

CHOLERA PREPAREDNESS AND RESPONSE IN SOMALIA



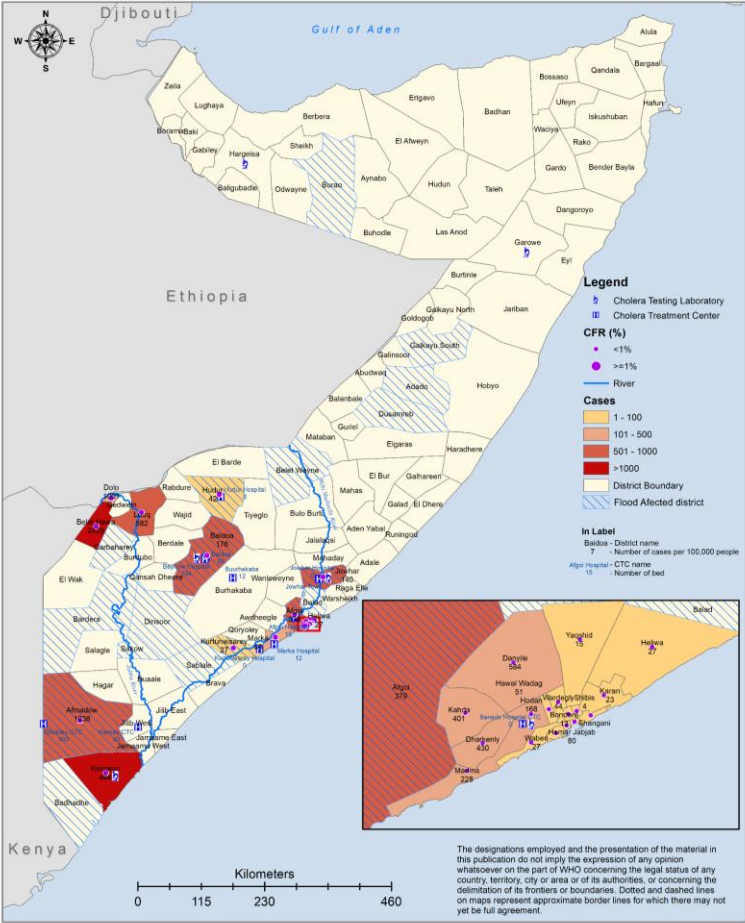
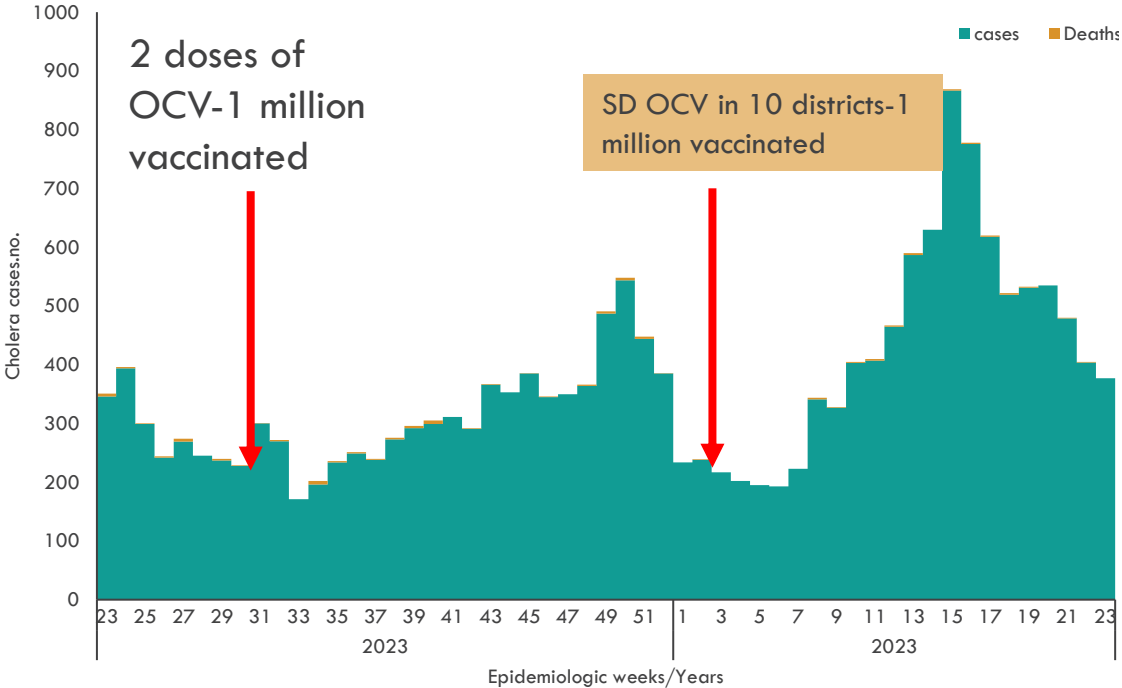
GLOBAL TASK FORCE ON
CHOLERA CONTROL

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1. UPDATE ON CURRENT CHOLERA EPIDEMIOLOGICAL SITUATION

Figure 1: Trends of AWD/Cholera cases in Somalia 2022-2023



- Uninterrupted transmission for the past three years
- Hotspot areas located in river basins
- 9876 cases and 298 deaths (CFR 0.3%)
- Attack Rate of 236/100000
- 55% are children under 5 years, 45% are severe cases
- Of the 28 deaths, 67% are children under 5
- Cases reported are 40% less than projection but 48% more than those reported in 2022
- 90% of cases reported at border with Kenya and Ethiopia
- Circulating serotype-VC0139 Ogawa

AWD/Cholera Weekly Epidemiological Report

Epi Week 24 (12 June – 18 June 2023)

New cases for epi-week 24	Cumulative cases (Since 1 – 24 Weeks in 2023)
<ul style="list-style-type: none">• 311 new cholera cases were reported from 19 districts.• 211(68%) severe cases• 164 (53%) children below 5 years• 154 (50%) were female• One death was reported this week.• 19 stool samples were tested; all samples were negative for <i>V. Cholerae</i> 01 Ogawa by culture.	<ul style="list-style-type: none">• 10,079 cumulative cases (5,183; 51% were female)• 5,554 (55%) children < 5 years• 29 cumulative deaths (CFR 0.30%)• 4,616 (46%) severe cases• 26 total confirmed <i>Vibrio cholerae</i> 01 Ogawa by culture• 28 drought-affected districts reporting cases.

Fig 1. Epidemiological curve for cholera in Somalia 2022-2023



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2. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION

Coordination and Leadership

- ✓ NCP developed and updated
- ✓ Cholera strategy developed
- ✓ National TF active
- ✓ Area based coordination in high-risk states
- ✓ 7 state based PHEOCs

Surveillance and reporting

- ✓ Community based surveillance in high-risk districts
- ✓ Indicator based surveillance using DHIS2 through IDSR
- ✓ District based RRTs verify 40% of alerts
- ✓ Cross border surveillance and coordination
- ✓ Integration-Rota virus testing

Laboratory capacities

- ✓ Use of RDTs for field confirmation
- ✓ Bacteriology capacity done in 7 state- based laboratories

- **Case management**
 - ✓ Community case management in 40 ORPs and ORS distribution by CHWs
 - ✓ Case management in 8 CTCs supported partners.
- **Re-active OCV**
 - ✓ 2 million people received one dose in the 20 districts 2022/23
- **WASH/IPC**
 - ✓ WHO supported water quality surveillance
 - ✓ WASH cluster implements related interventions
- **Risk Communication and Community Engagement**
 - ✓ Key messages translated and disseminated –UN radio delivers some of the messages
- **Cholera supplies**
 - ✓ Forecasting, procurement and prepositioning

| 3. KEY ACHIEVEMENTS AND SUCCESS FACTORS

KEY ACHIEVEMENTS	SUCCESS FACTORS
Implementation of preventive Oral cholera vaccination campaigns in 10 districts	Vaccines and operational costs sent by GAVI
Establishment of Community based surveillance for epidemic prone diseases including cholera	With funding from COVID-19 funding was secured to scale up laboratory capacity for confirmation of C-19 and other epidemic prone diseases
Build testing capacity for bacteriology for 7 state based laboratories;3 of which have genomic sequencing capacity Frontline Field Epidemiology training Program (FETP)	
Establishment of IMST and PHEOCs in 7 states to coordinate emergency response including cholera	With funding from COVID19 funding was secured to establish 7 PHEOC across the country
Activation of the cholera task force committee and national and state level including the WASH/Health cluster TWG for acute diarrhoea	Support from WASH and health cluster
Rolling out IDSR for effective and efficient implementation of cholera surveillance and response	
Updating the National Cholera plan 2022-2027	

4. CHALLENGES AND WAY FORWARD

CHALLENGES	SOLUTIONS	REMAINING OBSTACLES
Competing priorities for drought, flood and COVID-19 response	Develop resource mobilization strategy for cholera	-Strengthening Multisectoral collaboration
Lack of funding for cholera response activities	Advocacy approach for resource mobilization from the government and integrated approach for all hazard response	-Competing government's priority which is always security, advocating more the pandemic preparedness and response
NCP needs to be updated using the latest tools from GTFCC	consult to support this activity	No funds
No intra action review for cholera response conducted	National TF to communicate date with partners	MOH to communicate date
WASH interventions to be implemented in tandem with developed plans	Strengthen coordination with WASH	Engage UNOCHA to inter cluster coordination
Cross border surveillance and coordination with Kenya and Ethiopia was not well structured	Coordinate cross border surveillance through the IHR FP, IGAD and Polio team	MOH to activate IHR FP and bring Polio and IGAD on board

4. PRIORITIES JUNE 2023-24

Priority activities (12 months)

- Anticipatory planning for the next expected outbreak (October-December)
- Procurement and preposition of supplies
- Capacity building for frontline health workers
- Re-active OCV campaign in border districts with Kenya and Ethiopia (July 2023)
- Home bases management of AWD using ORS by community health workers
- Enhanced Risk communication and community engagement in hotspot areas
- Community based WASH interventions
- Integration of cholera surveillance with nutrition screening
- Rota virus surveillance in hot spot areas

Bottle necks

- Multiple hazards occurring at the same time-rough, floods, disease outbreaks and conflict
- Under staffing due to competing priorities
- Lack of funding for cholera response
- Implementation of WASH activities not at speed with required response
- Fragmentation of planning and response in hot spot areas
- Timely detection of signals for cholera delayed
- Global shortage of cholera supplies including vaccines

Annex: Assessing Progress against Roadmap's targets

Pillar	SN	Indicator	Data source	Target	Status
Coordination	1	Proportion of NCP which is funded through domestic and external funding	Country data	100%	All budget is donor funded
	2	Number of multisectoral meetings held annually by the NCP body	Country data	100%	Monthly meeting
Surveillance and Reporting	3	Incidence rate of suspected cholera	line lists	<10%	0.20%
	4	Proportion of cholera signals verified within 48 hours of detection	line lists	90%	60%
	5	Proportion of peripheral health facilities located in cholera hotspots with access to functional laboratory	line lists	95%	100%
Health systems strengthening	6	Number of deaths from cholera (at health facility level)	line lists	-90%	
	7	Case Fatality Ratio in treatment centers	Line lists	<1%	0.30%
	8	Proportion of population living in hotspot areas who have access to ORS within a 30-minute walk from their home	Line lists	95%	No data
Oral cholera vaccination	9	OCV administrative coverage in hot spot areas vaccinates	OCV surveys	95%	96%
	10	Proportion of hotspots targeted by the vaccination plan that have been vaccinated	National cholera plan	100%	100%
	11	Proportion of emergency vs total OCV doses administered	National cholera plan	NA	2 Million people received SD in 2023
Water Sanitation and hygiene	12	Proportion of people with access to safe water in hotspot areas	OCV surveys	80%	90%
	13	Proportion of people with access to sanitation in hotspot areas	OCV surveys	80%	90%
	14	Proportion of people with access to hygiene in hotspots	Assessment reports	80%	90%
Community engagement	15	Proportion of focal trained points to support community engagement and cholera prevention and treatment per inhabitants in hot spots	OCV surveys		No data
	16	Proportion of population in hotspots who have correct knowledge on cholera prevention in communities	OCV surveys	100%	No data



Thank you

Together we can
#endcholera



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