

REGIONAL BREAKOUT

AFRO



EXPECTED SUPPORT FROM GTFCC WORKING GROUP / COUNTRIES NEEDS

- How can the Epidemiology WG best support countries in the region to strengthen cholera surveillance or use of surveillance outcomes?
- Support to customize the guidelines to the context of the African region
- GTFCC and WHO to ensure guidelines/ tools/ SOPs are harmonized
- Support training on developed guidelines e.g. TOTs (Financial & technical)
- Supported harmonization of laboratory and surveillance tools including dissemination (
 sitrep templates etc)
- Train regional and national teams in Risk assessments, Public Health situation analysis,
 and PAMIs

EXPECTED SUPPORT FROM GTFCC WORKING GROUP / COUNTRIES NEEDS

- How can the Epidemiology WG best support countries in the region to strengthen cholera surveillance or use of surveillance outcomes?
 - Provide clear guidance on the declaration of the end of a cholera outbreak; current guidance is not very clear & leaves room for indecision
 - Standardise the cross-border collaboration of cholera surveillance and data collection tools
 - Advocate for all WCOs to have dedicated Cholera FPP
 - Establish a pool of Trainers to support surveillance-related training in the region
 - Support and promote Peer to Peer engagements and collaboration between countries e.g. in PAMIs/NCP e

EXPECTED SUPPORT FROM GTFCC WORKING GROUP / COUNTRIES NEEDS

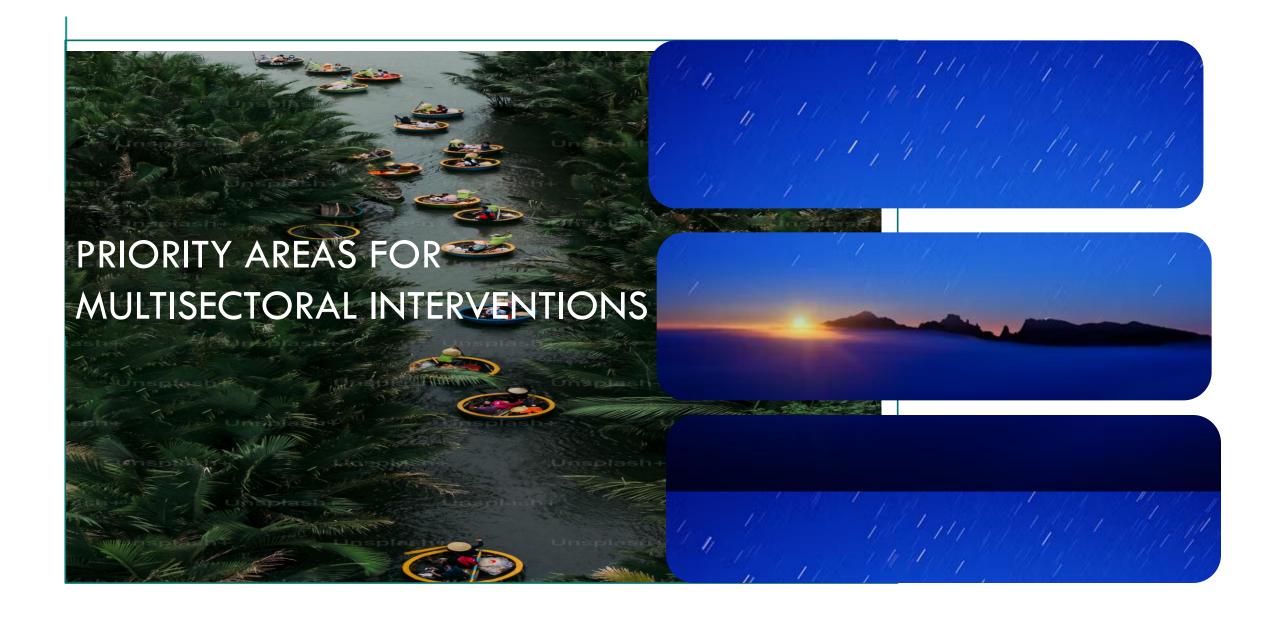
- Do countries in the region see any interest/value in the GTFCC recognition of cholera-free status?
 - All participants saw the value/ benefit in the GTFCC recognition of cholera-free status.
 - O Proposed that:
 - GTFCC to develop tools and clear mechanisms for certifying countries cholera free status
 - clear guidance on graduating from cholera control to elimination
 - Draw lessons from the Polio eradication program
 - certification be considered at both country and regional levels
 - Almost all the countries showed interest in being piloted esp. Malawi, Benin,
 Zimbabwe, Cameroon and Zambia

PERSPECTIVES FOR INTERNATIONAL REPORTING THROUGH DATA TRANSFER (1/2)

Main Obstacle/challenge	Recommendation
Lack of harmonized and simplified templates for countries	Develop simple harmonized reporting tools/templates
Inadequate resources to support countries effectively conduct PAMIs and NCPs	Support resource mobilization and advocacy at country, regional and global levels
Inadequate capacity to conduct risk assessments, situational analysis and development of improvement plans at country level	Support member states conduct a situational analysis, improvement plans including M & E Framework
Lack of harmonized data set of indicators and online platforms for surveillance and laboratory data	Develop minimum standardized data set of indicators and support digitalization of surveillance and laboratory data platforms
No clear policy of framework on surveillance and laboratory data sharing among member states	Engage policymakers through advocacy

OTHER TOPICS RELATED TO SURVEILLANCE RAISED IN BREAKOUT

- Enteric pathogen Surveillance-Sentinel
- Environmental Surveillance
- Mortality Surveillance
- Support assessment/evaluation of cholera surveillance
- Cross-border surveillance



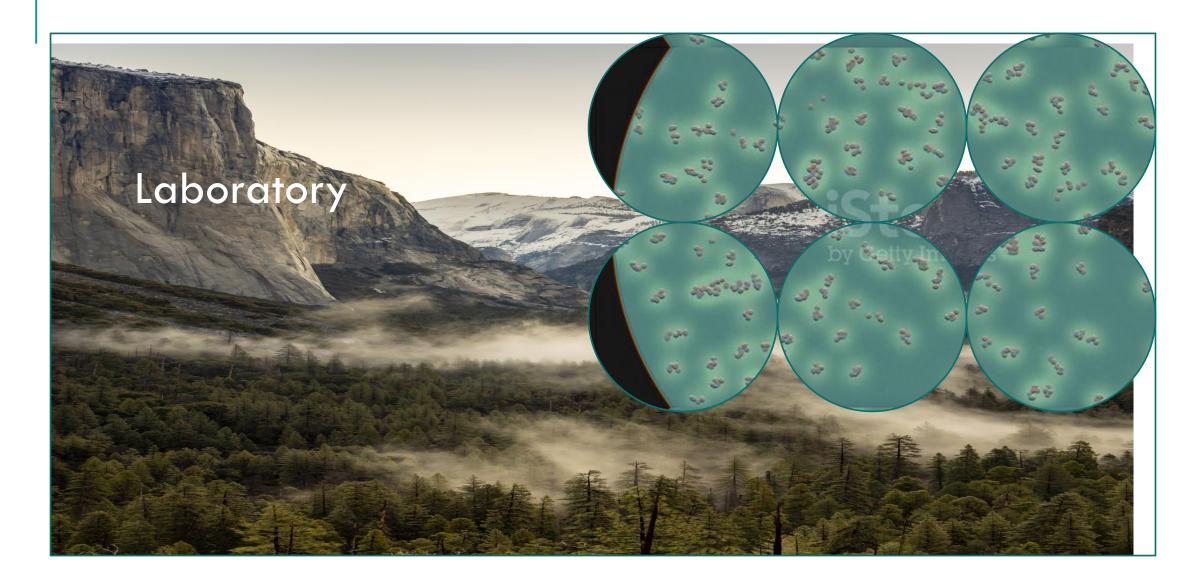
PAMIS IDENTIFICATION IN THE REGION

PAMIs identification completed

- 22 out of 47 countries (49%) identified their PAMIs
- However'
 - Only 6 countries (Malawi, DRC, Cameroon, Mozambique, Kenya, and Mali) used the new GTFCC PAMI identification method
 - ii. Four countries conducted PAMIs more than 5 years ago (Angola, Guinea, Guinea-Bissau, Tanzania) though Tanzania did not use the GTFCC method
- PAMI identification ongoing
 - South Africa, Namibia, and Zambia
- PAMIs identification planned (June 2024-June 2025)
 - Zimbabwe, Uganda, Rwanda and Togo

OTHER TOPICS RELATED TO PAMIS RAISED IN BREAKOUT

- PAMI identification to monitor progress and as part of M and E indicators
- Clear guidance on requesting for support to conduct PAMIs
- Use of PAMIs as a resource mobilization tool



CHALLENGES WITH REPORTING OF LABORATORY RESULTS

- Accessibility of online sharing of laboratory data by non-endemic areas
- Internet connectivity, interoperability, and integration of systems e.g HIMS,
 Surveillance, and Laboratory
- Inadequate guidelines on testing-Algorithms
- Inadequate laboratory capacity in rural-remote areas e.g RDTs or culture
- Training, logistics, supplies, infrastructure, Equipment (molecular), data management (quality)
- Inadequate capacity in molecular and genomics for cholera diagnosis and characterization
- •Inadequate sample Courier system capacity

OTHER CHALLENGES WITH LABORATORY SURVEILLANCE

- Transport
- Supplies
- Inadequate training in all aspects of laboratory surveillance
- Inadequate characterization of v. cholera culture, serotype, molecular, genomic sequencing, and linkage
- Inadequate laboratory assurance

EXPECTATIONS FROM THE GTFCC LWG

- Support Q and C for laboratory
- Standardisation of laboratory surveillance tools
- Support human capacity building
- Building capacity for RDT, bacteria testing, molecular testing and genomic sequencing
- Repurposing of COVID-19 Machine to support cholera for PCR
- Support sample courier system
- Support laboratory supply chain

