GLOBAL TASK FORCE ON
CHOLERA CONTROL

REPORT OF THE

8TH MEETING OF THE GLOBAL TASK FORCE ON CHOLERA CONTROL WORKING GROUP ON WASH

March 22nd 2023 | Hybrid meeting

Contents

Acronyms and abbreviations

ACF	Action Contre la Faim (Action Against Hunger)
CFR	case fatality rate
CSP	Country Support Platform
DRC	Democratic Republic of Congo
Gavi	Global Alliance for Vaccines and Immunization
GTFCC	Global Task Force on Cholera Control
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
ICG	International Coordinating Group
IFRC	International Federation of Red Cross and Red Crescent Societies
IPC	infection prevention and control
IRP	Independent Review Panel
IVI	International Vaccine Institute
JHU	Johns Hopkins University
LSHTM	London School of Hygiene and Tropical Medicine
M&E	monitoring and evaluation
MSF	Médecins Sans Frontières
NCP	national cholera plan
NIH	US National Institutes of Health
OCV	oral cholera vaccine
ORT	oral rehydration therapy
RCT	randomized controlled trial
RRT	rapid response team
SDG	Sustainable Development Goal
SOP	standard operating procedure
US CDC	US Centers for Disease Control and Prevention
US NIH	US National Institutes of Health
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene

Welcome

***Nurullah Awal**, WaterAid, GTFCC WASH Working Group Chair*

Dr. Awal opened with a short presentation outlining the progress and achievements of the working group since the previous annual meeting. The group started the 2022-2023 period with dynamism and ambition, having enjoyed excellent engagement from members during the previous meeting and generated a comprehensive, wide-ranging workplan for subgroups, with targets aligned with the priorities and activities of other working groups. However, the unprecedented increase in cholera outbreaks globally from mid-2022 reduced the group's capacity to deliver on the workplan and towards end of 2022 the decision was taken to reprioritise these ambitious targets, focussing on a smaller number of key actions with high potential to deliver.

The original areas of work (work streams) proposed in the March 2022 meeting, along with broad goals for each, were as follows.

1. WASH data: strengthen and develop WASH assessment tools and use of data
2. WASH in national cholera control plans (NCPs): provide guidance, tools, and methodologies to strengthen WASH components of NCPs
3. Integration of WASH & oral cholera vaccine (OCV) use: strengthen understanding of the opportunities and best approaches to integrating WASH & OCV
4. Advocacy: increase WASH funding in cholera hotspots
5. Research: ensure WASH-related cholera research is shared, communicated, and taken up in policy and practice
6. WASH capacity & training: strengthen and develop WASH-specific training resources as part of the cross-cutting GTFCC training strategy
7. Case studies: develop more WASH-related case studies
8. Hygiene & food safety: strengthen hygiene components in GTFCC resources, including for NCP development
9. Water safety plans & water quality management: develop GTFCC guidance and best practice in these areas
10. WASH & infection prevention & control (IPC): help integration of WASH and IPC in global agendas and strengthen links at country level.

Important actions and successes during the 2022-23 included improving community engagement and government involvement, both of which are crucial in successful NCP implementation; holding (alongside Wellcome foundation) a workshop on cholera and climate to shape research goals and elevate climate-resilient WASH services as sustainable solutions to the cholera crisis; and publication of a WASH-Laboratory cross pillar technical note on environmental surveillance for cholera control[1]. This technical note is the second WASH-specific resource published by GTFCC and provides focussed technical guidance on testing for Free Residual Chlorine (FRC) levels and Faecal Indicator Bacteria (FIB) in drinking water sources, both of which aid prevention and control of cholera outbreaks. It provides context-specific guidance on testing and treatment strategies in high-risk settings; in active outbreaks; between outbreaks in endemic locations; and/or as part of long-term control interventions. Challenges to all this work included an ongoing global cholera crisis in the context of a more general global "polycrisis," meaning that scarce resources required prioritisation in a context of competing commitments and limited capacity.

Greater engagement will be needed in the future from all working group members, and sub-working groups will have to be activated to facilitate the necessary work, prioritising high-quality delivery and

[1] https://www.gtfcc.org/wp-content/uploads/2022/10/gtfcc-technical-note-environmental-surveillance-for-cholera-control-october-2022.pdf

dissemination on key activities. The group will seek to enhance community engagement in delivering its objectives, elevating cholera in the global health landscape to gain critical investment for long-term WASH targeted at hotspots to maximise return on investment.

Overview of the cholera situation

***Philippe Barboza**, WHO Cholera Team Lead*

Dr Barboza opened with a simple reminder of how unacceptable the current situation has become: rising infections, illness and avoidable cholera deaths.

Mid-2021 saw an unexpected cholera resurgence. In 2022/23 to date 31 countries had experienced lab-confirmed outbreaks, including some that had seen no cases for years. Twenty further countries and a total of one billion people are at direct risk as a result. The big picture is one of an overall increase in cases, deaths and case fatality rate (CFR). A joint prioritization analysis by WHO and UNICEF has prioritized assistance to nine acutely infected countries, 17 countries with active outbreaks and a further 17 countries at direct risk. The list and prioritization will be regularly revised, and seasonality means change is to be expected. The number of countries the roadmap should target is increasing.

This situation is exacerbated by a global shortage of OCV and cholera commodities. In October 2022, ongoing vaccine supply problems caused the ICG (International Coordinating Group) temporarily to suspend its recommended two-dose strategy. Thirty-five million doses were produced and shipped in 2022 but this still left a shortfall of 48 million doses. Cholera commodities are also affected, with global shortages of intravenous fluids, oral rehydration salts, laboratory supplies, cholera kits, etc. Coordination of multiple partners and global forecasting needs is ongoing.

Experience and instinct suggest that situation will continue to deteriorate in 2023, a situation that highlights the importance of WASH. Demand for cholera commodities will continue to increase and multiple outbreaks are seriously reducing capacities to provide support. In this context, addressing supply challenges is of paramount importance.

Cholera can still be controlled. Reducing CFR is the current highest priority: all cholera deaths can be prevented with available tools. Treatment is easy and cheap; the real issue is timely access. WASH remains crucial to this effort: there is an urgent need to integrate WASH into responses to current outbreaks, especially during the OCV shortage. Urgent investment is needed in this area to prevent further outbreaks.

A multisectoral control strategy exists: the current issue is finding and deploying the resources to implement it; strengthening surveillance (including in labs) to improve the targeting of interventions and the prioritization of resources; and ensuring central roles for case management and community engagement.

Key lessons from NCP-involved countries

***Christophe Valingot** (IFRC consultant)*

This brief talk was an update on the ongoing work of the GTFCC Country Support Platform (CSP) – hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC) to support countries developing National Cholera Plans (NCPs), and in particular the WASH sections thereof. The CSP has been

supporting NCP development in four countries – Bangladesh, Zambia, Nigeria, and Democratic Republic of Congo (DRC) – in a range of different contexts and situations. Beyond these four countries a number of further NCPs have been developed, but they are either not being validated by the Independent Review Panel (IRP), or countries are not integrated the CSP. None have started implementation or established dedicated budgets to support it. All remain therefore in phase one, planning and development of the plan.

The NCP process is led by countries with the support of the CSP programme manager and the CSP team, and organised into strategic pillars, one of which is WASH. WASH actors are selected by the countries and consist mainly of the usual players working on water sanitation (i.e. UNICEF, a range of international NGOs, local partners, ministries, etc.).

Countries have been following a standard process and methodology to develop NCPs, the first step of which is a situation analysis. The WASH working group tends to be aware of the worst situations at national level or – when lucky – at the next subnational level of administration. Very occasionally there is also partial information available from service providers (for example, numbers of network users in urban contexts, approximations of salaries, etc.) but this is not as detailed as data from surveys in which households can outline what services they benefit from. It is difficult to get the detailed information needed to characterise the WASH situation at hotspot level. These difficulties make it impossible to characterise WASH in given hotspots to see how they differ from other areas, or where the need is greatest. This has a deleterious effect on planning: it is hard to plan well without an idea of the initial situation, where to go, and the available budget. This lack of detail is currently characteristic of the NCP development process.

Another challenge is ensuring the involvement of the right people from the right ministries. Often people are involved following a high-level request for ministerial participation, but real engagement with the development process is rare, as is any commitment to integrate WASH into operational programming. The best step once an NCP is developed may therefore be to move immediately to the following stage, which is to develop a more precise plan for WASH investment for hotspots. Once this is in place, ideally having been developed with the relevant ministry for WASH, it must be included in that ministry's workplan and reflected in its budget allocation.

In summary, the CSP is (1) still at the development step of the NCP process; (2) does not have all the required technical inputs and the data needed to develop proper investment plans, which will have to come as a next step; and (3) acknowledges that even when this is secured, WASH still may not be part of the work programming of countries and bilateral and/or multilateral donors. There will therefore need to be another phase of the process designed to ensure it is integrated into national priorities and work planning mechanisms.

Discussion

- There is a need to close the gaps between work already being done in the field by a range of different organisations to (a) strengthen WASH systems and (b) eradicate cholera. From the very beginning of work on cholera the idea must be to integrate existing WASH systems and flag the priorities seen in hotspots. A parallel system for WASH investment in hotspots is undesirable: instead, cholera work should be done in partnership with ministries responsible for WASH to ensure coherent national investment and programming. This requires work alongside development actors supporting SDG 6 objectives and building national capacities, governance and so on. More systematic approaches with ministries are needed to address this issue in the long term.
- While it is crucially important to gather the WASH data to support investment planning in endemic countries, there is no universal approach to this and different countries will need different solutions. Some countries have national WASH data surveys (Nigeria, for example); others may need WASH partners to collect the necessary data – though this would be a last resort, because

it requires a lot of resources. Another possibility is to piggyback on other surveys, for example by adding WASH questions to OCV coverage surveys. The WASH data workstream would be a good a good place to discuss this and decide how to deploy from the range of existing options.

- In some countries WASH is managed by local government ministries, not the health ministry; others already have water resources ministries or similar. This means that data sources are different and data alignment can be a challenge. Capacity to collect and analyse adequate data may also be missing.
- While eight countries have finalized NCPs, this does not mean they have IRP-approved documents; revisions are ongoing and only between one and three are expected to be finalized in 2023. Around 18 countries have done hotspot mapping. In reality there are also other, non-GTFCC plans in countries, and many nations lack comprehensive multisectoral approaches.
- On the other hand, there are more countries with some form of cholera plan in place. Many countries, particularly in Southern Africa, have broader non-NCP diarrheal disease plans—not least because declaring cholera can be a political issue.
- The GTFCC is unable to provide financial resources for NCPs, but it can offer a rich seam of intellectual support, tools, guidance and experience that can be shared.

WASH working group review

***Laurent Sax**, WASH working group focal point, GTFCC/WHO*

This session reviewed the group's recent activity, with a view to framing a workplan for 2023.

As mentioned previously, the 2022 WASH working group review looked at an ambitious work plan spread over many (10) workstreams. One guideline had been published, *Environmental Surveillance for Cholera Control* (https://www.gtfcc.org/resources/) and there was ongoing work in hygiene promotion, WASH and OCV integration, research, data use for WASH, water quality management and training.

The demands of the past year imposed a need to streamline this work, which was struggling to progress, in service of the 2023 vision to coordinate, advocate, and provide technical assistance and guidance to advance WASH as a priority solution in cholera affected areas. Problems included issues around organizing meetings; a lack of communication, follow-up and engagement within workstreams; poor interaction between workstreams; issues within workstreams around preparing documentation to comment, discuss and validate; the fact that there were probably too many workstreams; and a failure, as a consequence of all these issues, to produce many tangible outcomes.

On the other hand, a working group survey showed among other things that working group members remain willing to engage and commit in the future; to improve communication within and between workstreams and with other working groups; and to continue to act as group chairs and leaders. The chairs and leaders will be important in ensuring the success of the new workstreams, and one idea to facilitate their work is to hold regular cross-working group sessions, probably every 2-3 months, to allow leads or co-leads to update one another on work since the last meeting.

The proposed approach for 2023 is to focus the workplan on specific workstreams (WASH in NCPs, water quality management and WASH & data); to merge workstreams where required; to hold trimestral meetings on each workstream; and to establish an interactive platform to manage internal and external requests for help.

With the overarching goal of coordinating and advocating around the provision of technical assistance and guidance to advance WASH as a priority solution in cholera affected areas, feedback in early discussions suggested that that further effort was needed in the following areas: informing donors/partners and helping them make choices; refining the short-, middle- and long-term vision of the

group; substantiating the relationship between WASH and health; ensuring greater country representation in the group to help adapt to the new direction and improve coordination and advocacy; filling existing research gaps; agreeing standards for water quality management; examining and improving links between humanitarian and development work and conveying these to donors/partners, encouraging more holistic approaches; and ultimately improving the working group's contribution to the goals of the GTFCC Roadmap.

Discussion

- One good practice that has recently been started is a regular discussion between working group chairs.
- The "water quality monitoring" and "WASH and data" workstreams could potentially be combined to a "wash monitoring and evaluation" workstream – the current distinction may not be necessary.
- The training workstream will continue.
- The central issue is the need to consider limitations on group members' time and resources; confirm priorities; and decide as a group where to focus effort to ensure results within the coming year. For instance, for the WASH and NCP stream, the group is likely having a role in supporting countries addressing WASH components of multisectoral responses, and this involves many things beyond the three proposed substreams (workstreams)—for example, there is no way to remove hygiene, food security, IPC and other such matters from the discussion. The practical question may be how to restructure to ensure that these pieces are properly included when—for example—helping countries include WASH in their NCPs, advising on how to link all pillars, activities and vaccination plans better (especially now that countries developing multiyear plans of action), and so on, restructuring problems as they arise. Historically the GTFCC has been poor at interlinking workstreams and coordinating. The rationale for change must be considered throughout all these discussions: it is important to avoid overcommitting, having correctly identified a huge range of work that needs to be done, and to remain realistic about the energy and time each member can spend on those pieces by merging and prioritizing topics. Making these difficult decisions will be a joint responsibility.
- Integration would be improved if people were active in other groups. Arguably the fact that the WASH group focuses on one or two products calls into question the point of these groups, highlighting their obvious need to be time limited and output-focused. It is better to start small, perhaps cutting the scope of work even further, trimming anything that is more of a discussion area than really focused on a clear product. For example, the group could instead be involved in activities like a structured review of why WASH is not prioritised for investment and any gaps in the task force and the partners and governments supporting and funding it. It would be good to improve the picture of the current state and what – if anything – is in the GTFCC's control to do differently. For example, if it was possible to change the trajectory of stagnant or decreasing WASH investment in many countries, that would be valuable. To that end, there is work to do to improve communication of successes and help other countries take action.
- Consideration of higher level themes could be useful – for example, support for WASH at national level in NCPs and other formats; examining wider issues of water quality data; looking at finance and investment; and putting more into advocacy, research and case studies. An important piece of follow up work after this meeting will be to bring together the many different items in development under the relevant sub themes, providing a clearer picture of what is happening and/or planned. Visibility is poor at the moment.
- One approach used in the hygiene promotion working group was to look at key themes, and then to task groups to work on gaps identified under each theme. This approach was less about having a standing group always working on one particular area, and more about working on a broader themes. For example, under the "technical support" theme, the group identified a poor understanding of what hygiene promotion resources are available, so mapped them out. To help with this, a précis document was also established to provide oversight—not everybody has to be

involved in every activity, but some will want to be informed and others may need to sign things off and be accountable. This helped map out the level of engagement each person needed to have in each task, greatly simplifying the work of the group. Taking approaches like this may be more helpful than having standing groups on smaller topics.

- The NCP is in effect the translation of the ideas and goals of the Roadmap into implementation in specific national contexts. From this perspective WASH and NCPs is not a standalone area of work, but one that has to take advice and guidance from different subgroups and inform on how best to structure and develop NCPs that will help reach the roadmap goals. The WASH & data piece is linked to everything, informing prioritization of interventions across all working groups.
- Countries need guidance on how to implement the roadmap and link it to existing development programmes. This would be an interesting and worthwhile activity for the group, and could be piloted in CSP countries. The CSP's work with countries has shown that developing the WASH piece of an NCP requires guidance on essential NCP components and how to link the plan with existing programmes, a level of technical guidance that is not currently available. Work with countries calls for very specific guidance—for example, the document requires costed WASH plans, but it is difficult to produce these in the year that it typically takes to develop an NCP, and/or to say exactly what needs to be done in each hotspot. It could be recommended that when countries develop their NCP they outline activities not for the full 10-year WASH programme, but rather for—for example—a first year of baseline WASH assessments to identify appropriate interventions in the first 10 priority hotspots.
- Further thought should be given to the idea of piloting. For example, countries could be asked to pilot NCP activities a single hotspot, self-financed as proofs of concept before getting assistance with wider advocacy to obtain additional NCP financing. Some work is being done in this area, trying to assess and measure implementability and understand the challenges of implementing district-level NCPs, but this is complicated, especially in the current situation.
- Perfect data is never available, and it will never be the case that every hotspot in every country is known and taxonomized; but low hanging fruit – access to water, for example – are there for the picking in many imperfect contexts. Rather than waiting 20 years for impossibly perfect data, collective support for heavy investment in top priority areas in key countries can create (and demonstrate) impact. Piloting can help refine and strengthen NCPs; and while NCPs may not officially be living documents, they will be changed as implementation continues and lessons are identified. Starting in a single hotspot, or a couple of hotspots, could be a more efficient way to refine NCPs before scaling up and moving forward.
- One barrier to extensive piloting is, however, feasibility. Pilots require resources, effective monitoring and evaluation, good data, technical capacity and more—not to mention money. Piloting also delays implementation, and ongoing monitoring and evaluation and readjustment may be preferable instead. On the other hand, providing people with safe water, even if it is not a top priority, can make great impact.
- Information and feedback have been collected from countries already implementing NCPs. Countries often ask what should be in the NCP document itself, and what criteria are used by the IRP for assessment. The assumption is that whatever criteria are used, they will highlight important specific tools that may be missing. For example, there are no tools to assess what goes into a situation analysis; and while there are several tools (available from different organisations) for WASH assessments and basic assessments, there is no guidance on which to use in which contexts; or they may not be available online; or there is no good overview. Clarity is needed on the different tools available for different contexts, how to use them to get information, and how to use the outputs of these assessments.
- Multisectoral approaches are also hampered by difficulties identifying the different partners working in different areas and gaining a good understanding of who is doing what, especially in very large countries like Nigeria or DRC. Countries have also shown the tendency to request support in coordination and oversight of the national picture; how to do costings; and how to advocate for investment. This is an area in which the working group can add value, whether

through signposting to existing tools or by mapping and providing guidance and recommendations to steer countries.

Technical guidance: support to countries developing the WASH section of NCPs

Daniele Lantagne *(Tufts University)*

In 2018 to 2019, a lack of nuance was noted in WASH NCPs, with an overreliance on meeting the SDGs that was not always appropriate for cholera outbreaks. A grant application to BHA was written to address this by developing technical guidance specifically to assist NCP writers who may know nothing about WASH (i.e. not for WASH experts). The application was successful, and an academic literature review was done, followed by key informant interviews (KIIs) with working group members. A further project working group was established and collected input via a series of iterative calls. The process culminated in a guidance document that was then reviewed by the dissemination working group. Aspects of the project have been delayed, particularly by COVID, and work is ongoing to determine how to move forward into the final dissemination stage.

The literature review found 2,868 manuscripts found, 36 of which were included, covering 39 contexts and 30 interventions, with a focus on intervention effectiveness; six guidance documents focussed on WASH interventions for outbreak control; and two finalized NCPs and two more in the validation process, with a focus on outcome measures related to SDGs and intended for cholera elimination. The identified themes were compounding emergencies (cholera often occurs with other emergencies); targeting (Interventions targeting cholera hotspots are effective); multisectoral collaboration (necessary); and context, of which a broad understanding is important. It was interesting to note that the literature has very different content on WASH interventions in emergency versus endemic settings and the work is dominated by hygiene and water treatment. There is very little on sanitation in the literature.

18 KIIs that generated 26 themes in five categories: intervention objectives (defining aims regarding the disease specifics of the local situation); decision factors (specifics of the local situation); intervention circumstances (similar characteristics by context); influencing factors supporting successful implementation; and WASH activities. It does not suggest specific WASH activities but aims to help frame NCPs.

The working group then held the iterative calls and developed the document, a readable 22-page resource in simple language with instructions and examples. It is not meant for WASH experts, but for people helping write NCPs, to provide some sense of WASH and cholera to novices and point them in the right direction.

The overall guidance of the document is to define WASH in cholera interventions according to the cholera-related objective (i.e. elimination, prevention, or control); decision factors in the local situation (assessing stakeholder capacity, outbreak sources and transmission pathways, existing WASH infrastructure, population knowledge and behaviour, and available funding); local intervention contexts (including emergencies, development issues and urban/rural settings); and influencing factors (such as collaboration between the WASH and health sectors, targeting and mapping of activities and cases, monitoring of interventions, and stakeholder coordination).

To conclude, improving the incorporation of WASH into NCPs means understanding the specific cholera context in areas of each country by defining the objective regarding the disease; the local situation related to ‘decision factors;’ and the characteristics of the general context. Then it is necessary to know which

WASH interventions are most effective in that broad context, and to focus on monitoring activities, multisectoral coordination and targeted approaches.

Further side discussions will determine the next steps for this project.

Evidence-based WASH interventions to reduce cholera in Bangladesh and DRC: CHoBI7 and PICHA7 programmes

***Christine Marie George**, Johns Hopkins School of Public Health*

This session presented extensive work to develop and evaluate evidence-based WASH interventions to reduce cholera in Bangladesh and DRC as part of the CHOBI7 and PICHA7 programmes. This work is aligned with the objectives of the Global Roadmap to End Cholera and includes partnerships with ministries of health, building local laboratory capacity to inform cholera surveillance, engaging communities to enhance cholera control strategies, and strengthening healthcare systems.

When cholera patients present at healthcare facilities for treatment, their household members are at 100 times higher risk for cholera infections when compared to the general population. This is thought to be because they share the same contaminated environmental sources (such as drinking water), and because of poor hygiene practices in the home. The seven days after the cholera patient is admitted to the healthcare facility constitute the period when household members are at highest risk for subsequent cholera infections, but interventions for this period of high risk are limited.

The Cholera Hospital Based Intervention for 7 Days, or CHoBI7, was developed in partnership with the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b). It is a healthcare facility-initiated WASH intervention whereby a health promoter goes to the patient's bedside in the healthcare facility to deliver a WASH communications module on water treatment, HWWS and safe water storage. This is later reinforced through home visits. In a randomized controlled trial (RCT) of the CHoBI7 programme in Bangladesh this intervention was shown to reduce cholera significantly among household members of cholera patients, and to lead to sustained improvements in household stored drinking water quality and HWWS practices 12 months post intervention.

Building on this, the second study partnered with the Bangladesh Ministry of Health and Family Welfare to develop scalable approaches to deliver the CHoBI7 programme across Bangladesh, using funding from the United States Agency for International Development (USAID); this led to the development of the CHoBI7 mobile health (mHealth) programme. Delivery of WASH through mobile health is a promising approach in Bangladesh, where over 150 million mobile phones are registered with the government and 90% of households have at least one active SIM card. The CHoBI7 mHealth programme builds on the previous version of the CHoBI7 programme by removing the need for home visits. This programme is initiated in the healthcare facility, where a health promoter delivers a WASH communication module to the patient and their accompanying family members and provides them with a hygiene kit. Patient households are then sent weekly reminders of the promoted WASH behaviours by voice and text message over a 12-month period. The cost of delivering weekly mobile messages to patient households in Bangladesh for a year is USD 2. A recent RCT of the CHoBI7 mHealth programme demonstrated this intervention was effective in significantly reducing diarrhoea and improving child growth in patient households over the 12-month programme period. Results showed that mHealth is a promising, very low-cost approach for delivering cholera control programmes.

A five-year grant by the US National Institutes of Health (NIH) enabled a further evaluation of rapid response teams (RRTs) in Bangladesh. This study builds on the previous studies by expanding the scope of the CHoBI7 programme to include those living in close proximity to cholera patients' households, a population also at very high risk for cholera infections. Again, there is very limited existing work on the effectiveness of interventions targeting those living near patients, and evidence is needed on the effectiveness of RRTs in reducing cholera in this high-risk population. This study will be the first randomized controlled trial of RRTs. After formative research for intervention development, a randomized controlled trial of 3 100 individuals will be carried out, using genomics to investigate the transmission dynamics of Vibrio cholerae from water sources and clinical strains.

In 2018, work began on the Preventative Intervention for Cholera for 7 Days (PICHA7) programme in DRC, a sister programme to CHoBI7. The study site is in Bukavu, home to both rural and urban study cohorts. This intervention is health facility-initiated: a promoter delivers a WASH module bedside to cholera patients and household members, followed by home visits to reinforce behavioural recommendations and provision of the same hygiene kit as in Bangladesh. This intervention, developed through community engagement, was started in 2020. A pilot was done among 507 participants in urban slum areas and found the intervention to be highly effective, increasing hand washing with soap and improving water treatment behaviours. These promising findings led to the rollout of a large RCT of 2200 participants comparing the standard messaging approaches to the PICHA7 programme, looking at bacterial culture-confirmed cholera as the outcome.

In addition, February 2020 saw the initiation of the PICHA7 enteric microbiology laboratory in partnership with the DRC Ministry of Health and the Catholic University of Bukavu. The lab was established to build local capacity for cholera surveillance.

Discussion

- It is hoped that in future trials might be held in DRC to explore opportunities for increased cost effectiveness, and to compare the cost effectiveness of different interventions.
- Qualitative engagement with households enabled responses to different behaviours and local customs that made these programmes more effective. In DRC, for example, the team recommended that people cut leftover small pieces of soap into smaller pieces and put them in water, an approach suggested by the country team because bar soaps are high value items that parents will often not allow children to use unsupervised, while a bottle of soapy water might be fine. Differences between the Bangladesh and DRC contexts underline the fact that there is no universal response: models cannot be transplanted wholesale. Instead, real community engagement is needed to tailor interventions to different contexts.
- This has implications for rapid response teams working during outbreaks with no time to do formative research. In these cases, community partners might be engaged by bringing people together in intervention planning workshops. Engaging partners in the rapid development of contextual interventions is better than the more common approach of just delivering interventions with no tailoring.
- Another approach that has been used in a range of contexts is to do a lot of iterative work, ensuring space for debriefing at the end of each day and updating information accordingly. This can be done rapidly alongside an intervention.
- It would be interesting to do this type of thing more in emergency contexts, and to try to develop rapid approaches to implementing these types of interventions.

Field tool kit for WASH interventions

Camille Bureau, *ACF*

This session was dedicated to presenting and discussing an operational document, the *Operational cholera toolkit*[2], developed by Action Contre la Faim (ACF) to improve the work of its field teams (but available for use by anybody who might find it helpful). The document is organised around five modules: coordination; case management; coherent response in the community; monitoring and evaluation; and key functions (logistics support, etc.). The resource is a live document intended for continuous updating. To date it contains 22 fact sheets, but more are planned, and feedback is requested from anyone using it who identifies any information gaps or suggestions for improvement.

The document provides strategic technical guidance on the different phases of preventing and responding to cholera outbreaks, how to position organisations to respond, and how to improve multisectoral collaboration. It also clarifies the roles and responsibilities of different WASH and health teams in cholera responses.

It is meant to be a simple, accessible document, and the fact sheets can be used as standalone resources if required, to provide focused, practical technical guidance on specific areas. A French language version is also in preparation and will be available in the weeks following the meeting.

A wider bigger dissemination plan is also in preparation, to include training webinars and e-learning modules addressing capacity gaps.

Discussion

- Many NGOs and other organisations are creating their own tools, with some overlap – for example, both the UN and the US CDC are currently working on water quality monitoring guidelines. There is work to be done to review existing resources, identify the best and suggest which should be used for NCPs. It can be difficult for countries faced with a range of tools to choose from many options—but it is also impossible to propose one tool for all countries, because national and regional contexts vary so much.
- The toolkit contains numerous references redirecting readers to a range of documents and guidelines already created by UNICEF, MSF, the GTFCC and others, and therefore also acts as a means by which to synthesize the resources that have already been created and which are considered valuable. Each fact sheet contains an additional resource box with links to existing documents relevant to that sheet.
- This is not an updated version of the 2013 ACF guidelines, but an additional resource to cater to the practical operational needs of ACF teams. Because the guideline is massive, it can be overwhelming for field teams to navigate. This document is designed to fill the gaps and improve integration of health and WASH in cholera responses.
- The GTFCC must think about how to reach a broader audience, not just the WASH crowd. This resource covers the overall cholera scope and fills known gaps; it should be rubber-stamped, including by the GTFCC, not least in order to avoid having all the different GTFCC partners creating parallel things. Some years ago, there was a repository for resources where everything was stored, but it proved not to be useful because nothing was endorsed and several documents contradicted one another. Better mechanisms are needed to optimize access to and use of the body of work that has been done.

Planning for 2023

This final session was an open discussion to present people's different perspectives on workstreams for the coming year and raise mutual awareness of different activities and interactions.

[2] https://www.actioncontrelafaim.org/en/publication/operational-cholera-toolkit/

- Revisiting points about advocacy made at the beginning of the meeting, treating cholera is not complicated. The real challenge lies in prevention, in the WASH sector, and in strategic and political engagement with countries. The GTFCC has signed the Call to Action[3] for the UN Water Conference and other organizations are encouraged to do the same and using this initiative to generate momentum and urge member states to take WASH more seriously.
- The OCV group is asked about WASH integration all the time, but to date there has been little interaction with the WASH working group. From the OCV perspective this space is dominated by questions on how to integrate effectively. Ideas were presented at the previous annual meeting around a reactive WASH package, and there is certainly scope to examine whether this would be feasible, but the main priority on the OCV side is the push to get the preventive programme moving. Experience so far suggests that great gains could be made simply by making countries aware that WASH and inputs from WASH teams are important components of the preventive packages required by Gavi, as demonstration of an integrated response.
- Experience in some contexts has shown that integrating WASH and OCV can leave citizens confused on the assumption that protection against cholera conferred by OCV should leave no need for WASH. Clear messaging that the vaccine is not 100% effective or immediate is crucial. At global level, multisectoral messaging is ubiquitous, but it can be interesting to hear (and important to correct) how those messages are reflected in understanding on the ground.
- A pilot was done in Ethiopia, and another planned for Mozambique, to combine the WASH and OCV for logistical reasons and to provide early protection before the vaccine kicks in; this initiative suggests that some savings might be possible through combining the two. There have not yet been many discussions on how to combine them practically in the longer term, to take advantage of OCV campaigns to build longer term WASH.

Working group priorities for the coming year include supporting NCPs (including with data); advocacy for financing; guiding and carrying out research; and working on water quality and IPC. It will be important to confirm these and ensure that goals for the year are framed with concrete outcomes and objectives, creating a clear shared picture of the workplan for 2023.

Important priorities emerging most clearly from the discussion include WASH and OCV integration. Thoughts on this will be consolidated and shared with the group in the coming weeks, using the next online meeting to show a concrete plan with outputs, ready for finalization, at which point it will be possible to define who wants to be in which workstream, and then start work. An invitation to this discussion will be circulated two weeks from the end of this workshop.

Closing

The meeting closed with a farewell and thanks from Dr Nurullah, departing from his role as working group chair. He was thanked by Dr Barboza on behalf of the group for his work over the previous two years.

Dr Barboza reiterated the need for further discussions to define the group's next steps. The situations faced by affected countries create important opportunities to keep cholera on the public health agenda, make progress, and highlight the importance of WASH. It will be necessary to ensure that countries have more and stronger connections between the WASH and health sectors, national and international planning and development infrastructures, and supporters and donors. Flexibility is needed throughout this structure to accommodate both development and emergency response needs.

To quote Mike Ryan, if the global objective was to provide a single glass of water to everybody in the world, to date even that has failed; but this can be changed.

[3] https://www.washroadmap.org/uploads/1/3/8/8/138810292/final_cta_en.pdf

The meeting ended with a screening of a short video on the achievements of the CSP.