



GLOBAL TASK FORCE ON
CHOLERA CONTROL



IFRC

THE COUNTRY SUPPORT PLATFORM (CSP): *WHERE WE STAND TODAY*



AGENDA

1

CSP in brief –
A look back
since its
inception

2

CSP Milestones
- *Achievements*
in Phase 1 and
Phase 2

3

CSP's *impact* in
countries

4

GTFCC
Secretariat and
IFRC – The
enabling factors

5

CSP *projections*
for the future

CSP IN BRIEF – OBJECTIVES & INTEGRAL FUNCTION IN *3 FOLDS*

The CSP provides **multisectoral operational support** as well as **advocacy, and technical guidance** necessary for countries to develop, fund, implement, and monitor their NCPs effectively.



Outcome 1

Countries develop and implement NCPs through a multisectoral coordination mechanism

Outcome 2

Countries have mobilized resources towards the funding needs identified in their NCPs



The CSP approach is to work closely with countries to **understand context specific needs** and **adapt** the support accordingly while **adhering to our donor agreements**.



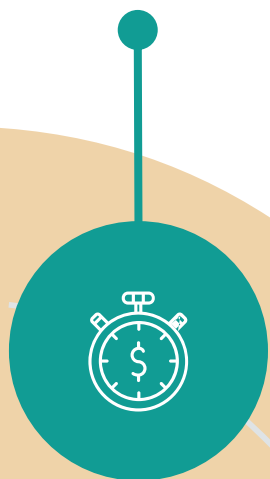
Outcome 3

Multisectoral technical support and capacity building provided to countries

CSP IN BRIEF — A LOOK BACK SINCE ITS INCEPTION

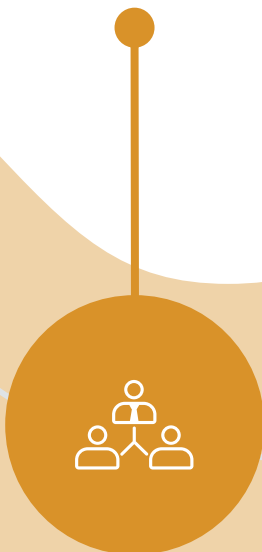
2019

CSP ENDORSEMENT



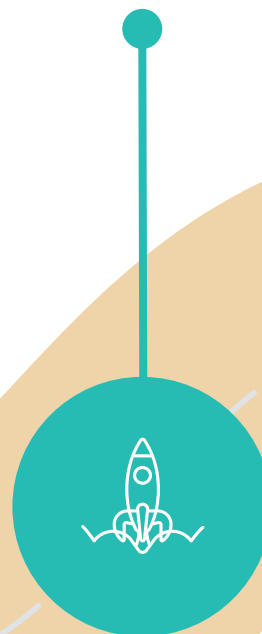
2020

CSP INCEPTION



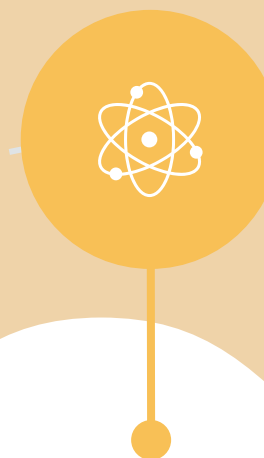
2021

CSP KICK-OFF



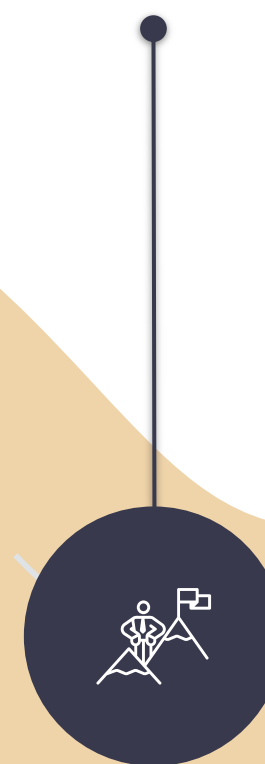
2022

CSP OPERATIONS



2023

CSP EXPANSION



CSP IN BRIEF — A LOOK BACK SINCE ITS INCEPTION

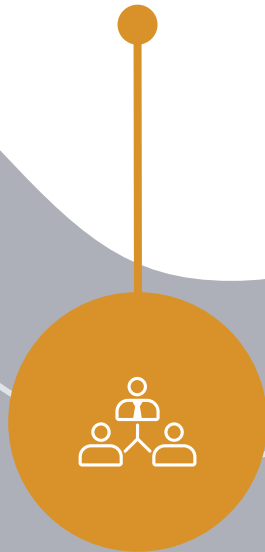
2019

CSP ENDORSEMENT



2020

CSP INCEPTION



THE CRITICAL FACTOR – COVID-19 PANDEMIC

- The first cases of COVID-19 were detected in December 2019, with WHO declaring a Public Health Emergency of International Concern (PHEIC) on 30 January 2020, and characterized the outbreak as a pandemic on 11 March 2020.
- The pandemic created additional risks and challenges to all humanitarian and development initiatives, **including our collective commitments to the GTFCC Roadmap to end cholera and particularly within the first year of the CSP being established.**
- Interaction with government counterparts and Health ministries was challenged as governments increased their efforts in pandemic response, especially in countries with already overburdened structures.

At the onset of the COVID-19 pandemic, \$9.2 trillion was spent on health worldwide

The International Monetary Fund estimated cumulative economic loss to 2024 because of the pandemic at US\$ 13.8 trillion

Successive waves of pandemic put health systems under pressure in resource-constrained countries



2020 INCEPTION

Procedures to establish the CSP took longer to conclude than initially envisioned

Pandemic triggered the worst jobs crises, challenging recruitment and job market

As a result, core CSP recruitment only began in January 2021

2021 KICK-OFF



CSP INCEPTION TO KICK-OFF

- CSP officially launched in Sept 2020 with seed funding by the Bill & Melinda Gates Foundation (BMGF), hosted at the International Federation of Red Cross and Red Crescent societies (IFRC).
- Initial phase involved coordinated by IFRC's Senior WASH Experts from Oct 2020.
- IFRC provided In-kind contributions worth USD 191,176 to cover initial costs of the inception phase (Staff costs for 3 positions at 50%, for 3 months plus 1 consultant).
- Cholera deployments to Zanzibar, Mozambique, and Ethiopia were facilitated by IFRC before the dedicated CSP team was established.
- The CSP logical framework and 4 target countries (Bangladesh, DRC, Nigeria and Zambia) were finalized.

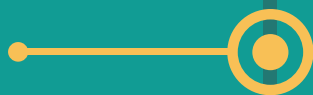
2021 KICK-OFF



Inception period extended from 6 to 10 months with BMGF approval in March 2021

Time consuming approvals with government counterparts to host country level CSP positions

Core CSP recruitment ended in December 2021



2022 OPERATIONS

CSP KICK-OFF TO OPERATIONS

- 4-country selection endorsed by GTFCC Steering Committee in Jan 2021; Government endorsements obtained in May 2021.
- Tri-partite meetings led by IFRC Inception Team secured additional funds from the Swiss Agency for Development and Cooperation (SDC) and Wellcome Trust.
- IFRC CSP Inception team handed over the CSP to new team in **July 2021**, CSP Coordinator & NCP Senior Officer were recruited (**CSP Team of 2**).
- Additional recruitments made by Dec 2021; Technical Support Senior Officer, Advocacy & RM Senior Officer, 3 Programme Managers (PMs) in Africa (**CSP Team of 5**).
- CSP expert pool and Resource Mobilization (RM) strategies developed.
- As of Dec 2021, CSP PMs were supporting the NCP process in DRC, Zambia and Nigeria.



2022 OPERATIONS

Competing priorities with focus on in-country cholera outbreak vs on-going NCP development

CSP Coordinator resigned in October, requiring internal transition within the team

5 new recruitments were finalized to begin in Jan 2023, as part of transition and expansion

2023 EXPANSION



CSP OPERATIONS TO EXPANSION

- CSP established in Bangladesh, PM joined in Mar 2022.
- CSP co-organized the 2022 World Health Assembly Cholera Side Event with GTFCC Secretariat at IFRC.
- CSP developed processes, tools and materials to operationalise the GTFCC guidance for NCP.
- CSP contributed to the multi-partner cholera preparedness and response trainings, and supported OCV trainings led by WHO, CDC and Gavi.
- By Dec 2022, **5 additional recruitments** finalized as part of internal transitions and operational expansion, with staff joining the CSP in phases from January to June 2023.



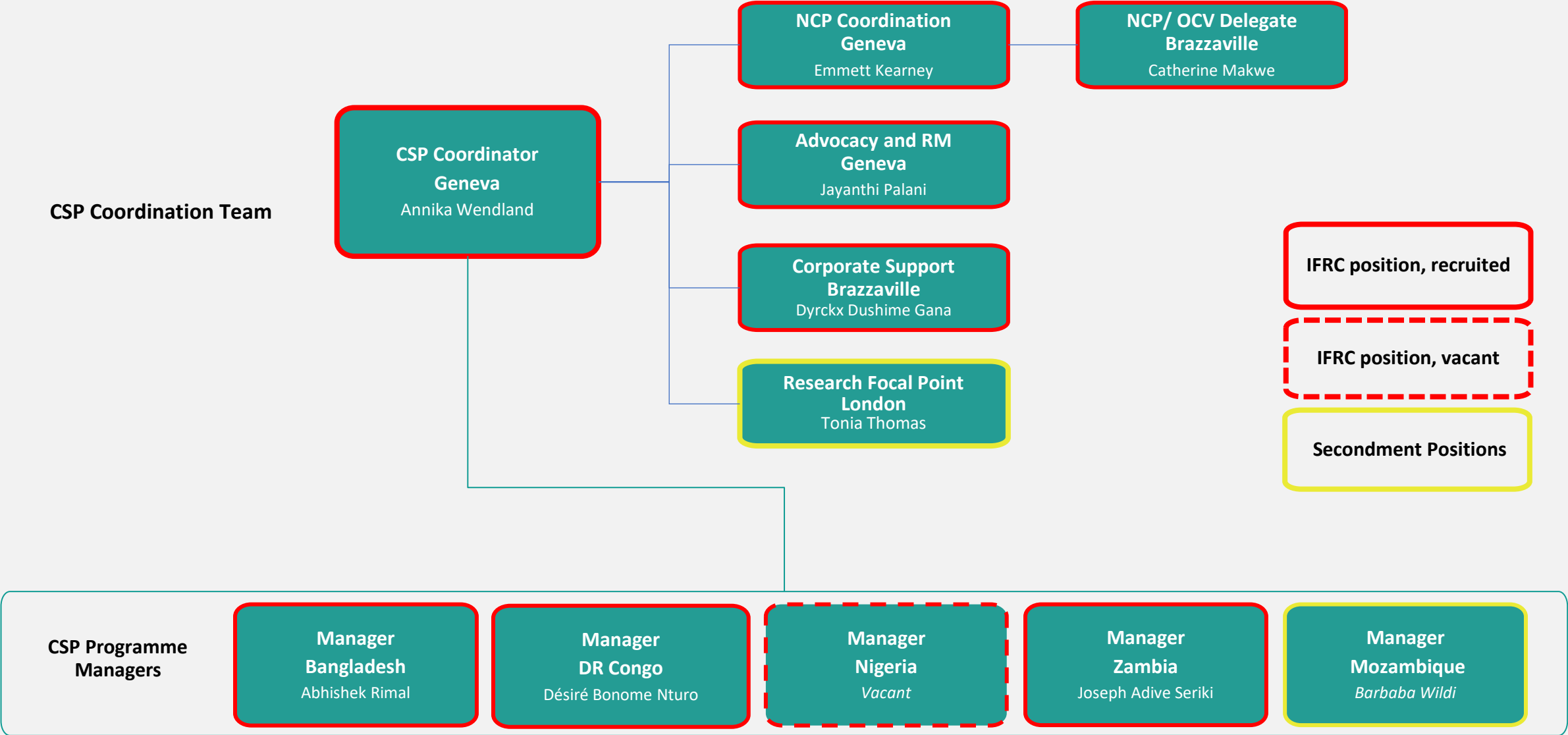
WHO
World Health
Organization

WHERE WE

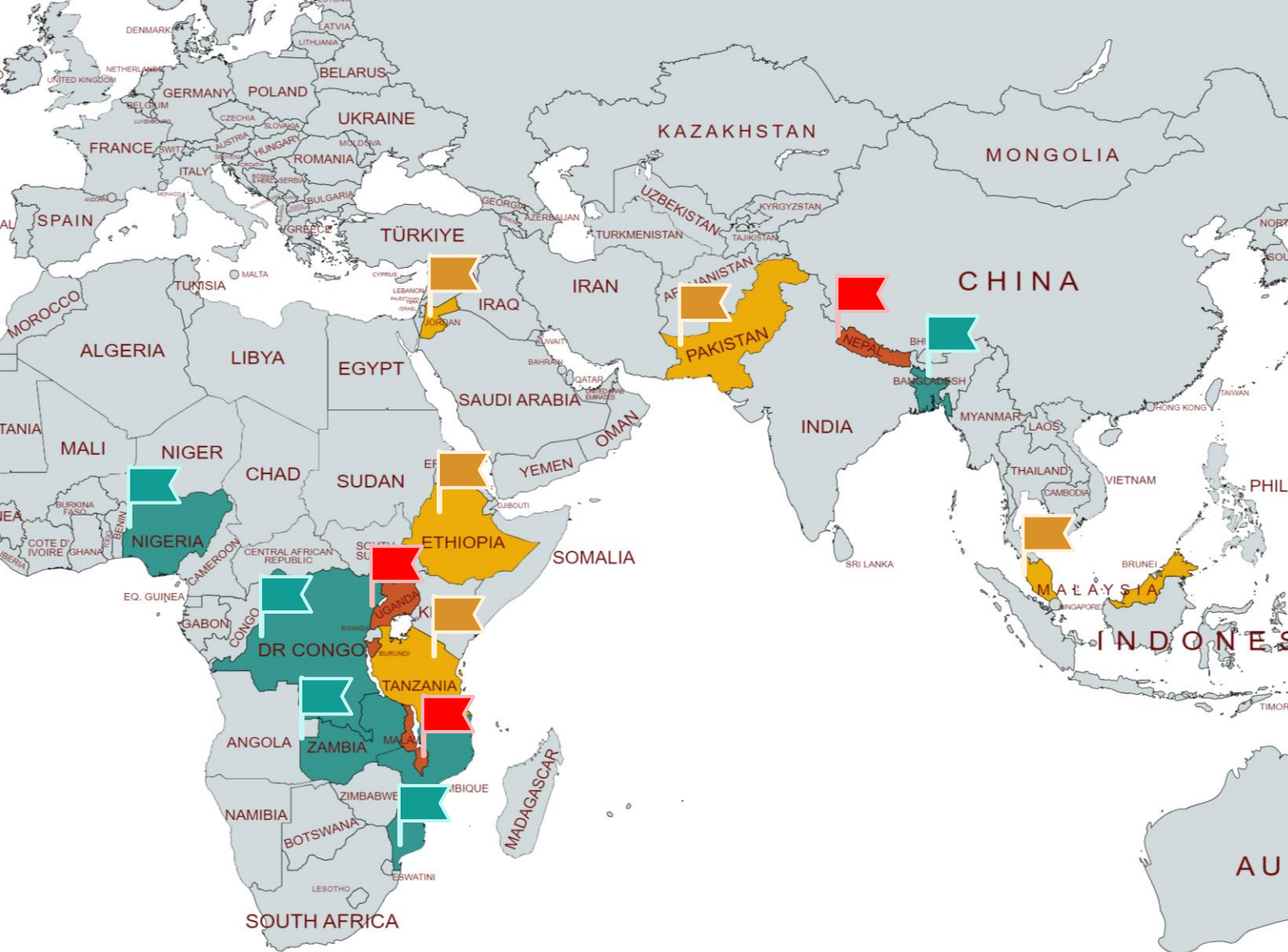
STAND TODAY?

A FUNCTIONAL TEAM OF 9

CSP ORGANISATIONAL STRUCTURE FROM JUNE 2023



A GLOBAL CSP PRESENCE



CSP SPOTLIGHTS



CSP in-country
presence



CSP Technical
deployments,
trainings and missions



CSP potential
country expansion

NATIONAL STRATEGIC
PLAN OF ACTION FOR
CHOLERA CONTROL

TOTAL RESOURCES RAISED?

TOTAL FUNDING AND PLEDGE BREAKDOWN FOR THE CSP

- Bill & Melinda Gates Foundation (BMGF)
 - **USD6.5 mil**, pledge ending in January 2024
- Swiss Agency for Development & Cooperation (SDC)
 - **USD1.6 mil**, and **contribution of a seconded staff**, pledge ending in June 2024
- **Wellcome Trust, UK (Soft Pledge)**
 - **USD460,000** supporting the GTFCC Research Agenda, pledge ending in June 2026
- IFRC (in-kind contribution)
 - **USD192,000** provided for CSP inception phase





USD
2.26 MILLION



HOW HAS
INVESTMENT
IN THE CSP
IMPACTED
COUNTRIES?

5

Countries
(Bangladesh, DRC,
Nigeria, Zambia
and Mozambique)
supported for the
**development of
National Cholera
Plans (NCPs)**

4

Countries
supported in the
**development of
advocacy plans**
(Bangladesh, DRC,
Nigeria, Zambia)

5

Countries
supported for **Oral
Cholera
Vaccination (OCV)**
(Bangladesh, DRC,
Nigeria, Zambia,
Ethiopia)

36

Technical experts
(NCP, WASH, OCV
& Advocacy)
deployed and
contracted

18

**Cholera trainings
and workshops**
facilitated or
supported

CELEBRATING CSP MILESTONES



NIGERIA SPOTLIGHT

- Strong commitment to the National Strategic Plan of Action for Cholera Control (NSPACC), with involvement of the Director-General (DG) of the Nigeria Centre for Disease Control (NCDC), Dr Ifedayo Adetifa.
- DG holds regular media briefings to showcase NCDC's commitment to control cholera in Nigeria during CSP Workshops.
- Nigeria aims to submit the NSPACC to the Independent Review Panel (IRP) by August 2023, and proceed with its launch.
- With support from the CSP and IFRC, a cholera advocacy documentary is being produced to promote efforts on the National Cholera Control agenda with key government representatives and policy makers.





BANGLADESH SPOTLIGHT

- CDC DGHS with the support of Bangladesh Red Crescent Society (BDRCS) and the IFRC conducted Priority Areas for Multisectoral Interventions (PAMIs) and a validation workshop in February with 48 participants from 18 organizations.
- DGHS with the support of icddr,b conducted an OCV campaign from Feb - Mar at Bhasan Char Island, vaccinating 28,522 displaced Rohingyas.
- CDC DGHS, supported by Management Information System, conducted a nationwide surveillance training from Feb to May for more than 1,295 health care workers in 34 batches across the country.
- Completed cholera stakeholder dashboard in close coordination with the Ministry Of Health And Family Welfare, WASH Cluster, IFRC and icddr,b. and hosted by WASH Cluster.
- Recently completed the Multiyear OCV Plan of Action development workshop for preventive OCV campaign with partners; IFRC, icddr.b, WHO, UNICEF and BDRCS.



স্থানঃ সীমান্তে অবকাশ, শিমলা, রাজশাহী

তারিখঃ ২০ জুন ২০২২ ইং

আয়োজনে:


বোম্বা নিয়ন্ত্রণ বিভাগ, ডিভিসি, রাজ্য অধিদপ্তর ও বিভাগীয় পরিচালক (স্বাস্থ্য) এর কর্মসূচি, রাজশাহী বিভাগ।

UPDATING CURRENT DIARRHOEAL SURVEILLANCE TO ENSURE BETTER REPORTING OF CASES THROUGHOUT THE COUNTRY



DRC SPOTLIGHT

- NCP document finalised and validated in Mar with National Task Force and stakeholders, with an intention to submit the NCP to the Independent Review Panel (IRP) soon.
- 2023 DRC National Budget includes NCP activities, PM played a vital role in ensuring NCP activities reflected in the national budget.
- OCV multi-year plan (MYP) developed with CSP International OCV Consultant and submitted to GTFCC & GAVI for review.
- With the newly formed government, all planned activities such as the NCP dissemination is scheduled to take place between July - August.



**AS A RESULT OF PROACTIVE
NATIONAL LEVEL ENGAGEMENTS,
AN **ADVOCACY MEETING** WITH
PARTNERS FOCUSED ON **LONG-TERM
WASH** WILL BE HELD**



ZAMBIA SPOTLIGHT

- Multisectoral Cholera Elimination Plan (MSCEP) in mid-term review, awaiting approval from Senior Government leadership. M&E framework being developed with CSP's M&E Consultant.
- PM provided technical inputs to ZNPHI on Global Fund proposal focused on health systems strengthening and ensured the inclusion of laboratory gaps at sub-national levels.
- Investment case and marketing collateral completed with support from the Global Health Visions.
- PM exploring plans with stakeholders for a Cross-border Surveillance Workshop in response to cholera outbreaks in Southern Africa (Zambia, Zimbabwe, Malawi, DRC, Mozambique).
- PM facilitated engagements with key national partners, resulting in inclusion of strategic stakeholders in National Cholera Task Force and increased prioritization of cholera hotspots in activities.

INVESTING IN A CHOLERA-FREE ZAMBIA DOCUMENT

CASE STUDY DEMONSTRATING STRENGTHENED RESPONSE ALONG THE NCP

PRELIMINARY IMPACT FROM THE INVESTMENT CASE



Investing in a Cholera-Free Zambia

“As the global cholera control champion selected by the Global Task Force on Cholera Control, we take this opportunity to call upon the international community to treat the sanitation crisis as a human rights emergency.”

His Excellency Mr. Hakainde Hichilema,
President of Zambia and Cholera Global Champion



Zambia's Cholera Control Response has significantly strengthened through a Coordinated and Multi-Sectoral Approach

On Saturday, January 21, 2023, a 22-year-old man from Kamtsekelo presented to Chikoma Health Centre (HC) in Vubwi District with Acute Watery Diarrhea (AWD) and dehydration. On the same day, a 30-year-old female, presented to Chikoma Zonal Rural Health Centre with similar signs and symptoms to the index case. The female, a native from Vubwi district, had just returned from Mozambique to take care of her sick mother who had other ailments. On the same day, a male aged 55 years was referred from Mbande Rural Health Post to Vubwi District Hospital with AWD and dehydration. Stool samples from all three patients of the Vubwi District were collected and sent for culture testing at the Chipata Central District Hospital where a Cholera Treatment Unit (CTU) was setup.

On January 24, 2023, the culture results from Chipata Central Hospital revealed presence of *Vibrio cholerae* O1 Ogawa. Sadly, on the same day, a male aged 60 referred from Chipanje Rural Health Centre died at the treatment facility with his stool sample testing positive for *Vibrio cholerae* by culture. Vubwi district was one of the 9 affected districts in the three border Eastern, Northern and Luapula provinces where the rapid detection of cholera would prove crucial to the response.



III PRELIMINARY IMPACT

Every \$1 invested in the Roadmap (Multi-Sectoral Cholera Elimination Plan) results in approximately \$29 in benefits (or cost savings) for the time period 2019-2030. This will result in 5 million Zambians benefitting from these investments due to illness and deaths averted, as well as time savings due to improvements in standard of living (e.g. reduced time spent getting water), with over 100,000 cases of cholera (nearly 4000 deaths) and over 9 million diarrheal cases (over 300 deaths) averted in the first 3 years. These benefits would be actualized even quicker with the upfront \$30 million WASH commitment toward cholera elimination, leading to even greater cost savings.

For OCV, WASH and case management, significant benefits will be reaped during the roadmap period and beyond.

COST SAVINGS (costs averted) \$, millions	2023	2024	2025	Cumulative cost savings 2023-25
EMERGENCY WASH	7.7	8.0	8.3	24.0
EMERGENCY OCV	0.018	0.027	0.035	0.08
EMERGENCY CASE MANAGEMENT	0.052	0.058	0.065	0.18
DIARRHEA TREATMENT	18	37	56	111

These cost savings translate to cholera value of life gained as a result of reduced cholera-associated costs of illness and productivity gains throughout the roadmap period.

\$, millions	2023	2024	2025	Cumulative 2023-25
CHOLERA VALUE OF LIFE GAINED	253	275	298	826



MOZAMBIQUE SPOTLIGHT

- PM (SDC Secondment) deployed to Mozambique in May 2023 to support on-going NCP development work coordinated by the *Institut Nacional de Saude (INS)*.
- PM met key national counterparts from the Mozambican Ministry of Health during the GTFCC Surveillance Working Group Meeting in Maputo.
- Additional bilateral engagements took place with GTFCC partners such as WHO, SDC, CDC, UNICEF, MSF and IFRC to discuss their activities in Mozambique and the multisectoral partnership efforts.
- In the coming months, PM aims to support the review/revision processes and finalization of the NCP through additional coordination and workshops.
- Hotspot update process is ongoing following the cholera outbreak earlier this year.





HOW HAS
THE CSP
SCALED UP
GLOBAL
EFFORTS?



The background of the slide features a photograph of a person, likely a child, in a natural, outdoor setting with trees and foliage. The image is partially obscured by five large, overlapping diagonal stripes in shades of grey, teal, and orange that run from the top-left to the bottom-right.

HOW HAS THE CSP SCALED UP GLOBAL EFFORTS?

**Expanded
capacity
building and
technical
guidance**

**Strengthened
allyship with
IFRC regions
and National
Societies**

**Fortified multi-
sectoral
coordination
efforts with
partners**

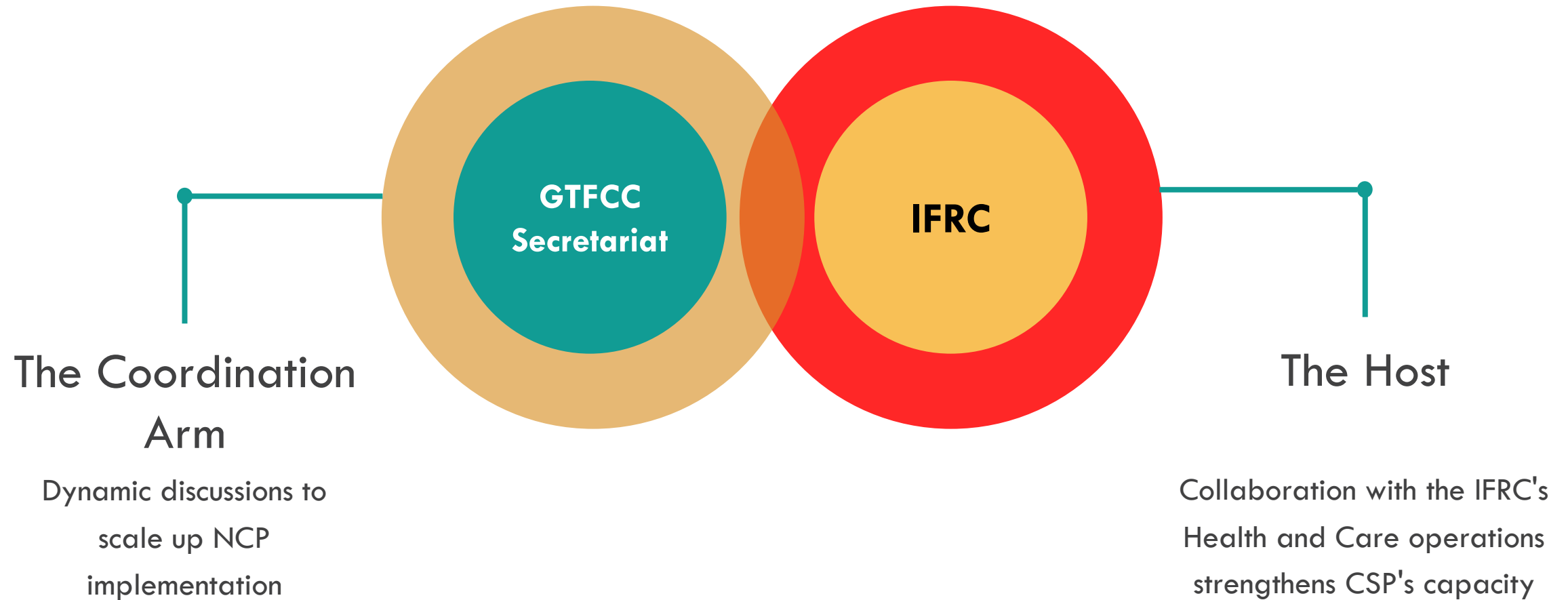
**Elevated CSP's
visibility
through global
advocacy**



EXPANDED CAPACITY BUILDING & TECHNICAL GUIDANCE

- Developed the **WASH baseline field assessment tool**, in collaboration with Nigerian Red Cross and the Swiss Federal Institute of Aquatic Science and Technology (EAWAG).
- Established a **pool of technical experts** to support countries through deployment.
- Contributed to the **multi-partner cholera preparedness and response** trainings targeted at national authorities from 25 countries, led by WHO AFRO.
- Supported **OCV specific trainings** in 3 countries led by WHO, CDC and Gavi.
- Collaborated on the **OneWash initiative** with IFRC WASH expertise for a more cohesive long-term intervention.

THE ENABLING FACTORS FOR THE CSP



THE IFRC ENABLERS



1. GLOBAL PRESENCE

IFRC's global presence in CSP/cholera affected countries and ability to work effectively with host governments

2. PROJECT SYNERGIES

Relationship and synergy between GTFCC CSP with IFRC supported initiatives:

- ✓ **Immunization** - align objectives and enhance support to OCV campaigns.
- ✓ Prevention and Response Actions through **One WASH**
- ✓ **RCCE** support through the Collective Service

3. LEADERSHIP - Global Health and WASH Coordination Mechanisms

IFRC's leadership role in various global health initiatives and committees strengthens coordination and synergies among GTFCC partners and the CSP.

4. ADVOCACY & COMMUNICATIONS

CSP's work are communicated through various IFRC media platforms, by leveraging on IFRC Secretary General's joint statements with the GTFCC Steering Committee - increasing CSP's visibility.

STRENGTHENED ALLYSHIP WITH IFRC REGIONS & NATIONAL SOCIETIES



- The **auxiliary roles of the National Societies (NS)** strengthens CSP PMs' engagement with the national counterparts in their respective countries.
- PM **leverage on NS volunteers to be mobilized** during OCV and Risk Communication and Community Engagement (RCCE) campaigns.
- The **Disaster Response Emergency Fund (DREF)** tool of IFRC supported countries to better respond to cholera outbreaks.



**TOTAL AMOUNT CONTRIBUTED
BY IFRC ON CHOLERA
OPERATIONS SINCE 2021:
USD 3.12 MILLION**

57:19

Take control Pop out Chat People Raise React View Rooms Apps More Camera Mic Share Leave

Rea Ivanek Noor Baya Sarah Bayle Robert OP... Gregory Hy... Slovak PM... Tatiana ALV... Serdar Özk... IE Fionnuala... China-Shi

IFRC

IFRC in Global Health Architecture

- ICG: International Coordinating group
- GTFCC: Global Taskforce on Cholera Control steering committee
- GTFCC- CSP: Cholera country support platform secretariat
- Alliance for Malaria Prevention Secretariat
- Risk Communication Community Engagement Collective Service Secretariat
- Immunization Agenda 2030 Partnership Council
- Immunization Agenda 2030 Coordination Group
- Immunization Agenda 2030 Strategic Priority 5: Outbreaks and Emergencies
- Coalition for EPIDEMIC Preparedness Innovation (CEPI) joint coordination group
- GOARN Steering Committee
- GLOBAL WASH Cluster Strategic Advisory Group
- UHC 2030 constituency: civil society engagement mechanism
- WHO EMT partner
- UN Inter-Agency Standing Committee for the COVAX Humanitarian Buffer

Rea Ivanek Public

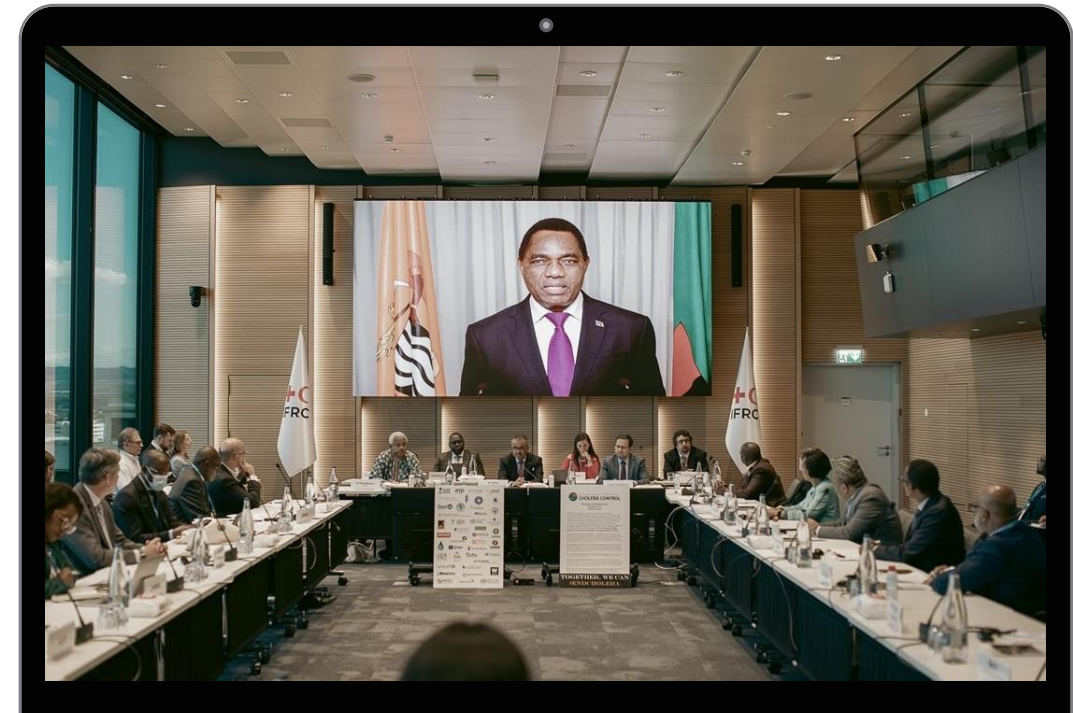
TRANSFORMATIVE PARTNERSHIP EFFORTS WITH IFRC

- As part of IFRC's Health and Care Resource Mobilization strategy, the CSP RM & Advocacy Senior Officer was given the opportunity to **co-lead partner engagement initiatives**.
- 2 **partners briefing** on the role of IFRC's network in strengthening Global Health and WASH Systems were held with 17 Permanent Missions in Geneva and 22 Partner National Societies, in which the **GTFCC CSP cholera agenda were flagged**, ahead of the World Health Assembly 2023.



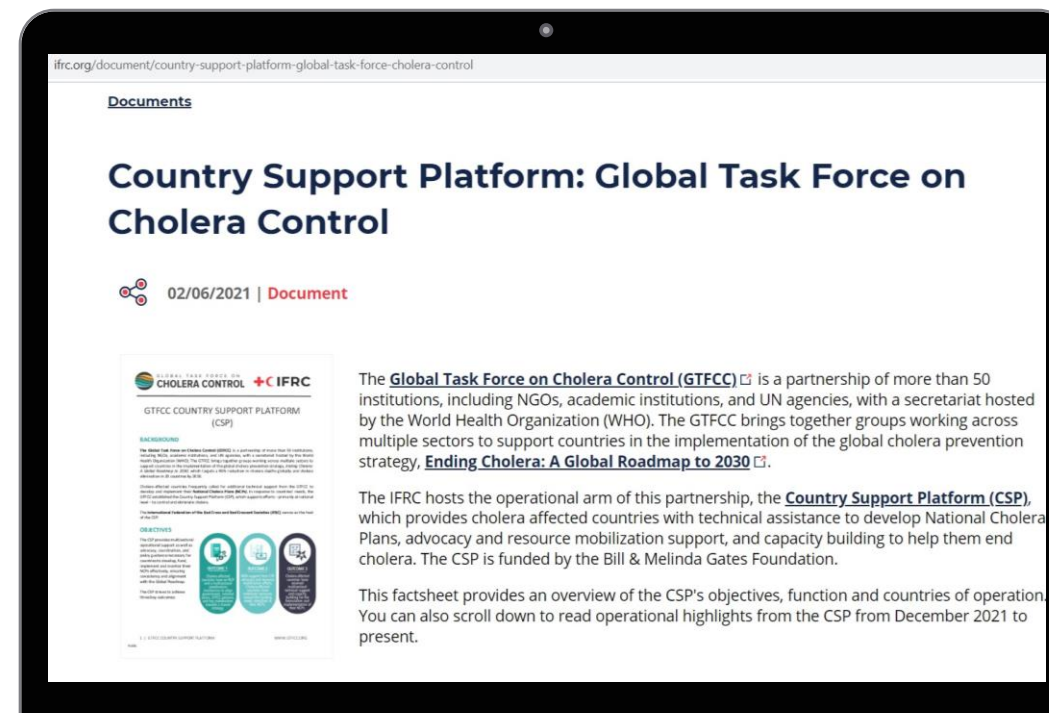
ELEVATED **CSP VISIBILITY** THROUGH GLOBAL ADVOCACY

- Co-hosted 2022 **World Health Assembly Cholera Side Event at IFRC with GTFCC Secretariat**, accelerating lobbying efforts with government leadership.
- Developed **media engagement strategies** to support CSP country's communication efforts.
- Co-lead **GTFCC Advocacy Task Team** with GTFCC Secretariat, advancing policy, advocacy, and communications objectives at global and regional levels.
- With the announcement of H. E. Mr. Hakainde Hichilema, **President of Zambia as GTFCC's Global Cholera Champion**, GTFCC Secretariat and CSP exploring **opportunities to boost regional advocacy efforts** with relevant stakeholders.



PRODUCED 9 CSP OPERATIONAL HIGHLIGHTS

More information can be found on the [IFRC](#) and [GTFFCC](#) websites.



The **Global Task Force on Cholera Control (GTFFCC)** is a partnership of more than 50 institutions, including NGOs, academic institutions, and UN agencies, with a secretariat hosted by the World Health Organization (WHO). The GTFFCC brings together groups working across multiple sectors to support countries in the implementation of the global cholera prevention strategy, [Ending Cholera: A Global Roadmap to 2030](#).

The IFRC hosts the operational arm of this partnership, the **Country Support Platform (CSP)**, which provides cholera affected countries with technical assistance to develop National Cholera Plans, advocacy and resource mobilization support, and capacity building to help them end cholera. The CSP is funded by the Bill & Melinda Gates Foundation.

This factsheet provides an overview of the CSP's objectives, function and countries of operation. You can also scroll down to read operational highlights from the CSP from December 2021 to present.

KEY STRENGTHS OF THE CSP



Enhancing Cholera Control through the GTFCC CSP

- PMs play a **role as interlocutors** in navigating the multisectoral coordination efforts in country (Political navigation and facilitation, advocacy, and understanding of country specific challenges and tensions)
- PMs **contribute to the global knowledge** from their experience gained through the NCP development.
- CSP team's **multi-sectoral expertise support** the IFRC operations, GTFCC operations and technical working group (WG) initiatives.
- Coordination team can be **leveraged on to support the expansion** and establishment of CSP in additional countries (Nepal, Malawi, and Uganda)



CSP PROJECTIONS FOR THE FUTURE

1

Launching and implementation of comprehensive NCPs in CSP countries

2

Expand reach of CSP in potential countries

3

Explore wider opportunities with GTFCC partners to enhance impact on WASH

4

Sustain CSP operations to achieve global roadmap goals



GLOBAL TASK FORCE ON
CHOLERA CONTROL



JOIN US AT THE **CSP** SIDE EVENT



27 JUNE 2023, 08:30AM - 10:00 (CEST)

In observance of the GTFCC Annual Meeting, the Country Support Platform (CSP) is organising a side event highlighting success stories, challenges and lessons learned from the National Cholera Plans in Bangladesh, Democratic Republic of Congo, Mozambique, Nigeria and Zambia. CSP Programme Managers will be joined by their Government counterparts in a dual panel discussion.

Panel Sessions

- 08:30AM: Beyond Borders: Sharing lessons learned from the CSP for a cholera free community in DRC, Mozambique and Nigeria.
- 09:15AM: From Challenges to Solutions: Empowering affected cholera communities in Zambia and Bangladesh.

Advocacy Spotlight

Launch of the Nigeria Cholera Documentary trailer

Q&A to CSP Countries will be addressed in the open discussion and experience sharing from GTFCC Countries and Partners during the second half of the morning session.



GLOBAL TASK FORCE ON
CHOLERA CONTROL



LAUNCH OF THE NIGERIA CHOLERA DOCUMENTARY TRAILER AT THE CSP SIDE EVENT IN OBSERVANCE OF THE 2023 GTFCC ANNUAL MEETING, IN FRANCE

27 JUNE 2023

#EndCholeraNow



GLOBAL TASK FORCE ON
CHOLERA CONTROL



IFRC

THANK YOU

