GLOBAL TASK FORCE ON CHOLERA CONTROL

REPORT OF THE

7TH ANNUAL MEETING OF THE GLOBAL TASK FORCE ON CHOLERA CONTROL

20-21 OCTOBER 2020 | VIRTUAL

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Acronyms and abbreviations

AMR	antimicrobial resistance
CSP	Country Support Platform
DRC	Democratic Republic of Congo
GOARN	Global Outbreak Alert and Response Network
GTFCC	Global Task Force on Cholera Control
IFRC	International Federation of Red Cross and Red Crescent Societies
MSF	Médecins Sans Frontières
NCPs	national cholera plan
OCV	oral cholera vaccine
ORS	oral rehydration salts
SDC	Swiss Agency for Development and Cooperation
TPH	Swiss Tropical and Public Health Institute
WASH	water, sanitation and hygiene

Note to the reader

This report condenses discussions according to the subjects addressed, rather than attempting to provide a chronological summary. The summaries of the discussions and group work address themes emerging from wide-ranging discussions among all speakers, and do not necessarily imply consensus unless otherwise stated.

Summaries of presentations and of points made in discussion are presented as the opinions expressed; no judgement is implied as to their veracity or otherwise.

Executive summary

The seventh annual meeting of the Global Task Force on Cholera Control (GTFCC) took place on 20-21 October 2020. Due to the continued restrictions imposed by the COVID-19 pandemic, the meeting was held virtually in a shorter form, with two three-hour sessions held over two days. Although everyone in the GTFCC community has been affected by the pandemic, members have remained committed to cholera control and elimination throughout the pandemic period, and the meeting was well-attended and productive.

During the meeting, the GTFCC Secretariat provided participants with updates on work since the 2019 annual meeting, and the leaders of each of the GTFCC's technical working groups updated the gathering on achievements in their respective areas: epidemiology; laboratory; oral cholera vaccine (OCV); water, sanitation and hygiene (WASH); and case management. The meeting also received an update on the cholera research agenda.

The main outcome was the announcement of the conclusion of the process to select a host for the GTFCC Country Support Platform, or CSP, and a series of discussions designed to gather ideas for the GTFCC Secretariat and the CSP host to refine the plans for the CSP inception period based on the input of countries and partners.

The CSP is an operational arm of the GTFCC that will be led by a small team of specialists positioned mainly at field level, providing direct support to countries or groups of countries. It is not intended to create a new global entity, but to provide a nimble, flexible mechanism for supporting cholera-affected countries, a hub from which the GTFCC can organize cholera control resources to support countries that need them most—including around access to oral cholera vaccine (OCV) for control efforts. The CSP's objectives are aligned with those of the GTFCC Global Roadmap to End Cholera by 2030, and its role is to extend GTFCC support at country level. The CSP will be hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC).

On the second day, the conference split out into four breakout groups that gave participants the opportunity to exchange ideas about the establishment and use of the CSP, addressing the platform's key responsibilities and providing feedback on the proposed approaches and methods of work.

Ultimately, the CSP has to help create an environment in which cholera elimination is possible. Leadership and coordination are critical aspects of that. All stakeholders must acknowledge that without leadership and coordination, the GTFCC will not achieve much even with the CSP and other technical support.

Welcome remarks

***Frew Benson**, GTFCC Chairperson*

While COVID-19 continues to prevent meeting in person, the fact that people around the world can gather virtually remains inspiring. Although everyone has been affected by the pandemic, the members of the GTFCC community have remained committed to cholera control and elimination and deserve thanks for their dedication and support.

We are now in the third year of implementing the Global Roadmap for ending cholera, which targets a 90% reduction in deaths from cholera by the year 2030 and total elimination in 20 countries. Time is tight to meet those goals.

Much has been achieved in the 15 months since the last annual meeting. The GTFCC Steering Committee has met five times to discuss its strategic priorities; the Independent Review Panel has been established; a new website has been launched; and user-friendly tools such as the Cholera App are now available.

Notably, the Country Support Platform has become a reality, and will be hosted by the International Federation of Red Cross and red Crescent Societies (IFRC).

Given the unusual circumstances it has been necessary to shorten the format of this year's meeting, and so it will be impossible to hear about all the great initiatives and projects taking place at global, regional and country levels. Nonetheless, all GTFCC partners and countries are invited to share their success stories with the Secretariat, which will compile and disseminate them.

GTFCC updates

Update from the GTFCC Secretariat

***Philippe Barboza**, GTFCC Secretariat*

There have been several GTFCC highlights since 2019: a near-doubling of cholera cases notified to WHO in that time hides many positive signs. Reported deaths have decreased by 36%. We have seen the lowest number of cases in Africa in the 21st century to date. The lowest numbers of cases and deaths have been reported from the Americas since 2010. Finally, overall numbers must be interpreted in light of the fact that 93% of global cases have been in a single country, Yemen, suffering extreme conflict. In 2019, 23 million OCV doses were shipped to 13 countries, of which 14.5 million were for outbreak response and nine million for preventive campaigns.

In 2020, COVID-19 has of course had an impact on cholera control. Staff have been repurposed, containment measures and travel restrictions have impacted work, preventive OCV campaigns and launching of national cholera plans (NCPs) have been postponed, and health care, surveillance, WASH and community engagement activities have all been affected. Despite these obstacles , reactive cholera campaigns have been maintained, some preventive campaigns have been implemented, and NCP and hotspot identification processes are resuming.

A range of important tools and products are now available, including a cholera response manual[1] and an interim guiding document to support countries developing NCPs. The examples of Zambia and Zimbabwe — both early adopters and champions of GTFCC approaches — show that the length of time between commitment and establishment of a national cholera plan (NCP) can be over a year. The message of this insight is that countries should not wait for outbreaks to start elaborating cholera plans.

The Cholera App is now available, and GTFCC members and stakeholders are encouraged to use and share it[2]. French versions of the App and of the GTFCC guidance documents are now also available[3]. Hotspots have been identified using the GTFCC Hotspot Identification Tool[4] in Ethiopia, Yemen, Zanzibar and Zimbabwe, and work is ongoing in this regard in Sudan and Zambia. Post-Roadmap NCPs have been launched in Zambia, Zanzibar, Bangladesh and Somalia, and started in Zimbabwe, Ethiopia, Kenya and the mainland Tanzania.

The GTFCC has continued to hold Steering Committee meetings; 47 institutions had registered or renewed their GTFCC membership as of October 2020; an Independent Review Panel has been established and has completed its first review of an NCP; and the GTFCC Country Support Platform (CSP) has now been launched.

Partner engagement remains crucial and has continued: GTFCC working groups have continued remote technical meetings, with more planned; development of technical guidance is in progress; and virtual meetings will continue throughout 2021, with a return to in person gatherings when that becomes possible. Advocacy, communication and reporting continue, with a virtual event in June 2020, a report to the WHO Executive Board and a GTFCC Steering Committee statement on OCV campaigns during COVID-19. Finally, a cholera research agenda is being developed in collaboration with the Wellcome Trust and MM Global Health (MMGH) Consulting.

[1] See https://choleraoutbreak.org/
[2] For an Android version see: https://play.google.com/store/apps/details?id=com.cholera; for an iOS version see: https://apps.apple.com/us/app/gtfcc-cholera/id1459619591?ls=1
[3] The documents can be found on the GTFCC website.
[4] Available at : https://www.gtfcc.org/resources/

Significant progress has been made since the revitalization of the GTFCC, providing strong foundations for further operations, including the targeted, tailored implementation of multisectoral interventions in hotspots. Other next steps include focus on long term WASH interventions in hotspots, which still lag behind and which require rapid scale up. The pace of NCP development and implementation varies between countries, so there will be advocacy both to support countries that are already engaging in the Roadmap, and to bring new countries on board. Implementing the CSP may be a game changer in this respect.

Cholera database and country profiles

***Elizabeth Lee**, John Hopkins University*

The GTFCC global database is used to collect surveillance data. This data comes in many formats with varying levels of detail, and the main role of the database is to organize it according to location and time periods, bringing together data on serological and molecular results, incidence, risk factors and other indicators. This helps monitor progress towards Roadmap goals by allowing mapping of the geographic burden of disease, oversight of key GTFCC indicators and hotspots over time, and tracking of information on WASH and vaccination interventions.

Four different roles are envisioned for people using or accessing the database: data entry; data analysis; and the use of country profiles and similar outputs (i.e. summaries of current status of data for a given location) by (1) country officials making national policy, and (2) global policy makers.

Elizabeth Lee provided a demonstration of how the database works and some of its more important features. These include a centralized repository for cholera surveillance data; a flexible structure designed to support any kind of data that can be linked to locations and time periods (e.g., incidence, deaths, documents, OCV use, seroincidence data, etc.); the ability to host raw data provided and visualizations of modelled output; and the ability to output country and regional profiles that summarize key cholera data and risk factors.

It is hoped that the tool will be further developed in conjunction with GTFCC members and countries as time goes on.

Future improvements should include streamlined management and entry of reported cholera incidence data; production of country profiles for all cholera-affected countries that contribute data; expansion of country profiles to regions; provision of regular updates to burden maps and other outputs; and linking serological and molecular data with information on OCV campaigns.

In discussion, concerns were raised about the reliability of different data sources. The GTFCC is working with many partners—UNICEF, Médécins Sans Frontières (MSF), national ministries of health and others—to obtain data, as well as looking for public data sources. The database can integrate any available cholera incidence data and the GTFCC is open to ideas for new data sources. The database is not currently public, but discussions are planned with the relevant GTFCC working groups on what access will be granted and how to keep private data sources confidential. Ensuring the reliability of information will be a key challenge over the coming months and years.

Cholera surveillance has not significantly evolved for decades. New strategies setting objectives to reduce mortality and achieve cholera elimination will require changes to established ways of working, including strengthening basic reporting and confirmation of cases to facilitate countries' work to monitor, assess and readjust strategies. This will aid greatly in hotspot identification, for which approaches that look only at clinical cases are risky. There are many discussions to come on this topic.

Country Support Platform Announcement

***Anita Zaidi**, Bill and Melinda Gates Foundation*

In 2017, an independent evaluation of the GTFCC showed that country support needed a boost if the task force was to meet its goals. The GTFCC, though it has long championed country-focused work, agreed that a fresh approach was needed to achieve this. By 2019, a vision had been articulated for the Country Support Platform (CSP), and the development process began to create a mechanism to complement WHO's critical role as GTFCC secretariat host. The CSP is an operational arm of the GTFCC, accountable to the GTFCC, that will be led by a small team of specialists positioned mainly at field level, providing direct support to countries or groups of countries. The CSP is not intended to create a new global entity, but to provide a nimble, flexible mechanism for supporting cholera-affected countries, a hub from which the GTFCC can organize cholera control resources to support countries that need them most—including around access to oral cholera vaccine (OCV) for control efforts.

The CSP will be hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC), which will continue to organize and scale the best attributes of the GTFCC partnership. Congratulations are due to the IFRC for taking on this role, and to the GTFCC secretariat for seeing the process through.

The Bill and Melinda Gates Foundation has pledged USD 7 million in support to the CSP for the next three years, with further support expected from the Swiss Agency for Development and Cooperation (SDC). This early funding will allow the CSP to begin functioning and provide a launchpad for its work, but it should be clear that this is just a start. A great deal more funding will be needed to achieve the collective vision for the CSP, and the Gates Foundation strongly urges fellow donors to invest further in the platform. The key to real success will be to concentrate funding on WASH in the most affected countries.

***Marc-André Bünzli**, Swiss Development and Cooperation Agency*

The SDC is pleased to help develop a vibrant CSP and is proud to be associated with such a promising initiative. The hope is to see the number of countries affected by cholera falling year on year, a goal that will be boosted as the CSP starts to make a positive difference to field operations.

Through an agreement with the Swiss Red Cross, the IFRC and WHO, SDC will provide support in different ways, providing human resources to the CSP when needed, and funding research and training where necessary to increase and broaden the scope of the activities funded by the Bill and Melinda Gates Foundation. Echoing the previous speaker, Mr Bünzli encouraged other donors to contribute to the effort: more money is needed.

In consultation with the GTFCC working groups, SDC will also help to establish whether Swiss institutes can provide further expertise and training on relevant topics — for example, supporting work on sanitation in developing countries through the Federal Institute of Aquatic Science, or epidemiological support through the Swiss Tropical and Public Health Institute (TPH). It is important to document activities in as many countries as possible, as one very important further task of the CSP will be fundraising. The SDC will coordinate with other donors to ensure money goes to the countries where it is most needed. The SDC is also ready to deploy experts for emergency response, though it is anticipated that the need for such responses will decrease as the quality of preventive measures improves.

Mr Bünzli again encouraged all donors to join the effort, focusing funding on WASH — a particularly effective investment because while it clearly helps reduce cholera, it helps control other diseases too.

***Robert Fraser**, IFRC—Country Support Platform Host*

The CSP's objectives are aligned with those of the GTFCC Global Roadmap to End Cholera by 2030, and its role is to extend GTFCC support at country level, with the following desired outcomes in affected countries:

Outcome 1

- Self-sustaining multisectoral national coordination mechanisms established
- Multi-year, multi-sectoral NCPs developed with aligned government and national actors, GTFCC partners and key stakeholders.

Outcome 2

- NCPs are funded, with the support of CSP advocacy and resource mobilization efforts
- Other stakeholder and partner resource mobilization efforts are expected and encouraged.

Outcome 3

- Provision of both short and longer-term multisectoral technical support and capacity building for formulation, implementation and monitoring of NCPs according to need and demand, including effective implementation of OCV campaigns.

A 12-month first phase of operations will cover the recruitment and establishment of the CSP Team and the agreements required for its operation; identification of the initial four countries to be supported; initiation of the CSP international roster of experts; establishment of a logical framework and workplan; development and implementation of an advocacy, communications and resource mobilization strategy; initial provision of support to NCP processes; and provision of ad hoc support as necessary to countries experiencing cholera outbreaks.

In the two-year second phase, eight new countries will be supported with NCPs development and implementation. Building on previous experience, resources will be mobilized to increase the CSP's capacity to provide extended support to countries. CSP capacity will be expanded to support different technical areas including research, laboratory support, community-based and national surveillance, cholera outbreak preparedness, OCV and short- and longer-term WASH provision; and a proof of concept will be provided for CSP operations.

It will be impossible to meet the Roadmap goals without bringing together all partners and stakeholders in cholera control—and this is a crucial outcome expected from the CSP. All partners and donors can help the CSP in supporting national coordination, providing technical assistance, and assisting advocacy and resource mobilization.

Robert Fraser expressed a desire for further feedback from countries and what he described as "people on the ground" about their needs from the CSP, and how best the CSP can deliver on those needs.

Key achievements of the GTFCC working groups

Epidemiology

***Francisco Luquero**, Epicentre*

In September 2019 the working group released version 1 of the GTFCC hotspot identification methodology, an Excel tool and guidance document for hotspot identification currently available on GTFCC website. Three virtual seminars were held on the topic through summer 2020, addressing in turn the current tool, epidemiological indicators affecting identification, and contextual factors.

In addition, work is in progress to develop procedures to certify cholera elimination (currently in draft); to establish outbreak investigation teams and response teams; and to establish a global cholera database (in an initiative led by Johns Hopkins University).

This work—and the work of all the working groups—has been challenged by unforeseen circumstances linked to the COVID-19 pandemic. These have included – but are not limited to – an end to physical meetings, decreased availability of working group members, and the understaffing of the GTFCC secretariat and other stakeholders.

Priorities for 2021-21 will be addressed by working group "subgroups" for epidemiology and laboratories and will address hotspots; outbreak detection and response; development of global principles for cholera surveillance and programme monitoring; and regional approaches to surveillance.

Laboratory

***Marie-Laure Quilici**, Institut Pasteur*

Since the last annual meeting laboratory job aids have been completed, in English and French, for cholera specimen packaging and domestic transportation, and for strain conditioning and international transportation. Further job aids in draft include one for antimicrobial resistance (AMR), which is near complete; a table of values on antimicrobial resistance; and a revised *V. cholerae* culture procedure and culture fact sheet. The WHO cholera lab kit has been updated, and an evaluation grid for country laboratory capacity is in draft.

Additional challenges due to COVID-19, beyond the lack of physical meetings and understaffing of the secretariat, included the fact that national laboratories have been overwhelmed by the diagnostic needs of the CoVID-19 pandemic, which reduced staff and materials for cholera diagnostics. Members of the laboratory working group have also been pulled into national and local outbreak duties.

Priorities for 2020-21 include AMR, for which it will be necessary to define interpretation criteria, and establish specific country lab practices for resistance testing. An overview of laboratory capacities in countries engaged in NCP development (and national lab-specific interlocuters) will be established, and work will be done to determine how laboratory capacities can be used to better determine the true preponderance of cholera during and between outbreaks—i.e. to close the gap between laboratory work and epidemiology.

The GTFCC Secretariat has developed a "state of play" overview of cholera surveillance to help identify areas of work that need to be strengthened. This work was presented to both the Epidemiology and the Laboratory working groups in early October 2020, and a workplan was agreed.

Oral Cholera Vaccine

***Kashmira Date**, US CDC*

In early 2020 several campaigns were put on hold due to the pandemic, but countries have since managed to resume activities after the Steering Committee issued a statement in April to advocate for this. The working group has been following the recommendations of the last annual meeting which included: achieving final consensus on the conditions and procedures for accessing the OCV stockpile; reviewing success stories of OCV implementation and to use them to support further campaigns; to continue integrating OCV with WASH provision; strengthen cholera surveillance in countries and globally and monitor and evaluate OCV campaigns; and continue to develop the OCV research agenda in partnership with the Wellcome Trust, identifying further opportunities to implement research.

Key achievements since then include provision of around 8 million doses in 2020, 3.5 million of which were for responses to outbreaks in Democratic Republic of Congo (DRC), Uganda, Mozambique and Cameroon. There have been requests for preventive campaigns in Yemen, Malawi, DRC, Zanzibar and Zambia, for which 19.7 million doses have been approved in total, and further preventive requests are expected for Ethiopia, Sudan and Kenya. Malawi, Zambia and DRC have all seen campaigns between October and December 2020. Research proposals funded by Gavi, the vaccine alliance, and Wellcome Trust for assessing OCV impact are being finalized.

COVID-19 has meant the postponement of campaigns in Bangladesh, South Sudan and Yemen, and delays to others in Mozambique and Malawi. Vaccine production has been reduced, and actual stock is down to 8.1 million doses. Implementation times for outbreak response in DRC, Mozambique and Cameroon have been affected, and political insecurity has exacerbated pandemic issues in Mozambique, DRC and South Sudan.

Priorities for the OCV WG for 2020-21 include aligning criteria for OCV prioritization with hotspot mapping; integrating the use of OCV into further NCPs; implementing more preventive campaigns; continuing to work closely with Gavi; collaborating with the CSP on vaccine requests, implementation, and M&E for campaigns; working with the surveillance group to improve targeting for hotspots and impact assessments and with the WASH group on integration between OCV and WASH campaigns; and building out adequate monitoring, evaluation and research plans according to the research agenda.

Water, sanitation and hygiene

***Omar El Hattab**, UNICEF; **Nurullah Awal**, WaterAid*

During this presentation the meeting saw the handover of the leadership of the WASH working group from UNICEF to WaterAid. UNICEF were thanked for their efforts over the past three years, with particular appreciation for the working group coordinator, Monica Ramos.

The meeting welcomed the new chairman, Dr Nurullah Awal of WaterAid Bangladesh.

Achievements since last year have included the development of a technical note for integrating WASH and OCV in emergency campaigns (in collaboration with the OCV working group); production of five training outlines for WASH and cholera; development of a costed tool for WASH plans (a project in progress led by UNICEF) with a first pilot in DRC; development of a methodology for collecting WASH data in cholera hotspots (a CDC-led work in progress); ongoing advocacy and engagement with the donor community on global initiatives; a UNICEF-supported consultancy with Epilinks on a WASH research agenda; provision of continued support for evidence generation, knowledge management and information sharing; and integration of the group's activities into the cholera research agenda in collaboration with Wellcome Trust.

In lieu of the meeting originally planned in Tanzania in March 2020, the working group carried out a series of three webinars between March and June 2020 on tools, strategies and approaches to support WASH in countries; WASH data in cholera hotspots; and ongoing research efforts. Each lasted approximately 1.5 hours with average attendance of 38 participants.

UNICEF has continued to support the GTFCC secretariat, contributing to GTFCC global guidance including the new Cholera App and the NCP guidance document; helping oversee deployment of WASH experts in Zimbabwe, South Sudan and Ethiopia; and assisting with advocacy and representation at World Water Week and a WASH and Vaccine Event hosted by WaterAid and the Sanitation and Hygiene Applied Research for Equity (share) consortium.

Priorities for 2020-21 are split into three areas. The technical guidance stream includes finalizing the pilot of the costed tool for WASH plans as part of NCPs, piloting the integration of WASH and OCV in emergency and planned campaigns, as well as the WASH data collection methodology for cholera hotspots. The research area will be guided by the GTFCC research agenda and will focus on increasing evidence generation, knowledge management, information sharing and partnerships at country, regional and global level. Finally, in the advocacy part of the plan, the working group will carry on advocating with national governments and donors to prioritize investment in cholera hotspots and will continue to represent at country/regional meetings and other key events.

Case management

***Iqbal Hossain**, icddr,b*

Since the last meeting, the working group has produced a final draft of the Interim Technical Note on the Treatment of Cholera in Pregnant Women, and held two successful virtual seminars, in September and October 2020. Work is also advancing on the role of the health sector in targeted approaches to controlling cholera outbreaks.

Challenges have included the COVID-19-related suspension of work on integrating cholera control into broader diarrhoeal disease programmes and on the role of community health workers in cholera control. Field research in some areas has also been suspended – for example, it was necessary to call a halt to the recruitment of patients for a clinical trial on the rehydration of children with severe acute malnutrition.

Work is continuing on establishing clinical research priorities, including for the treatment of cholera in children with severe acute malnutrition; clarifying and strengthening the role of the health sector in targeted community response teams, including through the use of oral rehydration salts and prophylactic use of antibiotics in multisectoral targeted responses; improving access to cholera treatment in the community outside epidemic periods; and integrating cholera treatment with outbreak responses and/or the work of other sectors.

Update on the Cholera Research Agenda

***Debbie King**, Wellcome Trust*

Wellcome Trust is working on the continued development of this prioritized research agenda, which should be finalized early next year. Surveys and interviews were carried out in March and April 2020 to identify research questions, then another survey was done in June to prioritize these questions using the Child Health and Nutrition Research Initiative (CHNRI) method.

The agenda is being developed to identify research needs based on the perspectives of implementation, policy and research communities; prioritize that research to help meet the Roadmap goals; resolve competing priorities; optimize donor funding; and help communicate how addressing research priorities

will address the needs of field work. It will be used as a strategic guide and a “to-do” list of research priorities to design research projects according to the priorities; help donors evaluate the importance of different proposals according to the roadmap goals; and help countries and implementers incorporate monitoring and evaluation into health programmes.

The finalized agenda will include 20 key research priorities spanning all types of cholera research composed of the highest-ranking research questions from the survey. In addition, the research agenda will identify the top 5 research priorities for the four technical working groups: OCV; WASH; case management; and epidemiology, laboratories and surveillance; and highlight the need for continued investment in discovery and community engagement research for cholera.

In response to the need for greater global awareness and coordination of cholera research to identify complimentary projects, areas for potential collaboration, and gaps in knowledge or funding, a research tracker is also in development. This resource will monitor progress against the research agenda by collecting information on cholera research projects and displaying it on a user-friendly, interactive map which will be available via the “research” section of the GTFCC website. GTFCC working groups and partners are requested to assist in the development process by contributing research project information during the development of the tracker, and once it is launched, submitting project information directly through the GTFCC website.

Country Support Platform forum

Introduction

This part of the meeting was an opportunity for countries and partners to exchange ideas about the establishment and use of the CSP, addressing the platform's key responsibilities and getting feedback from countries and partners on the proposed approaches and methods of work. Participants were acquainted with the roles and responsibilities of the CSP, and countries and partners were given the opportunity to share their expectations for the platform and feedback on its proposed approaches and methods. The aim was to leave the GTFCC Secretariat and the CSP hosts with clear ideas to refine the plans for the CSP inception period based on the input of countries and partners.

The discussion session was organized around four key topics discussed in separate "breakout rooms". Participants were given the opportunity to select which discussion to join in advance of the meeting. A short background briefing and summary of key objectives had been developed for each topic. The topics were as follows:

- Country level coordination: CSP program managers
- Advocacy and financing for NCPs
- Monitoring and evaluation of NCPs
- Mobilizing technical expertise

Country level coordination: CSP programme managers

Moderator: ***Robert Fraser****, IFRC; Rapporteur:* ***Jerome Pfaffmann****, UNICEF*

In this group, a dynamic discussion narrowed to two main points: how to select countries that will benefit from long term support through the CSP; and how to position country coordination mechanisms in each country. Participants contributed a great deal of country experience to the discussion—from Kenya, Nigeria, Bangladesh, Zanzibar, Zimbabwe, Yemen and elsewhere—as well as experiences from humanitarian settings and the humanitarian/development nexus.

The CSP and GTFCC secretariat will have a role in (1) examining how lessons can best be shared between countries, and (2) organizing peer-to-peer support and country technical assistance to increase the overall amount of direct technical assistance that can be provided by in-country experts.

A number of key takeaways emerged.

Firstly, a constant in all country feedback is the importance of coordinating cholera work at very high level in government. The coordination must be at a level of authority above ministries of health, with convening powers through which CSP programme managers and their counterparts can facilitate multisectoral responses and bring together WASH partners, health actors, ministers and other important stakeholders.

Secondly, country commitment is key. It is important to prioritize countries and select them based on their level of commitment to cholera response, as identified through NCPs already validated and reviewed by GTFCC or existing commitments to developing such plans. It will be considered whether and how country support requests could be made by governments, the better to engage higher levels of political support.

Thirdly, it remains a point of discussion, with no clear answers as yet, that there is a need to balance quick wins against the need to make a long term difference. It is challenging to choose between countries where everything works and a response is expected to go well and countries facing a large number of challenges

where a programme manager might not represent sufficient resources to solve the problem. It is therefore necessary to see what additional resources can be used in the latter cases, and how this might work.

Finally, it is necessary to consider how the CSP mechanism might build on existing regional strategies (e.g. the WHO AFRO Framework for Cholera, the implementation plan for the GTFCC Roadmap and others), and how to leverage these to prioritize countries and advance regional coordination. The CSP must contribute to and synergize with all other existing regional platforms and support mechanisms.

Other issues for consideration in the long run include linkages between country and sub regional levels; whether technical expertise should be made available through the CSP for all countries or just for target countries; and the use of different criteria to select countries of greatest need.

Advocacy and financing for NCPs

Moderator: ***Athman Mwatondo,*** *Ministry of Health, Kenya; Rapporteur:* ***Hope Randall****, PATH*

While country survey results have shown that some degree of domestic and international funding is available, virtually every respondent cited a need for increased funding specific to cholera and to WASH. There is also a great unmet need for national advocacy events and country-specific investment cases. While the health sector has made inroads on vaccine funding, WASH funding is lagging behind. So far, the NCP guidance document has retained a technical focus, but the CSP could help it move towards the development of national advocacy planning guidance.

There are a number of ways in which it may be possible to use the momentum generated by COVID-19 to advance the fight against cholera. For example, WASH can be positioned and promoted as a long-term solution, integrated with the Hand Hygiene For All initiative where there is overlap in focus countries. Programmes can be integrated: in Zimbabwe, for example, cholera and COVID hotspots are aligned, and this year authorities used the opportunities of the COVID response to prepare for cholera ahead of the rainy season. Mapping tools can also be useful in moving these responses closer together: maps that overlay hotspots and WASH coverage could be useful fodder for country-specific fact sheets.

A number of recommendations emerged from the group:

- Cholera should be linked explicitly to other agendas such as COVID-19 and emergency preparedness.
- Ministries of finance should be included in national cholera discussions.
- Country-specific investment cases should be developed, with a view to creating more structured ways to identify costing gaps.
- Advocacy planning guidance should be provided as part of the GTFCC NCP materials.
- Simple, clear messaging is required on the separate elements of WASH: safe drinking water, sanitation, and hygiene.

Monitoring and evaluation of NCPs

Moderator: ***Tom Handzel,*** *US CDC; Rapporteur:* ***Helen Groves****, Wellcome Trust*

Current country experiences suggest an unmet need for coordination around M&E planning during NCP development, both within countries and between different government departments. Every country has different government departments involved in implementation, and they all collect and monitor data differently; so, this need for coordination, and how it can be centralized for the purposes of M&E, must be discussed at start of cholera planning. If a key department can be identified to lead on the coordination of data collection, it may facilitate more efficient M&E.

It is crucial to ensure that the M&E component of an NCP is also sufficiently funded, and that this need is recognized by the government, as it often imposes an additional cost to implementation. If countries that are already implementing NCPs can share their high-level M&E costs, this information could aid planning in other countries developing NCPs. It is also possible to learn from the existing M&E work of other platforms and organizations, both in the cholera world and around other diseases with eradication goals.

Existing systems for data collection should be used as much as possible, particularly for disease and health surveillance. Some data is currently collected for OCV; less so for WASH. Countries can look to existing frameworks used by UNICEF's regional cholera platforms for guidance, and to other disease programmes. Polio, measles and malaria initiatives, and others, have standardized indicators and clear country guidance frameworks. Some monitoring is already being done in countries where mass and preventative OCV campaigns are taking place: these offer valuable barometers of what is feasible in certain contexts and the level/quality of data currently being collected.

The discussion raised a number of questions around feasibility. Data collection must be accurate and the data must be the data that is needed, but national surveys and routine surveillance often do not collect the right types of data (particularly for WASH) or data that is geographically focused to the right extent, as is required for hotspot analysis. It may be possible to extrapolate from larger surveys and data collection efforts down to the level of hotspots, but baseline data is required first in order to establish how accurate this is (this is an area of ongoing work for the WASH working group). A further significant feasibility problem for M&E is distinguishing suspected from confirmed cases: extra support, including the use of rapid diagnostic tests, is needed in this area.

The role of the CSP touches on many of these points. It can help coordinate national M&E efforts across government departments and NGO stakeholders; play a valuable role in resource mobilization for M&E; provide technical support for developing M&E frameworks and collecting data; and provide countries with guidance and support to produce clear M&E indicators.

One remaining important question is that of how the CSP will collaborate with existing major non-governmental stakeholders (e.g. MSF, UNICEF etc.) within countries, and whether it can be expected to play a more far-reaching role in coordinating at regional level and across existing cholera platforms.

Mobilizing technical expertise

*Moderator: **William Perea**, WHO; Rapporteur: **Adam Soble**, Gavi*

The CSP will help mobilize technical expertise in prioritized countries requesting support. The need is constant: since 2018 the GTFCC had deployed support at least 34 different times with an average length of deployment of five weeks. Of those deployments 53% were to support the preparation and implementation of OCV campaigns.

There is a need to balance the support needs of countries, balancing more short-term concerns, such as outbreak response, with longer term requirements to support the development and implementation of NCPs. Potential sources of expert and technical support for the CSP include partnerships with institutions and universities and collaborations with existing expert pools such as GOARN.

There is a great deal of enthusiasm about the potential for the CSP to provide strong technical support and help coordinate partners to meet countries' needs more effectively. There was a collective agreement in this group that the platform should use existing mechanisms for this, in order to avoid duplication and ensure high quality support, screening experts to ensure that standards are maintained. The CSP project has not yet determined exactly how to leverage other networks, and having discussions and building out ideas about how to collaborate with others to this effect should be an immediate priority.

There is also a need to clarify exactly who in countries can request support from the CSP, and to think through how decisions will be taken on whether and when to provide support following country requests. It will also be necessary to determine the decision-making authority in this regard (e.g. whether that be the GTFCC secretariat, the working groups, or the CSP team itself).

The group identified that technical support needs include finance, management, logistics and other areas in addition to the more "traditional" technical areas such as strengthening surveillance and the implementation of OCV campaigns.

Discussion

A short Q&A period resulted in a number of discussion points.

Many of the issues raised have already been discussed both internally at IFRC in preparation for hosting the CSP and with others; and this dialogue must continue. Input from stakeholders working in cholera-affected countries must be given priority as the CSP is developed in order to make the CSP as effective as possible. If the CSP is to be the operational arm of the GTFCC, this is the dialogue that is most needed. IFRC will consider the feedback received and the outcomes of this meeting, then revise the CSP workplan and deliverables to share with the GTFCC secretariat and steering committee before the recruitment phase begins.

Many countries have existing cholera response plans, developed in the past before the revitalization of GTFCC, which do not fit all the criteria of an NCP. These are still used, and most are getting close to their end dates. For an NCP to be an NCP proper, it must fulfil a number of basic requirements: a multisectoral approach; the use of hotspot analysis, preferably using the GTFCC tool; the existence of a coordination mechanism and plans for each of the Roadmap pillars. These requirements do not, however, mean in any way that past work has to be restarted from the beginning: rather, they are to ensure that the subsequent versions of these countries' NCPs integrate all the necessary elements and strategies. This approach ensures strategic consistency and helps identify where pre-existing plans need to be further developed.

There will have to be a great deal of interaction between the GTFCC and existing networks in order to avoid overlap or competing systems when deploying technical expertise. For example, most partners in the GTFCC and GOARN are the same actors, and there is a need either to choose between systems or to establish a mechanism to facilitate their working together. The GTFCC should consider examining the expert pool and establishing a "roster of rosters"—not a parallel system, when there are already many working networks to bring together, but a way to mobilize the required support in the most appropriate ways.

To resolve this and other similar issues it is important for partners to commit to contributing collectively. We need to work practically to bring together different types of expertise – beyond the traditional cholera areas of laboratories, case management, surveillance and so on – to meet additional needs in areas such as management and logistics. There is no one-size-fits-all strategy. This will be addressed in the coming months, and the IFRC has planned an initial phase to provide time to discuss and develop mechanisms before going fully operational.

With the IFRC hosting the CSP, there are opportunities to channel technical support through existing IFRC structures, which in some contexts may facilitate rapid deployment, avoiding some of the challenges commonly faced at country level, especially in complex settings and fragile states.

Ultimately, the CSP has to help create an environment in which cholera elimination is possible. Leadership and coordination are critical aspects of that. All stakeholders must acknowledge that without leadership and coordination, the GTFCC will not achieve much even with the CSP and other technical support. As we

deploy the CSP, there must also be national cholera coordinators in governments, at sufficiently high level, ready to exercise the right influence to make it easier for the CSP to work and achieve elimination.

The meeting closed with a round of thanks to the organizers and a reiteration of the need to take this work forward in countries. Donors were also thanked, particularly the CSP donors, the Gates Foundation and the SDC. Both of these donors again mentioned the need for wider support for countries in order to achieve elimination, and stressed the need for other funders to come on board.

Finally, countries were congratulated for the progress they have made to date, and encouraged once again to develop national cholera plans.

Agenda

TUESDAY, 20 October 2020

Session	Content
14.00 – 14.10	**Welcome remarks** – Frew Benson, GTFCC Chairperson
14.10 – 15.00	**Update from the GTFCC** *During this session the GTFCC secretariat will present the progress made on the Global framework as well as a framework for future reporting.* • Update from the GTFCC Secretariat – Philippe Barboza, GTFCC Secretariat • Cholera database & Country profiles **–** Elizabeth Lee, John Hopkins University Questions & Answers
15.00 – 15.20	**Country Support Platform Announcement** *During this session the host of the Country Support Platform will be announced and key principles of the CSP presented.* • Anita Zaidi, Bill and Melinda Gates Foundation • Marc-André Bünzli, Swiss Development and Cooperation Agency • Robert Fraser, Country Support Platform Host
15.20 – 15.50	**Key achievements of the Working Groups** *During this session the chairs of the working group will present the progress made in 2019-20, the challenges and the programme of work for the coming months. The session will be the occasion to discuss cross cutting topics.* • Epidemiology – Francisco Luquero, Epicentre • Laboratory – Marie-Laure Quilici, Institut Pasteur Questions & Answers
15.50 – 16.00	**Coffee Break**
16.00 – 16.45	**Key achievements of the Working Groups (cont.)** *During this session the chairs of the working group will present the progress made in 2019-20, the challenges and the programme of work for the coming months. The session will be the occasion to discuss cross cutting topics.* • Oral Cholera Vaccine – Kashmira Date, US CDC • Water, sanitation and hygiene – Omar El Hattab, UNICEF & Nurullah Awal, WaterAid • Case Management – Iqbal Hossain, icddr,b Questions & Answers

16.45 –17.00	**Update on the Cholera Research Agenda** *This session will be an opportunity to present the progress made on the Cholera Research Agenda and the research projects tracker.* • **Presentation on the Cholera Research Agenda –** Debbie King, Wellcome Trust Questions & Answers
17.00 – 17.15	**Wrap up & Conclusions –** Frew Benson, GTFCC Chairperson
17.15	**End of Day 1**

WEDNESDAY, 21 October 2020

Session	Content
14.00 - 14.15	**Introduction to the Country Support Platform Forum** *The Country Support Platform Forum will be an opportunity for countries and partners to exchange on key topics and areas of work that will be further developed with the setup of the CSP.*
14.15 – 15.45	**Country Support Platform Forum** *The Forum will address key responsibilities of the Country Support Platform and will be an opportunity to get feedback from countries and GTFCC partners on the proposed approaches and methods of work.* • **Breakout Room 1**: Country coordination: CSP Program Managers • **Breakout Room 2**: Advocacy & Financing for NCPs • **Breakout Room 3**: Monitoring & Evaluation of NCPs • **Breakout Room 4**: Technical Expertise Mobilization
15.45 – 16.00	**Coffee break**
16.00 – 16.30	**Country Support Platform Forum** *Reporting to plenary session*
16.30 – 17.00	**Meeting Summary –** Philippe Barboza, GTFCC Secretariat **Closing remarks –** Frew Benson, GTFCC Chairperson
17.00	**End of Meeting**