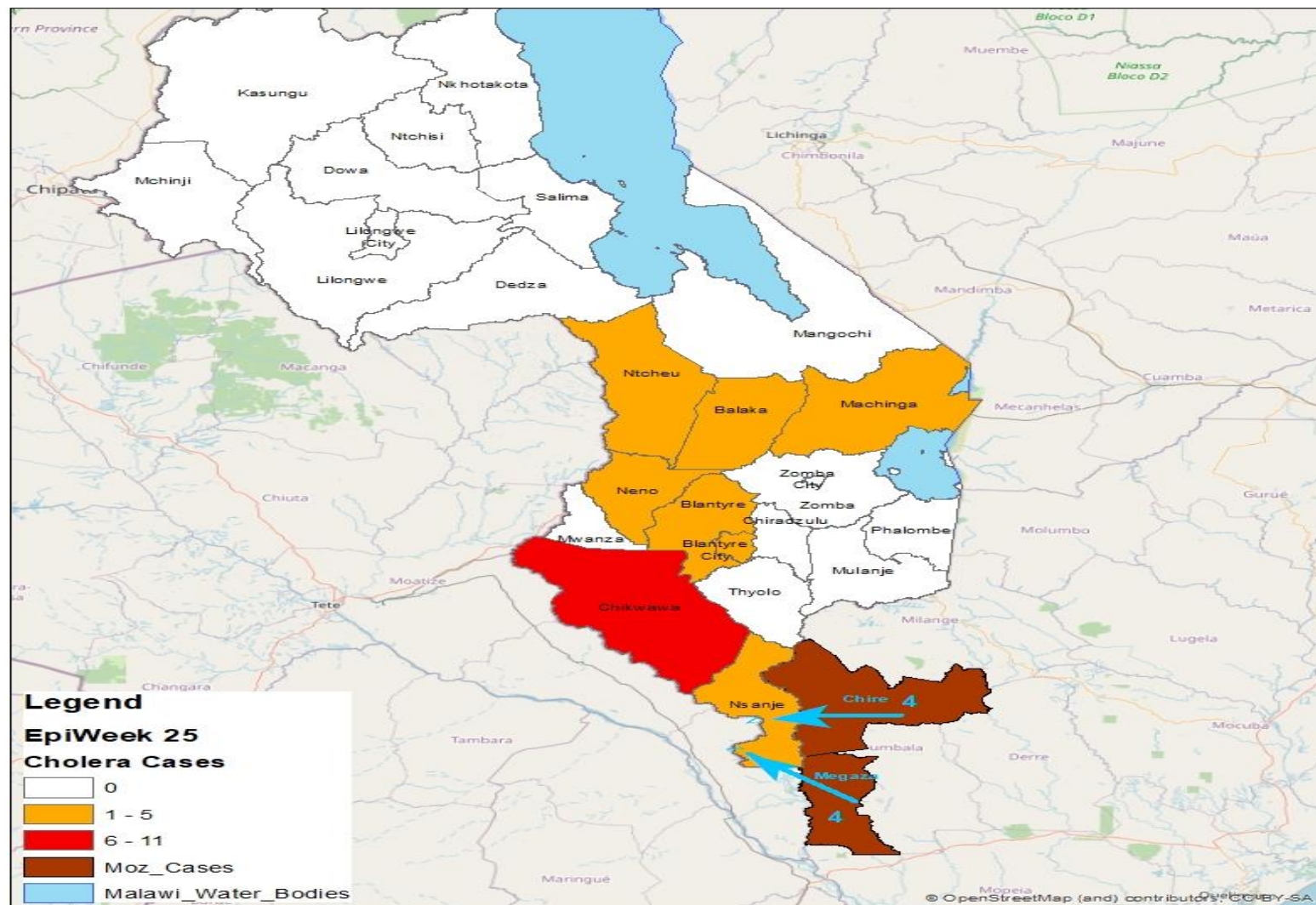
Inadequate human resources base; Inadequate resilient infrastructure and equipment for diagnosis, treatment, care and elimination; Averse community mindset and engagement for prevention and case management; inadequate supplies of OCV; inadequate resources to sustain essential health services; Limited stockpiles and operational support

- Low background coverage of safe water sources and adequate sanitation; WASH infrastructure destroyed by Cyclone Freddy; High cost of WASH Equipment and infrastructure; Inadequate financial resources

Coordination and resource base



# RECENT CASES LINKED WITH COMMUNITIES IN MOZAMBIQUE IN THE LAST WEEK



District/Area	Cases	CTU IN Nsanje
Chile	4	Phokera and Chididi
Megaza	4	Nyamithuthu



0 15 30 60 90 120 Km



# Partnerships at work: Key partners ... not exhaustive

## Government leadership and stewardship, KEY

- The local private sector
- UN system ( WHO , UNICEF , UNFPA, WFP)
- Bilateral Donors : USAID , HSFJ ( FCDO and KFW ), amongst others
- Multilateral donors: World Bank and MRCS
- NGOs : IFRC, Save the Children , GIZ ,World Vision , MSF , CARE , Action Aid amongst others
- Local and international well wishers



# Thank you

Together we can  
**#endcholera**



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