GLOBAL TASK FORCE ON
CHOLERA CONTROL

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11th ANNUAL MEETING REPORT

ANNEX | COUNTRY PROGRESS REPORTS

GLOBAL TASK FORCE ON CHOLERA CONTROL

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The reports provided in this document were submitted by partner countries in preparation for the 11th GTFCC Annual Meeting, held in Veyrier-du-Lac from June 19 to 21. These reports reflect the information and data as provided by the respective countries. Bénin, Burundi and Togo reports are in French. Other reports are available in English.

For additional information or to seek permission to use the information contained in these reports, please contact the GTFCC Secretariat at GTFCCsecretariat@who.int.

Les rapports fournis dans ce document ont été soumis par les pays partenaires en préparation de la 11e Réunion annuelle du GTFCC, qui s'est tenue à Veyrier-du-Lac du 19 au 21 juin. Ces rapports reflètent les informations et les données fournies par les pays respectifs. Les rapports du Bénin, du Burundi et du Togo sont en français. Les autres rapports sont disponibles en anglais.

Pour obtenir des informations supplémentaires ou pour demander l'autorisation d'utiliser les informations contenues dans ces rapports, veuillez contacter le Secrétariat du GTFCC à l'adresse GTFCCsecretariat@who.int.

Benin

1. Informations relatives à l'autorité déclarante

Ministère de la Santé du Bénin
Agence Nationale des Soins de Santé Primaires
Centre des Opérations des Urgences de Santé Publique

Adresse de l'autorité déclarante	01 BP 882 Cotonou
Site Internet de l'autorité déclarante	www.santé.gouv.bj
Nom du point focal du rapport national	Dr. GLELE AHO Létonhan R.G
Position du point focal du rapport national	Coordonnateur du COUSP
Nom du point focal du département/unité	Agence Nationale des Soins de Santé Primaires / Centre des Opérations des Urgences de Santé Publique
Adresse électronique du point focal	ggrale1309@yahoo.com
Numéro de contact du point focal	+229 97950789

2. Informations générales relatives au choléra

Nombre total de cas de choléra	279 cas, dont 10 confirmés en laboratoire durant les 12 derniers mois.
Nombre de décès liés au choléra	1 décès (Juin 2023 – Juin 2024)
Nombre de décès communautaires	0 décès (Juin 2023 – Juin 2024)
Taux de létalité enregistré dans les établissements	N/A

3. Plan National Choléra (PNC) et cadre général de gestion de la réponse au choléra

Existe-t-il un Plan National Choléra (NCP) en cours de mise en œuvre ?	**OUI**	
Si oui, quand le PCN actuel a-t-il été élaboré ?	Juin 2022	
Si non, existe-t-il un PCN en cours de développement ?	N/A	
Statut d'identification des PAMI	Les PAMI sont-ils identifiés ?	OUI

(Domaines prioritaires pour les interventions multisectorielles)	Si oui, via la méthodologie GTFCC ?	OUI
	Si non, est-il prévu/en cours de développement ?	
	Si prévu/en cours de développement – Quel délai est prévu pour l'achèvement du processus ?	
S'il existe dans votre pays, veuillez énumérer les principaux ministères/autorités représentés au sein du Groupe de travail national sur le choléra. S'il n'y a pas de groupe de travail, laissez la section vide.	Pas de Task Force mais une plateforme santé opérationnelle.	
État de financement du PCN et/ou des opérations choléra	Partiellement satisfaisant	
Soutien des principaux donateurs internationaux au PCN et aux opérations contre le choléra (le cas échéant)	OMS, Croix Rouge	

4. Principales réalisations

Coordination de la réponse	• Elaboration de plans de préparation et de réponse aux USP de 10 zones sanitaires. • Revue et mise en œuvre du plan d'élimination du choléra. • Activités du COUSP relatives à la coordination des actions de la riposte. • Activités du Comité National de Crise et d'Urgence Sanitaire (CNCUS) et actualisation en cours de son décret de fonctionnement. • Cartographie des partenaires et interventions dans la plupart des communes. • Cartographie des points chauds (hotspots). • Organisation de réunions de coordination. • Volonté politique relative à l'élimination du choléra. • Existence de plan de riposte contre le choléra. • Élaboration de plan d'élimination du Choléra 2022-2026 (GTFCC). • Organisation de formations intégrées nationales sur le choléra.
Surveillance	• Mécanismes de définitions des cas. • EIR fonctionnelles. • Notification des cas effective et immédiate.

	• Mise en place du système de notification électronique en temps réel interopérable et interconnecté (DHIS2).
Laboratoire	• Recherche d'agents pathogènes opérationnelle au niveau central et départemental. • Existence de laboratoires équipés pour le diagnostic. • Collaboration entre le LNSP et l'IP de Paris (CNR vibrions Choléra). • TDR choléra disponibles.
La gestion de cas	• Gratuité des soins. • Personnels formés. • Pré-positionnement d'intrants dans les ZS. • Renforcement de capacités en cas épidémies. • Protocoles de PEC disponibles. • Existence de CTE aux normes. • Ouverture d'UTC. • EIR Fonctionnelles.
Vaccination	• N/A
WASH	• Création d'une Agence Nationale pour le Contrôle de la Qualité de l'Eau et des produits de Santé (ANCQ) et fonctionnelle. • Mise en œuvre des projets Assainissement Pluvial de Cotonou (PAPC) & Projet Assainissement Pluvial des Villes Secondaires (PAPVS) & existence d'une société chargée de la gestion des déchets et de la Salubrité (SGDS) (Société de Gestion des Déchets et de la Salubrité. • Surveillance de la qualité de l'eau potable à travers la construction d'un laboratoire national de référence pour le contrôle de qualité des produits de santé et de l'eau. • Création d'une Agence Nationale pour l'Approvisionnement en Eau Potable en Milieu Rural (ANAEPMR). • Disponibilité de l'eau potable dans la plupart des communes. • Augmentation du taux de desserte dans les points chauds de choléra à travers la construction des Systèmes d'Approvisionnement en Eau Potable multi Villages. • Construction et mise en exploitation des Stations de Traitement des Boues de Vidange. • Existence d'une stratégie nationale de la promotion de l'hygiène et assainissement de base. • Disponibilité de POS et de personnels formés en rapport avec la PCI. • Promotion de la fin de la défécation à l'air libre. • Distribution de comprimés d'Aquatabs.

	• Personnels d'hygiène qualifiés disponibles dans les communes. • Latrines publiques disponibles dans certaines localités.
Financement de la réponse au choléra	• Appui de l'OMS pour le PEC. • Existence de lignes budgétaires au niveau du COUSP pour les ripostes.
RCCE (Communication sur les risques et engagement communautaire) et Éducation	• Contrat avec des structures de l'audiovisuel pour la diffusion de messages de sensibilisation. • Existence de la cartographie des principales pratiques à risque. • Engagement des autorités. • Existence de plans de mobilisation communautaire. • Disponibilité de personnes/ressources pour aider à la sensibilisation. • Existence d'un plan de communication. • Existence d'outils de communication. • Formation des formateurs sur la CREC. • Formation des préfets, maires et autres personnes ressources sur la CREC dans les 12 départements.

5. Défis et voies à suivre

	Défis	Solutions	Quel rôle pour le GTFCC
Coordination de la réponse	• Insuffisance de la coordination multisectorielle	• Mise en place de la plateforme « one health » pour faciliter la coordination multisectorielle de la gestion du choléra • Organiser des réunions annuelles multisectorielles • Appui à l'organisation des exercices biennaux de simulation dans les hotspots	• Appui technique
Surveillance	• Inexistence de relais communautaires formés dans toutes les communes du	• Identification et recrutement de relais dans les zones non couvertes.	• Mobilisation de ressources

	Bénin pour renforcer la sensibilisation et l'engagement communautaire, surtout dans les hotspots		
Laboratoire	• Inexistence au niveau périphérique de capacités à réaliser des cultures et des tests de sensibilité aux antimicrobiens standardisés.	• Renforcement de capacité des techniciens de laboratoire sur le diagnostic bactériologique du Vibrio cholerae (isolement, identification et test de sensibilité). • Transport des souches de Vibrio Cholerae vers les CNR pour séquençage (confirmation)	• Mobilisation de ressources
La gestion de cas	• Absence des PRO dans la stratégie de riposte aux dernières épidémies • Non-conformité des infrastructures des Centres de Santé avec les unités de traitement du choléra	• Mise en place des points de réhydratation orale dans les villages pendant la riposte aux épidémies • Construire au moins une UTC par Commune hotspot de choléra	• Mobilisation de ressources
Vaccination	• Soumission du projet de demande de vaccin pour une campagne préventive	• Préparation du projet en appui avec le GTFCC.	• Appui technique
WaSH	• Faible proportion des ménages avec toilettes aménagées et persistance par endroit de la défécation à l'air libre • Insuffisance de capacité de la SONEB et l'ANAEPMR (Agence Nationale d'Approvisionnement en Eau Potable en Milieu Rural) à satisfaire toutes les demandes.	• Construire des blocs de quatre latrines publiques par an et par commune situées dans les points chaud. • Mettre en place un mécanisme de gestion des toilettes publiques construites et réhabilitées dans les lieux publics (les marchés, les gares, etc.) • Construire de nouvelles infrastructures d'approvisionnement en eau potable en milieu rural conformément au plan d'investissement en matière d'eau dans les communes à risque qui ne sont pas prises en compte dans le PIP • Renforcer les réseaux de distribution de l'eau potable dans les zones urbaines, péri-urbaines et dans les communes à risque (extension du réseau et maintien d'une bonne pression).	• Mobilisation de ressources.

Financement de la réponse au choléra	• Financement du Plan d'élimination de choléra	• Finaliser et faire une table ronde des parties prenantes pour le financement du Plan d'élimination du choléra	• Appui technique
RCCE (Communication sur les risques et engagement communautaire) et Éducation	• Inexistence de relais communautaires formés dans toutes les communes du Bénin pour renforcer la sensibilisation et l'engagement communautaires surtout dans les points chauds du Choléra.	• Recruter les relais dans les zones non encore couvertes.	• Mobilisation de ressources.

6. Priorités pour 2024-2025

Coordination de la réponse	• **Organisation de réunions multisectorielles annuelles sur la gestion de l'épidémie de choléra.** • **Tenue régulière de réunions virtuelles avec les pays limitrophes.** • **Elaboration de plans de préparation et de réponse aux USP des 24 zones sanitaires restantes.**
Surveillance	• Mise en œuvre de la surveillance communautaire avec la nouvelle politique de santé communautaire. • Formation de l'ensemble des EIR.
Laboratoire	• Renforcement de capacité des techniciens de laboratoire sur le diagnostic bactériologique du Vibrio cholerae (isolement, identification et test de sensibilité) • Transport des souches de Vibrio Cholerae vers les CNR pour séquençage (confirmation)
Gestion des cas	• Organisation des exercices de simulation relatifs aux hotspots choléra. • Formation de l'ensemble des EIR.
Vaccination	• Plaidoyer pour la vaccination des populations à risque dans la commune de So Ava.
WaSH	• Formation des acteurs WaSH.
RCCE/CREC	• Poursuite de la formation sur la CREC.
Financement de la réponse au choléra	• Poursuite du plaidoyer pour le financement du plan d'élimination du choléra.

Bangladesh

1. Reporting Authority Details

Ministry of Health and Family
Directorate General of Health Services

Address of Reporting Authority	Directorate General of Health Services Mohakhali, Dhaka - 1212
Website of Reporting Authority	Communicable Disease Control Program (cdc.gov.bd)
Country Report Focal Point Name	Dr Sheikh Daud Adnan Alternate: Dr Samsad Rabbani Khan
Country Report Focal Point Position	Director - Disease Control & Line Director - Communicable Disease Control
Name of department/Unit Focal Point	Communicable Disease Control
Focal Point Email Address	cdc@ld.dghs.gov.bd
Focal Point Contact Number	+880 2222280948

2. General Information on Cholera

***Total number of cholera cases**	487 (June 2023 – May 2024)
Number of cholera-related deaths	N/A
Number of community deaths	N/A
Case Fatality Rate recorded in facilities	N/A

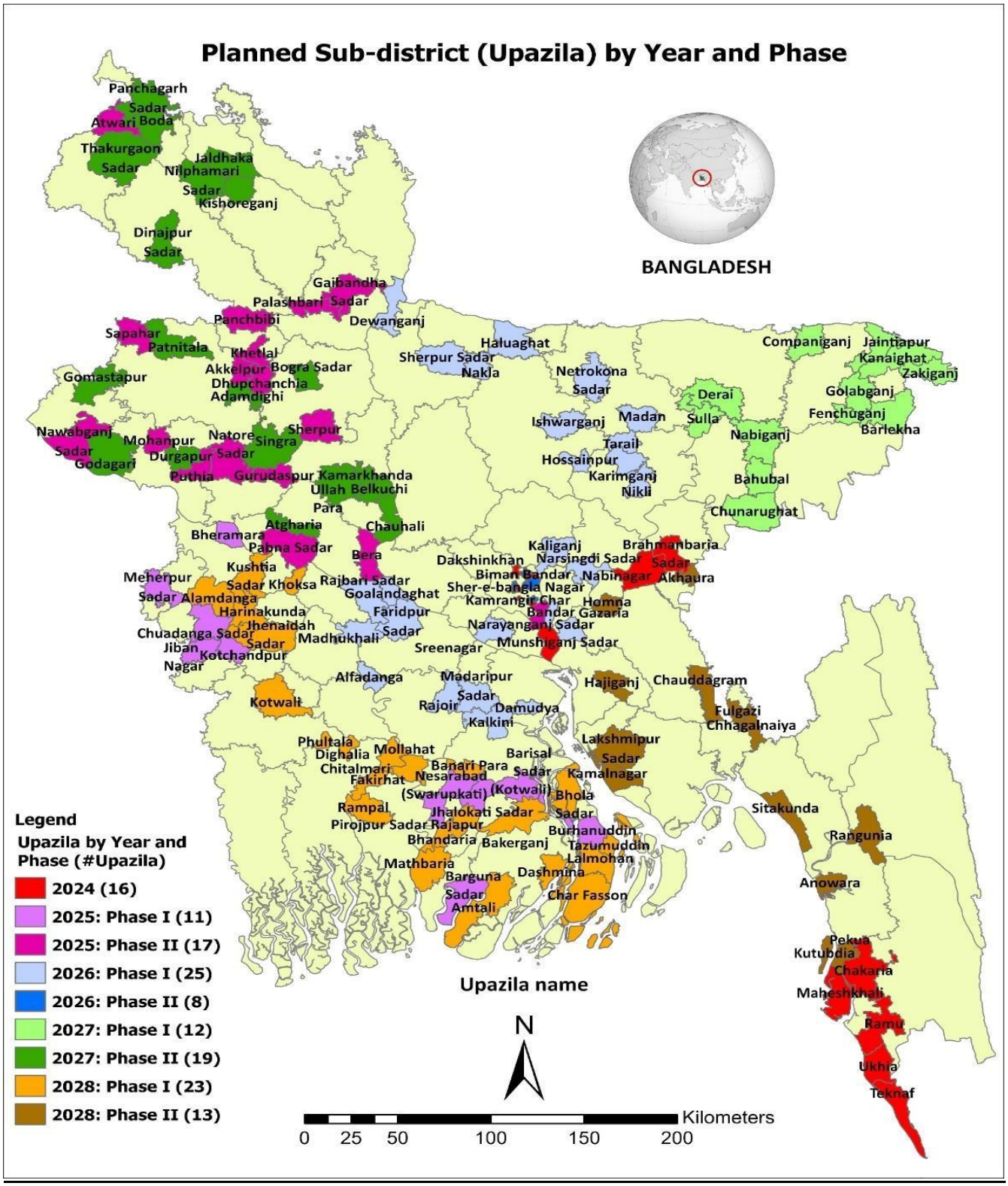
*Data from Nationwide 16 sentinel sites and icddr, b 2% surveillance system, Dhaka hospital data for the period between June 2023 and May 2024.

3. National Cholera Plan (NCP) and Cholera Response Framework

Is there a National Cholera Plan (NCP) currently under implementation	**Yes**	
If yes, when was the current NCP developed?	2019	
If no, is there an NCP under development?	N/A	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	YES
	If yes, through GTFCC Methodology?	YES
	If not, is it planned/under development?	N/A
	If planned/under development – What timeframe is foreseen for the completion of the process?	N/A
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• Ministries (health and family welfare, local government and rural development, education, finance, etc.) • Icddr, b • GTFCC CSP - IFRC • Various UN organizations (WHO, UNICEF, etc.) • Water Aid, MSF, Bangladesh Red Crescent	
State of funding for the NCP and/or cholera operations	Partially satisfactory	
Major international donor support for the NCP and cholera operations (if any)	N/A	

4. Pictures/maps

Figure 1: Implementation plan of proposed OCV Campaign in Bangladesh



5. Key achievements

Response coordination	• A total of three multisectoral NCCP workshops have been completed under the leadership of the Directorate General of Health Services (DGHS) with the support of its stakeholders. These workshops resulted in the development of the implementation plan for 2023 -2024 and Oral Cholera vaccine preventive campaign strategy development. • Quarterly meetings among key stakeholders – members of the National Cholera Taskforce and ad hoc during emergencies.
Surveillance	• Rapid Diagnostic Test (RDT) testing protocol was developed in close coordination with key stakeholders. DGHS conducted a nationwide training for over 295 statisticians and medical officers on the updated new reporting modality and cholera testing protocol. • DGHS conducted a Priority Areas for Multisectoral Interventions (PAMIs) analysis followed by its validation with national cholera partners. PAMIs targeting 27% of the total population in Bangladesh have been validated based on the GTFCC guideline and presented to the GTFCC Surveillance Working Group. These will serve to guide investment ensuring targeted interventions highest-risk areas. • Dashboard for cholera
Laboratory	• More than 30,000 RDT kits are distributed to all sub-district hospitals and the tests are ongoing for early detection of cholera cases
Case Management	• The Food and Waterborne Diseases Clinical Management guideline was updated and distributed to all health facilities across Bangladesh. • Additionally, the government has trained more than 1,780 health professionals on the updated clinical management guideline. • Seven divisional advocacy workshops on improving quality of care for Diarrheal patients were completed.
Vaccination	• OCV campaigns reached more than 163,233 people at Bhasan Char Island and Bandar Thana. • The Bangladesh Government has submitted its OCV Multiyear Plan of Action to GAVI. The multi-year plan is approved, which aims to vaccinate 50 million people in the next 5 years.
WaSH	• Advocacy ongoing with development banks to ensure higher investment in Cholera hotspots • Training on Climate Change and Cholera for WASH cluster members – Government (CDC and DPHE), UN agencies, and 9 NGOs, participated.

Funding of cholera response	• Repeated advocacy by DGHS resulted in a separate program for diarrhoeal diseases in the 5th Health, Population and Nutrition Sector Program. • Hospital Service Management Operational Plan is working on IPC, medical waste management.
Research	Several institutes like icddr, b, NIPSOM are regularly involved in Cholera research. Some examples: • Impact evaluation of OCV campaign in Dhaka • Phage predation, disease severity, and pathogen genetic diversity in cholera patients • A Cluster-randomized Controlled Trial of the Cholera Hospital-based Intervention for 7 Days (CHoBI7) Mobile Health Program
RCCE (Risk communication and community engagement) and Education	• The Bangladesh Investment Case Tool is developed for advocacy purposes with call-to-action messages.

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Example: Lack of integration of Education partners in the cholera task force.	• Example: Mapping and contact tracing of Education stakeholders to be invited in the cholera task force	• Example: No prioritization of cholera within MoE.
Surveillance	• Lack of RDT test Results • Lack of trained human resource	• Strengthening monitoring for utilization of RDT kits • Enhance motivational approach to health managers at the sub-district level	• RDT proposal for GAVI.
Laboratory	• All cholera cultures are done at the national level	• Lab assessment scheduled for July 2024 • Plan to utilize PCR machine at district level for cholera testing	• Resource mobilization to establish divisional-level lab support

Case Management	• Misuse of antibiotics • Availability of antibiotics over the counter	• Repeated training of health professionals in all tiers on the proper use of antibiotics and fluid management	
Vaccination	• Insufficient Quantities of OCV vaccines	• Multi-year Plan for the preventive OCV campaign	• Prequalification for locally manufactured vaccine • Manufacturer needs to be motivated • and committed to meeting global demand
WaSH	• Adequate Financing for WASH infrastructure	• Advocacy with development banks	• Resource mobilization for WASH infrastructure
Research	• Insufficient research on appropriate water supply technologies in water-scarce areas. • Areas like climate change and cholera research are still not explored	• The government can invite research ideas/proposal regularly. • Funding on research needs to be enhanced.	• GFTCC can provide with research ideas and potential researchers and contact funding agencies.
Funding of cholera response	• Lack of Adequate Financing	• Increase allocation in the next 5-year plan for the Cholera control • Fundraising initiatives with partners and donors • Enhance collaboration with other govt. partners (WASA, DPHE, etc.)	• Still major gaps especially in the WASH infrastructure and surveillance (labs)
RCCE (Risk communication and community engagement) and Education	• Different Organizations using different messages	• Harmonization of messages lead by CDC	• Suggest effective delivery of message for RCCE

7. Priorities for 2024-2025

Response coordination	• Quarterly meeting of the National taskforce • Review of the National Cholera Control Plan (2025)
Surveillance	• Implementing RDT testing protocol and newly updated daily diarrhoea surveillance system • The CDC website to have a dedicated section on diarrheal diseases • RDT Proposal to Gavi
Laboratory	• Cholera laboratory capacity assessment in Bangladesh
Case Management	• Training and advocacy workshop for medical officers and nurses from Upazila Health Complex and district hospitals on case management and reporting
Vaccination	• Implementation of a Multiyear Plan for a Preventive OCV campaign – if the vaccine is available
WaSH	• Advocacy to WASH partners using the PAMI for WASH investment. • Water Quality Surveillance Dashboard • Collaboration in water quality surveillance, and water testing in field • enhancement of safe water options in the hotspot's areas.
RCCE (Risk communication and community engagement) and Education	• Harmonization of the key Cholera messages led by CDC
Research	• Oral Cholera Vaccine effectiveness study • Cholera RDT evaluation study
Funding of cholera response	• Partners Meeting on 19 and 20 August 2024.

Burundi

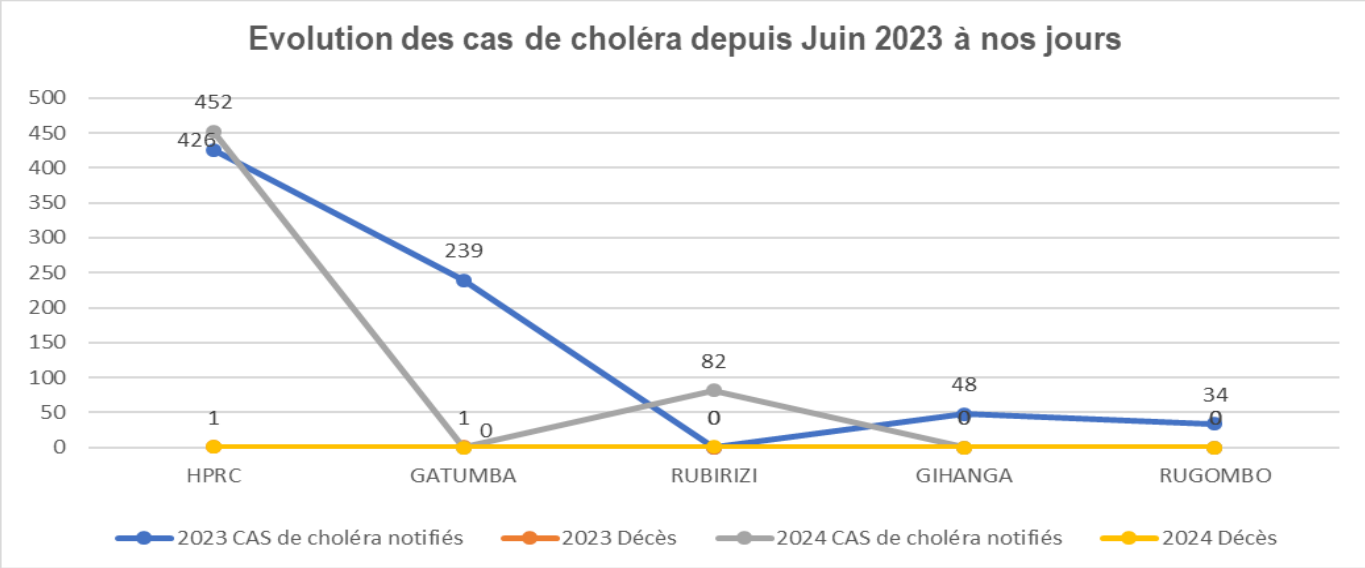
1. Informations relatives à l'autorité déclarante

Ministère de la sante publique et de la lutte contre le sida

Adresse de l'autorité déclarante	BP 1820 Bujumbura
Site Internet de l'autorité déclarante	www.minisante.gov.ri
Nom du point focal du rapport national	Dr. Kamwenubusa
Position du point focal du rapport national	Point focal pour la lutte contre le Cholera
Nom du point focal du département/unité	Centre des Operations des Urgences de Santé Publique (COUSP)
Adresse électronique du point focal	Kamwenubusa.godefroid@yahoo.com
Numéro de contact du point focal	+257 68181616

2. Informations générales relatives au choléra

Nombre total de cas de choléra	1281 cas dus au cholera depuis juin 2023 au 11 Juin 2024
Nombre de décès liés au choléra	4 décès dus au cholera depuis juin 2023 au 11 Juin 2024
Nombre de décès communautaires	0 décès dus au cholera depuis juin 2023 au 11 Juin 2024
Taux de létalité enregistré dans les établissements	0.31% CFR du au cholera depuis juin 2023 au 11 Juin 2024

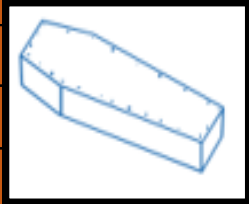
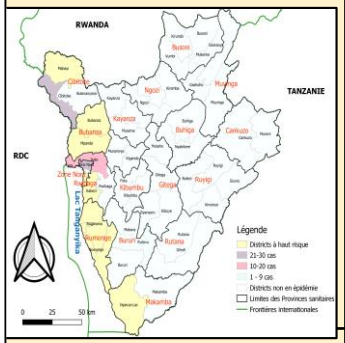


3. Plan National Choléra (PNC) et cadre général de gestion de la réponse au choléra

Existe-t-il un Plan National Choléra (NCP) en cours de mise en œuvre ?	YES	
Si oui, quand le PCN actuel a-t-il été élaboré ?	4/3/2024	
Si non, existe-t-il un PCN en cours de développement ?	YES	
Statut d'identification des PAMI (Domaines prioritaires pour les interventions multisectorielles)	Les PAMI sont-ils identifiés ?	YES
	Si oui, via la méthodologie GTFCC ?	NO
	Si non, est-il prévu/en cours de développement ?	YES
	Si prévu/en cours de développement – Quel délai est prévu pour l'achèvement du processus ?	31/12/2027
S'il existe dans votre pays, veuillez énumérer les principaux ministères/autorités représentés au sein du Groupe de travail national sur le choléra. S'il n'y a pas de groupe de travail, laissez la section vide.	• Ministères (Santé, Environnement, Intérieur, Hydraulique, Education, Solidarité, Communication) • Institut National de Santé Publique (Laboratoire National de Référence) • Various UN organizations (WHO, UNICEF, OCHA, USAID, PAM, BM) • I/NGOs (MSF, Save For the Children) • Croix Rouge du Burundi	
État de financement du PCN et/ou des opérations choléra	Partiellement satisfaisant	
Soutien des principaux donateurs internationaux au PCN et aux opérations contre le choléra (le cas échéant)	OMS, UNICEF, MSF, BM	

4. Cartographies/images

RAPPORT DE SITUATION DE L'EPIDEMIE DE CHOLERA AU BURUNDI : Données *actualisées du 13/6/2014*

CAS PAR DISTRICT	DS Nord	587	Cumul des Cas	Décès Nouveau: 00
	DS Sud	98		 Cumul: 11
	DS Centre	168		
	DS Kabezi	57		
	DS Isare	684	1927	
	Ces DS n'ont pas notifié de cas depuis plus de deux mois			GUERIS
				Nouveaux :01
	DS Cibitoke	274		Cumul guéris: 1904
Cas actifs	DS Mpanda	28	*Nouveaux cas: 03*	
12	DS Rwibaga	3	**DS Isare (3cas): Gatumba:** Kinyinya I P9 (2cas); Gaharawe P16 (1cas).	
	DS Bubanza	2		
	DS Rumonge	18		
	DS Mabavi	1		
	DS Bugarama	7		

5. Principales réalisations

Coordination de la réponse	• Elaboration du plan de riposte contre le cholera • Elaboration du plan stratégique multisectoriel d'élimination du cholera • Convoquer une réunion sous le haut patronage du Premier Ministre pour la gestion de l'épidémie de choléra • Assure la représentativité multisectorielle dans les réunions des comités de coordination et des sous-commissions au niveau national Effectuer les supervisions régulières à tous les niveaux sur la gestion de l'épidémie de choléra • Organiser des réunions de coordination transfrontalière • Continuer la mobilisation des fonds pour la mise en œuvre des activités du plan de réponse au choléra à tous les niveaux
Surveillance	• Détection, notification et la prise en charge précoce des cas de choléra • Renforcer les capacités du personnel déployé aux points d'entrée sur la surveillance des maladies à potentiel épidémique y compris le choléra • Renforcer les descentes conjointes (administration, santé, Sécurité) dans la communauté pour l'identification des ménages, hôtels, restaurants, marchés, … ne respectant pas les mesures d'hygiène et assainissement pour la prise des mesures appropriés
Laboratoire	• Décentraliser le diagnostic bactériologique du choléra • Faire le suivi et le contrôle de la qualité de l'eau dans les districts sanitaires en épidémie • Renforcer les capacités diagnostiques du choléra Rendre disponible et accessible le guide de diagnostic du choléra
Gestion de cas	• Assurer la prise en charge holistique y compris la prise en charge nutritionnelle des malades de choléra hospitalisés dans les CTC • Former les prestataires dans les DS affectés sur la PEC du Choléra • Acquérir des lits troués pour les cas choléra • Continuer à déployer un personnel additionnel pour les CTC
Vaccination	• Assurer l'accessibilité régulière en eau dans les districts en épidémie. • Faire un état des lieux des latrines dans les DS affectés. • Sensibiliser la population sur l'utilisation adéquate des latrines dans les lieux publics et dans la communauté dans les DS affectés. • Désinfecter les ménages et les lieux publics autour des cas confirmés. • Continuer la distribution des kits PCI/WASH dans les FOSA et dans la communauté ;
WASH	• Organiser des réunions pour la mobilisation des fonds pour la mise en œuvre des activités du plan de réponse au choléra à tous les niveaux

Financement de la réponse au choléra	• Effectuer des travaux de recherché de fin d'études universitaires sur le cholera (Master, Doctorat)
RCCE (Communication sur les risques et engagement communautaire) et Éducation	• Réaliser des investigations sociales dans les districts en épidémie de choléra • Intensifier la diffusion des messages à travers tous les canaux (Radio, TV, compagnie de téléphonie mobile…) Mener la sensibilisation de la population à tous les niveaux pour le changement de comportement

6. Défis et voies à suivre

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Coordination de la réponse	• Faible implication de tous les secteurs concernés • Instabilité des membres du comité • Faible collaboration des pays transfrontaliers	• Redynamiser la tenue des réunions de coordination a tous les niveaux • Organiser des réunions transfrontalières	• Financement des réunions transfrontalières
Surveillance	• Faible capacité dans la surveillance à base communautaire et dans la surveillance basée sur les évènements	• Formation, recyclage des prestataires et ASC	• Financement des formations
Laboratoire	• Insuffisance dans la décentralisation du pré positionnement des kits cholera • Rupture de stock des intrants pour séquençage	• Décentraliser la réalisation des tests au niveau des districts • Assurer la commande des intrants de laboratoire	• Appuyer l'approvisionnement en intrants de laboratoire
Gestion de cas	• Insuffisance du personnel formé	• Recruter le personnel • Réhabiliter les infrastructures existants	• Réhabilitation des CTC

	• Insuffisance des infrastructures et équipement des CTC • Insuffisance de la prise en charge holistique (y compris l'alimentation) des malades		
Vaccination	• Absence de stratégie de vaccination contre le cholera	• Introduire la stratégie de vaccination	• Appui dans le processus de mise au point d'une stratégie de vaccination
WaSH	• Faible accès à l'eau potable pour certaines FOSA et dans la communauté • Absence/insuffisance des latrines dans la communauté	• Approvisionner la communauté en eau potable • Sensibiliser la population pour rendre disponible les latrines dans les ménages	• Appuyer dans le captage et aménagement des sources d'eau
Recherche	• Insuffisance de la recherché sur le cholera	• Renforcer la recherche	• N/A
Financement de la réponse au choléra	• Faible financement des activités	• Mobiliser les PAD pour le financement	• Appuyer les activités du Plan stratégique d'élimination du cholera
RCCE (Communication sur les risques et engagement communautaire) et Éducation	• Faible implication des leaders communautaires • Difficultés de changement de comportement de la population	• Continuer la sensibilisation des leaders	

7. Priorités pour 2024-2025

Coordination de la réponse	• **Organisation des réunions transfrontalières** • **Actualiser les PAMIs** • **Mobilisation des financements pour la mise en œuvre du PCN**
Surveillance	• Formation du personnel • Formation sur la surveillance a base communautaire
Laboratoire	• Décentralisation dans la réalisation du diagnostic dans les districts sanitaires • Approvisionnement en réactifs
Gestion de cas	• Réhabilitation des CTC • Approvisionnement en Kits cholera
Vaccination	• Introduire la stratégie de vaccination contre le cholera]
WaSH	• Poursuivre le projet d'approvisionnement de la population en eau potable • Construire les latrines dans les ménages
Recherche	• Sensibilisation de la communauté (réunions, message radio, TV • Organiser des dialogues communautaires
Financement de la réponse au choléra	• Conduire une enquête CAP • Effectuer des recherches
Coordination de la réponse	• Organiser des réunions trimestrielles de coordination des partenaires

Annexe

Indicateur (Veuillez-vous référer au document d'orientation du PCN, section Surveillance et reporting)	Statut	Commentaires
Indicateur 1 – Proportion du PCN financé par des financements nationaux et externes		
Indicateur 2 – Nombre de réunions multisectorielles organisées annuellement par l'organe de coordination du PCN	36 sur 48	
Indicateur 3 – Taux d'incidence du choléra suspecté	0,3%	
Indicateur 4 – Proportion de signaux de choléra vérifiés dans les 48 heures suivant la détection	-	
Indicateur 5 – Proportion d'établissements de santé périphériques (PHF) situés dans les foyers de choléra ayant accès à un laboratoire fonctionnel.	1 sur12	Seul l'INSP réalise la coproculture et PCR
Indicateur 6 – Nombre de décès dus au choléra	4	
Indicateur 7 – Taux de létalité dans les centres de traitement	0,3%	
Indicateur 8 – Proportion de la population vivant dans les hotspots qui a accès aux SRO dans un délai de 30 minutes. À pied de chez eux	-	Pas d'enquête
Indicateur 9 – Couverture administrative OCV dans les zones chaudes vaccinées (au cours des 12 mois précédents)	NA	Pas de stratégie de vaccination
Indicateur 10 – Proportion de hotspots ciblés par le plan de vaccination (au cours de l'année de référence qui ont été vaccinés	NA	
Indicateur 11 – Proportion de doses d'urgence par rapport au total des doses de VCO administrées (au cours des 12 mois précédents)	NA	

Indicateur 12 – Proportion de personnes ayant accès à l'eau potable dans les hotspots	**30%**	
Indicateur 13 – Proportion de personnes ayant accès à l'assainissement dans les hotspots	**60%**	
Indicateur 14 – Proportion de personnes ayant accès à l'hygiène dans les hotspots	**-**	**Pas d'enquête réalisée**
Indicateur 15 – Proportion de points focaux formés pour soutenir l'engagement communautaire et la prévention et le traitement du choléra par habitant dans les hotspots	**85%**	
Indicateur 16 – Proportion de la population des hotspots qui a des connaissances correctes sur la prévention du choléra dans les communautés	**-**	**Chiffre difficile a collecter sans une enquête**

Cameroon

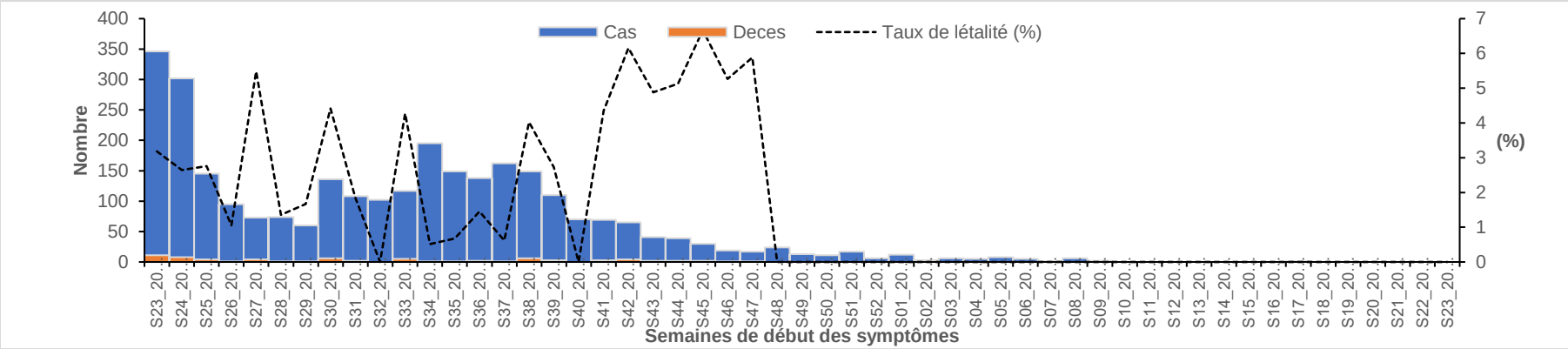
1. Reporting Authority Details

Ministry of Health
Directorate for Epidemics and Pandemics control

Address of Reporting Authority	BP 15655
Website of Reporting Authority	www.minsante.gov.cm
Country Report Focal Point Name	Dr. ESSO Linda
Country Report Focal Point Position	Deputy director for epidemics and pandemics control
Name of department/Unit Focal Point	Department for the control of disease, epidemics, and pandemics
Focal Point Email Address	endal_2000@yahoo.fr
Focal Point Contact Number	+237 699202587

2. General Information on Cholera

Total number of cholera cases	**3127** (June 2023 to June 2024)
Number of cholera-related deaths	79 (June 2023 to June 2024)
Number of community deaths	15 (June 2023 to June 2024)
Case Fatality Rate recorded in facilities	2.5% (June 2023 to June 2024)

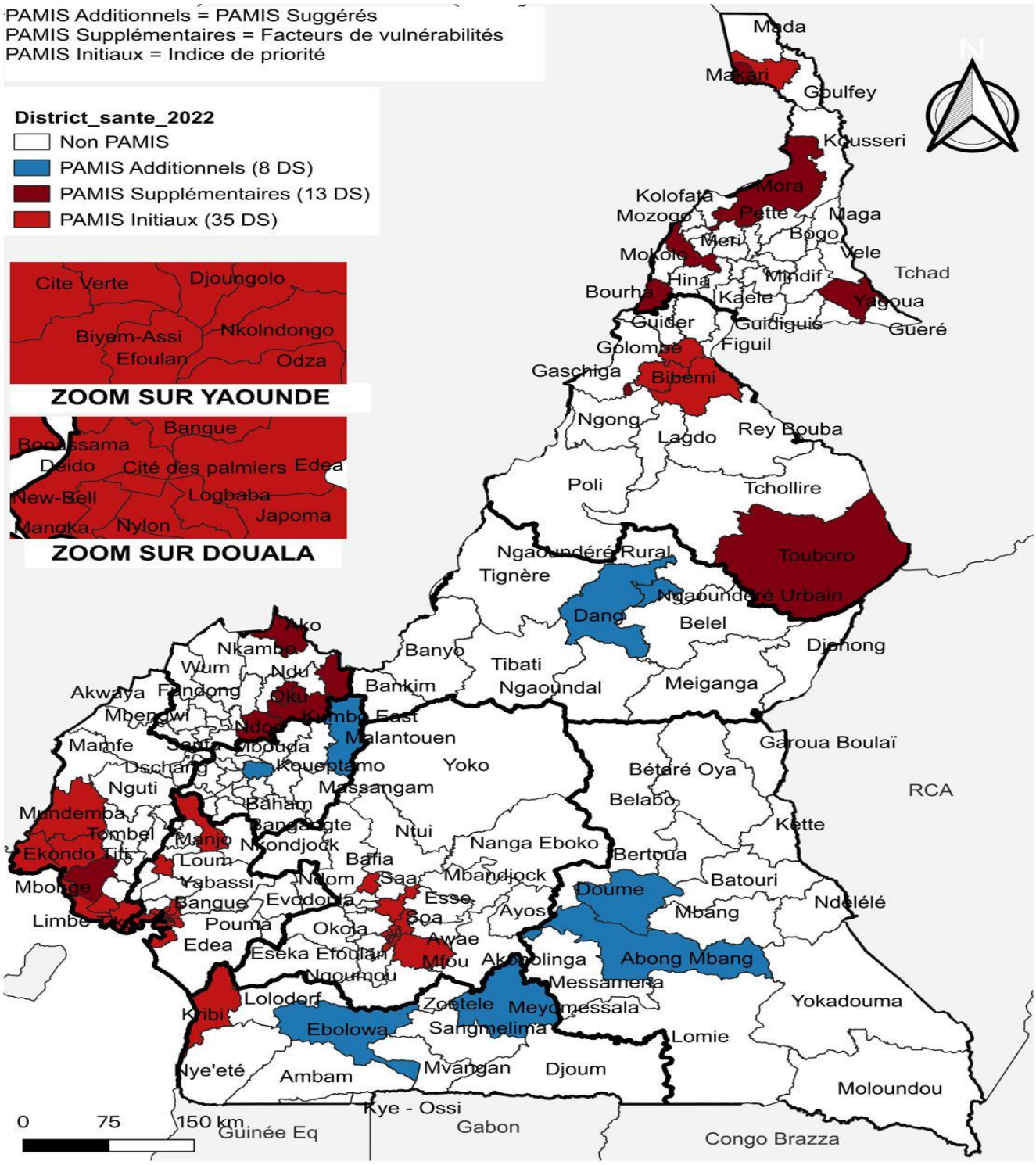


3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	NO	
If yes, when was the current NCP developed?	N/A	
If no, is there an NCP under development?	YES	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	YES
	If yes, through GTFCC Methodology?	YES
	If not, is it planned/under development?	
	If planned/under development – What timeframe is foreseen for the completion of the process?	
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	N/A	
State of funding for the NCP and/or cholera operations	Partially satisfactory	
Major international donor support for the NCP and cholera operations (if any)	WHO, UNICEF, MSF, IFRC, Africa CDC, US CDC, JHPIEGO	

4. Pictures/maps

PAMIs Cartography using the GTFCC methodology



- 35 initial PAMIs using priority index
- 13 additional PAMIs based on vulnerability assessment
- 8 PAMIs recommended by the country

Pre-validation workshop of NCP with multisectoral participation (prime minister office and other Ministers, and technical and financial partners), 28-31 May 2024

5. Key achievements

Response coordination	• **Multisectoral elaboration process of NCP (ongoing)**
Surveillance	• Ongoing setting-up of case base surveillance form in DHIS 2 • Donations of 9000 RDTs by GAVI (ongoing reception)
Laboratory	• Updating of the diagnosis algorithm based on epidemiological period
Case Management	• N/A
Vaccination	• Development of MYOPA 2025-207 in 4 months • Endorsement of MYOPA by the government
WaSH	• N/A
Funding of cholera response	• N/A
Research	• Research on “dynamic of cholera transmission in fishers’ communities along coastal areas in Cameroon” with WHO support • KAP study on cholera with the support of UNICEF
RCCE (Risk communication and community engagement) and Education	• Engagement of municipalities in the response with advocacy meeting to mobilize resources and leadership in community activities of sanitation and communication.

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Setting up of the multi-sectoral taskforce • Leadership conflicts.	• Submission of the decision to the Prime minister's office	• Specific to the country
Surveillance	• Effectiveness of community-based surveillance for early detection of outbreaks • Delay in the detection of outbreaks • Inefficient sample transportation system	• Extend trainings and tools • Set up an integrated sample transportation system	• Are there specific tools for community surveillance of cholera
Laboratory	• Capacities of diagnosis at local level	• Strengthen capacities at local level and ensure availability of RDTs	• N/A
Case Management	• Rapid setting up of cholera treatment units • All the staff are not trained • Staff management during big outbreaks	• Training of staff • Prepositioning of logistics and drugs	• Support in quantification exercises to conduce informed pre-positioning
Vaccination	• Insufficient financial resources for workshops • Difficulty mobilizing experts outside of workshops	• Financial support to finalize MYOPA during workshops with experts	• Advocacy with partners for more financial support to finalize MYOPA
WaSH	• Lack of potable water in communities	• Collaboration with the water supplying society to ensure water supply in PAMIs	• N/A
Research	• Not enough operational research, • Lack of funding	• To be added in planification for more research including modelization • Enhance collaboration with researchers	• N/A

	• More collaboration with research teams needed		
Funding of cholera response	• Still insufficient	• Advocacy events	• GTFCC can be part of advocacy events
RCCE (Risk communication and community engagement) and Education	• Not all the municipalities are involved	• Engage more municipalities and civil society organizations	• N/A

7. Priorities for 2024-2025

Field	Details
Response coordination	• Finalize the NCP • Set up the coordination taskforce • Elaborate the annual response plan
Surveillance	• Strengthen community detection by scaling up event-based surveillance • Set up case-based surveillance forms in DHIS 2 • Set up a sample transportation system • Pre-position the RDTs donated by GAVI
Laboratory	• Strengthen lab capacities in regional labs
Case Management	• Acquisition of case management supplies
Vaccination	• Finalize MYOPA 2025-2027 by July 2024. Need technical assistance to finalize the budget. GAVI has identified a consultant already. • Submit the MYOPA by July 2024 • Start the implementation of MYOPA activities by 2025. Advocacy for the approval of the request and timely mobilization of financial resources by partners
WaSH	• Latrine construction in priority PAMIs • Construction of water supply disposals in priority PAMIs • Supporting ATPC (assainissement total piloté par la communauté)

RCCE (Risk communication and community engagement) and Education	• Advocacy and sensitization towards community leaders
Research	• Modelisation • Collaborate with at least one university to conduct research on cholera
Funding of cholera response	• Advocacy for resource mobilization by state and partners

Annex

Indicator **(Please refer to the NCP guiding document, Monitoring and Reporting section)**	**Status** **(Please indicate when information/data is not available)**	**Comment** **(Please share any additional element that may help understand the information provided or the lack of data available)**
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding	**NA**	**No NCP**
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	**NA**	**No NCP**
Indicator 3 – Incidence rate of suspected cholera	**1.25/10,000 hts**	
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	**NA**	
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotspots with access to functional lab.	**NA**	
Indicator 6 – Number of deaths from Cholera	**79**	
Indicator 7 – Case Fatality ratio in treatment centers	**2.5%**	

Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home		
Indicator 9 – OCV administrative coverage in hotspot areas vaccinated (over the preceding 12 months)	96,7%	
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	100%	All the hotspots targeted were vaccinated but the vaccination couldn't cover the entire localities in those hotspots.
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	100%	Over the preceding 12 months, we have implemented only reactive campaign (emergency doses)
Indicator 12 – Proportion of people with access to safe water in hotspots	NA	Specific data from hotspots not available
Indicator 13 – Proportion of people with access to sanitation in hotspots	NA	
Indicator 14 – Proportion of people with access to hygiene in hotspots	NA	
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	NA	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	NA	

GLOBAL TASK FORCE ON CHOLERA CONTROL

Democratic Republic of Congo

1. Reporting Authority Details

Ministry of Health, Hygiene, and prevention

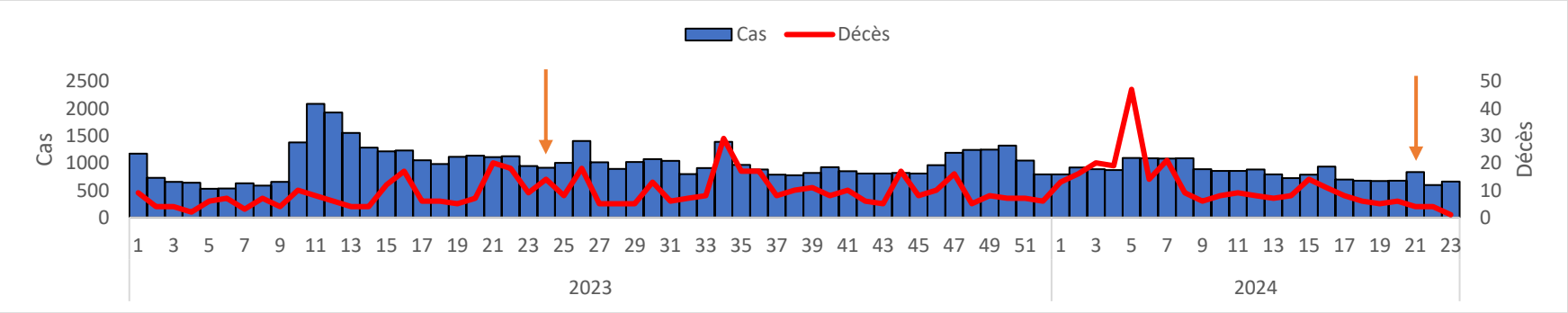
National institute of public Health/PNECHOL-MD

Address of Reporting Authority	3040 Kinshasa
Website of Reporting Authority	www.sante.gouv.cd
Country Report Focal Point Name	Dr Placide WELO OKITAYEMBA
Country Report Focal Point Position	Directeur
Name of department/Unit Focal Point	IM Cholera/PNECHOL-MD
Focal Point Email Address	placidewelo@gmail.com
Focal Point Contact Number	+243 828888911

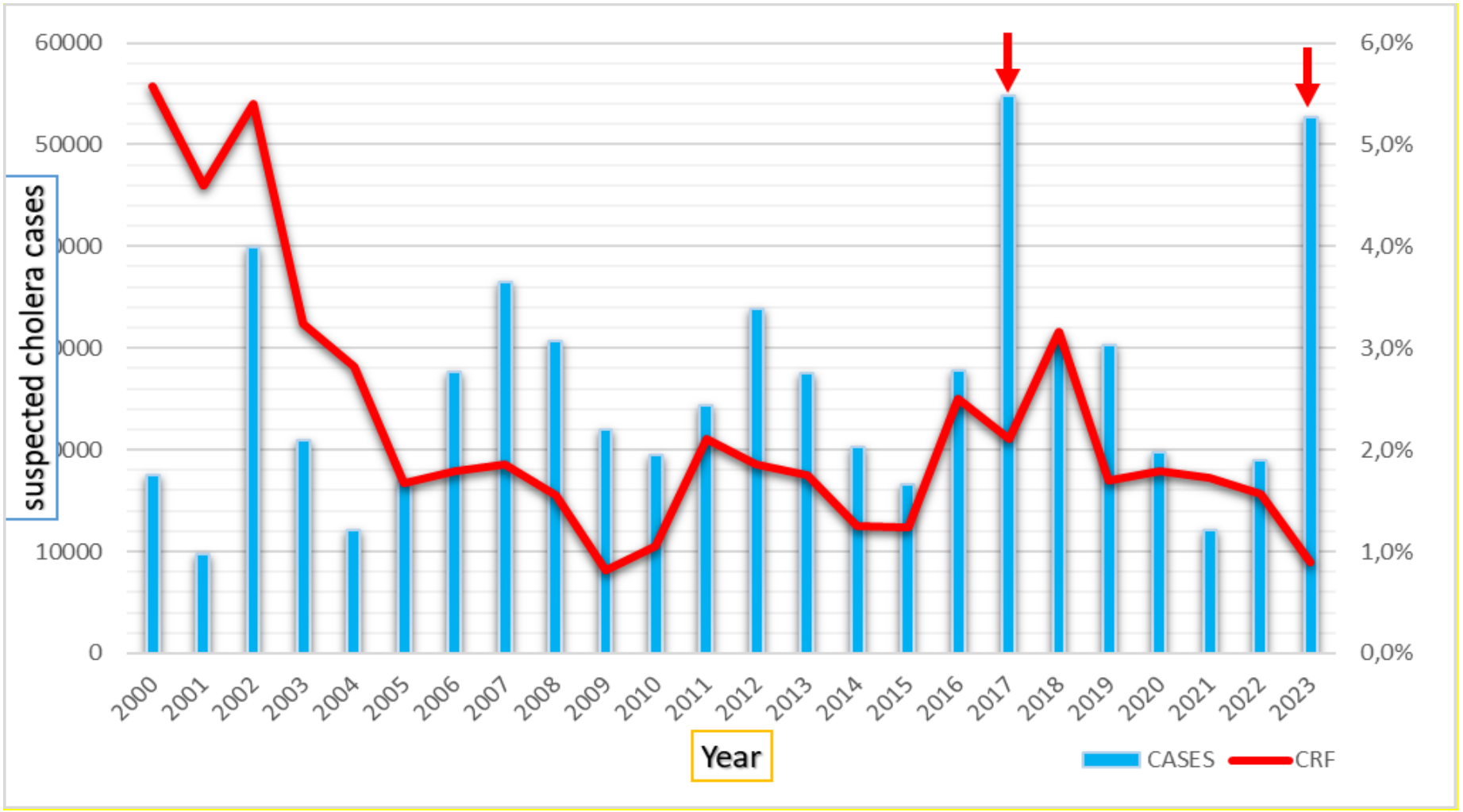
2. General Information on Cholera

Total number of cholera cases	48 692 (June 2023 to June 2024)
Number of cholera-related deaths	567 (June 2023 to June 2024)
Number of community deaths	391 (June 2023 to June 2024)
Case Fatality Rate recorded in facilities	1,16% (June 2023 to June 2024)

Graph 1: Weekly incidence of suspected cholera cases DRC S1-52, 2023 –S1-S23, 2024



Graph 2: Annually incidence of Suspected cholera cases 2000 to 2023


60000
50000
10000
0
6,0%
5,0%
4,0%
3,0%
2,0%
1,0%
0,0%
suspected cholera cases
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2001
2002
2003
2004
2005
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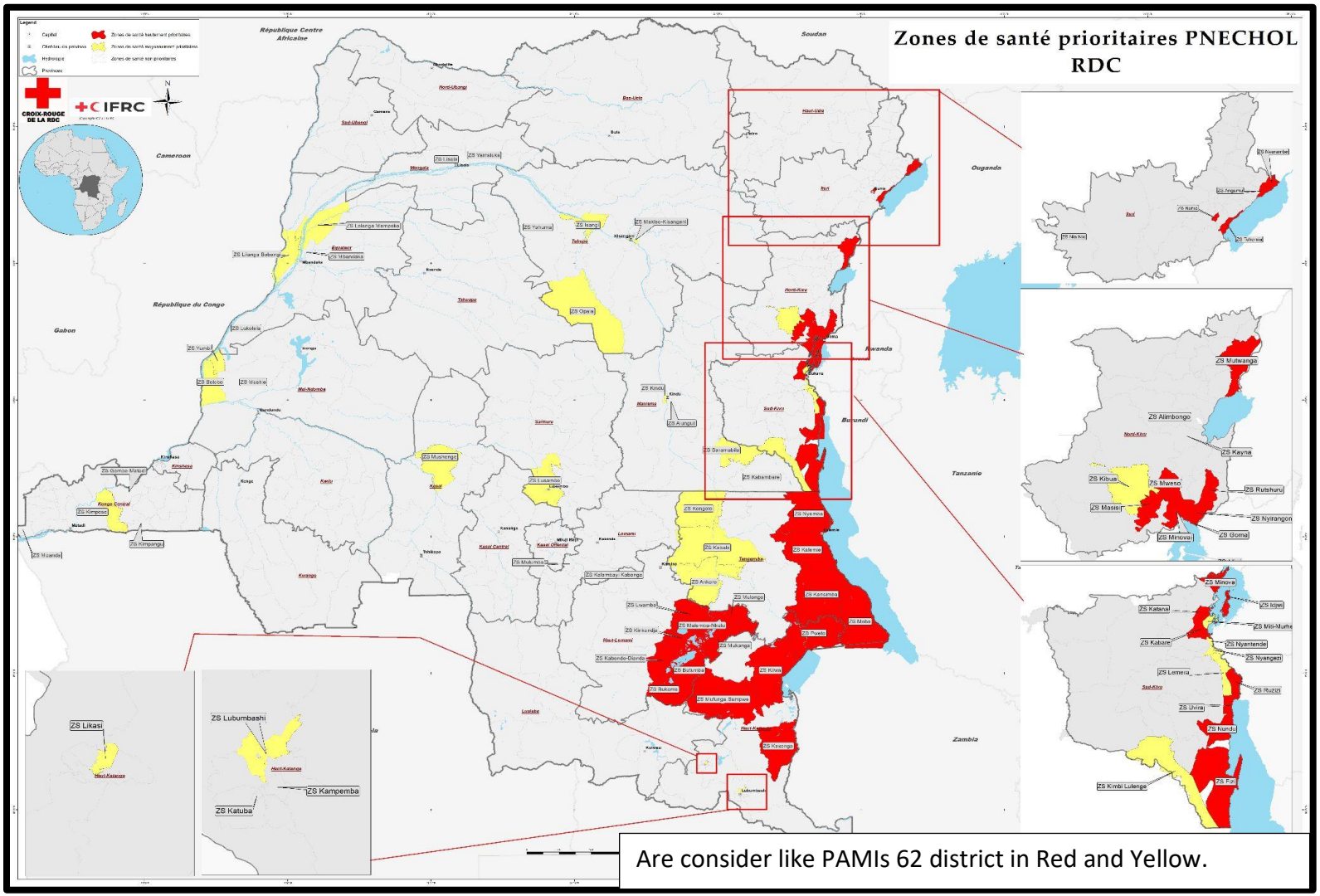
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Year
CASES
CRF

3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	YES, covering 2023 to 2027	
If yes, when was the current NCP developed?	November 2022	
If no, is there an NCP under development?	N/A	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	YES
	If yes, through GTFCC Methodology?	YES
	If not, is it planned/under development?	N/A
	If planned/under development – What timeframe is foreseen for the completion of the process?	N/A
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• A representative of the office of the President of the Republic • A representative of the Prime Minister's office • The Minister in charge of the Interior, of Decentralization, of International Cooperation, of Rural Development, of Agriculture, of land affairs, of Finance, of the Budget, of Regional Planning, Urban Planning and Housing, of Infrastructure and Public Works, of hydrocarbons, of Primary and Secondary Education, of Mines, of Transport and Communications, of Gender, Family and Children, of Scientific Research, of the Portfolio, of the National Economy, of Higher and University Education The following are invited to meetings of the Steering Committee without voting rights • A representative of the Technical and Financial Partners • A representative of NGOs in the water, hygiene, and sanitation sector • A representative of the Congo Business Federation	
State of funding for the NCP and/or cholera operations	Partially satisfactory; Evaluation process planned in July	
Major international donor support for the NCP and cholera operations (if any)	CDC US, Africa CDC, WHO, UNICEF, PATH, MSF, GTFCC/CSP, Mercy Corps, etc.	

4. Pictures/maps

Figure 1: Maps of districts selected using PAMIs pilot methodology in DRC



5. Key achievements

Response coordination	• **Political endorsement of PMSEC 2023-2027** • **Organization of cross-border meetings with Zambia, Burundi and the DRC Zambia cross-border workshop held in Chililabobwe from April 22 to 27, 2024.**
Surveillance	• 17 net outbreaks recorded in 2023 (Goma, Nyiragongo, Kalemie, Nyemba, Kabalo, Kalima, Shabunda, Mulungu, Uvira, Minova, Bagira, Bambo, Kadutu, Kirotshe, Mweso, Binza, Mufunga Sampwe) • 7 Health zone with uninterrupted notification during the year (Kalemie, Nyemba, Fizi, Kirotshe, Goma, Nyiragongo, Karisimbi) • Development and submission of the Request for 91,760 RDT for the year 2024 • Water quality monitoring in Tanganyika, South Kivu, North Kivu • Integrated Outbreak Analytics (IOA) approach. • Existing Line list data reported online daily
Laboratory	• Expansion of the technical diagnostic platform with the start of PCR and genomic analyses. • Cholera RDTs: Catalysts for Enhanced Surveillance in the DRC (15523 RDT performed, 8732 RDT positive, Positivity Rate 56%) • 9665 Culture performed, Culture positive 3580, Positivity Rate 37%
Case Management	• 49.507 patients treated in 30 CTC and 98 UTC In 2023, • Many kits for Case management provided.
Vaccination	• Development of a multi-year vaccination plan 2024-2027 • Organization of two reactive vaccination campaigns 5,046,144 people vaccinated in 2023
WaSH	• Organization of Baseline WASH surveys in the Nyemba health zone in Tanganyika • Organization of WASH/PCI interventions during the outbreak. • Case Area Targeted Interventions (CATI) and Quadriallage, two complementary approach of response use in DRC
Funding of cholera response	• Resource Mobilization workshops in Kinshasa, Haut Katanga and Lualaba
Research	• Organization of scientific days on current research in the DRC • Several impact study's vaccination is ongoing. • 14 recent studies (8 themes developed WASH, Vaccination, etc.) • A research consultant is hard at work to help the country capitalize on current research and identify areas to cover.

RCCE (Risk communication and community engagement) and Education	• Development of the strategic communication and advocacy plan 2023-2027 • Update of communication tools

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Government resource mobilization • Popularization of PMSEC at the priority district level • Monitoring the implementation of the Multi sectoral Cholera Elimination Plan in other sectors	• advocacy to obtain a budget line in favor of PMSEC • Fund needed to popularization of NCP at the priority district level • Evaluation of NCP implementation • Building capacity to other sectors actors	• Advocacy during the steering high-level committee • Technical assistance
Surveillance	• Increased cross-border movements and trade • Weak of the basic environment surveillance system • Climate changes • Review of the national guides according to the new GTFCC guidelines • Scale up of RDT in routine surveillance system	• Strengthen organization of cross-border meetings between country • Built the environment surveillance system • Resource Mobilization to support the review of country guideline and training	• Guideline for basic the environment surveillance system in country. • Technical assistance
Laboratory	• Absence of decentralization of biological analyzes in certain priority province	• Implementation of Lab culture capacity in four provinces (Kalemie, Kamina, Kisangani, and Kasai)	• Advocacy to partners
Case Management	• Review of the national guides according to the new GTFCC guidelines	• Resource Mobilization to support the review of country guideline and training •	• Technical assistance

Vaccination	• Request of OCV reactive campaign	• Guideline review and training at provincial level	• Review of Request form and process
WaSH	• Inadequate water sanitation and Hygiene (WASH) in PAMIs	• Scale-up of WASH assessment • Mapping of WASH infrastructure • Guideline and WASH training	• Technical assistance
Research	• Unknown in Ituri cholera cases reporting	• Operational Research to deep understand the end of reporting cholera cases in Ituri	• Technical assistance
Funding of cholera response	• Paucity of funding and logistics	• Resource Mobilization	• Advocacy during the steering high-level committee
RCCE (Risk communication and community engagement) and Education	• Scale up of Integrated Outbreak Analytics (IOA) approach.	• Resource Mobilization	• Advocacy during the steering high-level committee

7. Priorities for 2024-2025

Field	Priority actions	Timeframe	Potential bottlenecks identified	Potential needs/gaps identified
Response coordination	• Advocacy to obtain a budget line in favor of PMSEC • Evaluation of NCP implementation • Building capacity to other sectors actors	• August to September 2024 • July 2024 • October 2024	• Identify national MPs from cholera-affected districts to bring the request to two houses of parliament	• Organize workshops to mobilize the cuckolds of deputies in favour of the fight against cholera
Surveillance	• Review of country guideline and training • Scale up of RDT in routine surveillance system	• Sept to oct. 2024 • Jan 2025	• Funding • Lab equipment	• Funding • Training • Funding and Technical assistance

	• Built the environment surveillance system			
Laboratory	• Implementation of Lab culture/PCR capacity Kalemie and Lubumbashi	• August 2024	• Lab equipment	• Funding
Case Management	• Review of the national guides according to the new GTFCC guidelines	• Sept to oct 2024	• Funding	• Funding • Training
Vaccination	• Preventive OCV campaign	• Nov to dec 2024	• Funding • Vaccine	• Shipping Vaccine in last quater
WaSH	• WASH assessment in PAMIs • Mapping of WASH infrastructure.	• July to October 2024	• Funding	• Funding and Technical assistance
RCCE (Risk communication and community engagement) and Education	• Implementation of plan	• Quarter 3-4 2024	• Funding	• N/A
Research	• Operational Research to deep understand the end of reporting cholera cases in Ituri	• Quarter 1 2025	• Protocol elaborated	• Funding
Funding of cholera response	• Advocacy to obtain a budget line in favor of PMSEC	• August to September 2024	• Identified a caucus of national deputies	• Funding

Haiti

1. Reporting Authority Details

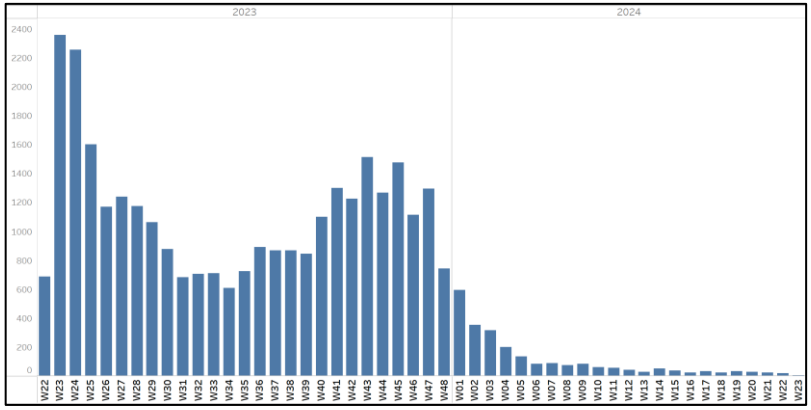
Ministry of Health

Address of Reporting Authority	Delmas 33, Local du Laboratoire National
Website of Reporting Authority	mspp.gouv.ht
Country Report Focal Point Name	Katilla PIERRE
Country Report Focal Point Position	Chef de service Alerte et Response
Name of department/Unit Focal Point	Direction d'Epidemiologie, des Laboratoires et de la Recherche
Focal Point Email Address	katillapierre@gmail.com
Focal Point Contact Number	+509 33808409

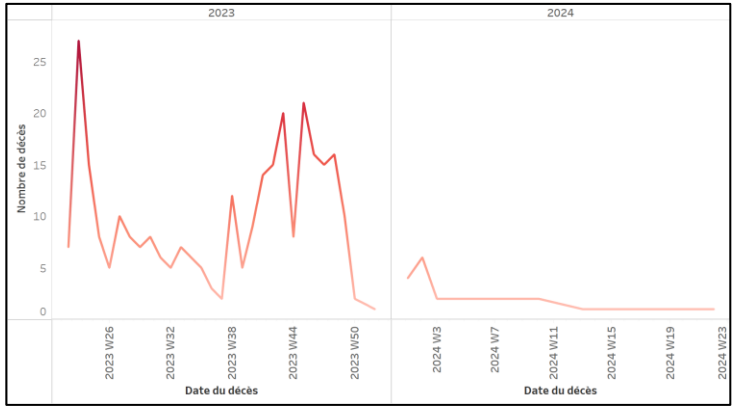
2. General Information on Cholera

Total number of cholera cases	39 253 (June 2023 to June 2024)
Number of cholera-related deaths	566 (June 2023 to June 2024)
Number of community deaths	78 (June 2023 to June 2024)
Case Fatality Rate recorded in facilities	1% (June 2023 to June 2024)

Evolution des cas suspects de cholera, Haiti, Juin 2023-Juin 2024



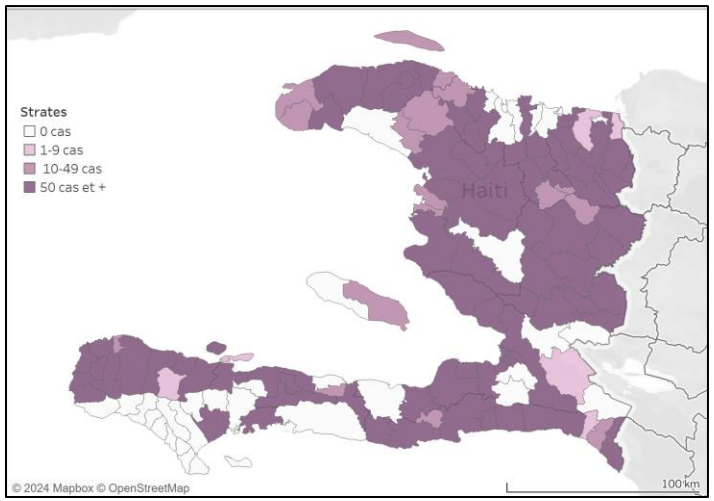
Evolution hebdomadaire des décès suspects de cholera, Juin 2023-Juin 2024



3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	YES	
If yes, when was the current NCP developed?	2022	
If no, is there an NCP under development?	N/A	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	NO
	If yes, through GTFCC Methodology?	N/A
	If not, is it planned/under development?	YES
	If planned/under development – What timeframe is foreseen for the completion of the process?	TBD
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	Ministries (health, water, education….) • Various UN organizations (WHO, UNICEF, etc.) • I/NGOs	
State of funding for the NCP and/or cholera operations	Partially satisfactory	
Major international donor support for the NCP and cholera operations (if any)	World Bank, OPS/OMS	

4. Pictures/maps



5. Key achievements

Surveillance	• Strengthen the skills and capacities of surveillance teams in the 10 departments to manage alerts, conduct investigations and initial responses, and data management. Deployment of Field epidemiologists in 10 departments with logistics, more than 90% of alerts were responded to within 48 hours, and suspected cases and deaths were investigated within 72 hours. • Training and operationalization for EDIRs in 04 departments (Ouest, Artibonite, Centre, and Sud) to strengthen response activities. More than 85% of response activities conducted by these teams • Strengthen the skills and capacities of data management for national and department teams; daily/Weekly SITREPs for objective decision-making are still published at national and departmental levels • Providing materials and supplies for investigations and initial responses. • Strengthen the skills and capacities of epidemiological surveillance officers (OSE) to improve local monitoring • Regular formative supervision at all levels • Use of ASCPs for early case detection and referral to CTDAs under SEBAC
Laboratory	• Strengthening of the national specimen transport network (Labomotos, road network, air transport via SUNRISE and UNHAS) • Reagents, materials and inputs for laboratories and investigation teams. Training for the implementation of RDTs at the community level and IDP camps • Strengthening the management of results
Case Management	• Strengthen the skills and capacities of CTDA: Revision, reproduction, and deployment of training modules, cascade training of regular care staff, and formative supervision. 20 trainers have been trained and these have trained 298 care providers in 09 departments. • Strengthen the capacities of CTDA: 113 CTDAs were assessed, standardization work was conducted, 101 were strengthened to improve the quality of care, and 38 received work to improve the quality of inpatient stays. • Capacity-building in monitoring and evaluation under the leadership of the DOSS; 11 national consultants deployed at central and departmental levels for training supervision of service providers, continuous quality monitoring, product supply support, and data management. • Provision of beds, medicines, and medical supplies for all CTDAs. Purchasing, central storage, supply to departments and CTDAs • Use of ASCPs to distribute ORS, rehydrate Plan A, and manage oral rehydration stations in certain remote areas.
Vaccination	• Vaccination in penitentiaries: 4,253 prisoners were vaccinated in 9 penitentiary centers, in 9 departments. • Vaccination at IDP sites: 10,150 IDPs in camps in the metropolitan area of Ouest department.
WaSH	• Staff and skills reinforcement: deployment of a national WaSH technician in each of the 10 departments, training of 17 supervisors and over 100 hygienists, and regular formative supervision. • Support for water quality monitoring through the provision of kits to health officers. • Provision of drinking water to communities and CTDAs in certain departments.

	• Provision of drinking water production machines and storage equipment for the CTDAs for the Centre departmental health directory. • Formative supervision of care providers and hygienists in CTDAs.
RCCE (Risk communication and community engagement) and Education	• Updating, reproduction, and deployment of communication materials Elaboration of communication and community engagement plans in each department under the leadership of the UCRP. • Use of ASCPs for outreach communication, distribution of cholera leaflets • Dissemination of messages and multimedia programs on cholera risk factors • Collaboration with the RHJS (Réseau Haïtien des Journalistes en santé) for regular dissemination of messages.

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Weak intra- and multi-sectoral coordination	• Improving the operation of the health cluster - Improving coordination with other sectors • Establishing departmental coordination with the health sector.	• Organize a meeting on the cholera response with the MSPP and all partners from all sectors working in Haiti • Implement the CSP in Haiti.
Surveillance	• Insufficient resources to conduct activities - Difficult access to areas affected by insecurity for initial investigations and responses by surveillance teams. • Insufficient capacity at the community level to monitor cholera cases and identify potential outbreaks. •	• Integrate epidemiological surveillance activities to take advantage of all available financial resources • Improve the implementation of SEBAC • Identify priority areas in each department according to well-defined contextual criteria - Set up ECIRs and multidisciplinary operational teams	• Support for resource mobilization • Support in identifying priority areas.
Laboratory	• Insufficient laboratory infrastructure and resources for rapid cholera diagnosis	• Continue to strengthen departmental and regional laboratories	• N/A

	• Difficulties in transporting specimens to laboratories	• Reinforce the specimen transport network	
Case Management	• Difficulty retaining trained staff • Difficulty accessing areas affected by insecurity.	• Identify reference CTDAs and maintain a minimum number of staff • Integrate CTDAs into care structures • Collaborate with local organizations to secure access to and distribution of care.	• N/A
Vaccination	• Inadequate communication between strategic levels	• Improve communication	• N/A
WaSH	• Insufficient access to drinking water and sanitation for a considerable proportion of the population	• Regularly assess the quality of drinking water served to the population • Improve the quality of drinking water supply infrastructures. • Conduct awareness-raising campaigns on risk factors and practical methods for making water safe to drink and waste management. • Regular distribution of aquatabs and hygiene kits. • Collaborate with local authorities and partners to ensure the maintenance of WaSH infrastructures.	• N/A

7. Priorities for 2024-2025

Field	Details

Response coordination	• Organize a meeting in each department to take stock of the response
Surveillance	• Maintain surveillance teams at central departmental and operational levels, improve their skills and capabilities, and support field operations. Respond to at least 95% of alerts within 48 hours and investigate at least 90% of suspected cases and deaths within 72 hours. • Use rapid diagnostic tests at the community level • Identify priority areas for more active monitoring • Initiate discussions to identify the PAMIs • Set up and train (Equipes Departementales d'Investigation et de Reponse) EDIRs in the remaining 6 departments • Begin revision of the elimination strategy
Laboratory	• Improve laboratory testing capabilities and strengthen the specimen transport network so that approximately 50% of specimens from suspected cases can be evaluated.
Case Management	• Identify and strengthen reference CTDAs in all departments • Regularly supply medicines and inputs
Vaccination	• Improving coordination between the surveillance and vaccination departments
WaSH	• Improving drinking water supply infrastructures • Improving waste management • Improving drinking water distribution to high-risk communities • Distributing aquatabs to populations
RCCE (Risk communication and community engagement) and Education	• Improve the work of ASCPs on interpersonal communication • Improve the coordination of local organizations involved in communication • Continue collaboration with RHJS

Kenya

1. Reporting Authority Details

Ministry of Health

Address of Reporting Authority	P.O. Box 30016 – 00100 Nairobi, Afya House, Cathedral Road
Website of Reporting Authority	www.health.go.ke
Country Report Focal Point Name	Dr. Emmanuel Okunga
Country Report Focal Point Position	Epidemiologist, Disease Surveillance and Response Unit
Name of department/Unit Focal Point	Division of Disease Surveillance and Response
Focal Point Email Address	okungae2012@gmail.com
Focal Point Contact Number	+254 729 576 963

2. General Information on Cholera

Total number of cholera cases	1508
Number of cholera-related deaths	26
Number of community deaths	There is no standardized way of reporting from the community level with a likelihood that the number of cholera- related deaths is higher
Case Fatality Rate recorded in facilities	1.72%

Figure 1: Epicurve showing number of cholera cases and deaths by date of onset of illness, October 2022 – May 2024, Kenya

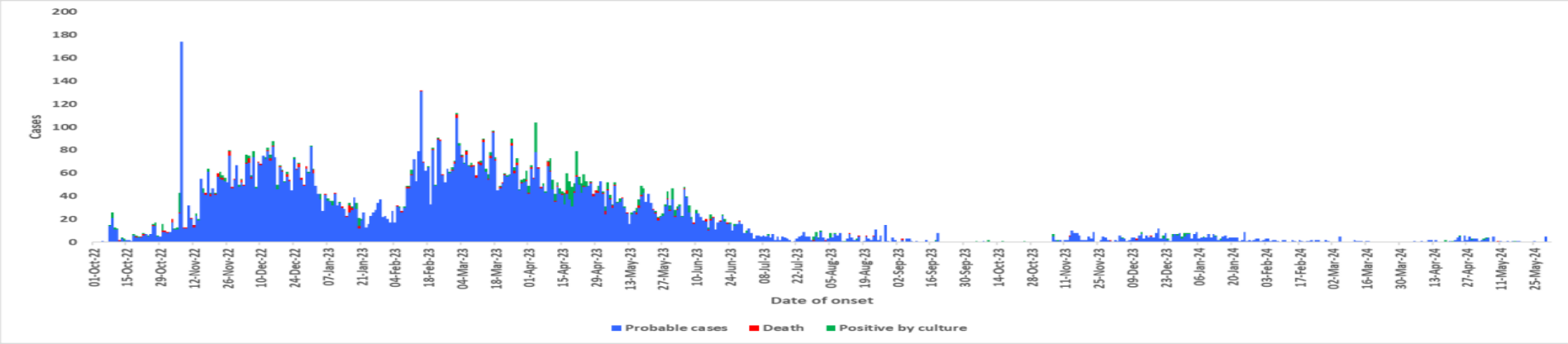
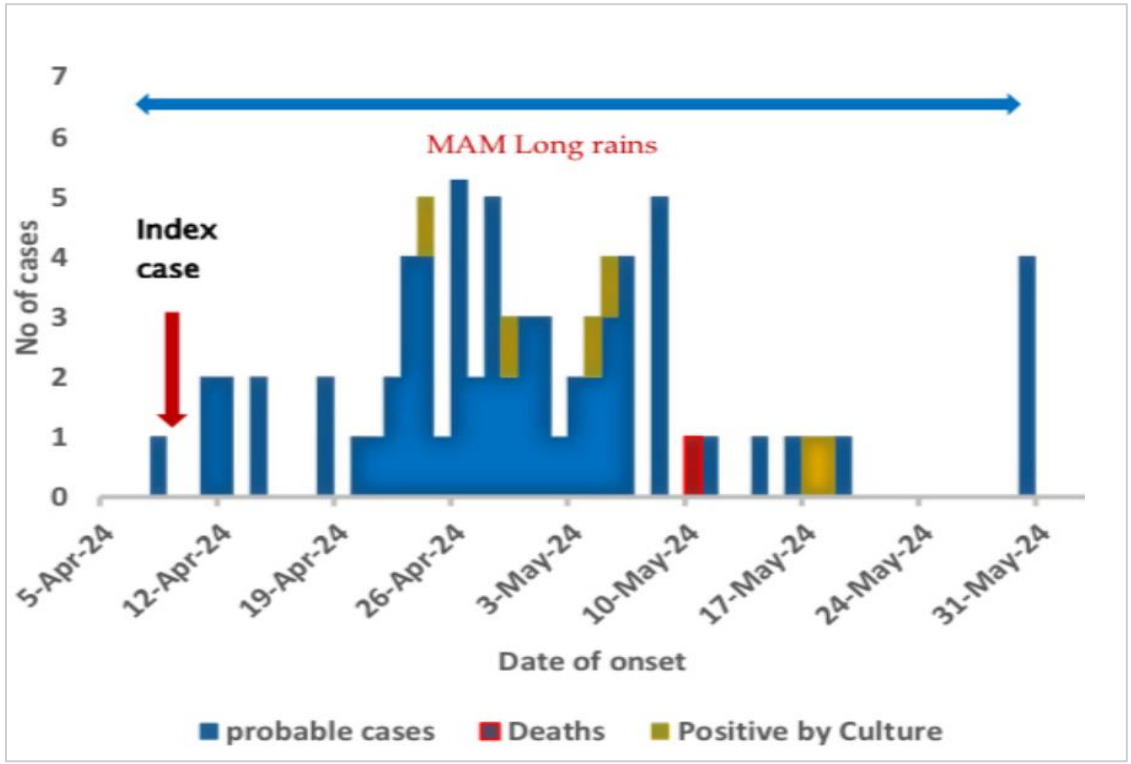


Figure 2: Epicurve showing number of cholera cases and deaths by date of onset of illness, following the March – April – May 2024 heavy rainfall, Kenya



3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	**YES**	
If yes, when was the current NCP developed?	**March 2022**	
If no, is there an NCP under development?	N/A	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	**YES**
	If yes, through GTFCC Methodology?	**YES**
	If not, is it planned/under development?	N/A

	If planned/under development – What timeframe is foreseen for the completion of the process?	N/A
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• Ministry of Health – Disease surveillance, Laboratory services, Vaccines and Immunization, Environmental health • Ministry of Water, Sanitation, and Irrigation • WHO • UNICEF • US CDC • USAID • AMREF • Kenya Red Cross Society • Washington State University – Global Health Kenya	
State of funding for the NCP and/or cholera operations	**Not satisfactory**	
Major international donor support for the NCP and cholera operations (if any)	**WHO, UNICEF, Kenya Red Cross, AMREF, US CDC**	

4. Pictures/maps

PAMI validation workshop held in March 2024 at Lake Naivasha Simba Lodge, Kenya. The workshop was convened by the Ministry of Health and supported by the CSP-IFRC. In attendance are stakeholders from national and subnational level, including partner organizations.

5. Key achievements

Response coordination	• Inclusion of the cholera priority activities in the annual work plan for the Directorate of Public Health to ensure cholera activities are prioritized.
Surveillance	• Revision of the outdated technical guidelines for cholera management. • Roll out of the IDSR 3rd Edition guidelines to the health care workers at subnational level. • Revision/ update of the case definitions for priority diseases.
Laboratory	• Application for RDTS under the GAVI diagnostics initiative, to improve early case detection.
Case Management	• Rapid assessment of Cholera treatment facilities across the country (using the GTFCC tool for evaluation of CTCs/ CTUs) to identify gaps in case management and IPC, that informed revision of the cholera management guidelines.
Vaccination	• Submitted successful applications to the ICG for Kenya's first ever reactive campaigns conducted in February 2023 and March 2023 with high acceptability and good coverage. • Prepared the OCV priority areas following identification of the PAMIs and submitted to Gavi the Multi-Year Plan of Action for preventive OCV.
WaSH	• Strengthened WASH coordinating forums with the Inauguration of a WASH -Cholera coordination TWG to coordinate the WASH pillar activities during the cholera outbreaks. • Reviewed policies, legislative frameworks, guidelines, and strategies governing WASH. • Improved safely managed drinking water services. • Improved wastewater and water quality management. • Improved access to appropriate hygiene facilities with soap, water. • Improved safely managed sanitation and hygiene services. • Active water quality surveillance team in PAMI counties. • Expansion of water distribution systems with more water connections close to the communities to reduce distance to water sources. • Expansion of sewerage infrastructure in small/medium towns and cities. • Increased investments in water and Sanitation infrastructure (Increased number of completed dams, pans, boreholes/wells. • Improved food hygiene practices in all public food outlets (cooked / not cooked) in cholera affected counties. • Continuous monitoring and maintenance of leaking water and sewerage pipes.
Funding of cholera response	• Response activities are funded majorly from partners when outbreaks occur.

Research	• Kenya is set to conduct a Phase 4 OCV trial on a Welcome grant.
RCCE (Risk communication and community engagement) and Education	• RCCE partners have supported development of IEC materials (posters), radio spots and TV spots for risk reduction messaging.

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	Multi-sectoral engagement and coordination	Hosting of the cholera elimination agenda at a higher office for effective coordination	Support the country team to prepare investment case and policy briefs
Surveillance	Lack of capacity to confirm cholera at subnational level Delayed reports from the subnational level	Training of lab and surveillance officers at subnational level on lab testing and reporting	Resources and training materials required
Laboratory	Lack of sufficient numbers of RDTs to assess every suspected case according to the GTFCC surveillance guidelines Lack of supplies/ reagents at subnational level to confirm cases by culture	Procure supplies and reagents at regional laboratories to support the testing	RDT quantification tool for countries to estimate the minimum number of RDTs required
Case Management	Roll out of the new cholera management guidelines	Mobilize resources for training of health care workers in priority areas	Resources and training materials required
Vaccination	Lack of technical assistance to populate the Gavi pOCV budget template. Failure of the Kenya preventive OCV application to	The country team to seek TA. To prepare the budget on Gavi template for resubmission in the next window	Gavi to provide support in aligning the budget to conform to the Gavi guidelines

	proceed in the April submission window Reactive OCV campaigns with limited areas vaccinated due to limited global stockpile. Bulkiness of the vaccine with strain on the last mile distribution and cold chain capacity and the subnational vaccine stores		Lobby manufacturers to increase supply of cholera vaccines
WaSH	Adverse weather events (e.g., floods, drought). Flooding due to heavy rains in the March- April – May season has led to contamination of water sources and disruption of sanitation facilities Weak coordination of WASH activities at subnational level with Weak linkages from national to county Inadequate supplies and commodities for water quality monitoring Inadequate funding to implement WASH interventions. Low prioritization & commitment on priority WASH interventions by actors Gaps in CLTS implementation i.e., only 25/47 counties are implementing CLTS activities Weak WASH data management system at both National and Subnational level	Recovery post floods is ongoing within the WaSH sector The WASH-Cholera coordination Technical Working group has coordination of WaSH outbreak response activities as one of its TORs. Sensitize and support counties to establish a WASH coordination mechanism WASH coordinating forums to advocate for WaSH actors to allocate resources for key interventions in PAMIs such as mobilize WaSH commodities from partners to support affected communities/ PAMIs with water treatment supplies and implement emergency WaSH interventions during drought, floods, and waterborne disease outbreaks Carry our resource mobilization from government, partners, and donors Conduct Community-Led Total Sanitation (CLTS) activities in all hot spot Counties Conduct training of WASH staff on Cholera preparedness and response Establish a multisectoral information sharing mechanism that links water quality data and cholera surveillance data at all levels	Evidence for WaSH packages that can be effectively delivered alongside both preventive/ reactive OCV campaigns: document experiences from other countries Organize global information sharing forums/meetings and conferences Financial support for WASH activities to be integrated with other pillar activities such as OCV campaigns Support with field assistance teams

	Weak harmonization of WASH policies regulations, guidelines, and standards		
Research	Lack of focus on operational research during routine implementation of activities	Ministry of Health to collaborate with learning institutions to address key research questions	Share opportunities for researchers to collaborate with country teams on the GTFCC research agenda
Funding of cholera response	No domestic funding is ringfenced for cholera control/elimination	Hosting of the cholera elimination agenda at a higher office for allocation of domestic funding	Support the country team to prepare investment case and policy briefs
RCCE (Risk communication and community engagement) and Education	RCCE activities are implemented where/when funding exists	Ride on existing structures such as the Community Health Promoters to deliver risk reduction messages to the households.	N/A

7. Priorities for 2024-2025

Field	Details
Response coordination	Multi-sectoral stakeholder engagement and advocacy for funding of the NCP Kickstart implementation of the cholera elimination plan
Surveillance	Training of surveillance officers, health care workers on early case detection and reporting Training of Community Health Promoters on case detection in the community (and signal reporting to link facilities)
Laboratory	Prepositioning of cholera diagnostics (RDTS, Culture, reagents) at regional referral laboratories Training of laboratory staff at subnational level testing laboratories on confirmation of cholera Strengthen the sample referral network especially where the primary facilities lack capacity Information sharing/ feedback mechanism between Epi and Lab
Case Management	Dissemination of the Cholera management guidelines to frontline health care workers Prepositioning of cholera treatment supplies in the PAMIs
Vaccination	Revision of the budget supporting the preventive OCV application to resubmit in September 2024 Plan for and implement successful reactive campaigns

WaSH	Conduct maintenance, rehabilitation of water infrastructure, expand and construct new ones in cholera PAMIs Rehabilitation and protection of Water Catchments Expansion and maintenance of sewerage infrastructure in urban cities of cholera hot spot Counties Conduct cholera risks assessment in cholera hot spot counties to identify and neutralize sources of Contamination Provide emergency safe drinking water services during outbreaks including water trucking, water reservoirs, sinking boreholes Mobilize WaSH actors to participate in cholera planning and mitigation meetings/ forums at all levels Strengthen WaSH coordination platform mechanisms at all levels Enhance Community Led Total Sanitation (CLTS) activities in PAMIs Support establishment of functional sanitation promotion TWGs at all levels Conduct WaSH interventions during cholera outbreaks Support household water treatment and safe storage through provision of water disinfectants, water filter and SODIS in PAMIs Decontaminate infected households and means of transport Conduct promotion of hand washing with soap and water in 10 schools and 10 health facilities through implementation of WaSH in Schools (WIS) and HF WASH FIT guidelines Support 10 school health clubs with learning tools, guidelines, and kits Enforce Public health, Water, EMCA Acts in Cholera hot spot Counties Empowering 10 county enforcement teams through training and logistical support Conduct 4 Capacity building trainings on WaSH Data management, disseminate and train on use of WaSH Tools Organize one annual WaSH conferences for the PAMIs
RCCE (Risk communication and community engagement) and Education	Distribution of IEC materials to PAMIs Engage with subnational teams to understand the key drivers of the outbreaks in different contexts to develop targeted messages Train subnational teams on effective communication and delivery approaches based on evidence generated by the implementing actors
Research	Map institutions conducting cholera research within the country Develop priority research questions for the country Collaborate with researchers to provide evidence during stakeholder forums
Funding of cholera response	Multi-sector engagement in mapping of funded/ unfunded pillars of the NCP Quarterly stakeholder engagement forums to discuss funding as well as monitor progress of implementation of the NCP

Annex

Indicator (Please refer to the NCP guiding document, Monitoring and Reporting section)	Status (Please indicate when information/data is not available)	Comment (Please share any additional element that may help understand the information provided or the lack of data available)
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding	Funding is ad hoc. No ring-fenced domestic funds	Funding for activities is implemented by the partner organizations difficult to quantify
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	One	Multi-sectoral After-Action Review meeting
Indicator 3 – Incidence rate of suspected cholera	1508 cases	Number of cases reported between June 2023 – June 2024
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	77.4%	M-Dharura dashboard
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotspots with access to functional lab.	50%	The proportion of HFs with functional labs located within the facility is much lower though all PHFs have a mechanism for referral of samples to a testing site.
Indicator 6 – Number of deaths from Cholera	26	between June 2023 – June 2024
Indicator 7 – Case Fatality ratio in treatment centers	1.72%	between June 2023 – June 2024. Includes deaths that die immediately or within a brief time after admission to the treatment facilities
Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home	0%	No community ORPs were set up with this outbreak
Indicator 9 – OCV administrative coverage in hotspot areas vaccinated (over the preceding 12 months)	105.3%	Coverage for the August 2023 reactive campaign, no preventive campaigns have been implemented in Kenya

Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	0%	Kenya is yet to implement preventive OCV campaigns
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	100%	All OCV doses received were emergency
Indicator 12 – Proportion of people with access to safe water in hotspots	59%	Findings from the August 2023 Post campaign survey report
Indicator 13 – Proportion of people with access to sanitation in hotspots	90.8% access to basic sanitation facilities	Fewer households have access to safely managed sanitation facilities Findings from the August 2023 Post campaign survey report
Indicator 14 – Proportion of people with access to hygiene in hotspots	47.4%	Findings from the August 2023 Post campaign survey report
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	50%	Estimate, high attrition of trained personnel due to several reasons
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	65.7%	Findings from the August 2023 Post campaign survey report

Lebanon

1. Reporting Authority Details

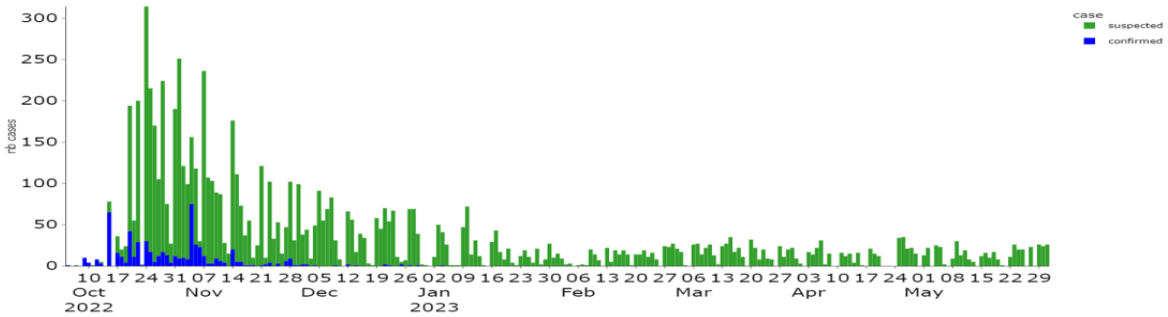
Ministry of Public Health

Address of Reporting Authority	Lebanon, Beirut, Ministry of Public Health
Website of Reporting Authority	www.moph.gov.lb
Country Report Focal Point Name	Dr Nada Ghosn
Country Report Focal Point Position	Head, Epidemiological Surveillance Program
Name of department/Unit Focal Point	Directorate of Prevention
Focal Point Email Address	Lebanon, Beirut, Ministry of Public Health
Focal Point Contact Number	00961 01614194 (land) 00961 3214520 (mobile)

2. General Information on Cholera

Total number of cholera cases	0
Number of cholera-related deaths	0
Number of community deaths	0
Case Fatality Rate recorded in facilities	-

Graph 1: Cholera epicurve, October 2022 – May 2023 / No cases since June 2023

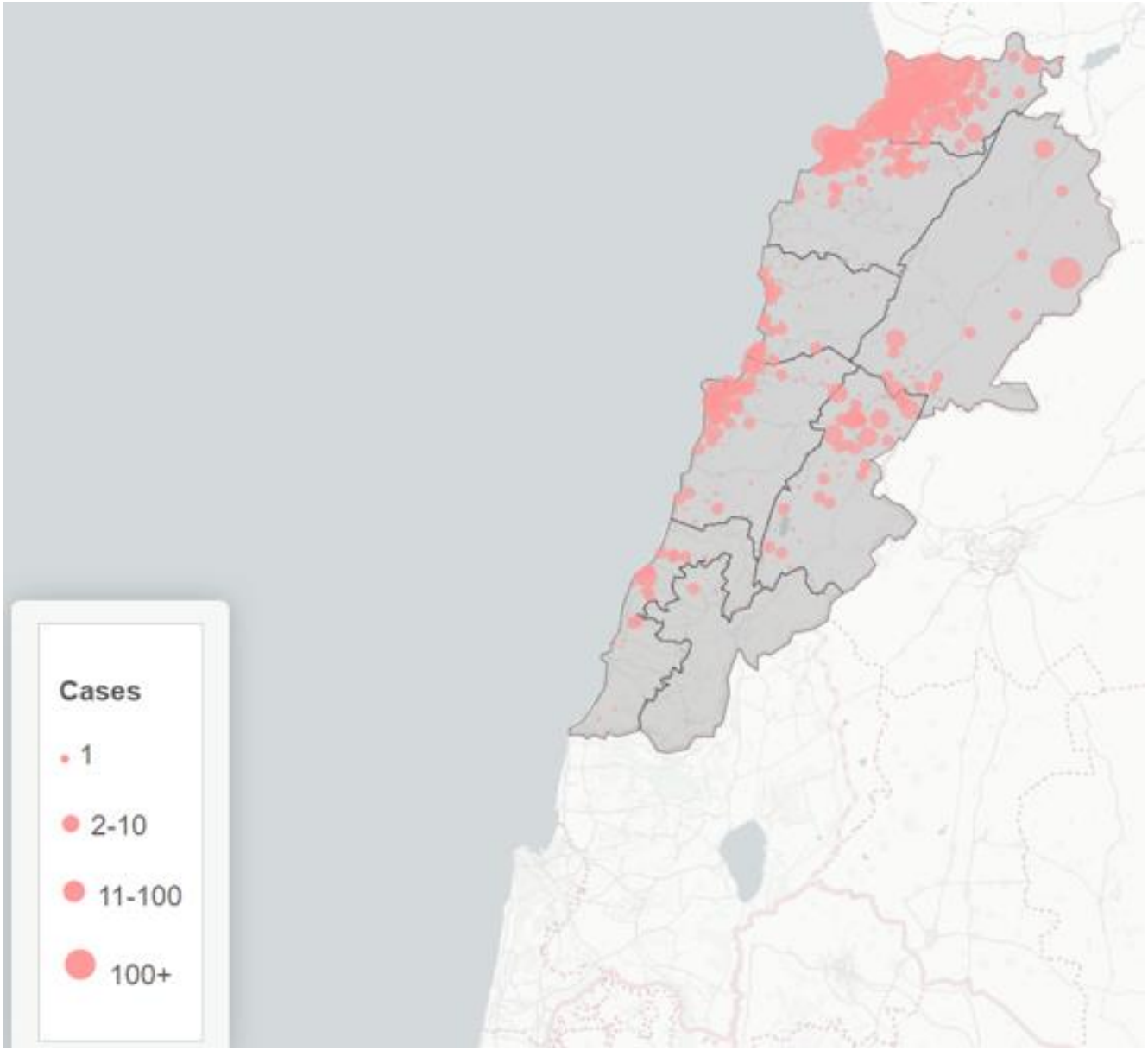


3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	Yes, and under revision	
If yes, when was the current NCP developed?	September 2022	
If no, is there an NCP under development?	-	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	Yes, June 2024
	If yes, through GTFCC Methodology?	Yes
	If not, is it planned/under development?	-
	If planned/under development – What timeframe is foreseen for the completion of the process?	-
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• Ministry of Public Health: Led the national response efforts and coordinated with international partners • Ministry of Water and Energy, • World Health Organization (WHO) - Provided technical guidance and support • UNICEF (United Nations Children's Fund) - Supported with planning, vaccine logistics, and community engagement • UNHCR (United Nations High Commissioner for Refugees) - Operationalized the campaign through implementing partners • Lebanese Red Cross - Involved as a partner in operational activities • American University of Beirut (CC for Cholera testing) • MEDAIR - Participated in the implementation of the vaccination campaign • Médecins Sans Frontières (MSF / Doctors Without Borders) - Engaged in the vaccination campaign • Amel Association International - Participated as an implementing partner in the vaccination campaign	
State of funding for the NCP and/or cholera operations	Partially satisfactory	
Major international donor support for the NCP and cholera operations (if any)	• Domestic funds • UN internal funds • European Union (EU) - Contributed funds to support the cholera response efforts • KfW - Provided financial support for the vaccination campaign. • CERF (Central Emergency Response Fund) - Contributed funds to aid in the response to cholera outbreak in Lebanon.	

4. Pictures/maps

Graph 2- Map of cases by locality (count)



5. Key achievements

Response coordination	• **Activation of the Public Health Emergency Operating Center with link with the Council of Ministers Disaster Risk Management Unit**
Surveillance	• Implementation of acute watery diarrhea surveillance network in the areas that had high cholera incidence during the cholera outbreak 2022-2023 • Integrating AWD/cholera surveillance within the electronical platform DHIS2 for communicable diseases surveillance with generation of cholera dashboards
Laboratory	• Establishing laboratory network for cholera surveillance and confirmation • Training public laboratories on cholera testing • Integrating laboratories within the national cholera preparedness plan • Training laboratories and health facilities on cholera RDT use
Case Management	• Training hospitals on cholera case management • Having contingency plan for ORS procurement
Vaccination	• Administrating 1st dose of Cholera oral vaccine as response to the outbreak of 2022-2023 • Having a contingence of 3000 doses ready for deployment in case of needs
WaSH	• Better coordination between health sector and water sector • Solarization of water plants
Funding of cholera response	• No direct fundings • Indirectly funding via the multi-hazard's country preparedness plan
Research	• Sequencing of cholera strain (AUB-Lab and Pasteur Paris)
RCCE (Risk communication and community engagement) and Education	• Conducting national awareness campaign

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Gap in timely coordination between health and non-health actors	• Invest in emergency preparedness to enhance prevention and response efficiency. • Strengthen subnational coordination by developing and maintaining local structures and ensuring operational partners are involved from the preparedness phase. • Implement a single, cross-sector cholera response meeting at the national level, and maintain regular coordination between Health, WASH sectors, and RCCE.	
Surveillance	• Delay in sharing data with UNHCR and WASH agencies • Gap in effective orientation of Rapid Response Teams sponsored by various NGOs • De-prioritization of cholera (no cases)	• Enhance timely communication of suspected and confirmed cases to the WASH sector for quicker responses. • Mapping of NGOs with RRT for training and for integration within the MOPH chain of command • Maintain the AWD/cholera sentinel surveillance system	• Support sentinel AWD/cholera surveillance system
Laboratory	• Maintain high performance of public laboratories • Gap in adapting and implementing the testing protocol	• Quality control for public laboratories designated for cholera testing (EQA) • Updating the SOP related to testing protocol and training • Having rapid access to Cholera RDT	• Procurement of cholera RDT • Quality control for laboratories (EQA, proficiency testing)

	• Absence of cholera RDT at the beginning and peak of the outbreak • Gap in sing the DHIS2 platform by the laboratories designated for cholera testing	• Training of laboratories on reporting results on the DHIS2 platform (case-based data)	
Case Management	• Delays in sharing consolidated cholera management guidelines • Lack of cholera knowledge among staff • Obstacles in distribution of ORS • Gap in identifying and equipping treatment units • Unclear referral pathways further complicated case management • Gap in infection control prevention	• Continuously build capacity and periodically train health staff and community health workers on communicable disease prevention, cholera management, and response and infection control. • Pilot mobile treatment units linked to PHCCs to reduce the burden on facilities.	
Vaccination	• Discrepancies in population estimates • Unexpected vaccine hesitancy • Operational issues such as weather conditions • Misinformation about the OCV, especially concerning its safety for pregnant women • Logistical issues with door-to-door strategies hindered the campaign's effectiveness	• Mapping partners for door-to-door strategies	• Procurement of vaccine in case of new outbreak

WaSH	• Gap in regular monitoring of water quality • Delay in WASH interventions posed significant challenges • Reluctance from water providers to increase chlorine levels • Confusion over the use of Aquatabs and behavioral changes required for effective household chlorination created obstacles. • Need for stronger community engagement to support chlorination efforts were also key issues. • Gap in identifying effective wastewater treatment methods • Gap in desludging of septic tanks in informal settlements for refugees • Use of septic tanks (open bottom) in informal settlements for refugees	• Broaden water quality testing in high-risk areas and share results for central analysis and early warning. • Evaluate and analyze chlorination programs for private water tankers • Standardize messaging on household chlorination to build confidence • Strengthen sewage system maintenance in hospitals/CTCs • Strengthen sewage system maintenance in informal settlements for refugees • Conduct timely cholera training for WASH practitioners and joint Health-WASH training for C-RRT to improve response efficiency.	• Support in integrating water monitoring and sanitation assessment in the surveillance plan
Research	• Limited capacity of genomic sequencing	• More training on genomic surveillance: sequencing and use of data for investigation and response	• Building capacity of laboratories and surveillance teams on genomic surveillance
Funding of cholera response	• Partial funding		• Add bullet points

RCCE (Risk communication and community engagement) and Education	• Limited experience with cholera among volunteers • Stigma against the Syrian population • Difficulties in intense social mobilization in hotspot areas were major challenges • Motivating communities to vaccinate, especially during holiday periods and when cases were decreasing, was difficult • Participation in awareness sessions was low due to resource scarcity and general resistance to change	• Update the communication plan based on lessons learnt	• Sharing lessons learnt from other countries, sharing best practices

7. Priorities for 2024-2025

Field	Details
Response coordination	• Update the national cholera plan
Surveillance	• Maintain AWD/cholera sentinel surveillance system with procurement of needed cholera RDT • Integrating water monitoring into surveillance reports
Laboratory	• Maintain laboratory capacity for cholera testing • Quality control: EQA
Case Management	• Maintain capacity of health system (facilities and staff) for cholera management

Vaccination	• Deployment of vaccines for high-risk areas
WaSH	• Enhance capacity of water monitoring in Lebanon and in the informal settlements for refugees • Regular assessment of sanitation at the informal settlements
RCCE (Risk communication and community engagement) and Education	• Maintain public awareness on water-borne diseases and cholera
Research	• Build capacity on genomic surveillance (surveillance and labs)
Funding of cholera response	• Explore funding opportunities

Malawi

1. Reporting Authority Details

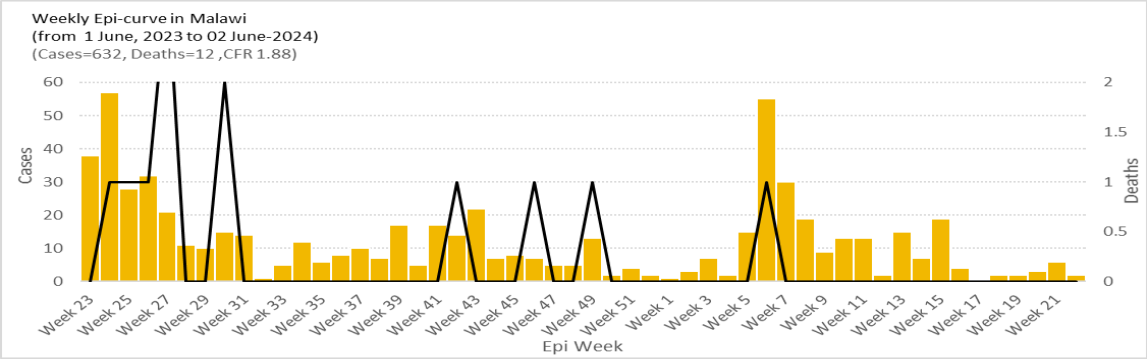
Public Health Institute of Malawi in the Ministry of Health

Address of Reporting Authority	Public Health Institute of Malawi, Private Bag 65, Lilongwe, Malawi.
Website of Reporting Authority	https://phim.health.gov.mw/
Country Report Focal Point Name	Dr Matthew Kagoli
Country Report Focal Point Position	Director of Public Health Institute of Malawi
Name of department/Unit Focal Point	Public Health Institute of Malawi
Focal Point Email Address	malawipheoc@health.gov.mw
Focal Point Contact Number	+265 999899441

2. General Information on Cholera

Total number of cholera cases	638 cases (June 2023 – June 2024)]
Number of cholera-related deaths	12 deaths (June 2023 – June 2024)
Number of community deaths	0 death (June 2023 – June 2024)
Case Fatality Rate recorded in facilities	1.88% (June 2023 – June 2024)

Figure 1: Cholera epi-curve showing cases and deaths from 1st June 2023 to 2nd June 2024



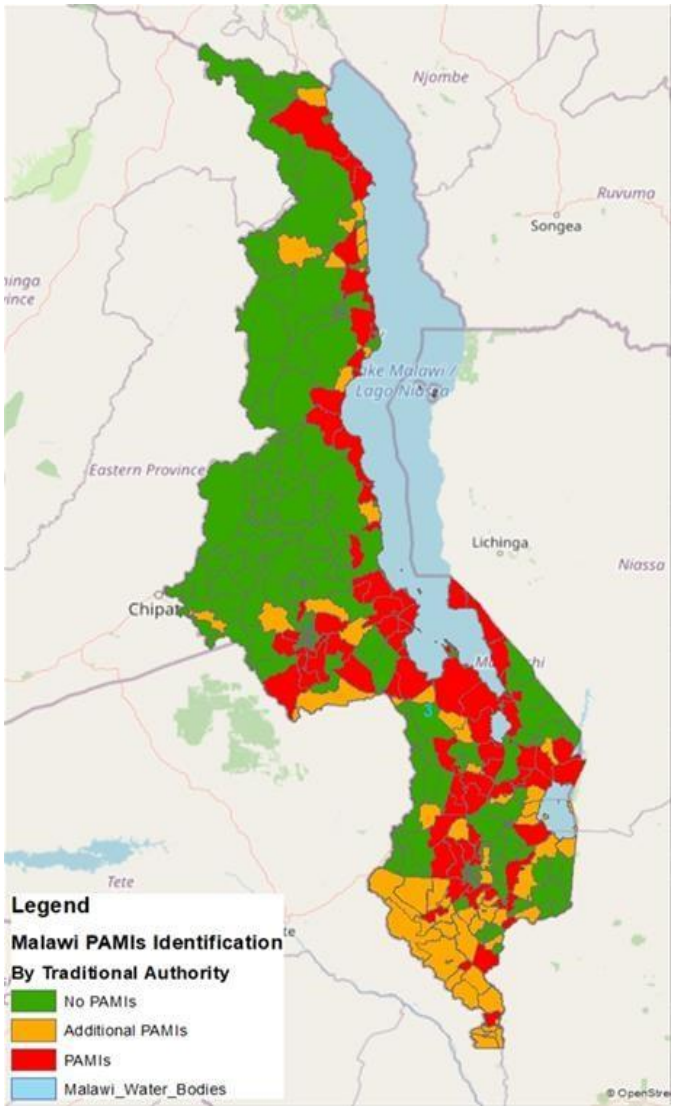
3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	NO	
If yes, when was the current NCP developed?	NA	
If no, is there an NCP under development?	YES	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	YES
	If yes, through GTFCC Methodology?	YES
	If not, is it planned/under development?	NA
	If planned/under development – What timeframe is foreseen for the completion of the process?	NA
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• Presidential office (Office of President and Cabinet through Presidential Task Force on COVID 19 and Cholera Control • Ministries (Health, Water and Sanitation, Education, Local Government, Department of Disaster Management) • Various Health institutes (Public Health Institute of Malawi) • Various UN organizations (WHO, UNICEF.) • I/NGOs (Malawi Red Cross Society, Africa Medical Research Foundation, Malawi Health Equity Network • Private stakeholders; NBS bank, Standard Bank, National Bank, TNM, Airtel Malawi, Castel Malawi, Southern Bottlers Malawi, Cool D	
State of funding for the NCP and/or cholera operations	Not satisfactory	
Major international donor support for the NCP and cholera operations (if any)	Not yet. The NCP is being developed.	

4. Pictures/maps

Meeting on writing of situation analysis for the Integrated National Cholera Control Plan for Malawi, 2024-2030, Ubuntu Lodge, Salima, 11-16 June 2024

Meeting on PAMIs Identification in Malawi, Chikho Hotel, Dowa, 5-8 September 2023



Floods affected Ndirande Township, Blantyre, 2023, February

People in Chikwawa, Nchalo getting water from unprotected well, after cyclone Freddy, in 2023

5. Key achievements

Response coordination	• Presence of Presidential Task Force on COVID-19 and cholera • Establishment of National Public Health Emergency Operation Centre and formation of coordination pillars. • Availability of coordination structures such as Public Health Emergency Management Committee, Public Health Emergency Rapid Response Team at both national and district level • The country managed to formulate the following Standard Operating Procedures and guidelines; National Cholera Preparedness Plan, National Multi-Hazard Contingency Plan-Overarch all emergencies, Championed by Department of Disaster Management Affairs (DODMA), Malawi Multi-Hazard Emergency Response Plan, Cholera manual for health workers, PHEOC handbook, Draft Public Health Act, Disaster management act, Health Sector Strategic Plan (HSSP III), District Implementation Plans (DIPs) • Political will through Presidential Task Force to mobilize resources • Regular inter-cluster meetings for instance Incident Management Team (IMT) meetings conducted every week • Formulation of Incident Management Team WhatsApp forum for regular communication • Formation of community structures like Health Centre Management Committees, Area Development Committees, and Area Disaster Risk Management Committee at the Traditional Authority level
Surveillance	• Timely outbreak investigations • Timely sharing of cholera data from reporting sites • Regular surveillance meetings at National and Sub-National levels • Cholera data audit and validation exercise • Cholera deep dive analysis to guide targeted interventions
Laboratory	• Timely confirmation of cholera cases by culture at National Public Health Reference Lab and other satellite laboratories • In the later phase of the response, Cholera RDTs were distributed to districts based on probable case load Dissemination of Standard Operating Procedures for cholera sample collection and testing from the national to the sub-national levels during the response. • Training in sample collection and referral management by WHO, Africa CDC and NMRL • Establishing of a platform for daily reporting of RDT results by laboratories from the districts to national level • Capacitation of cholera confirming culture laboratories for 25 districts. • Empowerment of district laboratories to transport cholera samples from peripheral to district with culture • Conducted on-site trainings for cholera confirming culture laboratories to 16 districts
Case Management	• Clinical mentorship provided by national and international medical teams. This included training of health care workers and supervision of cholera treatment facilities. • Introduction of oral rehydration points (ORPs) at community level in hard-to-reach areas • Conducting death and clinical audits as well as reviews • Deployment of surge staff to hardly hit districts • Coordination of sectors and partners through regular meetings of national incidence management teams, technical working

	groups for each pillar and integrated implementation plans.
Vaccination	• The country achieved an administrative coverage of 103 % with all health facilities achieving a coverage of 90% and above except for Lulanga Health Facility in Mangochi districts • There was strong commitment at all levels including the involvement Presidential Task Force for Cholera and COVID 19. • 280 Vaccinators were trained and participated during the campaign period • 840 Volunteers were trained and involved during the campaign period • 900 local leaders were engaged before the campaign • 150 Supervisors were trained and involved in the campaign • 80 DEC members were oriented prior to vaccine administration • 300 criers were involved during publicity • There was a particularly good community participation through active Community- led social mobilization prior to the campaign. • This approach ensured community ownership and acceptance of the campaign leading to a high patronage in all districts.
WaSH	• The pillar is activated and meeting every fortnight • Weekly reports compiled and submitted to the Incident Management Team (IMT) • Various interventions best practices such as pot to pot chlorination, sanitation and hygiene promotion, repair and rehabilitation of water points and training of water point committees on community Based Management of hand pumps are in progress • Installation of piped water supply systems in some cholera prone areas • Pillar actively participating in coordination meetings in the preparation of the national cholera control plan • Construction of sanitation infrastructure in healthcare facilities, schools including other public places like markets • Review of WaSH policy and legal documents to guide partners and stakeholders in implementation, monitoring and evaluation of the interventions
Funding of cholera response	• Developed and implemented the National Cholera Response Plan (2023-24) • Managed to mobilize USD 12 million for cholera response (70% of the total required budget) • Successfully secured substantial funding from major international donors, including WHO, CDC, UNICEF, and other partners, to bolster cholera response efforts. • Enhanced the efficiency of resource allocation towards cholera prevention and treatment, ensuring that funds are directed where they are most needed by using data-driven decision-making processes.
Research	• There is no significant element to report for the past 12 months. However, there is need for evidence generation and utilization for Cholera management and response. Funding for research has been a gap, but PHIM continues to lobby for resources to answer various questions and objectives such as 1) Understanding the characterization of patients with cholera and the associated factors for their outcomes; 2) Assessing the effectiveness of WASH (Water, Sanitation, and Hygiene) and Vaccine Interventions. Specific research topics are listed below: ✦ Evaluate the impact of WASH interventions (e.g., water treatment, sanitation improvements) on cholera transmission and incidence. ✦ Determine the effectiveness of oral cholera vaccines (OCVs) in preventing cases and reducing mortality ✦ Investigate community knowledge, attitudes, and practices regarding WASH and vaccines.

- Identify barriers and facilitators to adopting recommended practices for cholera prevention and control.
- Evaluate the quality of case management at healthcare facilities, including access to oral rehydration solution (ORS) and intravenous fluids.
- Analyse mortality rates by age, gender, and location to identify vulnerable populations and areas with higher mortality.
- Explore the reasons for vaccine hesitancy among different population groups.
- Identify strategies to address concerns and improve vaccine acceptance.

- There is also a need for resources to hold cholera scientific meetings to discuss research findings with the technical personnel, to aide in evidence-informed decision making.

RCCE (Risk communication and community engagement) and Education

- Updated the Incident Management Team on RCCE activities during the weekly meetings.
- Produced daily press releases (signed by Minister of Health) and dashboard on Cholera status in Malawi.
- Conducted weekly RCCE coordination meetings every Monday afternoon at 2pm in the afternoon.
- Interfaith Religious leaders Meeting on Cholera conducted in Lilongwe. A communique on the role of religious leaders on cholera was signed by heads of religious umbrellas. This was done with support from Norwegian Church Aid (NCA) and
- Malawi Interfaith Aids Association (MIAA)
- Engaged 4,936 local leaders comprising of chiefs, village heads, religious and political leaders from the 6 districts with highest cholera burden to discuss key cholera drivers and developed community action plans to address the social norms predisposing communities to cholera
- 2,830,826 TNM mobile phone subscribers reached with Cholera messages. 10,222,545 Airtel mobile phone subscribers reached with Cholera messages
- 34,176 Schools learners reached with Cholera Messages
- 1,256,003 people reached with mobile van publicity
- Advocacy, Community dialogue and Community score card sessions in various districts on COVD-19 and Cholera
- 1,384,522 messages listened to on Cholera through 321 IVR platform hosted by VIAMO
- 69,963 people reached with cholera messages using community cinema by Center for Development Communication
- Health Promotion Division in conjunction with UNICEF conduct RCCE workshop for 43 partners based in the southern region in Blantyre to strengthen RCCE coordination
- 1,128 HSAs oriented by WHO on Cholera (Lilongwe 70, Blantyre 640, Machinga 210 and Balaka 206)
- Supported Implemented the Tipewe Cholera Campaign in November 2024 including brand development.

6. Challenges and Way Forward

Response coordination	• Inadequate capacity (in numbers, PHEMC knowledge, and skills) in some pillars (Case management and OSL) • Weak system on cross- border coordination mechanism • Delayed multi-sectoral collaboration • Absence of active/functional PHEOC at district level • Irregular/inadequate coordination meetings at the district level between the government and some partners • PHEOC handbook not disseminated • Outdated Public Health Act. • Lack of district multi- hazard plans	• Training of pillars in Public Health Emergency Management skills • Schedule regular meetings and training sessions for focal points and relevant stakeholders. • Partner mapping • Establish/Refurbish PHEOCs at district level • Test, refine, and disseminate the PHEOC handbook • Finalize drafted Public Health Act • Formulate district multi-hazard plans • Lobby funds from partners for the implementation of cholera preparedness and control activities • Engage all relevant stakeholders (government, partners, NGOs, UN agencies) • Regular reviews and update priorities based on evolving emergency needs	• Establishment/refurbishment of PHEOCs in the districts • Procure ICT equipment and furniture for PHEOCs
	• Inadequate funds for cholera preparedness and control activities including pre-positioning of resources • Unmatched priorities between the government and partners • Poor coordination between pillars at	• Capacitate all coordinating community structures in Emergency management (HCMCs, ADCs, ADRMCs, CHAGs)	

	the district level • Lack of capacity by community structures and influential leaders to coordinate each other during disasters.		
Surveillance	• Incomplete line list data from districts • Partial implementation of public health surveillance activities • Limited capacity for cholera testing at district level • Incomplete reporting of Health Care worker infection. • Some response interventions were not based by surveillance data	• Conduct cholera data validation • Recruit additional data entry clerks • Include private institutions in the IDSR reporting system • Lobby for financial support for implementation of surveillance activities at national and district level • Train more health workers on IDSR • Procure and distribute more cholera RDTs to health facilities • Train more health workers including HSAs on cholera sample testing • Conduct cholera sensitization and psychological counselling to infected health workers • Advocate for importance of making decisions based on evidence generated data	• GTFCC to support with training of health workers on IDSR • GTFCC to support with procuring of cholera RDTs
	• Inadequate testing supplies (RDTs in most laboratories in the country, and culture and sensitivity kits, and transport media) during the early phase of the response • Lack of proper national sample referral network • Limited sharing of cholera testing data with the surveillance team • Delayed adoption of Cholera testing strategy • Irregular laboratory mentorship and supervision of laboratories at the sub-	• Proper planning and ordering of testing supplies • Lobby funds to support procurement of cholera testing equipment • Finalize the sample referral strategy • Lobby funds to implement the R4H mechanism to transport cholera samples • Procure resources for implementation of the e-LIMS • Procure and distribute more	

Laboratory	national levels • Sub-optimal coordination between Surveillance and laboratory teams • Lack of clinical chemistry (electrolytes and renal function tests) and hematology diagnostic tests for severe cholera cases	cholera RDTs to health facilities • Train more health workers including HSAs on cholera sample testing • Conduct regular laboratory supportive supervision • Train laboratory team to participate in national IMS • Train lab staff to run clinical chemistry tests at CTUs • Finalize the sample referral strategy • Develop testing guidelines for biochemistry • and hematology tests • Procure and distribute biochemistry and • Hematology test supplies	• Procurement of culture equipment (Centrifuges, Vortex, Autoclaves, incubators, and Fridges/ Deep freezers) • GTFCC to support with procuring of cholera RDTs
Case Management	• Lack of trained/skilled personnel in cholera management. lack of CPD, inadequate mentorship, lack of skilled personnel to treat cases with co morbidities such as pregnancy and malnutrition. • Limited supportive services leading to misdiagnosis/no diagnosis and complications. For example, laboratory measure of electrolytes • Inadequate medical supplies leading to frequent stockouts • Inadequate coordination with private and CHAM facilities. • Insufficient monitoring of patients seen through lack of monitoring tools and equipment in the treatment facilities.	• Community sensitization and engagements. • Increasing ORP coverage • Deploy more health care workers • Building capacity in the healthcare workers through trainings, supervision, mentorship, and inclusion of cholera in CPD. • Finalize and disseminate the guidelines as well as the SOPs. • Integration of cholera into other services. • Improve involvement of CHAM and other private facilities in Cholera case management. • Coordinating cross-border	• Publish more guidelines, protocols, and SOPs • Conduct webinars and online courses. • Publish research studies to support the current treatment strategies in place • Facilitate collaborations with other countries to learn from each other's community practices • Conduct in-country capacity assessment

	• Inadequate infrastructure as well as human and financial resources. • Poor access to health facilities for hard-to- reach communities leading to delay in accessing care. • Inadequate ORP's • Inadequate cross border coordination meetings • Lack of referral pathway for patients with co-morbidities. • Misinformation amongst community members • Community and healthcare workers' stigma • Hard-to-reach facilities • Poor health seeking behaviors • Environmental factors such as natural disasters • High staff turnover • No guidelines/SOPs / patient files • Poor emergency response • Unavailability of real- time data	meeting at all levels to improve imported cases. • Develop user-friendly monitoring tools and data systems.	
Vaccination	• Pockets of refusals in some districts fueled by myths and misconceptions related to vaccines. • Limited supply of OCV globally	• Sensitization on the importance of the vaccine in the prevention of Cholera. Engaging Tradition leaders, religion, and other stakeholders. • Increase production capacity: Encourage existing manufacturers to increase their production capacities by investing in new facilities and upgrading existing ones. • Foster partnerships between local pharmaceutical companies	**A. Myths and misconception related to the vaccine:** 1) Education and Awareness Campaigns: Implement widespread educational initiatives to inform the public about the safety and importance of vaccines. Utilize local media, social platforms, and community leaders to spread accurate information. 2) Engage Local Influencers: Partner with trusted community figures and healthcare professionals to

		in affected regions and established vaccine producers to build local production capabilities.	advocate for vaccination and dispel myths. 3) Interactive Workshops and Seminars: Conduct workshops in affected districts to directly address concerns and answer questions from the public. 4) Tailored Communication: Develop culturally and contextually appropriate materials that resonate with specific communities. **B. Limited supply globally:** 1) Scale up production capacities. 2) Collaborate with governments and international organizations to forecast demand and ensure timely production. 3) Streamline regulatory processes for vaccine approval.
WaSH	• Effects of climate change and natural disasters such as floods, cyclones, windstorms, droughts • Inadequate WASH services, including lack of water supply and sanitation in communities due to issues with water resources (i.e., salinity o f groundwater, contamination, low yields, etc.) Lack of water quality monitoring	• Construct/ or install climate resilient infrastructure • Identify and construct innovative WASH technologies like solar powered reticulated systems • Enhance water quality monitoring and treatment	• Technical support in operations and management of climate resilient infrastructure • Technical support in renewable energy related to WASH • Technical and financial support in upscaling sanitation marketing and Case Area Targeted Interventions (CATI) training • Technical support in water quality monitoring
	• Inadequate funds to conduct studies on cholera and to disseminate research	• Continue lobbying for funds from partners	• Technical and financial support • Capacity building on

Research	findings for policy development	• Integration of dissemination of research findings through other platforms	Implementation research • Capacity building on modelling approaches for the research team
Funding of cholera response	• Limited allocations for cholera response from the national budget. • Heavy reliance on international donors for funding, making the cholera response plan unsustainable • Delays in the disbursement of funds at both public and partner sources, hindering timely implementation of activities. • Competing health needs where funds are allocated to other pressing health issues, reducing the available budget for cholera prevention and treatment initiatives. • Insufficient engagement and involvement of local communities in funding allocation decisions, leading to misalignment of priorities and needs. • Complex bureaucratic processes and regulatory requirements that delay or	• Advocate for increased government funding for the health sector overall and cholera response. Diversification of financing sources would also be encouraged e.g., earmarked taxes, PPPs, private sector engagement etc. • Establishment of the Cholera fund at both national and district levels, which will include contributions from the private sector, community, and other revenue sources. • Government and Partners to introduce Establish a reserve of emergency funds that can be quickly accessed when cholera outbreaks occur. • Provide training and support to district authorities on efficient Public Finance Management and fund allocation. • Integrated health programs that address multiple health issues simultaneously, ensuring cholera prevention is included in broader health initiatives. • Negotiate long-term funding agreements with donors to ensure sustained financial support and introduce a cholera trust fund to	• The Global Task Force for Cholera Control (GTFCC) can address Malawi's cholera funding challenges by sharing best practices of curbing the challenges. These include success stories from other countries.
	complicate the allocation and utilization of cholera response funds.	ensure sustainability. • Utilize the existing community	

		structures for of community involvement in decision making and financing • Advocate for simplified processes for resource utilization for emergency response	
RCCE (Risk communication and community engagement) and Education	• On OCV, some people not willing to get the vaccine. Reasons given are they have got sick after getting the first dose, so they don't want to get sick again. • Reluctance of communities to visit the ORP sites due to inadequate sensitization. • Some pockets of the community along the lake still using untreated water • Lack of megaphones to disseminate cholera specific messages in the communities. • Incorrect use of chlorine at household level • Misconceptions within communities – chlorine leads to infertility. The intention of government is questioned with too many health campaigns in close intervals • Rumors, misinformation related to dry season Cholera. • Poor coordination among	• There is need to intensify RCCE activities around the ORPs to ensure the communities utilize the ORPs. • Intensification of hygiene promotion – handwashing and construct ion of pit/sanitary latrines as part of CATI follow up action plan • Pot to pot chlorination – with key messages on correct use of chlorine, use and storage - chlorine dilution guide • Awareness activities at village level – edutainment and meetings with key stakeholders/groups • Continuous engagement with influential Gatekeepers e.g., Chiefs, Traditional Leaders, Religious leaders, Local Influencers at TA level - develop action plan with responsibility • Advocate to influence Bye laws at community, TA, and district level	• N/A
	partners (onset of emergency due to fatigue from COVID-19 response) • CFM yet to roll out to all districts due to resources, campaigns	• Capacitate all coordinating community structures in Emergency management (HCMCs, ADCs, ADRMCs, CHAGs)	

	• Some religious beliefs that deter some communities to access health facilities. • Inadequate funds for cholera preparedness and control activities including pre-positioning of resources • Unmatched priorities between the government and partners • Poor coordination between pillars at the district level • Lack of capacity by community structures and influential leaders to coordinate each other during disasters.		

7. Priorities for 2024-2025

Response coordination	• Training of pillars in Public Health Emergency Management skills • Establish/Refurbish PHEOCs at district level • Training of all coordinating community committee structures in emergency and disaster risk management in the districts (HCMCs, ADCs, ADRMCs, CHAGs)
Surveillance	• Train health workers, Community Volunteers, and Local Leader on IDSR (IBS and EBS), and Integrated • Outbreak Analytics • Provide printed case/event/outbreak investigation forms with specimen identification numbers in health facilities to ensure linkages to lab testing results. • Conduct supportive supervisions and mentorship visits to health facilities and cholera treatment units • Conduct quarterly surveillance data review meetings at National and Sub-National levels • Procure gadgets (tablets/smart phones) for surveillance reporting by the Health Facilities and community health workers
Laboratory	• Capacitate the remaining districts and other CHAM facilities in culture technique • Procurement of cholera testing (cRDT and Culture) resources like equipment and supplies • Conduct training for cholera sample collection, testing and referral for health providers at primary facilities

	• Conduct supportive supervision and mentorship •
Case Management	• Finalize the CTU/CTC/ORP SOP, treatment protocols, flow charts, admission forms, treatment charts, training package, job aids, guidelines for surge staff (follow up with Director HR). • Inclusion of cholera in CPD • Develop integrated annual cholera plan with partners for 2024/2025 cholera season. Include resource mobilization plan • Develop an electronic data collection tool linking it to national database • Training the district clinical and data teams on the use of the electronic data collection tool • Dissemination and orientation of the DHMTs on the CTU/CTC SOP and Treatment protocols and all the other documents. • Procurement and deployment of ORP kits • Integration of ORPs in CAT (Ongoing)
Vaccination	• Develop and submit application for OCV for pre-emptive and reactive campaign • Finalise the NCP for the 2025-2030 • Education and Awareness Campaigns: Implement widespread educational initiatives to inform the public about the safety and importance of vaccines. Utilize local media, social platforms, and community leaders to spread accurate information. • Collaborate with governments and international organizations to forecast demand and ensure timely production.
WASH	• Conduct routine pot-to-pot (household) water chlorination in cholera hot spot areas • Construction and rehabilitation of water points in cholera hot spot areas • Conduct rapid WASH assessment in cholera affected areas • Develop and endorsement of national Case Area Targeted Intervention (CATI)/ Standard Operating • Procedures (SOPs) • Conduct cholera WASH preparedness & response training at 3 levels –National, District, Facility/community frontline responders • Develop District WASH IMS (information management system) through m-Water or other data collection system (WASH committee inform District Water Monitoring Assistants (Water District Office) • Conduct water quality monitoring and surveillance in communities and institutions/ public places
RCCE (Risk communication and community engagement) and Education	• Cascade the Community Feedback Mechanism to all districts and level. • Intensify Community engagement and use of interpersonal interventions Intensify use of mass media • Continuous engagement with media houses

	• Capacity building in RCCE • Conduct formative research periodically • Use of Theatre for Development and other Edutainment formats
Research	• Conduct research on cholera-context specific • Enhance evidence informed decision-making practices • Capacity building in implementation research
Funding of cholera response	• Developing a 5-year cholera elimination plan • Conduct resource mapping for cholera for the 5year plan • Establish a dedicated cholera trust fund to ensure continuous availability of resources for cholera response efforts by 2026. • Include an emergency response budget line in the national budget for the 2025-26 FY going forward. • Lobby for district to include cholera response plan in the district plans • Negotiate long-term funding agreements with key international donors to provide sustained financial support. • Involve local communities in planning, implementing, and financing cholera response strategies, ensuring that interventions are culturally appropriate and widely accepted. • Improve data driven district level resource allocation for the 2025-26 FY going forward

Nigeria

1. Reporting Authority Details

Nigeria Centre for Disease Control and Prevention (NCDC)

Address of Reporting Authority	Plot 800, Ebitu Ukiwe Street, Jabi Abuja – Nigeria
Website of Reporting Authority	https://ncdc.gov.ng/
Country Report Focal Point Name	Mr. Sebastian Yennan
Country Report Focal Point Position	Director/ Cholera TWG Lead
Name of department/Unit Focal Point	Sub-National Support
Focal Point Email Address	sebastian.yennan@ncdc.gov.ng
Focal Point Contact Number	+234(0)8065340851

2. General Information on Cholera

Total number of cholera cases	2261 total cases covering the past 12 months (June 2023 – June 2024)
Number of cholera-related deaths	85 deaths covering the past 12 months (June 2023 – June 2024)
Number of community deaths	Not Applicable (Data is generated from health facility presently)
Case Fatality Rate recorded in facilities	3.8% average CFR covering the past 12 months (June 2023 – June 2024)

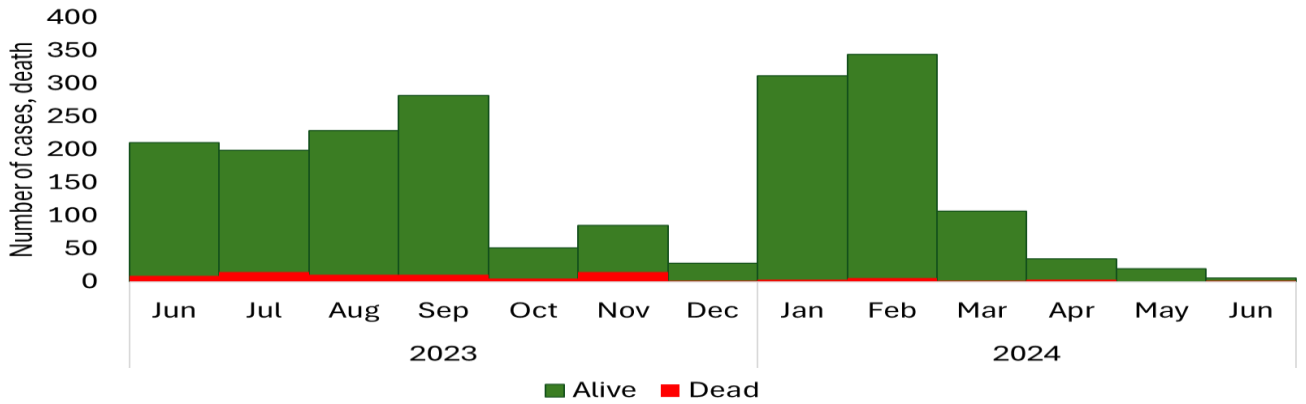


Figure 1: Epidemic curve showing monthly number of Cholera cases by month June 2023 to June 2024

Table 1: Top 9 states in cumulative cases

No	State	Suspected cases	% Of cumulative cases	Cumulative % of total cases
1	Zamfara	533	29.2%	23.6%
2	Bayelsa	506	27.7%	22.4%
3	Ogun	294	16.1%	13.0%
4	Katsina	153	8.4%	6.8%
5	Niger	86	4.7%	3.8%
6	Kano	68	3.7%	3.0%
7	Abia	64	3.5%	2.8%
8	Bauchi	61	3.3%	2.7%
9	Jigawa	59	3.2%	2.6%
	Total	**1824**	**100%**	**80.7%**

Table 2: Top 14 LGAs in Cumulative cases

No	LGA	State	Cases	% Of cumulative cases	Cumulative % of total Cases
1	Ijebu North	Ogun	276	22.3%	12.2%
2	Southern Ijaw	Bayelsa	148	12.0%	6.5%
3	Talata Mafara	Zamfara	122	9.9%	5.4%
4	Gusau	Zamfara	114	9.2%	5.0%
5	Bungudu	Zamfara	93	7.5%	4.1%

6	Nembe	Bayelsa	86	7.0%	3.8%
7	Yenagoa	Bayelsa	72	5.8%	3.2%
8	Ekeremor	Bayelsa	55	4.4%	2.4%
9	Maradun	Zamfara	53	4.3%	2.3%
10	Warri Southwest	Delta	51	4.1%	2.3%
11	Zurmi	Zamfara	45	3.6%	2.0%
12	Ogbia	Bayelsa	41	3.3%	1.8%
13	Anka	Zamfara	41	3.3%	1.8%
14	Kolokuma/Opokuma	Bayelsa	40	3.2%	1.8%
	Total		**1237**	**100%**	**54.7%**

3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	YES, Draft	
If yes, when was the current NCP developed?	The Draft was submitted in May 2024 to GTFCC and currently under review. The process for the development of the NCP started 2021 with the support of the CSP. Through several stakeholder meetings and a draft NCP was validated and finalized in 2024.	
If no, is there an NCP under development?	N/A	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	YES
	If yes, through GTFCC Methodology?	YES, this was according to the 2019 GTFCC Hotspot guideline
	If not, is it planned/under development?	YES, a new PAMI is planned in Nigeria and will be in line with the 2023 GTFCC PAMI Guideline
	If planned/under development – What timeframe is foreseen for the completion of the process?	1-12-2024

If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	National Cholera Technical Working Group Stakeholders: • Ministry of Health • Ministry of Water Resources and Sanitation • Ministry of Environment • Nigeria Centre for Disease Control and Prevention • Nigeria Primary Health Care and Development Agency (NPHCDA) • GTFCC-CSP • Development Partners (WHO, UNICEF, MSF, Red Cross (IFRC, Nigeria Red Cros), AFENET, NIPRID, US CDC, UKHSA, JICA etc.)
State of funding for the NCP and/or cholera operations	None Periodic Government/ Donor funded for Health Emergency Preparedness and Response
Major international donor support for the NCP and cholera operations (if any)	None Activities are supported by Government of Nigeria and development partners like GTFCC-CSP, IFRC, WHO

4. Pictures/maps

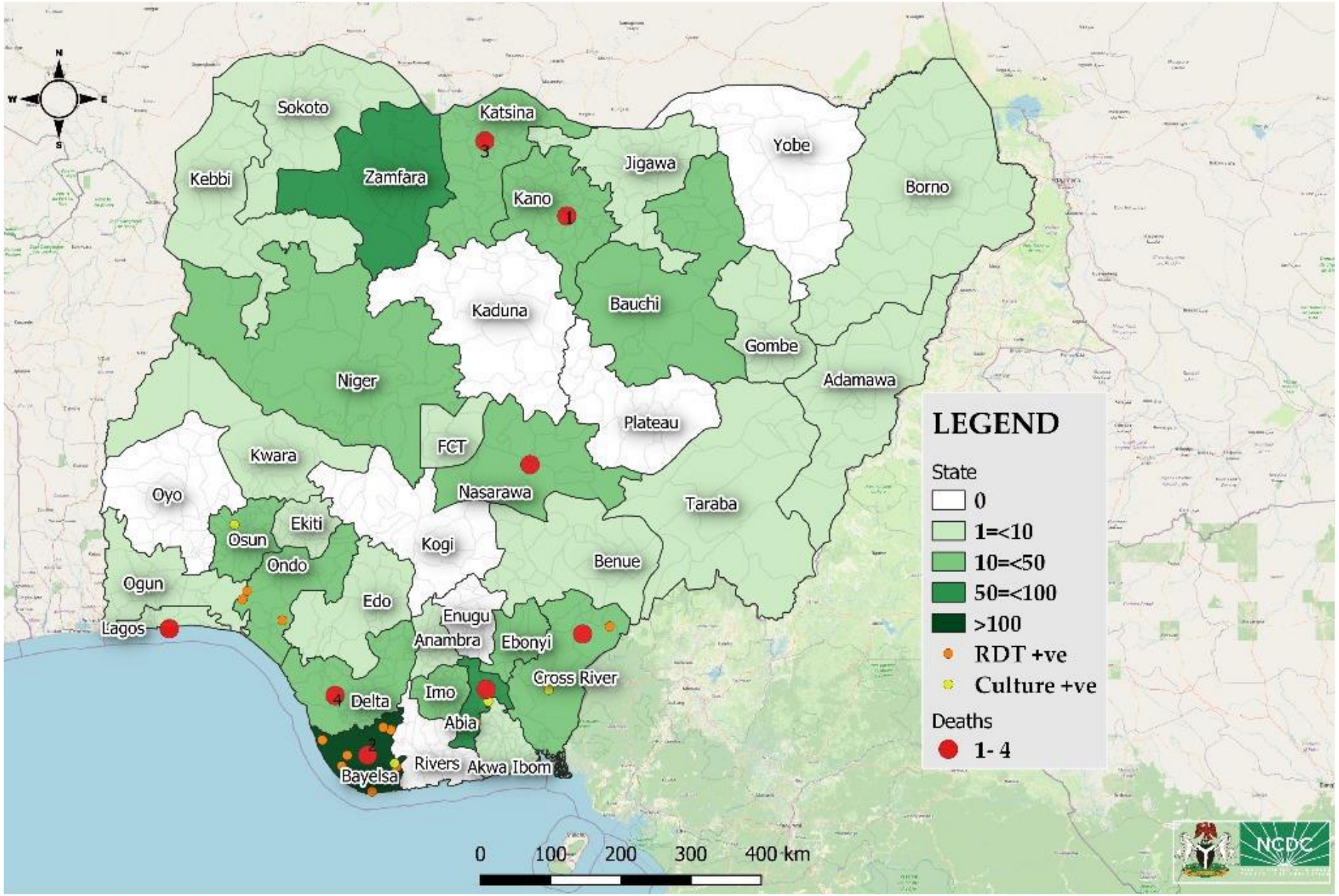


Figure 2: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 22, 2024 (Source: Nigerian National Cholera Sitrep May 2024)

5. Key achievements

Response coordination	• Existing National Cholera Technical Working Group established since 2017 coordinating Cholera related activities. • Submission of NCP in line with the GTFCC 2030 Roadmap to the GTFCC in May 2024. • Cholera response is being coordinated by the national multi-sectoral TWG hosted at NCDC, in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners • Conducted cholera quantification workshop to estimate the quantity of health products and consumables needed for investigation, prevention, and response to cholera out-break in Nigeria • Developed National STAR seasonal calendar • Developed the Annual cholera workplans
Surveillance	• Deployment of National Rapid Response Teams (NRRTs) to support States (Sub national) Outbreak response • Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS) • Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities
Laboratory	• Laboratory optimization support to states for cholera testing • Supported the collection of environmental samples from all water sources and food supply • Supporting ongoing testing efforts across state-level laboratories, including the NCDC National Reference Laboratory (NRL) in Abuja and the CPHL in Yaba, Lagos. • Got GAVI approval for the request for Cholera Rapid Diagnostic Test kit
Case Management	• Supporting states with case management commodities • Conducted a finalization workshop focused on harmonizing cholera case management guidelines, treatment protocols, and standard operating procedures (SOPs).
Vaccination	• Continuous monitoring of epidemiological trend to guide ICG request for planned vaccination campaigns. • Conducted OCV preventive and reactive campaigns anchored by NPHCDA since 2017 in Cross River, Borno, Bauchi, Yobe, Benue, Jigawa, Kebbi, Adamawa, Kano, Katsina and Zamfara States.
WaSH	• Conducted a comprehensive WASH Sector review workshop. • Ongoing Hygiene promotion, provision of safe water, water chlorination, household disinfection and sensitization on dangers of open defecation in high-risk communities by WASH sector partners and Community Health Volunteers in the affected states. • Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots

Funding of cholera response	• Periodic Government/ Donor funded for Health Emergency Preparedness and Response
Research	• Ongoing research on Epidemiology and Ecology of Cholera in Africa (Epi-Eco) in partnership with JHU • Ongoing Cholera Genomics Surveillance in Africa (Chol Gen).
RCCE (Risk communication and community engagement) and Education	• Supporting states with risk communications IEC materials • Aired cholera awareness jingles in both English and local languages. • Conducted extensive community social mobilization, media interviews, and distributed Information, Education, and Communication (IEC) materials, along with ongoing awareness campaigns in affected communities. • Developed and circulated a comprehensive cholera advisory.

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Inadequate budgetary appropriation for cholera TWG activities • High attrition rate of TWG members	• Advocacy to National and Subnational government to improve investment in long term cholera control, and support for cholera preparedness and response activities including having a budget line for emergency response	• Promote focus on Cholera Financing at Global Health Ministerial meetings such as WHA etc.
Surveillance	• Poor and inconsistent reporting from states	• Maintain communication with and support to states for data reporting and response. • Continue cholera surveillance evaluation across states	• Support in the provision of data reporting tools and logistics for surveillance activities (Tablets, data bundles, Motorcycles etc.)

Laboratory	• Poor utilization of RDTs distributed to facilities and surveillance officers • Non availability of Public Health Laboratories in some state • Inadequate logistic support for LGA RRTs and Lab personnel •	• Build capacity for sample collection, transportation, and laboratory diagnosis	• Promote increase investments in global production and availability of RDTs and related commodities.
Case Management	• Inadequate health facility infrastructure and cholera commodities for management of patients (Ringer's lactate and ORS) • Inadequate trained personnel in states for case management	• Promote trainings and in country capacity development in line with the national case management guideline.	• Promote increase investments in global production and availability of Ringer's lactate, ORS, and related commodities.
Vaccination	• Inadequate supply of vaccine for preventive and reactive campaigns • Delay in the release of counterpart funding for OCV campaigns. • Inadequate storage facilities for OCV campaigns • Inadequate Global stockpile of OCV only 1,039,065 doses have been received so far out of about 9.9 million doses requested	• Advocate for expanded Cold Chain Storage facility for due to the increased space requirement for OCV.	• Promote increase investments in global production and availability of OCV and • Advocate for easier application processes and procedure especially for Preventive OCV requests.
WaSH	• Lack of potable drinking water in some rural areas and urban slums	• Continue advocacy to State Governments to increase funding in WASH infrastructure	• GTFCC to advocate to Global and Regional Development Banks for increase investment in WASH and

	• Poor hygiene practice in most cholera affected communities. • Open defecation in affected communities		Promotion of Countries' NCP in directing WASH infrastructure development.
Research	• Inadequate Research Funding • Poor coordination amongst Researchers within the Cholera Ecosystem	• • Organize a National Cholera Summit in Nigeria – supported by CSP/welcome trust • Promote Coordination of Researchers through the Research Pillar of the TWG.	• Promote global interest and funding for cholera research.
Funding of cholera response	• Poor state ownership and funding of cholera control activities • Inadequate funding for the development and implementation of preparedness and response plans	• Advocacy to National and Subnational government to improve investment in long term cholera control, and support for cholera preparedness and response activities including having a budget line for emergency response.	• Continue to increase funding towards global Cholera elimination.
RCCE (Risk communication and community engagement) and Education	• Inadequate cholera IEC Materials at all levels	• Engage with more media partners and RCCE organizations	Support RCCE activities through capacity building and production of IEC materials.

7. Priorities for 2024-2025

Field	Details
Response coordination	• National Launch of the NCP - NSPACC 2024-2028 • Support the continuous meeting of the Multisectoral coordination platform for implementation and monitoring of the NSPACC.

	• Continue collaboration with State Ministry of Health, Environment, Water Resources, Education and PARTNERS • Identification of community leaders to positively influence cholera outbreak control • Conduct high-level advocacy on the NCP including visits to the state governors at subnational to improve support for increased investment in NCP interventions including having a budget line for cholera emergency response.
Surveillance	• Development of the Priority Area for Multisectoral Intervention (PAMI)
Laboratory	• Validation and dissemination of the Laboratory Guideline • Support state capacity for sample collection, transportation, and laboratory diagnosis
Case Management	• Validation and dissemination of the Case Management Guideline
Vaccination	• Development of the Multi-Year Plan of Action (MYoPA) for OCV • Development of the OCV micro-plans and implementation of vaccination campaigns
WaSH	• Improvement and sustenance of Water, Sanitation & Hygiene (WaSH) infrastructure across states • Advocate for increased funding for maintenance of WaSH facilities • Advocate for frequent chlorination of public waterworks & wells • Intensify campaign against open defecation
RCCE (Risk communication and community engagement) and Education	• Intensified risk communication and community engagement
Research	• National Cholera Research Agenda for Nigeria • Continue research collaborations on cholera (Epi Eco, Chol Gen, OCV)
Funding of cholera response	• Advocacy to National and Subnational government to improve investment in long term cholera control, and support for cholera preparedness and response activities including having a budget line for emergency response.

Annex

Indicator **(Please refer to the NCP guiding document, Monitoring and Reporting section)**	**Status** **(Please indicate when information/data is not available)**	**Comment** **(Please share any additional element that may help understand the information provided or the lack of data available)**

Indicator 1 – Proportion of the NCP which is funded through Domestic and external funding	NA	Draft NCP recently submitted to the GTFCC. Ongoing activities funded by FGN and Development Partners.
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	12	Meetings are held monthly by both Health and WASH Sectors.
Indicator 3 – Incidence rate of suspected cholera	1764 (Monthly)	From June 2022 – June 2023 a total of 22,933 cases were recorded from 33 States of the federation.
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	NA	
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotspots with access to functional lab.	NA	Most cholera laboratory diagnosis is carried in State capitals where capacity exist or the National Reference Laboratories in Abuja and Lagos.
Indicator 6 – Number of deaths from Cholera	564	From June 2022 – June 2023 a total of 564 deaths were recorded from 33 States of the federation.
Indicator 7 – Case Fatality ratio in treatment centers	2.5%	
Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home	80%	ORS is available in PHCs. Most PHCs are located between 1-5kms from communities.
Indicator 9 – OCV administrative coverage in hots post areas vaccinated (over the preceding 12 months)	OCV was done in 3 LGAs of Kano State in December 2022. Total immunized was 918,165 (104% coverage). Cross River State Obubra LGA targeting 101,188 population, there was a total of 104,740 (104%).	

Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	12%	Planned for 14 LGAs in 2022 and 12 LGAs in 2023. Only 3 LGAs vaccinated.
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	In December 2021, we requested for 9.96 million doses of OCV for14 LGAs across 8 States and FCT selected for preventive vaccination in 2022. Approval was given in February 2022. As of June 6, 2022, we have received 1,039,065 doses.	1,022,905 immunized (4 LGAs)
Indicator 12 – Proportion of people with Access to Safe water in hotspots	10%	Water Sanitation and Hygiene National Outcome Routine Mapping 2021 (WASHNORM 2021 Report). Conducted by FMWR, NBS, WB and UNICEF.
Indicator 13 – Proportion of people with access to sanitation in hotspots	46%	Water Sanitation and Hygiene National Outcome Routine Mapping 2021 (WASHNORM 2021 Report). Conducted by FMWR, NBS, WB and UNICEF.
Indicator 14 – Proportion of people with access to hygiene in hotspots	17%	Water Sanitation and Hygiene National Outcome Routine Mapping 2021 (WASHNORM 2021 Report). Conducted by FMWR, NBS, WB and UNICEF.
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	NA	Most RCCE trainings are conducted during outbreak response and localized.
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	NA	Survey not conducted.

Pakistan

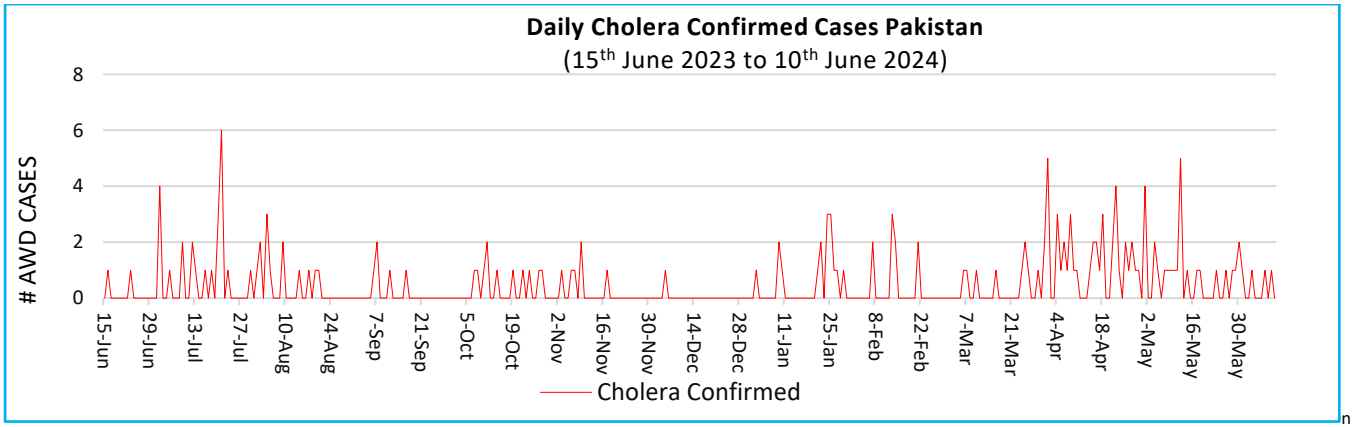
1. Reporting Authority Details

Ministry of National Health Services, Regulations and Coordination, Pakistan

Address of Reporting Authority	**Ministry of NHSR&C ,3rd Floor, Kohsar Block, Pak Secretariat, Islamabad**
Website of Reporting Authority	www.nhsrc.gov.pk
Country Report Focal Point Name	Dr Rabail Javaid
Country Report Focal Point Position	Deputy Director
Name of department/Unit Focal Point	Ministry of NHSR&C
Focal Point Email Address	rabailjaveed@hotmail.com
Focal Point Contact Number	+9251-9245692

2. General Information on Cholera

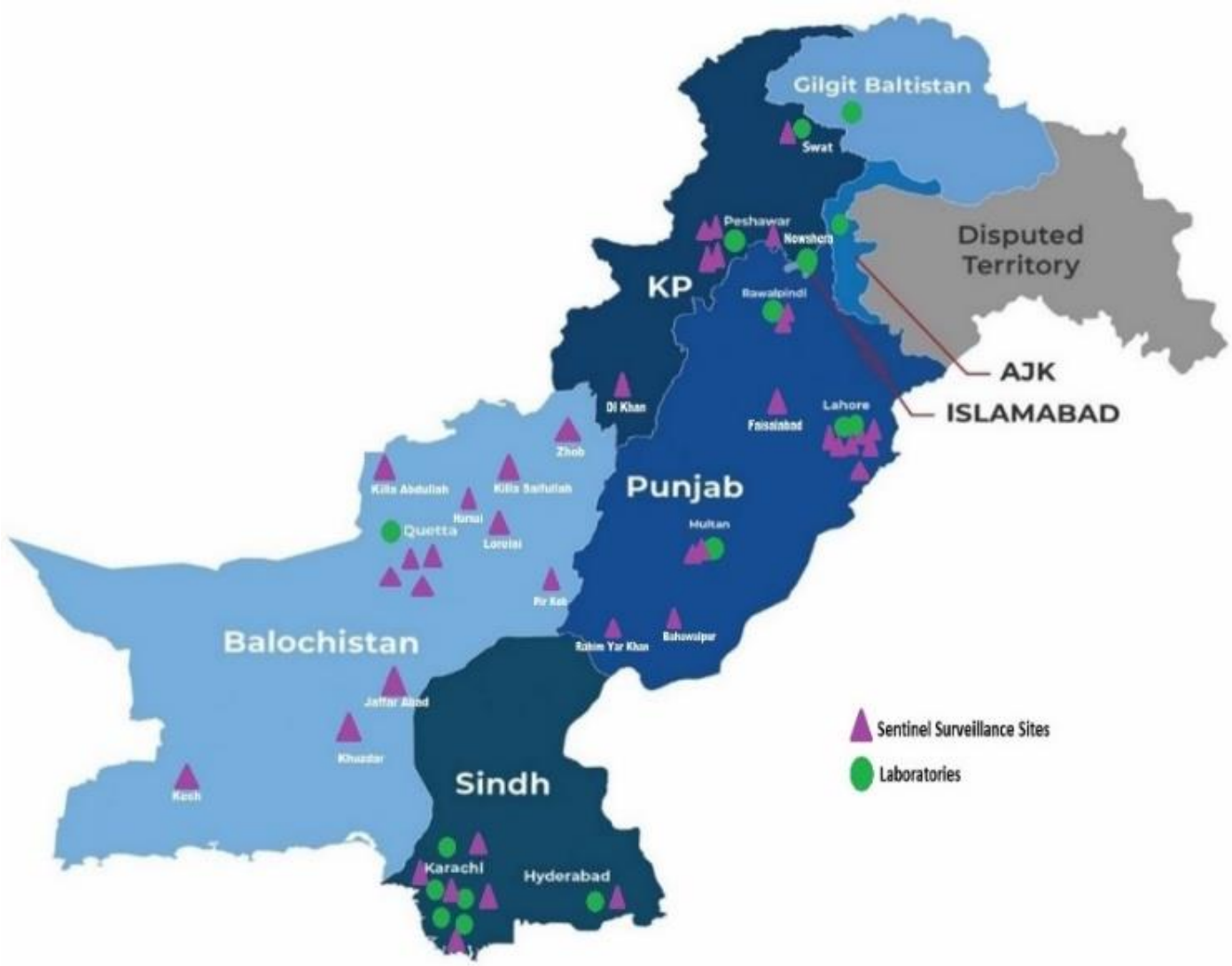
Total number of cholera cases	177 (16 June 2023 – 10 June 2024)]
Number of cholera-related deaths	0 (as per the available data from health facilities)
Number of community deaths	Not known
Case Fatality Rate recorded in facilities	0 (as per the available data from health facilities)



3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	There is a draft National Cholera Control Plan. In addition, the country has developed the National Cholera Control Strategy (2024-2028)	
If yes, when was the current NCP developed?	The final National Cholera Control Plan is under development	
If no, is there an NCP under development?	Yes, it is under development	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	Yes
	If yes, through GTFCC Methodology?	Yes
	If not, is it planned/under development?	
	If planned/under development – What timeframe is foreseen for the completion of the process?	August 2024
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	Pakistan has technical working group on Cholera. The TWG is chaired by Ministry of NHSR&C and WHO is the Co-chair. Membership includes NIH, Federal Directorate of Immunization, Provincial departments of Health, Ministry of Climate Change and Environment coordination, Pakistan Council for Research in Water resources (PCRWR), NDMA, WHO, UNICEF, CDC, UKHSA. The technical working group has been meeting frequently. The government, in line with the draft Cholera Strategy developed the TORs for the National Task Force. The taskforce membership will expand and include other members in line with the multisectoral approach.	
State of funding for the NCP and/or cholera operations	The government is the main funding source for the Plan however funding is not satisfactory	
Major international donor support for the NCP and cholera operations (if any)	WHO, UNICEF	

4. Pictures/maps



Laboratory Coverage across the country in 2023

National Consultative Meeting for Development of National Cholera Control Strategy 7-8 March,2024

Ministry of NHSR&C organized a National consultative meeting for finalization and development of National Cholera Control Strategy in March 2024. All national, provincial, intersectoral partners and development partners attended the meeting

5. Key achievements

Response coordination	• **Regular (daily, weekly, monthly) coordination meetings chaired by MoNHSR&C and WHO. Attended by all NIH, FDI, UNICEF, provincial health departments** • **Established Technical Working Group (Case management, surveillance and laboratory, WASH, RCCE, IPC, and vaccination)** • **Conducted field visits to monitor the implementation of the response activities** • **Development of draft National Cholera Control Strategy (2024-2028)** • **Provincial Coordination Meetings** • **development of Cholera Response Plans at sub-national level/provincial**

Surveillance	• Monitor Cholera trends throughout Pakistan through:
	  ○ continued Strengthening of Sentinel sites for AWD/Cholera surveillance. The Sentinel Sites share daily reports on AWD and confirmed cholera cases
	  ○ provided surveillance and investigation tools and guidelines
	  ○ recruited and deploying surveillance officers and data analysts to strengthen the AWD/ Cholera surveillance
	  ○ collected and analyzed data on daily basis and used for action and monitoring the disease trends
	  ○ trained health care providers on Cholera surveillance
	• Investigated and responded to suspected Cholera outbreaks

Laboratory	• Provided technical and logistics support to strengthen laboratory network across all provinces through:
	  ○ RDTs and other lab supplies provided to the districts
	  ○ Printing and distribution of Laboratory guidelines

Case Management	• Guidelines for cholera case management were printed and distributed to health facilities • provision of IPC supplies for the designated health facilities
Vaccination	• Nill
WaSH	• The Ministry of NHSR&C have established technical working group • Mapping of WASH partners on 4w matrix undertaken • Water quality monitoring reports availability
Funding of cholera response	• Major funding is from the government • WHO provides support for Cholera response

	• UNICEF support the WASH component of the response
Research	• Survey of Cholera Outbreak and its Resistant Pattern in Baluchistan, Pakistan- January 2024 • Cholera outbreak in 2022 among children in Karachi: Study of cases attending to a Tertiary Care Hospital-September 2023 • **Cholera spike following monsoon floods in Pakistan: Challenges, efforts, and recommendations (short communication)-August 2023**
RCCE (Risk communication and community engagement) and Education	• During the outbreaks, risk communication and community engagement activities were advocated through the distribution of IEC materials, flyers, and brochures • established collaboration with the religious leaders, community leaders, lady health workers, and lady health visitors to conduct community awareness sessions on hygiene, and safe drinking water

6. Challenges and Way Forward

	Challenges	Solutions	Which role to be played by the GTFCC to address these challenges?
Response coordination	• Weak coordination with other stakeholders • Cholera control is not prioritized in other sectors (education, environment, water quality monitoring, public health engineering)	• Coordination meetings of Health & WASH Sectors • Inclusion of relevant sectors in the National Task force • Costed plan to be developed at Sub-National level	• Advocacy for prioritization of Cholera Control in other sectors
Surveillance	• Weak Disease Surveillance systems because of inadequate funding and Human resource • Inadequate case investigation and outbreak response • Weak routine water quality monitoring, food safety and environmental surveillance	• Strengthen disease surveillance • Strengthen water quality and environmental monitoring and surveillance • Advocacy to other sectors	• Member states shall be persuaded to establish linkages with other sectors for these activities

Laboratory	• Shortage of human personnel for laboratory services in some districts • Weak linkage between epidemiology and laboratory surveillance systems • No linkage between private sector laboratories to the country data system	• Capacity building programs of laboratory personnel • A mechanism for linking private laboratories network at sub-national level for Cholera confirmed cases	
Case Management	• Case Management guidelines not followed at all levels • Inadequate supplies and logistics for case management • Clinicians managing Cholera cases are not trained at all levels	• Advocate for the adherence to the case management guidelines by all health facilities • Provide the guidelines and clinical protocols in healthcare facilities	
Vaccination	• Global limited OCV stock • Insufficient funding for regular OCV implementation activities • Community refusal	• Advocacy for availability of OCV at country level • Involvement of community leaders for acceptance of OCV	• Advocacy for availability of OCV stocks for the country
WaSH	• Weak coordination of health and WASH sectors at district level • Inadequate supplies and commodities for water quality monitoring • Poor water and sanitation services availability	• Strengthen coordination mechanism for intersectoral to be established at Sub-national level and in hotspot districts • Advocate and support water quality testing as a routine in Hotspot districts	
Research	• Low research priority on National Research agenda for Cholera Control • The research is event based	• Advocacy to Academic Institutes and research organizations for taking it as a priority	• Research grants availability for the country

Funding of cholera response	• Insufficient funding • Available funding is donor dependent	• Budget should reflect in the district response plans	
RCCE (Risk communication and community engagement) and Education	• Huge funding requirement for RCCE activities (donor dependent) • Lack of Technical working groups at National & Sub-national level • Shortage of Technical and skilled staff in health promotion • Community workers (LHWs, LHVs) already overburdened	• Creating more awareness on prevention of Oral-fecal diseases • establishment of Technical Working Groups at National & Sub-national level • Capacity building of healthcare facilities at primary health care	

7. Priorities for 2024-2025

Field	Details
Response coordination	• Finalization of the National Cholera Control Strategy • Notification of the National Taskforce along with TORs • Conducting regular coordination meetings with federal/provincial governments & stakeholders • Need to develop a comprehensive national cholera costed plan
Surveillance	• Strengthen Cholera Surveillance at all levels and streamlining reporting from sentinel sites and health facilities • Strengthening the documentation of case mortality figures at health facility and community • Conduct cholera hotspot mapping
Laboratory	• Strengthen And expand Cholera diagnostic facilities from the current thirty-seven centers to all districts including hotspots
Case Management	• Distribute Cholera management guidelines and protocols to all districts and health facilities • Enforce adherence to Cholera management guidelines by all facilities

	• Establish CTUs, and ORT corners (at facilities and community levels) in affected areas during cholera outbreaks • Train clinicians and health workers on use of Cholera management guidelines and protocols • Monitor utilization of Cholera Control guidelines and protocols by the health care facilities
Vaccination	• Conduct Hotspot mapping for targeted vaccination campaigns • Conduct preventive vaccination in the hotspots before the outbreaks • Conduct reactive vaccination during outbreaks
WaSH	• Conduct regular water quality monitoring and assessments especially in the hotspot areas or areas reporting high number of AWD cases • Conduct chlorination of water at source and household level • Regular Monitoring of water chorine levels • Conduct regular assessments for access of the population to safe water, sanitation, and good personnel hygiene in cholera hotspots
RCCE (Risk communication and community engagement) and Education	• Identification of focal persons for cholera control at community, health facility and local government level etc. • Train the focal persons on messaging for cholera control • Provide support to the focal persons to conduct community mobilization and sensitization on Cholera control • Support production and dissemination of regular messages on Cholera
Research	• Support individuals /institutions involved in cholera research
Funding of cholera response	• Advocate for more funding for Cholera response by government • Resource mobilization and donor mapping for cholera control and response

Annex

Indicator **(Please refer to the NCP guiding document, Monitoring and Reporting section)**	**Status** **(Please indicate when information/data is not available)**	**Comment** **(Please share any additional element that may help understand the information provided or the lack of data available)**
Indicator 1 – Proportion of the NCP which is funded through domestic and Eternal funding	Government is the major funder for Cholera response	The current plan is a draft plan and costing process is not completed
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	More than ten multisectoral meeting held	The government is conducting Cholera Control at both National and provincial levels

Indicator 3 – Incidence rate of suspected cholera	0.12/1000 population per year	
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	50%	
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotspots with access to functional lab.	Less than 30%	Currently Pakistan has thirty-seven laboratory facilities with capacity to conduct Cholera confirmation. Most of the facilities are in big cities
Indicator 6 – Number of deaths From Cholera	0	Currently the reporting of deaths attributed to Cholera by the health facilities is weak. This partially explains the reporting as zero deaths
Indicator 7 – Case Fatality ratio in treatment centers	0	Currently the reporting of deaths attributed to Cholera by the health facilities is weak. This partially explains the reporting as zero deaths
Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home	Below 30%	The availability of community-based diarrhea /Cholera treatment points (ORT point) is low, however the LHWs have ORS
Indicator 9 – OCV administrative coverage in hotspot areas vaccinated (over the preceding 12 months)	OCV Campaigns not conducted in last 12 months	
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	OCV Campaigns not conducted	
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	OCV Campaigns not conducted	
Indicator 12 – Proportion of people with access to safe water in hotspots	Data not available	Assessment not conducted
Indicator 13 – Proportion of people with access to sanitation in hotspots	Data not available	Assessment not conducted

Indicator 14 – Proportion of people with access to hygiene in hotspots	Data not available	Assessment not conducted
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	70%	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	Data not available	Assessment not conducted

Sudan

1. Reporting Authority Details

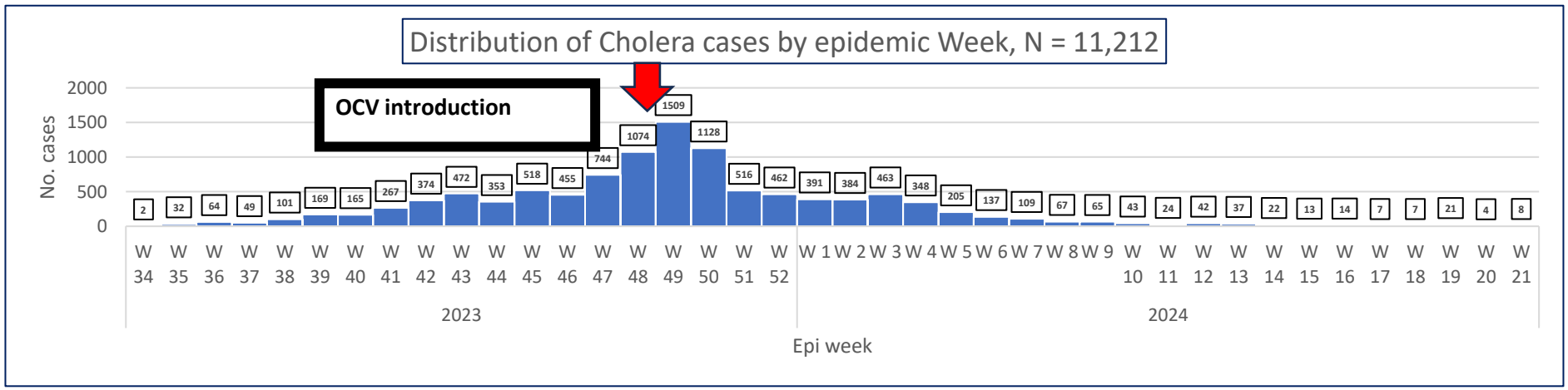
Federal Ministry of Health

Address of Reporting Authority	Federal Ministry of Health, ElMawani building Po. Box 11111
Website of Reporting Authority	www.fmoh.gov.sd
Country Report Focal Point Name	Dr Elfadil Mahmoud
Country Report Focal Point Position	Health Emergency and Epidemic Control Deputy Director General, FMOH
Name of department/Unit Focal Point	HEEC
Focal Point Email Address	elfadil74@gmail.com
Focal Point Contact Number	+249 122994962

2. General Information on Cholera

Total number of cholera cases	11 212 (June 2023/June 2024)
Number of cholera-related deaths	309
Number of community deaths	N/A (June 2023/June 2024)
Case Fatality Rate recorded in facilities	2.8% (June 2023/June 2024)

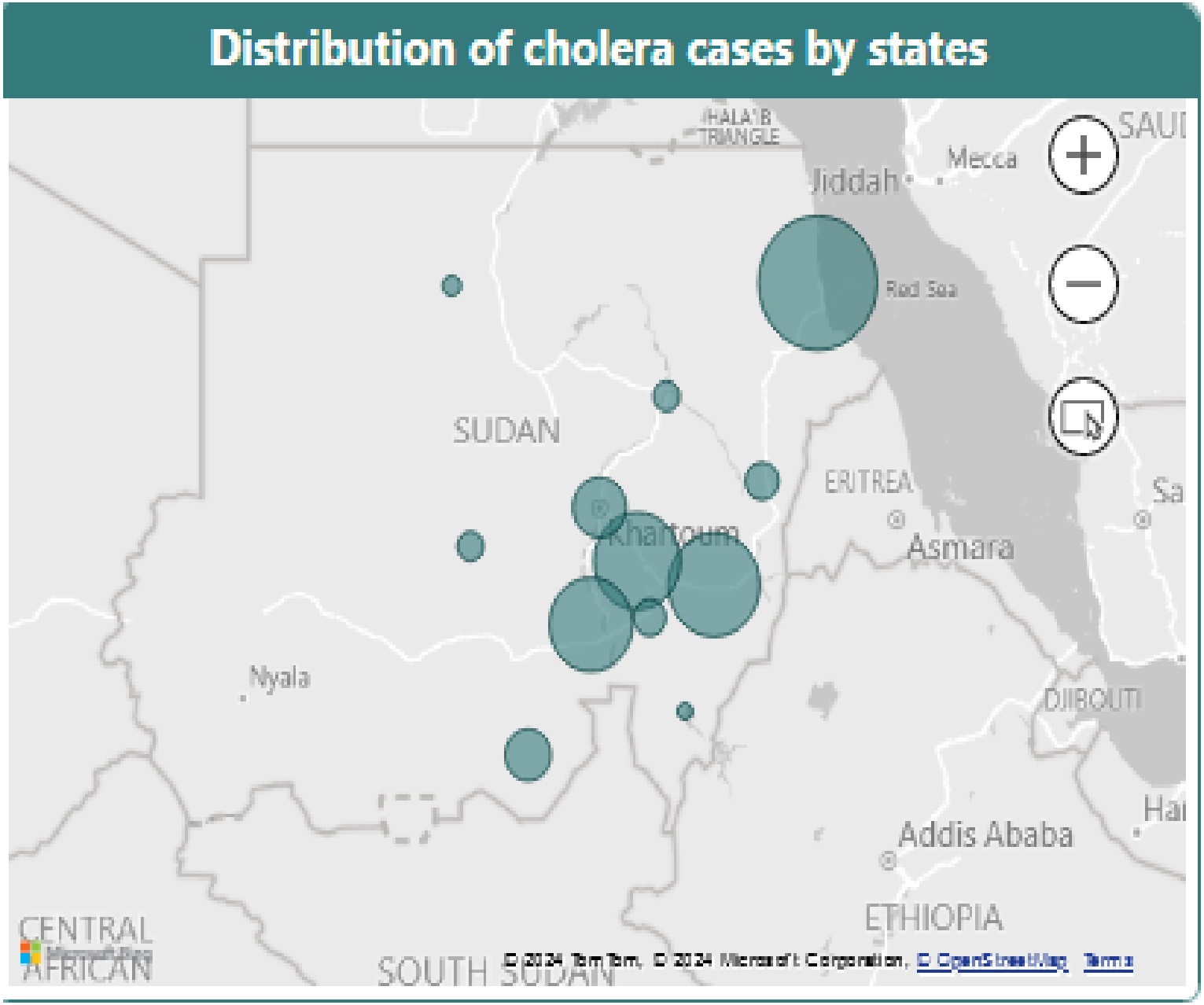
Distribution of Cholera cases by EPI weeks for Aug 2023 - Jun 2024



3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	YES	
If yes, when was the current NCP developed?	Developed in 2021 and updated on 01/12/2023	
If no, is there an NCP under development?	N/A	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	YES
	If yes, through GTFCC Methodology?	YES
	If not, is it planned/under development?	N/A
	If planned/under development – What timeframe is foreseen for the completion of the process?	July 2024
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• Chaired by the Federal Minister of Health at federal level and the Director General of MOH at state level. • Ministry health: the general directorates of Emergency health, curative medicine, National Medical Supplies Fund, PHC under which are WASH, Health Promotion, UHC and EPI • Ministry of irrigation and water resources • Ministry of Finance • Ministry education • Ministry of culture and media • Ministry of Interior/civil defense • Humanitarian Aid Commission • Higher Council of environment • Various UN organizations (WHO, UNICEF, UNIHCER etc.) • I/NGOs • Private stakeholders, • CSOs	
State of funding for the NCP and/or cholera operations	Unsatisfactory	
Major international donor support for the NCP and cholera operations (if any)	Gavi through the ICG, MSF, STC, UNICEF, Kuwaiti Helping patients fund, etc.	

4. Pictures/maps



5. Key achievements

Response coordination	• Activation of the National Cholera Task force to coordinate the country's response with four technical subcommittee (Surveillance, WASH, OCV and RCCE)
Surveillance	• Ensured the functionality of surveillance systems, even in conflict zones and areas with limited connectivity.
Laboratory	• Successfully re-established the national public laboratory in a new city after the previous facility in Khartoum city was besieged. • Conducted necessary testing in the laboratory, enabling the country to initiate an outbreak response mass vaccination campaign through the ICG process.
Case Management	• Established Cholera Treatment Centers (CTCs) in all localities that reported outbreaks.
Vaccination	• Implemented an outbreak response mass vaccination campaign in fourteen targeted localities across 6 states, covering a total of 4,537,644 individuals
WaSH	• - Implemented effective WASH interventions in coordination with humanitarian actors during the ongoing crisis
Funding of cholera response	• Through the national taskforce, almost equivalent to 2M USD have been released from the Ministry of Finance for the case management, home chlorination activities and Food control and inspection. • WHO supported the surveillance and the lab preparedness at national level. Through several NGOs availed the support for the hygiene promotion and the CTC • ICG supports the vaccination campaigns (OCV plus the operation cost) • FMOH, WES and UNICEF support the procurement of the liquid chlorine, chlorine tab and other consumables. • UNICEF and KHPF supports the hygiene promotion activities and the chlorination activities
Research	• Documentation of the country's unique experience in responding to cholera outbreaks during times of crisis is currently being prepared for publication.
RCCE (Risk communication and community engagement) and Education	• FMOH with support from UNICEF implement mass media campaign at several levels to promote the hygiene promotion

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Displacement and Population Movements	• Coordination among humanitarian agencies, host communities, and local authorities is crucial in providing healthcare services and preventive measures to displaced populations.	
Surveillance	• Limited Access to Affected Areas.	• collaboration with local authorities, negotiation with conflicting parties, and emphasizing the importance of humanitarian access for public health interventions.	• High level advocacy
Laboratory	• Inability to confirm some outbreak by culture	• Accept the result of rapid diagnostic test in case of crisis and hotspots.	• Update the ICCG policy to include exceptional approval in case of conflict and crisis
Case Management	• Limited Access to Affected Areas • Disrupted Healthcare Infrastructure	• Establishing temporary field hospitals or mobile clinics can help bridge this gap.	• Widding the scope of support to include case management
Vaccination	• Targeting the vulnerable high-risk population when they are out of camps. • Applying Priority Areas for Multisectoral Interventions PAMIs identification	• Changing the eligibility criteria to case-by-case evaluation	• Re-visit the policy

WaSH	• Inadequate Water, Sanitation, and Hygiene (WASH) Facilities	• Collaborating with local communities, training local volunteers, and utilizing innovative technologies, such as portable water purification systems, can help address these challenges.	• Secure fund for research
Research	• Competing priorities specially in the current context • Fund	• Consider as high priority • Secure fund	
Funding of cholera response	• Limited Resources and Funding:	• provide financial support, and ensure sustainable funding for cholera control initiatives in conflict areas	• Funding comprehensive plan for better control
RCCE (Risk communication and community engagement) and Education	• Rumors and misinformation can spread quickly in fragile settings, impacting community perceptions and behaviors related to cholera prevention and treatment	• Adapted Communication Strategies: Tailoring communication strategies to the specific context of the fragile setting, including using local languages, cultural symbols, and community leaders to deliver messages effectively	

7. Priorities for 2024-2025

Field	Details
Response coordination	• Dedicated task force or interagency coordination group, can help streamline efforts, share information, and allocate resources efficiently
Surveillance	• Timely collection, analysis, and reporting of data on suspected and confirmed cases enable early detection and response. • Strengthening surveillance systems through training, capacity building, and the use of innovative technologies can enhance the effectiveness of cholera control measures
Laboratory	• Establishing or strengthening laboratory facilities in conflict areas and ensuring the availability of skilled personnel and necessary diagnostic tools are crucial for effective cholera control.
Case Management	• Capacity building for healthcare workers on cholera case management protocols and ensuring the availability of supplies, medications, and equipment are critical components of effective response in conflict areas.
Vaccination	• Applying for the preventive mass vaccination campaign window through Gavi
WaSH	• promoting safe hygiene practices, and ensuring proper waste management, are critical in conflict areas. • Collaboration with local communities, capacity building, and sustainable infrastructure development are key elements of successful WASH interventions.
RCCE (Risk communication and community engagement) and Education	• Providing accurate and timely information about cholera prevention, treatment, and available resources, as well as addressing community concerns and cultural practices that may contribute to the spread of the disease, can enhance the effectiveness of control measures.
Research	• Conducting research on cholera epidemiology, and interventions specific to conflict areas to avail evidence-based decision-making and improved response strategies. • Collaborative research partnerships between academic institutions, international organizations, and local stakeholders to generate valuable knowledge and inform targeted interventions.
Funding of cholera response	• Adequate and sustained funding is crucial for implementing comprehensive cholera control measures in conflict areas

Annex

Indicator (Please refer to the NCP guiding document, Monitoring and Reporting section)	Status (Please indicate when information/data is not available)	Comment (Please share any additional element that may help understand the information provided or the lack of data available)
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding	Forty-eight percent	
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	40+ meetings	
Indicator 3 – Incidence rate of suspected cholera	4.8 cases per 10,000 population.	
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	64:100	
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotspots with access to functional lab.	256:786	
Indicator 6 – Number of deaths from Cholera	309 deaths.	
Indicator 7 – Case Fatality ratio in treatment centers	2.8%	
Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home	80%	
Indicator 9 – OCV administrative coverage in hotspot areas vaccinated (over the preceding 12 months)	Data not available	No preventive campaign implemented yet

Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	Data not available	No preventive campaign implemented yet
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	All were emergency	
Indicator 12 – Proportion of people with access to safe water in hotspots	65.69%	
Indicator 13 – Proportion of people with access to sanitation in hotspots	25.59	
Indicator 14 – Proportion of people with access to hygiene in hotspots	36.56	
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	93%	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	NA	

Togo

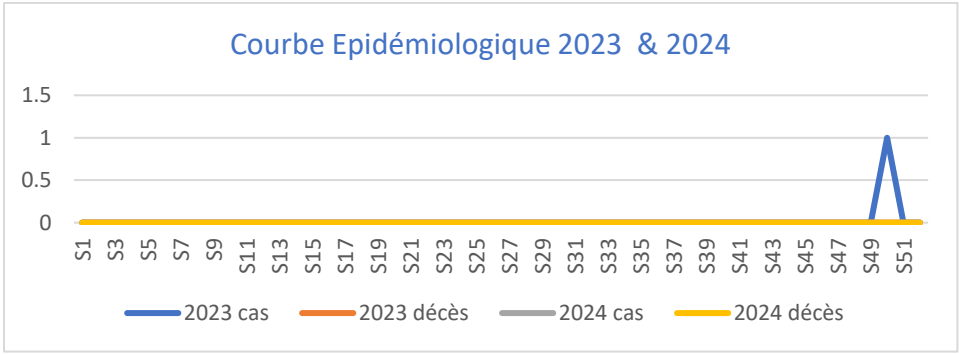
1. Détails de l'autorité déclarante

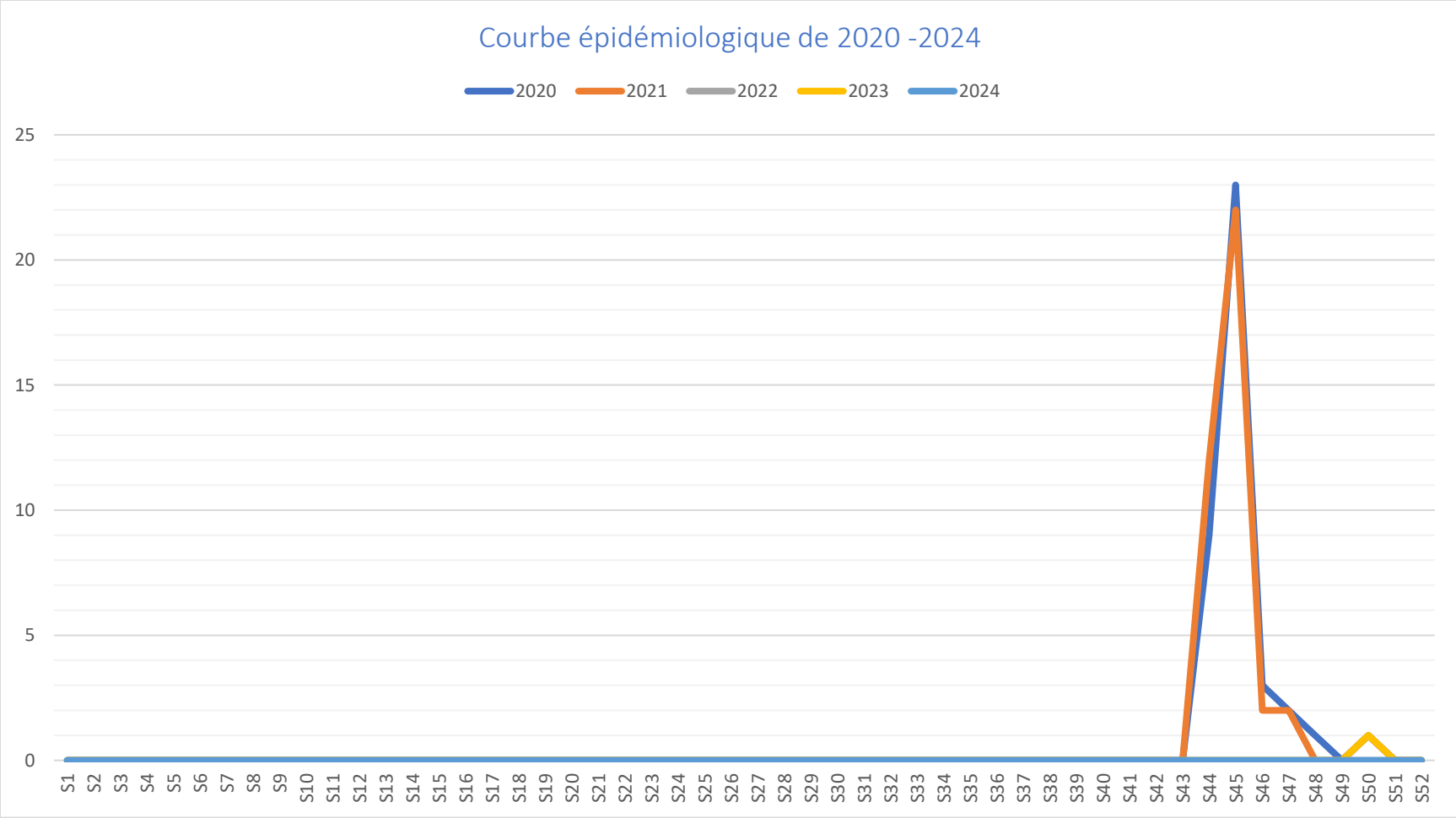
Ministère de la Santé & de l'Hygiène Publique

Adresse de l'autorité déclarante	MSHP, BP : 336 Lomé - Togo
Site Internet de l'autorité déclarante	-
Nom du point focal du rapport national	Ingénieur TANTE Ouyi
Position du point focal du rapport national	Point Focal National Choléra
Nom du point focal du département/unité	Dr NIKIEMA Christelle
Adresse électronique du point focal	[Tantva@yahoo.fr
Numéro de contact du point focal	(+228) 90050757

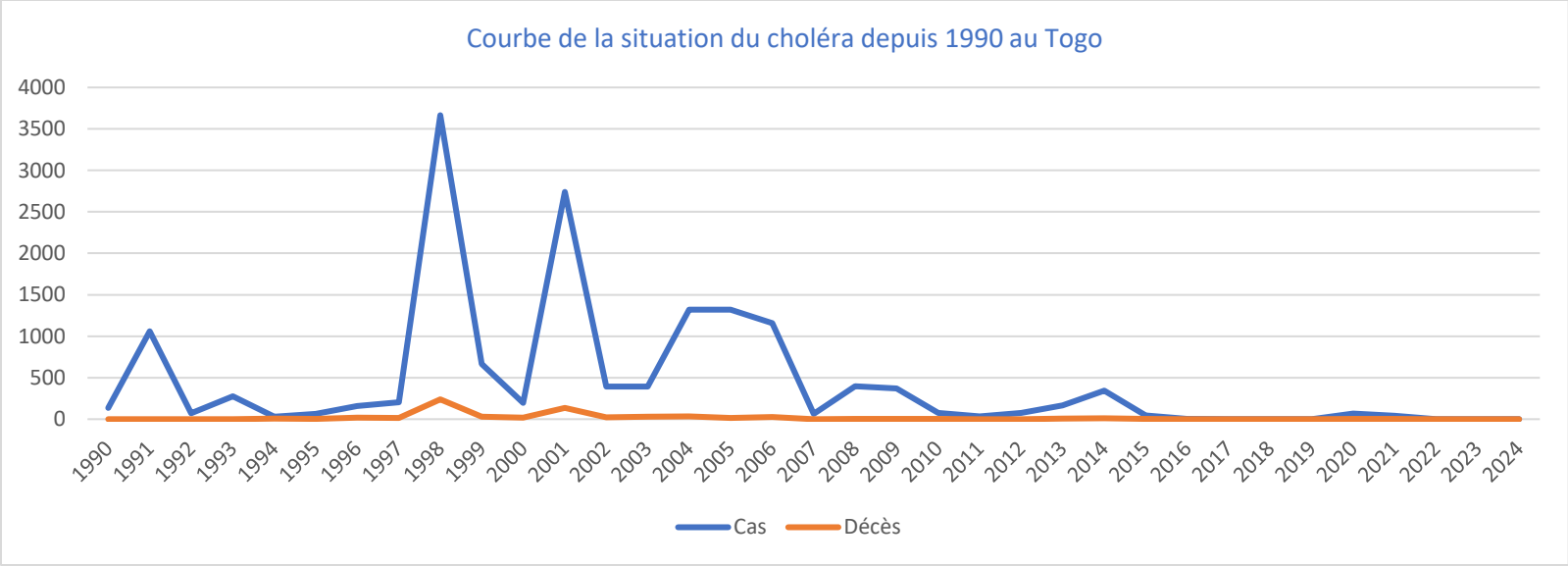
2. Informations générales sur le choléra

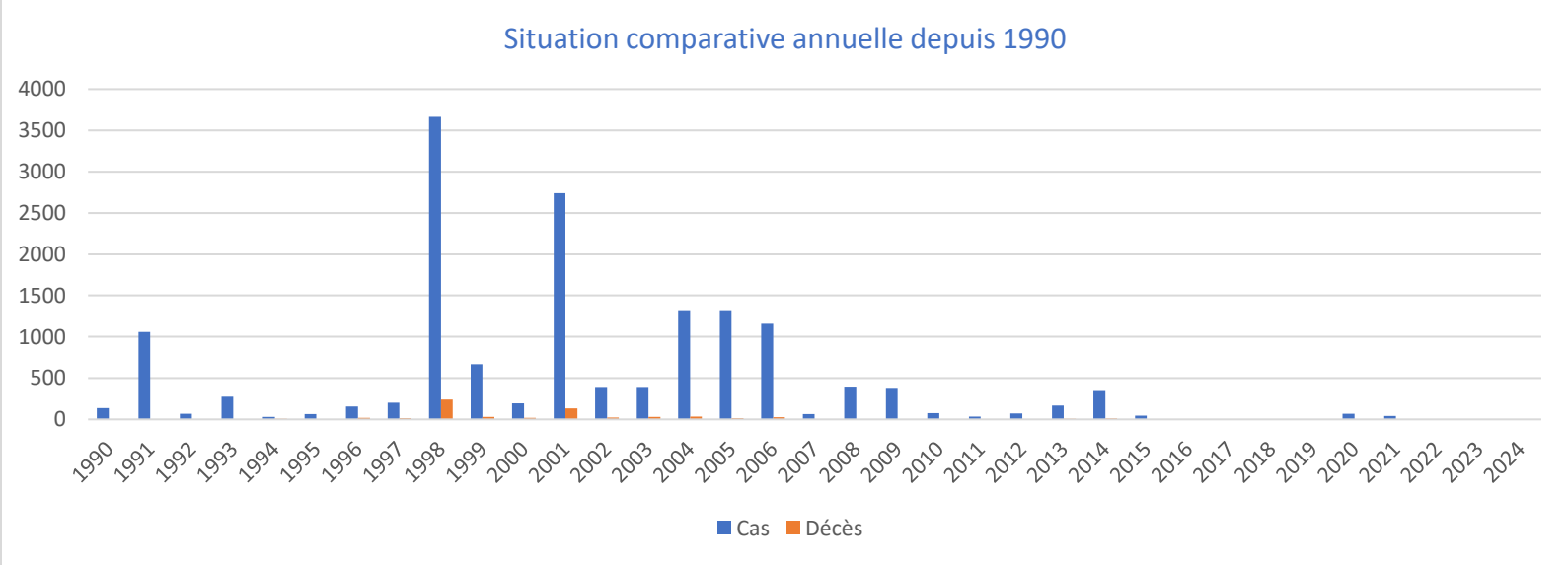
Nombre total de cas de choléra	Nombre total de cas de choléra (juin 2023 – juin 2024) : 01 cas et 0 décès
Nombre de décès liés au choléra	Nombre de décès de choléra (juin 2023 – juin 2024) : O décès
Nombre de décès communautaires	Nombre de décès communautaire (juin 2023 – juin 2024) : O décès
Taux de létalité enregistré dans les établissements	Létalité dans les établissements de soin (juin 2023 – juin 2024) : 0%





Commentaire : Cette présentation comparative des cinq dernières années vient nous montrer que les quelques rares cas de choléra que le pays continu d'enregistrés surviennent aux mêmes périodes soit souvent dans les dernières semaines épidémiologiques de l'année



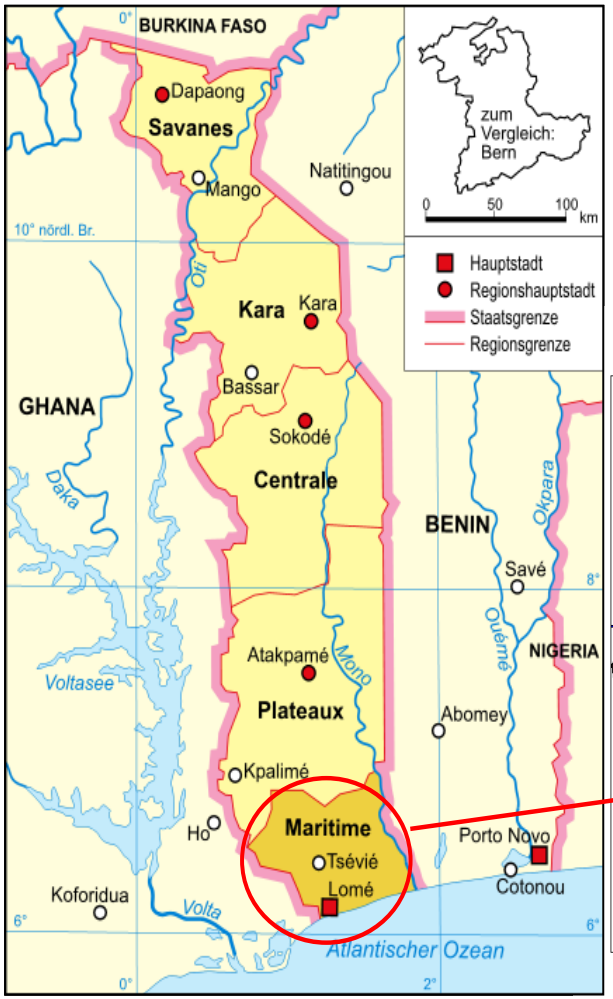


Commentaire : Ces deux dernières présentations montre un peu comment le Togo pouvait tendre vers une élimination du Choléra. Aussi nous pouvons affirmer que les quelques cas enregistrés ces dernières années concernent les mêmes localités et à l'investigation terrain, il s'avère que les cas index sont toujours importés des pays voisins soit par les pécheurs ou les transporteurs.

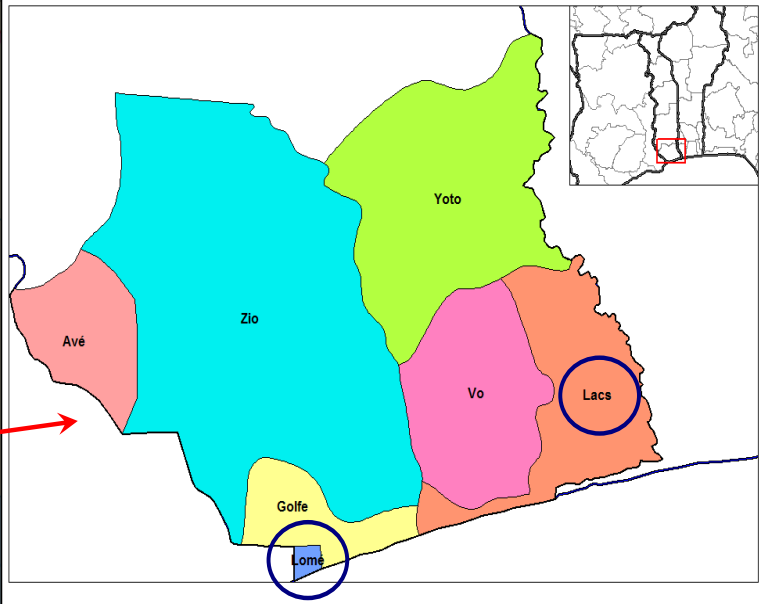
3. Plan National Choléra (NCP) et cadre de réponse au choléra

Existe-t-il un Plan National Choléra (NCP) en cours de mise en œuvre ?	OUI mais qui an expiré en décembre 2023 mais que nous avions voulu réviser mais par le principe d'identification des PAMIs	
Si oui, quand le PCN actuel a-t-il été élaboré ?	Depuis février 2O21 pour 3 ans	
Si non, existe-t-il un PCN en cours de développement ?	NON nous voulons le faire méthodiquement en impliquant tous les partenaires et autres secteurs en passant par l'actualisation ou la révision des PAMIs	
Statut d'identification des PAMI (Domaines prioritaires pour les interventions multisectorielles)	Les PAMI sont-ils identifiés ?	OUI mais n'a pas impliqué tous les secteurs et partenaires
	Si oui, via la méthodologie GTFCC ?	NON
	Si non, est-il prévu/en cours de développement ?	OUI en cours mais par la phase de sensibilisation des parties prenantes y compris les partenaires et les communautaires
	Si prévu/en cours de développement – Quel délai est prévu pour l'achèvement du processus ?	Peut être décembre 2024
S'il existe dans votre pays, veuillez énumérer les principaux ministères/autorités représentés au sein du Groupe de travail national sur le choléra. S'il n'y a pas de groupe de travail, laissez la section vide.	• Ministères (santé, eau, éducation, Administration territoriale…) • Divers Secteurs (Eau, Hygiène et Assainissement, Environnement, Communication, • Diverses organisations des Nations Unies (OMS, UNICEF, etc.) • I/ONG • Acteurs privés, les mairies, les collectivités locales	
État de financement du PCN et/ou des opérations choléra	Partiellement satisfaisant	
Soutien des principaux donateurs internationaux au PCN et aux opérations contre le choléra (le cas échéant)	Etat et l'OMS seuls soutiennent les efforts de lutte contre le choléra	

4. Photos/cartes



Région Maritime

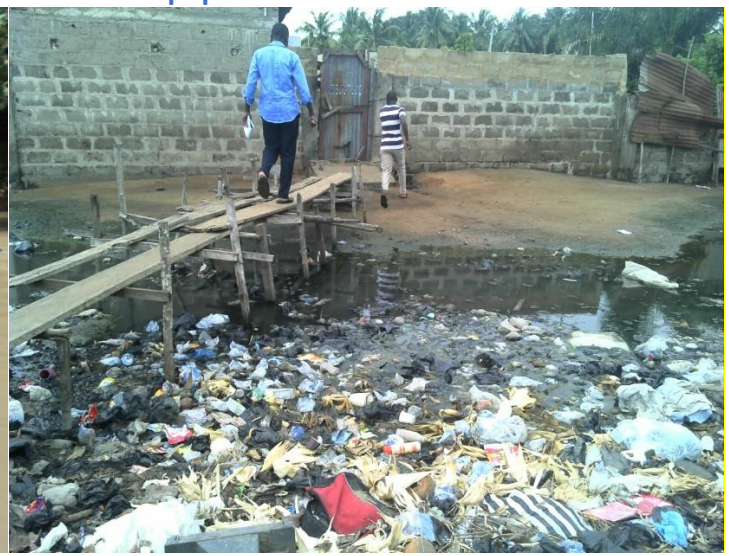


Au Togo le cholera se localise dans la région administrative de la Maritime et évolue de façon endémo-épidémique dans les districts de Grand Lomé, de Maritime Et de ses environs.

Séance de collecte de l'eau pour étude environnementale

Les Conditions d'assainissement & du Cadre de vie des populations dans certains PAMIs

Les pratiques d'approvisionnement d'eau de boisson



Condition d'assainissement et de Cadre de vie dans un PAMIs

5. Principales réalisations

	Principales réalisations
Coordination de la réponse	• Institution d'un des projets phares de l'OMS, le Projet SURGE pour le renforcement de la riposte épidémique y compris le choléra
Surveillance	• Formation des acteurs à tous les niveaux sur le Guide SIMR 3, prenant en compte le choléra • Investigation de terrain de tout cas suspect de choléra ou de diarrhée grave ou encore de tout décès inexpliqué de diarrhée
Laboratoire	Réalisation des tests de diagnostic de choléra Culture et antibiogramme de tout cas probable de choléra • Réalisation de test PCR de tout cas confirmé à la culture en partenariat avec les laboratoires partenaires de l'OMS
La gestion de cas	• Dotation de stock tampons de médicaments de prise en charge des cas dans les districts à haut risque de choléra • Existence d'une Equipe Médicale d'Urgence (EMU)
Vaccination	• RAS
WASH	• Formation PCI§WASH des techniciens d'assainissement sur la qualité de l'eau de boisson dans le contexte cholera
Financement de la réponse au choléra	• Achat et dotation de médicaments de prise en charge aux structures de santé des zones chaudes de choléra sur Budget de l'ETAT
Recherche	• Une étude environnement sur le choléra a été menée entre 2011 – 2015
RCCE (Communication sur les risques et engagement communautaire) et Éducation	• Les sensibilisations de proximité ont été menées dans les localités à haut risque de choléra

6. Défis et voie à suivre

	Défis	Solutions	Quel rôle le GTFCC doit-il jouer pour relever ces défis ?
Coordination de la réponse	• Manque d'intégration des partenaires • Manque d'implication ou faible engagement des communautés à la lutte contre le choléra • Faible implication des secteurs de l'éducation et de l'eau aux activités de préparation et de riposte • Absence de groupe thématique Choléra (groupe de travail sur le choléra)	• Cartographie des partenaires • Création d'un groupe de travail sur le choléra impliquant tous les secteurs et partenaires • Création de groupement pour la lutte contre le choléra dans la zone à haut risque de cholera	• Instruire l'OMS à appuyer techniquement et financièrement le ministère et le PFN Choléra à mettre en place ces différents groupes de travail qui vont faciliter le processus d'identification des PAMIs
Surveillance	• Identification des PAMIs avec la méthodologie du GTFCC • Non formation des acteurs communautaires sur le cholera dans les zones à haut risque	• Organiser un atelier national avec tous les secteurs et partenaires pour identification ou actualisation consensuel des • Formation de tous les acteurs des zones à haut risque • Elaborer le PCN d'élimination du choléra	• Ajouter des puces
Laboratoire	• Faiblesse dans la détection des cas de choléra	• Mettre en place des tests de diagnostic rapide de choléra dans toutes les structures de prise en charge des localités identifiées de choléra	• Plaidoyer au près de GAVI pour doter le pays de TDR par l'intermédiaire du bureau local de l'Ajouter des puces
La gestion de cas	• Manque des centres de traitement de choléra (CTC) • Insuffisance des médicaments pour la prise en charge des cas • Formation des acteurs de lute	• Créer et équiper les CTC pour la prise en charge des cas ou doter les districts de CTC mobil.	• Doter les districts à fort risque de choléra d'un dispositif mobile de prise en charge des cas de choléra

Vaccination	• Pas de stratégie de vaccination dans la riposte aux épidémies de cholera	• Elaborer et planifier une stratégie de vaccination à l'OCV lors des épidémies de cholera • Plaidoyer pour la dotation d'un stock de vaccin OCV	• Appui de GTFCC auprès de l'OMS et GAVI
Financement de la réponse au choléra	• Non financement des activités de préparation et de riposte au cholera	• Plaidoyer pour mettre en place une ligne spéciale pour le choléra dans le budget de la santé	• Plaidoyer au près de l'OMS pour l'appui financier pour le cholera
RCCE (Communication sur les risques et engagement communautaire) et Éducation	• Faible communication sur le choléra • Faible mobilisation communautaire dans les zones prioritaires de choléra	• Organiser des émissions radio et télévisées sur la prévention du choléra • Renforcer les sensibilisations de proximités sur le choléra • Elaborer et diffuser les affiches et autres sur le choléra dans les communautés à haut risque du choléra • Elaborer un plan de communication cholera	• Appuis financiers de l'OMS

7. Priorités pour 2024-2025

Champ	Détails
Coordination de la réponse	• Mettre en place un groupe technique de travail au niveau national prenant en comptes tous les secteurs techniques et partenaires • Mettre en place des groupements locaux communautaires dans toutes les localités à haut risque de choléra • Organiser régulièrement des réunions de groupe de travail sur le choléra • Faire la cartographie des partenaires de lutte contre le cholera
Surveillance	• Organiser un atelier d'identification des PAMIs • Organiser un atelier d'élaboration du PCN • Former les acteurs des localités à haut risque sur la lutte contre le choléra • Mener des investigations des cas de choléra

Laboratoire	• Mettre en place des TDR de choléra dans les structures périphériques des zones à haut risque de choléra
La gestion de cas	• Former les acteurs d prise en charge de choléra • Doter et pré positionner les intrants dans ces structures
Vaccination	• Elaborer et planifier la stratégie de vaccination pour la riposte aux épidémies de choléra
WASH	• Former les acteurs communautaires à la chloration de l'eau dans les ménages
RCCE (Communication sur les risques et engagement communautaire) et Éducation	• Renforcer la mobilisation sociale dans les communautés à haut risque par la sensibilisation et l'engagement communautaire
Financement de la réponse au choléra	• Achat et dotation des intrants de prise en charge et de laboratoire (réactifs et tests rapides)

Annexe

Indicateur (Veuillez-vous référer au document d'orientation du PCN, section Surveillance et reporting)	**Statut (Veuillez indiquer lorsque les informations/données ne sont pas disponibles)**	**Commentaire (Veuillez partager tout élément supplémentaire qui pourrait aider à comprendre les informations fournies ou le manque de données disponibles)**
Indicateur 1 – Proportion du PCN financé par des financements nationaux et externes	**10%**	**Par l'ETAT dans l'achat des intrants de prise en charge**
Indicateur 2 – Nombre de réunions multisectorielles organisées annuellement par l'organe de coordination du PCN	**ND**	**Organisme spécifique de coordination du PNC non existant.**
Indicateur 3 – Taux d'incidence du choléra suspecté	**0%**	**Pour ces deux dernières années**
Indicateur 4 – Proportion de signaux de choléra vérifiés dans les 48 heures suivant la détection	**100%**	**Pour tous cas de choléra même suspect notifié il y'a au moins une investigation ménage et environnement qui est fait par l'équipe locale**

Indicateur 5 – Proportion d'établissements de santé périphériques (PHF) situés dans les foyers de choléra ayant accès à un laboratoire fonctionnel.	En termes de district 100%	Mais aucun de ce laboratoire ne pratique les tests sur le choléra, les échantillons sont directement envoyés au labo de référence national
Indicateur 6 – Nombre de décès dus au choléra	0 pour ces trois dernières années	Mais 5 en 2021 dont 4 au niveau communautaire
Indicateur 7 – Taux de létalité dans les centres de traitement		
Indicateur 8 – Proportion de la population vivant dans les hotspots qui a accès aux SRO dans un délai de 30 minutes. À pied de chez eux	50%	Puisse que toutes les localités ne disposent de structure sanitaires
Indicateur 9 – Couverture administrative OCV dans les zones chaudes vaccinées (au cours des 12 mois précédents)	0%	La vaccination au OCV n'a jamais été faite
Indicateur 10 – Proportion de hotspots ciblés par le plan de vaccination (au cours de l'année de référence qui ont été vaccinés	RAS	Nous n'avions pas inscrit en effet la stratégie de vaccination contre le cholera
Indicateur 11 – Proportion de doses d'urgence par rapport au total des doses de VCO administrées (au cours des 12 mois précédents)	NA	
Indicateur 12 – Proportion de personnes ayant accès à l'eau potable dans les hotspots	25%	A peine
Indicateur 13 – Proportion de personnes ayant accès à l'assainissement dans les hotspots	15%	Dans les zones à ri
Indicateur 14 – Proportion de personnes ayant accès à l'hygiène dans les hotspots	15%	Environ
Indicateur 15 – Proportion de points focaux formés pour soutenir l'engagement communautaire et la prévention et le traitement du choléra par habitant dans les hotspots	Les PF ont été formés en PCI§WASH lors de COVID mais pas spécifiquement pour soutenir la lutte contre le cholera	Les dernières formations des acteurs dans les hotspots remontent à décembre 2014
Indicateur 16 – Proportion de la population des hotspots qui a des connaissances correctes sur la prévention du choléra dans les communautés	30%	Les acteurs communautaires formés sont plus en activité pour la plupart et donc le suivi ne se fait plus

Uganda

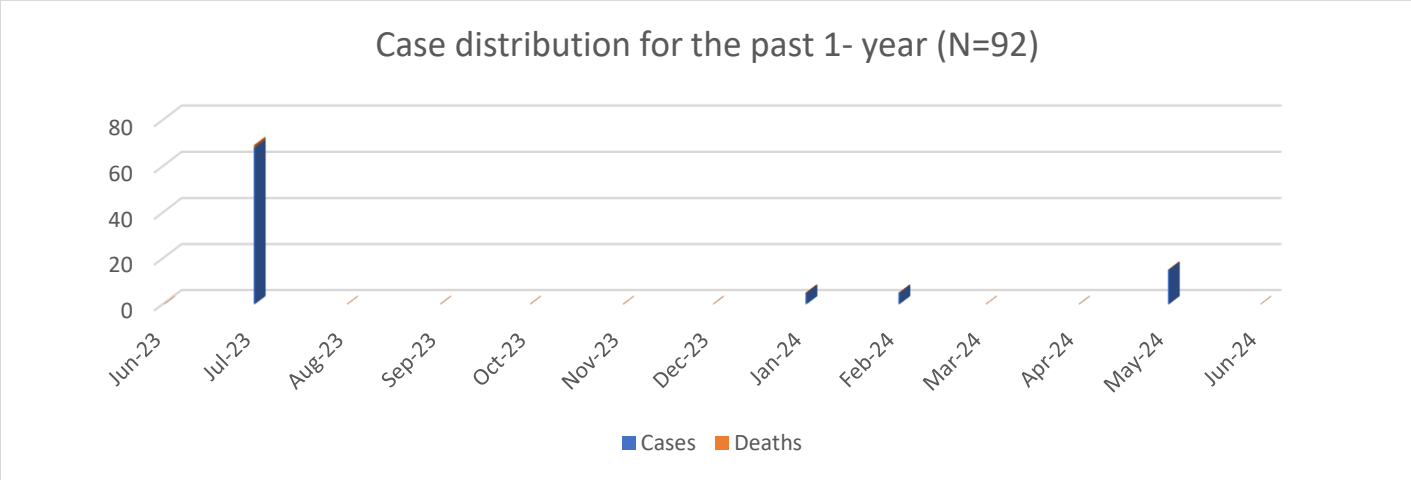
1. Reporting Authority Details

MINISTRY OF HEALTH

Address of Reporting Authority	Plot 6 Lourdel Rd, Wandegeya City, Kampala
Website of Reporting Authority	https://www.health.go.ug
Country Report Focal Point Name	Dr. Bonny Kintu
Country Report Focal Point Position	Senior Medical Officer
Name of department/Unit Focal Point	Integrated Epidemiology Surveillance and Public Health Emergency Preparedness and Response
Focal Point Email Address	Bonnykintu22@gmail.com
Focal Point Contact Number	+256 777032790

2. General Information on Cholera

Total number of cholera cases	92 (June 2023 to June 2024)
Number of cholera-related deaths	01 (June 2023 to June 2024)
Number of community deaths	08 (June 2023 to June 2024)
Case Fatality Rate recorded in facilities	One percent (June 2023 to June 2024)

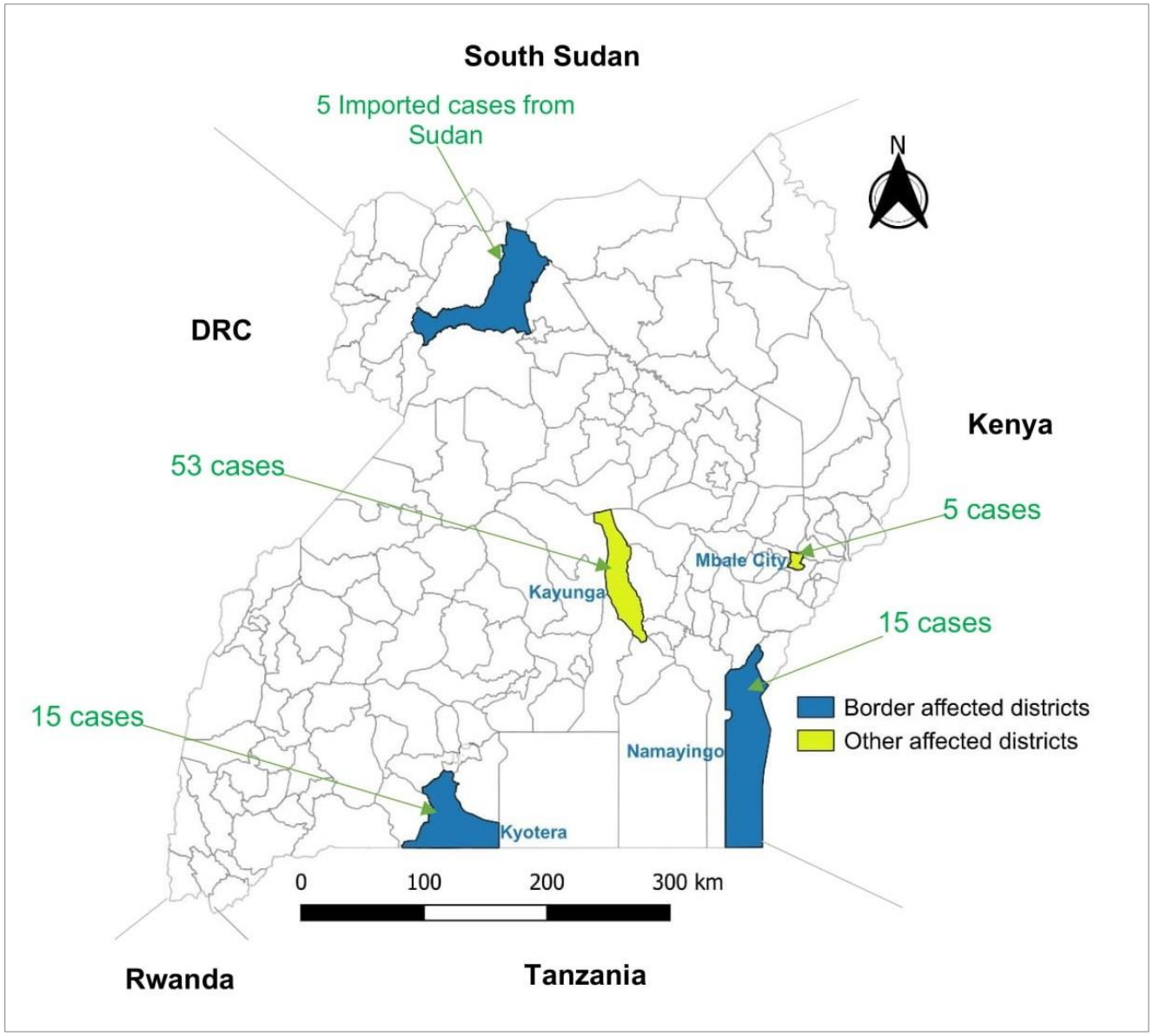


3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	**NO**	
If yes, when was the current NCP developed?	N/A	
If no, is there an NCP under development?	YES	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	YES
	If yes, through GTFCC Methodology?	NO
	If not, is it planned/under development?	N/A
	If planned/under development – What timeframe is foreseen for the completion of the process?	N/A
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• Ministry of Health (Lead institution) • Office of Prime Minister • Ministry of Water and Environment together with its parastatal • National Water and Sewerage Cooperation • Ministry of Local Government • Ministry of Education and Sports • Ministry of Trade and Industries • UN Agencies (WHO, UNICEF, UNHCR) • Institutions (Army, Prisons, Police) • Non-Governmental Organizations – (PATH, Medicines Sans Frontières, World Vision, AMREF, Medical Teams International, • Infectious Disease Institute and Management Sciences for Health) • Uganda Red Cross Society • National Environment Management Authority (NEMA) • Private Sector • Bilateral agencies such as US CDC • Regional bodies such as Africa CDC, East African Community	
State of funding for the NCP and/or cholera operations	Partially satisfactory	
Major international donor support for the NCP and cholera operations (if any)	WHO, UNICEF, PATH, CDC, IDI-RTSL	

4. Pictures/maps

Map of Uganda showing the cholera affected districts and number of cases in the last one year, 2023-2024



5. Key achievements

Response coordination	• **The district cholera task forces have been pivotal in coordination of cholera alerts/outbreaks in the five cholera affected districts. These outbreaks have been managed within a brief time duration with minimal local transmission, and with minimal technical support from national level** • **New cholera elimination plan is in draft form, pending validation**
Surveillance	• Early detection of cholera outbreaks even at the lowest level health facilities
Laboratory	• Strengthened laboratory capacity with regional referral hospital laboratories able to conduct stool cultures for all cholera suspects • Presence of cholera RDTs for quick deployment to strengthen surveillance
Case Management	• Good management of cases with CFR of 1%
Vaccination	• No vaccination campaign conducted as there are no in-country vaccines
WaSH	• Gradual improvement of WASH services at community level; for the new cholera hotspots, the new strategy is provision of a safe water source per village
Funding of cholera response	• Funding for response has mostly been through implementing partners, albeit inconsistent
Research	• A couple of articles on cholera control have been published
RCCE (Risk communication and community engagement) and Education	• Village health teams and district health inspectors continue to conduct community sensitization on cholera; the teams and their efforts are usually beefed-up during outbreak response

6. Challenges and Way Forward

	Challenges	Solutions	Which role to be played by the GTFCC to address these challenges?
Response coordination	• Inactive District Task Forces in implementation of preparedness actions • Inadequate funding for development of the elimination plan	• Regular (at least quarterly) DTF meetings, implementation, and monitoring of cholera prevention interventions • Secure ready funding for outbreak response	• Support in sourcing funding for completion of the cholera elimination plan
Surveillance	• Delayed detection of suspect cases in a few affected areas	• Continuous Capacity building to improve timely detection	• N/A
Laboratory	• Inadequate knowledge on the use cholera RDTs by the laboratory teams	• Deliberate efforts aimed at deploying RDTs at all health facilities in cholera hotspots and training of laboratory personnel on their use	• Support in both procurement of cholera RDTs and funding for training of laboratory teams on their use
Case Management	• Inadequate knowledge on cholera case management especially in districts that do not regularly report cholera	• Reorientation of case management teams on the latest cholera treatment guidelines as guided by GTFCC	• Provide newer and effective recommendations for case management
Vaccination	• No vaccines in-country, pending finalization of the elimination plan	• Finalization of the plan and application for vaccines	• Support in approval and apportioning of vaccines for preventive campaigns upon completion of the elimination plan and submission of request
WaSH	• Inadequate WASH facilities and practices still a challenge in some hotspot areas	• Strengthen efforts to improve WASH especially in cholera hotspot areas	• Provide novel evidence-based recommendations for increased routine uptake of WASH interventions for cholera prevention
Research	• Fewer research articles published to guide interventions	• Intensify efforts for cholera research	• Technical assistance and funding for cholera research

Funding of cholera response	• Dependence on inconsistent donor support for outbreak response	• Secure ready funding for outbreak response	• Support countries secure funding for implementation of astute preparedness and response measures • Support in financing the completion of the national cholera elimination plan
RCCE (Risk communication and community engagement) and Education	• Limited sustainability of RCCE interventions during routine preparedness	• Consistent RCCE interventions to strengthen cholera prevention and control	• N/A

7. Priorities for 2024-2025

Field	Details
Response coordination	• District-led cholera outbreak response, by the stewardship of the DTF
Surveillance	• Improve health worker and community knowledge and reporting on cholera to aid early detection
Laboratory	• Rapid deployment of cholera RDTs in cholera hotspots and during outbreaks to strengthen surveillance • Continued strengthening of laboratory capacity for confirmation of cholera at all regional referral hospitals; to support districts run confirmatory tests for all cholera suspects
Case Management	• Rapid deployment of countermeasures and health worker reorientation on case management
Vaccination	• Finalize the elimination plan and apply for cholera vaccines for preventive campaigns in hotspots
WaSH	• Provision of safe water to hotspot communities
RCCE (Risk communication and community engagement) and Education	• Strengthen dissemination of cholera prevention messages in culture and language specific contexts for hotspot communities
Research	• Continue with operational research to guide implementation of effective cholera prevention and control interventions
Funding of cholera response	• Partner engagement for continued support for cholera response

Annex

Indicator (Please refer to the NCP guiding document, Monitoring and Reporting section)	Status (Please indicate when information/data is not available)	Comment (Please share any additional element that may help understand the information provided or the lack of data available)
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding	Thirty percent domestic Seventy percent external	
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	2	
Indicator 3 – Incidence rate of suspected cholera	0.368 per 1,000	
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	100%	
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotspots with access to functional lab.	100%	
Indicator 6 – Number of deaths from Cholera	1	
Indicator 7 – Case Fatality ratio in treatment centers	1%	
Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home	unknown	
Indicator 9 – OCV administrative coverage in hotspot areas vaccinated (over the preceding 12 months)	N/A	
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	N/A	

Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	**N/A**	
Indicator 12 – Proportion of people with access to safe water in hotspots	**67%**	
Indicator 13 – Proportion of people with access to sanitation in hotspots	**30%**	
Indicator 14 – Proportion of people with access to hygiene in hotspots	**44.7%**	
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	**unknown**	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	**unknown**	

Zambia

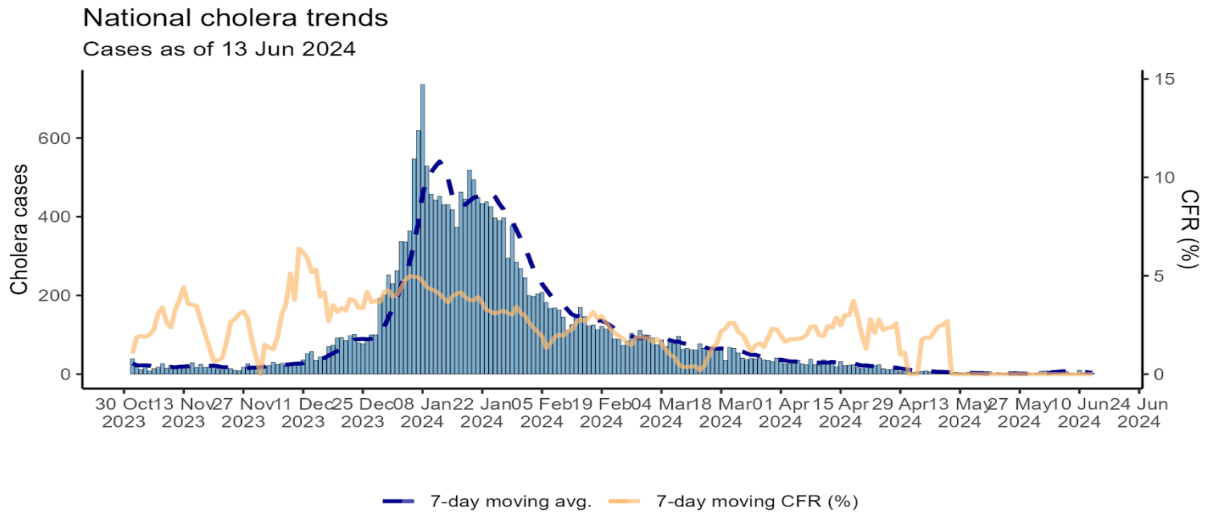
1. Reporting Authority Details

Zambia National Public Health Institute

Address of Reporting Authority	Stand 1186, Corner of Chaholi & Addis Ababa Roads, Rhoadespark, Lusaka
Website of Reporting Authority	https://w2.znphi.co.zm/
Country Report Focal Point Name	Roma Chilengi
Country Report Focal Point Position	Director General
Name of department/Unit Focal Point	National Public Health Institute
Focal Point Email Address	chilengir@yahoo.com
Focal Point Contact Number	+260 973724935

2. General Information on Cholera

Total number of cholera cases	26 380 (June 2023 to June 2024)
Number of cholera-related deaths	752 (June 2023 to June 2024)
Number of community deaths	436 (June 2023 to June 2024)
Case Fatality Rate recorded in facilities	1.3%



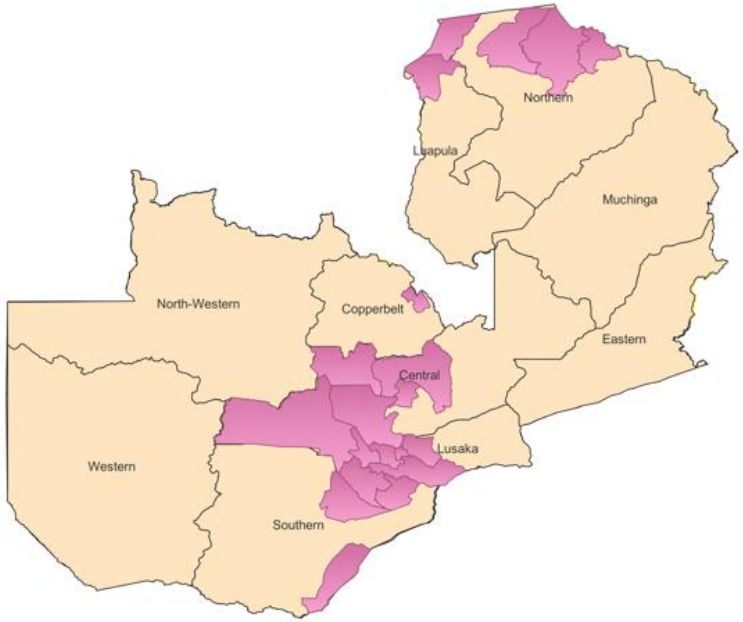
3. National Cholera Plan (NCP) and cholera response framework

Is there a National Cholera Plan (NCP) currently under implementation	YES	
If yes, when was the current NCP developed?	March 2019	
If no, is there an NCP under development?	Revision is underway	
Status of PAMIs identification (Priority Areas for Multisectoral Interventions)	Are the PAMIs identified?	NO
	If yes, through GTFCC Methodology?	Not applicable
	If not, is it planned/under development?	Yes
	If planned/under development – What timeframe is foreseen for the completion of the process?	July 2024 – September 2024
If it exists in your country, please list major ministries/authorities represented in the National Cholera Task Force. If no task force please, leave the section blank.	• Presidential office – as Global Cholera Champion • Office of the Vice President – through DMMU National Coordinator • Ministries (Health, Water, Local Government and Rural Development, Community Development and Social Services, Green Economy, and Environment) • Various Health institutes – ZNPHI, CIDRZ, UTH • GTFCC CSP through IFRC and Zambia Red Cross Society • Various UN organizations (WHO, UNICEF, IOM, UNHCR • I/NGOs – Water Aid, World Vision, Save the Children • Private stakeholders, Africa CDC, US CDC, UKHSA	
State of funding for the NCP and/or cholera operations	Not satisfactory	
Major international donor support for the NCP and cholera operations (if any)	World Bank through the Africa CDC Project has funded several surveillance and case management activities. Gavi through ICG funding for Vaccines and RDT Kits, Global Funds for Community Centric Cholera Surveillance, WASH investment limited to GIZ	

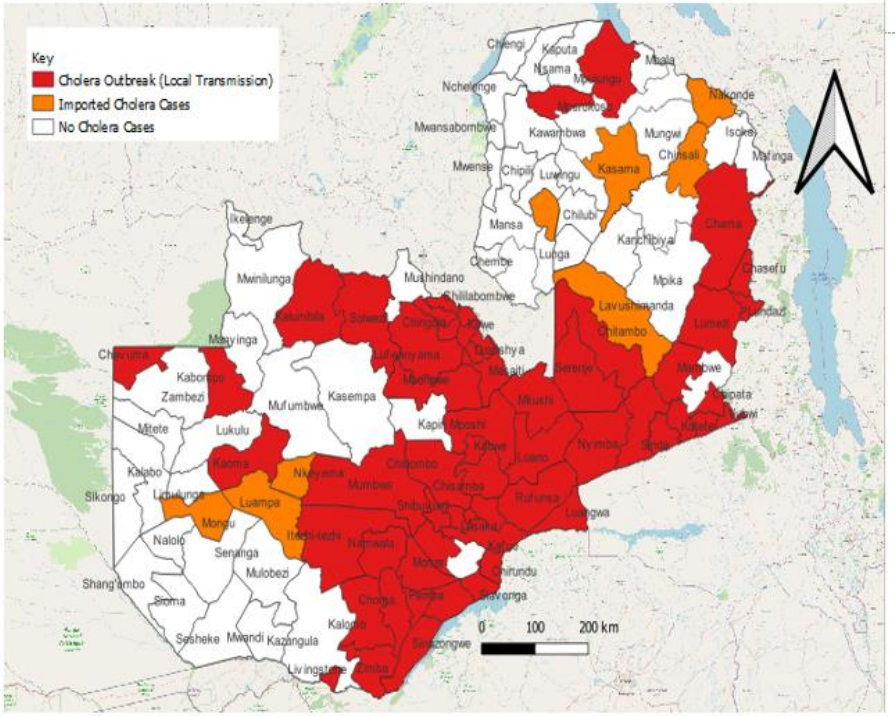
4. Pictures/maps

More districts showing vulnerability to cholera outbreaks

Original 20 Cholera Hotspot Districts (at launch of MCEP 2018)



Cholera Situation, Zambia, 2024



Planned revision of the PAMI process, and evident need for pre-emptive vaccination campaigns. The influence of climate change means countries can expect to see more explosive outbreaks, and now non-traditional hotspots also seeing an increase in cholera cases which means there needs to be additional efforts to ensure the GTFCC targets are met.

5. Key achievements

Response coordination	• **Successful conduction of an Intra Action Review for the 2023/2024 outbreak leading to lessons on how to improve leadership and coordination structures during an outbreak and preparedness** • **completed the revision of the National Cholera Control Plan adjusted based on a midterm review, preparing for dissemination**
Surveillance	• Streamlining of surveillance tools at national and subnational levels including the success of the eIDSR, and now integration with the community-based surveillance tools
Laboratory	• launched enteric disease surveillance in five cholera hotspot districts
Case Management	• Updated case management guidelines to include community-centric approaches and the use of oral rehydration points as part of the overarching strategy
Vaccination	• Successfully vaccinated over 600,000 in 2023 in reactive campaigns in Northern and Luapula Provinces, and additional 2million in Lusaka Province during the 2023/2024 outbreaks
WaSH	• About US$ 1million released for the rehabilitation of municipal water utility infrastructure in Lusaka District, which is often the epicenter of outbreaks
Funding of cholera response	• Successful award of funding such as the Global Funds for community-centric cholera surveillance, Pandemic fund for improving lab-based capacity at sub-national levels which will improve early detection and response • Award of $100,000 by GIZ to Ministry of Water to improve rural WASH and priority being granted to the known hotspot districts • GRZ realized $10,000,000 from National Coffers during the December/January peak of the outbreak. An economic evaluation is planned to garner evidence for placing these reserves in WASH to prevent future outbreaks
Research	• Chisenga et al 2024 published in Vaccines -Seroconversion and Kinetics of Vibriocidal Antibodies during the First 90 Days of Re-Vaccination with Oral Cholera Vaccine in an Endemic Population • Mbewe et al 2024 – preparation of a Scoping review of cholera elimination efforts in Zambia, to identify lessons learnt for the next iteration of the cholera elimination plan
RCCE (Risk communication and community engagement) and Education	• Reengagement of the Head of State as the Global Cholera Champion, and he and the Minister of Health were actively involved during the concluding outbreak • Rapid quality assessments conducted in various provinces during the outbreak to garner lessons to improve cholera messaging

6. Challenges and Way Forward

	Challenges	Solutions	What role to be played by the GTFCC to address these challenges?
Response coordination	• Inconsistent coordination with line ministries outside of the outbreak response, delayed some of the achievable prevention activities • New districts reporting cases outside of traditional hotspots makes the planning processes a little difficult	• Revision and relaunch of the NCP to galvanize partner support from the line ministries • Also conducting a comprehensive PAMI process to enable careful mapping and resource prioritization	• Supporting the PAMI process once initiated • Supporting the NCP relaunch
Surveillance	• Lack of a national surveillance strategy leading to inadequate data management e.g., siloed reporting structures, and lack of aggregate reporting in the eIDSR • RDT results not captured in the eIDSR which may result in underreporting of cases	• Enhancing the community-based surveillance and integration into the electronic systems	• Support with development of implementation strategies for community-based surveillance
Laboratory	• Inconsistent supply of culture media and portal lab reagents delayed culture confirmation in some districts	• Development of framework contracts with suppliers to ensure a more rapid response	• Add bullet points
Case Management	• Too many community deaths suggesting insufficient use of the ORPs and CATI strategy • Neglect of the continuity of essential health services during an outbreak	• Through CSP support, working on an integrated CATI strategy applicable to the country	• Vaccines are available in the country from the delays to kick off the last reactive campaign, yet ICG has categorically stated that there will be no preemptive campaigns for now, hence cannot be used as part of a CATI

			strategy. If GTFCC can guide on best practices to have these deployed
Vaccination	• Lack of preemptive campaigns • Delays when submitting the requests to ICG so that even reactive campaigns could start to 2 months from the desired start date	• Working on the improved aggregate data reporting in the IDSR may make it easier to complete the data requirements for ICG	• Support for the multiyear vaccination campaign to allow for more preemptive campaigns
WaSH	• Lack of major investment in long-term WASH infrastructure, vandalism from the communities that are served further reducing the coverage • Also not yet linked with the M&E framework for the MCEP so difficult to track the successes in this pillar • Need more work towards environmental surveillance and water quality monitoring to be an early warning system for contamination in the water sources	• Community engagement so that advocacy through the constituency development fund will improve domestic investment in WASH but also allow the communities and their utility companies to work together and take ownership of some of the risk factors	• Support to mobilize international funding and building up a stronger WASH pillar
Research	• Most of the local research is descriptive studies and not experimental, hence not moving forward the needle in any of the pillars	• Collaborating with the consultants for capacity building in the different pillars so that we go beyond maintaining the status quo	• Support research capacity building, and help coordinate multi-country applications for some of the funding opportunities which could then serve as a practical north-to-south research exchange
Funding of cholera response	• Limited domestic funding in the WASH funding. Most MCEP funding was in the health sector skewing towards	• Relaunch NCP and the resource mobilization plan through the CDF	• As above

	response as opposed to prevention and control		
RCCE (Risk communication and community engagement) and Education	• Most cholera messaging is reactive during outbreaks and forgotten in peaceful times	• Working through the ward development committees to encourage local participation in cholera prevention	• Technical support is needed to develop a social behavior change strategy for cholera control

7. Priorities for 2024-2025

Field	Details
Response coordination	• Launch of the updated National Cholera Control Plan 2025-2030 by the Head of State, to galvanize local resource mobilization through the constituency development fund and other private-public partnerships. • Support provincial cholera task forces in hotspots, to promote decentralization of response and prevention capabilities • Implementation from the lessons learnt from the IAR
Surveillance	• Conduct the PAMI exercise to feed into the updated NCP • Enhance community-based surveillance in all PAMIs
Laboratory	• Enhanced enteric disease surveillance with culture pan genomic sequencing to the hotspot provinces, to quicken the time for confirmation of outbreaks, but also to enhance case finding outside of outbreaks
Case Management	• Development of a National Strategy for Case Area Targeted interventions utilizing community-based volunteers at the Oral rehydration points for early surveillance and case management • Develop guidelines for the continuity of essential health services during outbreaks, which was neglected during the just ended outbreak
Vaccination	• Preparation and application for the multiyear pre-emptive vaccination campaigns
WaSH	• Development of an M&E framework to capture WASH investment and successes as part of the updated NCP • Enhancing routine water quality monitoring, as a harbinger for outbreaks
RCCE (Risk communication and community engagement) and Education	• Development of Social Behavioral Change communication strategy with the line ministries, which will include some of the lessons learnt from rapid quality assessments during this outbreak and the communication messaging for a package of decentralized cholera control
Research	• Ongoing data analysis for the clinical outcomes of patients admitted during the 2023/2024 outbreak in Lusaka • Conceptualization of an implementation science study on pre- and post-intervention with ORPs in the drought-affected regions of the country to enhance early case identification and reduce community deaths

	• Conceptualization of a case-control study exploring the influence of the host microbiome on transmissibility of cholera to household contacts • Descriptive analysis of metagenomic sequencing as part of the routine enteric disease surveillance
Funding of cholera response	• Mobilization of local resources from the constituency development funds, to ensure ward level cholera elimination efforts.

Annex

Indicator **(Please refer to the NCP guiding document, Monitoring and Reporting section)**	**Status** **(Please indicate when information/data is not available)**	**Comment** **(Please share any additional element that may help understand the information provided or the lack of data available)**
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding	**Less than 10%**	**Domestic funding mostly for response activities. International through the world bank project, world bank project @2m and $10million respectively**
/Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	**5**	**Task force meetings were held to complete the revision of the NCP prior to the onset of the outbreak**
Indicator 3 – Incidence rate of suspected cholera	**115/100,000**	**Based on attack rate during the outbreak**
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	**100%**	**Cholera tracker enhanced to include Event based surveillance data capture**
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotspots with access to functional lab.	**Not available**	**Procurement of portable labs was completed by deployed at Provincial level and district hospitals in the hotspots but not in the primary health care**
Indicator 6 – Number of deaths from Cholera	**752**	**12 (June to Dec 2023) and 740 (Jan to June 2024)**

Indicator 7 – Case Fatality ratio in treatment centers	1.3%	
Indicator 8 – Proportion of the population living in hotspots who have access to ORS within a 30-min. walk from their home	=296900/ 2,248,140	Based on ORP reports
Indicator 9 – OCV administrative coverage in hotspot areas vaccinated (over the preceding 12 months)	101%	Based on coverage reports from reactive OCV campaigns
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	N/A	no preemptive vaccination plan was done due the shortage on the global stockpile
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	100%	Only emergency doses given
Indicator 12 – Proportion of people with access to safe water in hotspots	52%	Based on JMP report
Indicator 13 – Proportion of people with access to sanitation in hotspots	30%	
Indicator 14 – Proportion of people with access to hygiene in hotspots	17%	
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	Not available	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	Not available	Rapid quality assessments conducted during the outbreak to tailor response strategy but was more reactive than preventative


GLOBAL TASK FORCE ON
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