GLOBAL TASK FORCE ON
CHOLERA CONTROL

# WHO CHOLERA PROGRAM
# GTFCC MTR STRATEGIC WORKSHOP
# - REPORT -

Position of the Global Task Force on Cholera Control (GTFCC) on the Mid-Term Review.

ADVALORIS

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# 1. Executive Summary

## CONTEXT

Following the publication of the independent mid-term review (MTR) commissioned by the WHO and UNICEF, and conducted by CEPA, the **GTFCC Steering Committee** gathered in a **strategic workshop** held at WHO Geneva from **January 29 to 31st, 2025**. The workshop included SC members, but also other GTFCC members and potential future GTFCC stakeholders in the place of "external observers" to enrich the debate and increase mobilization. We underline that the SC members are ultimately responsible for the decision regarding the GTFCC response plan to the MTR. More than 35 participants attended with about a third online. We were honoured to benefit from opening remarks from **Dr. Michael Ryan** and **Dr. Maria Van Kerkhove**.

## OBJECTIVES & METHODOLOGY

The **GTFCC Strategic Workshop** was organized and moderated by **Ad Valoris**, a Geneva-based consulting firm that has designed the methodology, produced supporting materials, and facilitated discussions during the 2.5-day workshop with an objective of enabling the GTFCC Secretariat members to contribute effectively to their roles. This report was designed to serve as a basis for the SC members to shape the **GTFCC Response Plan** that will set directions to adjust the 2030 GTFCC Roadmap.

The workshop focused on reaching a common position on the MTR **conclusions**, as well as reviewing & commenting on the **six main recommendations**, and defining **preliminary response actions** through a rich mix of structured, participatory approach, including plenary sessions, small-group workshops, interactive voting, and moderated debates, ensuring inclusive engagement from both in-person and online participants.

## CONCLUSIONS REVIEW

The workshop participants prioritized the 6 MTR conclusions in regards of the ones they would like to spend more time debating. The resulting priority order described below helped allocate the debate time accordingly to maximize the impact of our discussion:

→ Order of priority: conclusion #2, #4, #5, #3, #6, #1

### Conclusion 1:

The GTFCC Global Cholera Roadmap 2030 continues to be relevant and serves to guide cholera responses worldwide.

**Summary of debates:** The discussions primarily focused on the continued relevance of the GTFCC roadmap, while acknowledging challenges related to its feasibility, resource availability and overall feasibility of its implementation. Participants emphasized the need for a more precise work plan, enhanced multi-sectoral coordination, and greater country involvement. Balancing global and national actions, as well as response and prevention efforts while maintaining continuum, was also highlighted as crucial. Concerns were raised about defining the level of ambition for priorities and ensuring clarity in decision-making processes.

**Final workshop position:** The GTFCC workshop reaffirms the relevance of the Global Cholera Roadmap to 2030 as a guiding framework for cholera control.

### Conclusion 2:

Operationalisation of the Roadmap has proved challenging. This stems from limited funding for cholera and the focus on the many recent outbreaks, but importantly also the lack of a strategy and operational work plan to translate the high-level framework and objectives of the roadmap into a prioritized set of actions and approaches by the GTFCC. In the absence of such a strategy, stakeholder awareness of the priorities and approach of the GTFCC in relation to its objectives has been limited

**Summary of debates:**

Discussions focused on the difficulties encountered in translating the Global Cholera Roadmap into concrete actions, with specific attention to challenges in financing, the imperative to focus on recent

outbreaks, and the necessity of a precise actionable work plan. The discussions also highlighted the importance of addressing the challenges related to financing, focusing on recent outbreaks, and the lack of strategy for effective implementation.
**Final workshop position:** The GTFCC acknowledges the challenges in operationalizing the Global Cholera Roadmap to 2030.

**Conclusion 3:**
While the GTFCC model as a whole has improved in a number of ways since the previous review of the GTFCC in 2017, there are a number of areas that could be improved further for greater efficiency and effectiveness.
**Summary of debates:** The discussions underscored the need to improve the efficiency and effectiveness of the GTFCC model. Key points included clarifying roles and responsibilities, enhancing partner engagement, and strengthening coordination among working groups. The discussions also touched upon reforming the steering committee and clarifying the secretariat's responsibilities.
**Final workshop position:** The GTFCC recognizes the need to improve the efficiency and effectiveness of its model.

**Conclusion 4:**
The GTFCC's focus has positively tipped in the direction of greater country engagement, but the balance is still more global-oriented. The linkage with country level results needs further consideration
**Summary of debates:** The GTFCC's focus has positively tipped in the direction of greater country engagement, but the balance is still more global-oriented. The linkage with country level results needs further consideration.
**Final workshop position:** The GTFCC recognizes the importance of greater country engagement.

**Conclusion 5:**
There have been areas of progress on the Roadmap Axis 1 and 2 (outbreak response and prevention respectively), but also several gaps. Globally and within GTFCC, outbreak response has received more attention and funding overall than prevention, and within this, progress on WASH for cholera in particular has been slow.
**Summary of debates:** The discussions focused on the progress made in implementing the roadmap's axes 1 and 2, specifically regarding outbreak response and prevention. Some participants noted that outbreak response has received more attention and funding compared to prevention. Gaps remain globally within the GTFCC, particularly in the WASH sector, where progress has been slow. The need for more precise progress and impact assessments was emphasized.
**Final workshop position:** The GTFCC acknowledges the need to address gaps in outbreak response and prevention, particularly in the WASH sector.

**Conclusion 6:**
The GTFCC has a core objective to increase the visibility of cholera and conduct advocacy and resource mobilisation, where there has been limited progress
**Summary of debates:** The discussions focused on the limited progress in increasing the visibility of cholera and in advocacy and resource mobilization, despite the GTFCC's efforts. It was emphasized that there's a need to improve how the GTFCC communicates its value proposition.
**Final workshop position:** The GTFCC acknowledges the need to strengthen its efforts in visibility, advocacy, and resource mobilization. The GTFCC is committed to improving communication about its value proposition, targeting high-level international events, and integrating its efforts with initiatives related to climate change, pandemic preparedness, and WASH. There is also a commitment to clearly distinguish between advocacy, communication, and resource mobilization activities.

**Conclusion 6.1:**
Roadmap and GTFCC M&E is not sufficient and country level cholera data availability and quality remains poor.
**Summary of debates:** The discussions focused on the fact that monitoring and evaluation efforts for the roadmap and the GTFCC are insufficient, and that the availability and quality of cholera data at country level remains low. The need to strengthen data collection and reporting mechanisms was emphasized.

**Final workshop position:** The GTFCC recognizes the need to strengthen monitoring and evaluation and improve the availability and quality of cholera data at the country level.

## RECOMMENDATIONS REVIEW

The 6 recommendations were discussed through a online vote to express preliminary views by type of actors, then discussed in groups that debriefed the whole group, followed by a plenary debate. The report detailed points of convergence, divergence, position of key actors and challenges to consider as well as recommendations to modify or improve the recommendations.

**Recommendation 1:** Develop a clear strategy to translate roadmap objectives into priorities for the GTFCC along with a costed work plan to describe key activities and partners roles for the next five-year period until the end of the roadmap in 2030.
**Summary of debates:** The task force generally agreed on the importance of Recommendation 1, with discussions focusing on how to best implement it and clarifying specific aspects. A key point was whether the strategy and work plan should apply to the GTFCC as an institution or to the roadmap. There is a perception that "strategy" is not the right word to be used because the strategy is clear it's rather the clear prioritized and costed action plan to deliver the strategy that might need more attention. There was also discussion on the level of detail required and how to ensure the work plan is actionable and impactful.

**Recommendation 2:** Enhance country engagement and impact of GTFCC work at the country level, building on the positive repositioning since 2017 towards a more country facing role.
**Summary of debates:** Discussions revolved around how to best support countries in implementing their national cholera plans, identifying barriers, and clarifying the roles of various actors, particularly the CSP. The need to move beyond planning support to emphasize implementation and execution at the national level was a recurring theme.

**Recommendation 3:** Adapt the GTFCC model and structures to improve partners' engagement and ownership and for greater efficiency and effectiveness in their functioning.
**Summary of debates:** Discussions focused on clarifying the roles and responsibilities of the GTFCC secretariat, steering committee, working groups, and other bodies, as well as improving coordination among them. The task force also considered the composition of the steering committee and how to better engage partners, including those from the WASH sector and the private sector.

**Recommendation 4:** Significantly enhance efforts towards greater advocacy and resource mobilization for cholera at the global and country levels, including resource mobilization for the GTFCC itself.
**Summary of debates:** Discussions focused on distinguishing between advocacy, communication, and resource mobilization, as well as identifying new angles for raising the profile of cholera, such as linking it with climate change, water and sanitation, and pandemic preparedness and response. The task force recognized ongoing advocacy activities but stressed the importance of a comprehensive strategy that incorporates communication and leverages various platforms and partnerships.

**Recommendation 5:** Make a concerted effort to prioritize WASH aspects.
**Summary of debates:** The discussions underscored the critical role of WASH in preventing multiple diseases and the need to transition from emergency responses to long-term strategies. The task force deliberated on how to ensure WASH priorities are reflected at national, global, and regional levels. There was also discussion of expanding membership in the WASH working group to be more inclusive of diverse partners.

**Recommendation 6:** Strengthen M&E and country data collection and collation efforts.
**Summary of debates:** Discussions highlighted the importance of systematic reporting on indicators, sharing information with relevant bodies such as the General Assembly and Steering Committee, and enhancing countries' capacities to collect and analyse cholera data. The task force addressed the importance of **clarifying the audience and purpose of M&E reports**, and the responsibility for coordinating reporting efforts.

## PRELIMINARY RESPONSES ACTIONS

The below preliminary response actions have been identified and drafted by the workshop participants as preliminary proposals to server as a basis for the GTFCC Response Plan.

### Action 1

Define clear and achievable **priorities** aligned with the roadmap objectives, considering that available resources are limited yet the cholera challenges are resurging.

**SteerCo focal point:** UNICEF, MSF

**Timeline:** Proposed deadline of May 15

**Key assumptions:** Prioritization of the exercise by the leadership of the respective organizations, time and resources available, potentially hiring an external facilitator or consultant. Use of existing documents (evaluation report, working group priorities, roadmap).

Outbreaks always present a challenge, but we need to agree before-hand on priorities: prevention vs outbreak control to which extend, in which geographies/countries.

**Potential risks:** Unexpected events.

**Resources:** Time and bandwidth, potential external facilitator or consultant, evaluation report, working group priorities and work plans, and roadmap priorities.

### Action 2

Clarify the **roles and responsibilities** of the GTFCC Bodies to streamline the decision-making process and avoid overlaps.

**SteerCo focal point:** MSF

**Timeline:** June

**Key assumptions:** Need to understand the approval process and clarify the role of the Steering Committee in decision-making (General Assembly, Director-General?). Identification of the right stakeholder (external consultant).

**Potential risks:** Tensions between different objectives and the need to accept some discomfort in developing a work plan when roles and responsibilities are not fully defined.

**Resources:** Consultant or some sort of external party.

### Action 3

Develop an operational and costed work plan specifying the activities to be undertaken, the expected results, and a **system for evaluating progress**.

**SteerCo focal point:** The development of the work plan should be the responsibility of the Steering Committee, but its drafting should be done by the Secretariat with the help of external expertise (consultant)

**Timeline:** A one-year process, aiming for finalization in 2025

**Key assumptions:** Agreement by all on the priority nature of this action, recruitment of external expertise to support the Secretariat, participation of all GTFCC partners, financial resources for external support. The costed work plan will be guided by prioritization in key geographic areas and be oriented towards "prevention" vs "reaction" as well as WASH and other aspects.

**Potential risks:** Limited support to a consultancy and a few people from the Secretariat will not be enough. The commitment of all partners is essential.

**Resources:** External expertise to support the Secretariat.

**SteerCo focal point:** IFRC and UNICEF

**Timeline:** Potentially linked to a World Bank consultation ending in June 2025

**Key assumptions:** Previous decisions by the Steering Committee confirming this priority, integration into the WASH working group's work plan

**Potential risks:** Dependence on the World Bank's consultation

**Resources:** CSP, IFRC, WHO, UNICEF

### Action 4

Highlight priority WASH actions in the GTFCC strategy and ensure the engagement of partners and donors in this area.

### Action 5

Influence **WASH investments** at the global and national levels: aiming action at district levels for quick wins to show impact in targeted areas, moving to broader areas overtime.

**SteerCo focal point:** IFRC and UNICEF

**Timeline:** Potentially linked to a World Bank consultation ending in June 2025

**Key assumptions:** Previous decisions by the Steering Committee confirming this priority, integration into the WASH working group's work plan. Recommendations is to start to influence at District-level in key focus areas and leverage the wins to evolves towards larger areas up to national level to maximize chances of success.

**Potential risks:** Dependence on the World Bank's consultation

**Resources:** CSP, IFRC, WHO, UNICEF

**SteerCo focal point:** The participants felt that the Advocacy Task Force could not handle this activity alone and that additional dedicated expertise (advocacy, communication, fundraising) was needed, potentially through the creation of an additional position within the Secretariat

**Timeline:** This is an ongoing activity, with specific objectives to be achieved through targeted events

**Key assumptions:** Create synergies with existing groups working on health, climate change, and WASH, and place cholera at the top of their priorities

**Potential risks:** Interference with partners' strategies around resource mobilization

**Resources:** Synergies with groups working on health, climate change and WASH and potentially a new position within the secretariat

### Action 6

Increase **advocacy efforts** by leveraging related climate change and other water-related pandemic preparedness and response to benefit from **integrated approaches** and mobilize resources.

## Ad Valoris ANALYSIS & PROPOSALS

Based on their privileged observer position in organising and animating the workshop, Ad Valoris is detailing proposals based on their experience and expertise in the context of the GTFCC.

1. Setting up a Project Management Office (PMO) : to follow & coordinate key working groups of the Task Force.
2. Establishing clearer roles and responsibilities across GTFCC Bodies : to have more impact and accountability.
3. Strengthening the decision-making process & role of the Steering Committee : to better guide GTFCC's priorities.

## NEXT STEPS

- → Circulating this report for comments, revision, approval (GTFCC Secretariat, Feb-March)
- → Drafting a 1st GTFCC Response Plan to the MTR recommendations (GTFCC, April-June)
- → Presenting GTFCC Response Plan at GTFCC General Assembly for approval (GTFCC, June)

# 2. Introduction

## 2.1. Context

In 2023, on behalf of the Global Task Force on Cholera Control Steering Committee and Secretariat, the WHO and UNICEF Evaluation Offices commissioned an independent mid-term review (refer to hereafter as the MTR) of the GTFCC, conducted by Cambridge Economic Policy Associates (CEPA). The first draft final report was shared with the Evaluation Steering Group and Evaluation Reference Group members, by the WHO Evaluation Office on behalf of the evaluators, on January 6, 2025, for review and factual comments by January 21, 2025.

From January 29 to 31st, 2025, a GTFCC Steering Committee Strategic workshop was held in Geneva, at WHO premises. The main objectives of this workshop were to focus on reviewing the conclusions and recommendations from the MTR, discussing, and deciding on key elements for the GTFCC Response Plan, and, secondarily, setting directions for strategic planning for 2025-2030.

The workshop considered the conclusions and recommendations of the **MTR report**, which emphasized notably the need to **enhance the effectiveness and impact of interventions, strengthen country engagement, and mobilize additional resources**. Participants examined each conclusion and recommendation and decided whether to accept or reject it, providing justifications, and started discussing actions planned.

This GTFCC workshop had the unique feature of gathering not only GTFCC Steering Committee (SC) members, but also a rich range of external advisors both to enrich the debate and provide broader visibility and mobilization on the cholera task force. Approximately two thirds of the participants participated in person, and a third online.

To kick off the strategic sessions, opening remarks were kindly delivered by Dr. Michael Ryan, WHO Deputy Director General and Executive Director of the WHO Health Emergencies Programme and Dr. Maria Van Kerkhove, WHO Director of Epidemic and Pandemic preparedness and prevention

## 2.2. Workshop objectives and Methodology

The workshop was organized and moderated by Ad Valoris, a consulting firm based in Geneva, who proposed the methodology, produced the supporting presentation as well as the workshop material. This will be used as a solid basis for the elaboration of the GTFCC Response Plan to the MTR.

The workshop aimed to reach a **common GTFCC position** on the **conclusions and recommendations** presented in the first draft report of the mid-term review, as well as suggesting a preliminary set of **concrete response actions** to those recommendations to feed the GTFCC Steering Committee upcoming response plan to the MTR recommendations.

Specifically, the workshop was structured around three main axes:

- **Debate and comment** on the **conclusions** of the MTR report.
- **Review** the **six recommendations** of the report for the audience of SC members and external advisers to agree on a common proposed position, deciding whether to accept, accept with modifications, or reject those recommendations with clear justifications.

- **Develop a preliminary set of response actions** for each recommendation, identifying priorities and responsibilities.

To achieve these objectives, **Ad Valoris** implemented a **structured and participatory methodology**, including:

- **Multi-channel** approach ensuring we could hear all voices from all type of actors and stakeholders but also enabling participants attending online to be heard and to connect easily with participants physically in Geneva.
- **Plenary sessions** to present conclusions and recommendations, fostering exchanges and debates and well as s**mall-group workshops** to deepen discussions and develop concrete proposals.
- **Interactive voting** to collect opinions to identify initial positions of participants and focus time on subjects and elements that were the most important to participants, but also to facilitate collective decision-making following the debates and group sessions.
- The use of **"golden tickets"** to allow participants to influence proposed actions and express their priorities.
- An external and **neutral facilitation approach** that encourages open, constructive discussions while enabling the GTFCC Secretariat members to contribute effectively to their roles.
- **Moderated debates**, ensuring that all voices were heard and that diverse perspectives were respected, including online participation.
- **Note-taking and online moderation dedicated person and the production of a detailed report** to document discussions and decisions.

### 2.3. Participants

The workshop was a GTFCC Steering Committee (SteerCo or SC) meeting and in addition to SC members, other GTFCC members and potential future GTFCC stakeholders were invited to participle in the workshop in the place of "external observers". The objective was to enrich the debates and stimulate engagement towards cholera and the GTFFC while the SC members ultimately make decision regarding the coming GTFCC response plan to be developed following this workshop.

Note that all participants representing USA governmental agencies or entities were absent due to geo-political context of the moment. Refer to the appendices for the list of invitees and participants.

### 2.4. Disclaimers

The following disclaimer appear important to Ad Valoris.

- Acknowledgment of the limitations of this report as a working document summarizing 2.5 days of debate and workshops and meant to be improved and discussed.
- During this workshop, the WHO adopts a stance of impartiality and does not position itself as a decision-making entity but rather as one actor among others within the GTFCC.
- Evolving nature of the action plan: The proposed plan is not a fixed framework but a continuously improving document, designed to be refined based on stakeholder feedback and changes in context.

# 3. Conclusions review

This section is dedicated to presenting the discussions that took place during the workshop regarding the conclusions of the **GTFCC mid-term evaluation report (refer to as MTR report)**. The primary objective was to review these conclusions, gather participants' feedback, identify key points, areas of convergence and divergence, and establish a common position on each conclusion.

During the workshop, all conclusions from the mid-term evaluation report were examined in detail:

Figure 1: List of conclusions

CONCLUSION 1
The GTFCC Global Cholera Roadmap to 2030 continues to be relevant and serves to guide cholera responses worldwide

CONCLUSION 2
Operationalization of the Roadmap has proved challenging. This stems from limited funding for cholera and the focus on the many recent outbreaks, but importantly also the lack of a strategy and operational work plan to translate the high-level framework and objectives of the Roadmap into a prioritized set of actions and approaches by the GTFCC. In the absence of such a strategy, stakeholder awareness of the priorities and approach of the GTFCC in relation to its objectives has been limited.

CONCLUSION 3
While the GTFCC model as a whole has improved in a number of ways since the previous review of the GTFCC in 2017, there are a number of areas that could be improved further for greater efficiency and effectiveness.

CONCLUSION 4
The GTFCC's focus has positively tipped in the direction of greater country engagement, but the balance is still more global-oriented. The linkage with country level results needs further consideration.

CONCLUSION 5
There have been areas of progress on the Roadmap Axis 1 and 2 (outbreak response and prevention respectively), but also several gaps. Globally and within GTFCC, outbreak response has received more attention and funding overall than prevention, and within this, progress on WASH for cholera in particular has been slow.

CONCLUSION 6
The GTFCC has a core objective to increase the visibility of cholera and conduct advocacy and resource mobilization, where there has been limited progress.

For each of conclusion, participants were invited to share their feedback, identify missing elements, and express their positions. The results of these discussions served as the foundation for developing recommendations and response actions. Throughout the debate on Conclusions, it's been highlighted by several participants that the quality of the Mid Term Report (hereafter MTR) was considered poor, imprecise and hardly actionable.

## 3.1. Prioritization

To **structure the discussions** and identify areas requiring special time and attention, participants were invited to **prioritize the conclusions** of the mid-term evaluation report for which they would like to spend the most time discussing. This prioritization was conducted through an **interactive voting process** in *Mentimeter*, allowing each participant to express their opinion on the most important conclusions to be examined. The goal was to **focus efforts on the most relevant and urgent aspects**, considering different perspectives and expertise.

The results of this voting process helped **guide discussions** and determine the **order in which the conclusions were addressed**. While all conclusions were reviewed, particular attention was given to those identified as the highest priority by participants.

Prioritizing the conclusions also facilitated the **identification of areas of convergence and divergence** among participants. By concentrating on the most significant aspects, it became easier to build a **consensus on necessary actions and recommendations**. This approach helped **reinforce the legitimacy and impact** of the workshop's outcomes.

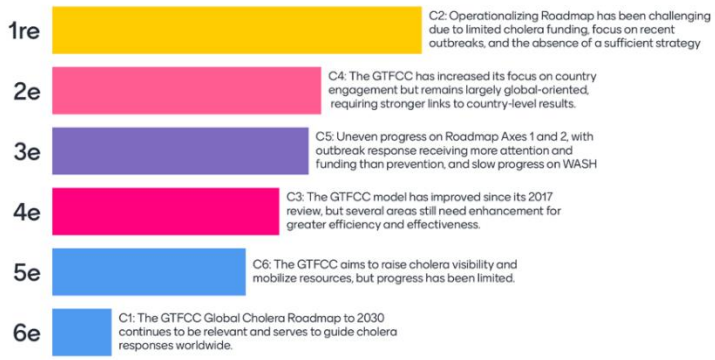



Figure 2: Outcome of the conclusions' prioritization

## 3.2. Restitution

### 2.3.1. Conclusion 1

The GTFCC Global Cholera Roadmap 2030 continues to be relevant and serves to guide cholera responses worldwide

#### a. Summary of debates

The discussions primarily focused on the **continued relevance of the GTFCC roadmap**, while acknowledging challenges related to its feasibility, resource availability and overall feasibility of its implementation. Participants emphasized the **need for a more precise work plan**, enhanced multi-sectoral coordination, and greater country involvement. Balancing global and national actions, as well as response and prevention efforts while maintaining continuum, was also highlighted as crucial. Concerns were raised about defining the level of ambition for priorities and ensuring clarity in decision-making processes.

#### b. Points of Convergence

The following points of convergence have been identified as essential to guide future actions:

- There is a **consensus** that the **GTFCC Global Cholera Roadmap to 2030 remains relevant** and continues to serve as a guiding framework for cholera responses worldwide.
- There is a **shared understanding** of the **need for a clearer strategy** and an **operational work plan** to translate the roadmap's high-level framework and objectives into prioritized actions.
- A **common view** exists on the **importance of strengthening** the links between GTFCC, WHO regional offices, and national offices to ensure effective implementation of cholera control strategies.

#### c. Points of Divergence

The following points of divergence have been identified as essential to guide future actions:

- **Differing interpretations** exist regarding whether a new strategy is needed. Some participants felt that the existing roadmap serves as a strategic document, while others emphasized the need to develop a clear strategy to translate the roadmap objectives.
- **Varied opinions** were expressed regarding the scope of a costed work plan, specifically whether it should focus on GTFCC institutions or encompass the entire cholera control effort.
- Some participants **questioned** the **feasibility and availability of resources** to support the roadmap's implementation.
- A **divergence of views** existed regarding the level of ambition for priorities, and who should decide on this ambition.

#### d. Stakeholders' positions

Below are the positions of the stakeholders on **Conclusion 1**:

| Stakeholders | Positions |
|---|---|
| Partners/Donors | • **Seek a clear demonstration** of how their investments can effectively contribute to the goals of the roadmap.<br>• **Emphasize the need for prioritized actions** and a targeted advocacy plan.<br>• **Look for opportunities** to integrate cholera control efforts into broader health and development initiatives. |
| Country representatives | • **Underscore the importance of aligning** the roadmap with national development plans and priorities.<br>• **Seek support in translating** the roadmap's aspirations into concrete actions at the country level.<br>• **Emphasize the need for involvement** of WASH actors and resource mobilization at the country level. |
| GTFCC Bodies | • **Recognize the need to improve** efficiency and effectiveness in supporting the implementation of national cholera plans.<br>• **Commitment to clarifying** the roles and responsibilities of different GTFCC bodies.<br>• Aims to **develop a strategy** to expand and diversify partner engagement. |

#### e. GTFCC workshop final position on conclusion 1

The GTFCC workshop reaffirms the relevance of the Global Cholera Roadmap to 2030 as a guiding framework for cholera control.

### 2.3.2. Conclusion 2

Operationalisation of the Roadmap has proved challenging. This stems from limited funding for cholera and the focus on the many recent outbreaks, but importantly also the lack of a strategy and operational work plan to translate the high-level framework and objectives of the roadmap into a prioritized set of actions and approaches by the GTFCC. In the absence of such a strategy, stakeholder awareness of the priorities and approach of the GTFCC in relation to its objectives has been limited

### a. Summary of debates

Discussions focused on the difficulties encountered in **translating the Global Cholera Roadmap into concrete actions**, with specific attention to challenges in financing, the imperative to focus on recent outbreaks, and the necessity of a precise actionable work plan. The discussions also highlighted the importance of addressing the challenges related to financing, focusing on recent outbreaks, and the lack of strategy for effective implementation.

### b. Points of Convergence

The following points of convergence have been identified as essential to guide future actions:

- A **general acknowledgement** exists that the **operationalization of the roadmap** has encountered challenges.
- There is a **consensus** on the **importance of having a precise work plan** for operationalizing the roadmap.
- Participants **recognize the need for** different work plans at the global level i.e. Secretariat, Country Support Platform, and other GTFCC bodies, technical working group level, level, and country operational plan level to operationalize the roadmap.
- A **shared understanding** exists regarding the **necessity of considering** sub points such as fundraising when operationalizing the roadmap.
- There is **consensus** that clarifying the roles of the CSP is important, specifically whether it is to coordinate the provision of technical assistance or to provide technical assistance.
- There is **recognition** of the need to differentiate areas in which the GTFCC can move ahead with implementation versus those where resources are not secure.

### c. Points of Divergence

The following points of divergence have been identified as essential to guide future actions:

- **Differing views** exist regarding the scope of work plans, with discussions encompassing work plans for the GTFCC, its institutions, and broader cholera control efforts.
- There are **varied opinions** on the specific actions required to support countries in implementing their National Cholera Plans.
- **Disagreement** exists on whether to take actions from the available funding or define actions based on the theory of change and then seek resources.

### d. Stakeholders' positions

Below are the positions of the stakeholders **Conclusion 2**:

| Stakeholders | Positions |
|---|---|
| Partners/Donors | • **Seek clarity** on how best to integrate their efforts into the roadmap's operationalization.<br>• **Emphasize** the importance of clear roles and responsibilities for all stakeholders involved. |
| Country representatives | • **Seek support** for translating the roadmap's goals into actionable plans at the national level.<br>• **Highlight** the importance of aligning with existing country structures and avoiding the creation of parallel systems. |

| | |
|---|---|
| GTFCC Bodies | • **Recognize** the need for better coordination and prioritization in supporting countries.<br>• **Acknowledge** limitations in bandwidth and capacity at the Secretariat level.<br>• **Aims** to clarify the roles and responsibilities of its various bodies to improve efficiency and effectiveness. |

#### e. GTFCC workshop final position on conclusion 2

The GTFCC acknowledges the challenges in operationalizing the Global Cholera Roadmap to 2030.

### 2.3.3. Conclusion 3

While the GTFCC model as a whole has improved in a number of ways since the previous review of the GTFCC in 2017, there are a number of areas that could be improved further for greater efficiency and effectiveness.

#### a. Summary of debates

The discussions underscored the need to improve the efficiency and effectiveness of the GTFCC model. Key points included clarifying roles and responsibilities, enhancing partner engagement, and strengthening coordination among working groups. The discussions also touched upon reforming the steering committee and clarifying the secretariat's responsibilities.

#### b. Points of Convergence

The following points of convergence have been identified as essential to guide future actions:

- There is a **general acknowledgement** of the **need to improve the efficiency and effectiveness** of the GTFCC model.
- A **consensus** exists regarding the **importance of clarifying the roles and responsibilities** of the GTFCC bodies, including the Secretariat, Steering Committee, and working groups.
- Participants **recognize the value** of **expanding partner engagement**, particularly involving partners from the WASH sector and encouraging private sector participation.
- A **shared understanding** exists on **strengthening coordination among the working groups**.
- There is **consensus** on the need **to review the terms of reference** of each of the GTFCC bodies.

#### c. Points of Divergence

The following points of divergence have been identified as essential to guide future actions:

- **Differing views** exist regarding the extent of **reforms needed** in the GTFCC structure, with some participants cautioning against major reforms that could set back progress.
- There is **disagreement** on making the **Steering Committee a purely technical body**, numerous participants pointed towards greater decision-making posture for the SC.
- **Varied opinions** were expressed regarding refocusing the role of the secretariat, with a need for clarification on what this entails.
- **Disagreement** on whether the CSP should coordinate or provide technical assistance.

### d. Stakeholders' positions

Below are the positions of the stakeholders **Conclusion 3:**

| Stakeholders | Positions |
|---|---|
| Partners/Donors | • **Seek clarification** of roles and responsibilities to enhance engagement.<br>• **Emphasize** the importance of a clear and simple platform for bringing resources from different partners.<br>• **Look for effective ways** to contribute to the GTFCC's goals. |
| Country representatives | • **Underscore the importance** of stronger country representation in the working groups.<br>• **Seek involvement** of WASH actors and resource mobilization at the country level. |
| GTFCC Bodies | • **Recognize** the need to clarify the roles and responsibilities of different bodies.<br>• **Aims** to develop a strategy to expand and diversify partner engagement. |

### e. GTFCC workshop final position on conclusion 3

The GTFCC recognizes the need to improve the efficiency and effectiveness of its model.

## 2.3.4. Conclusion 4

The GTFCC's focus has positively tipped in the direction of greater country engagement, but the balance is still more global-oriented. The linkage with country level results needs further consideration.

### a. Summary of debates

The discussions highlighted the need to measure impact and results, implement national plans, and clarify the role of regional bodies. Participants emphasized the importance of going back to member states and having a pragmatic approach. Discussions also included increasing efficiency at the country level and the need for support at the country level.

### b. Points of Convergence

The following points of convergence have been identified as essential to guide future actions:

- There is a **consensus** on the **importance of country engagement** and the need for greater country engagement.
- A **shared understanding** exists regarding the **need to measure impact** and results of interventions.
- There is **consensus** on the importance of **supporting countries in implementing** their National Cholera Plans.
- Participants **recognize the value of clarifying the role of regional bodies** in supporting country efforts.

### c. Points of Divergence

The following points of divergence have been identified as essential to guide future actions:

- **Differing views** exist regarding **how to best support countries** in implementing their National Cholera Plans.
- There is **disagreement** on the **extent to which the GTFCC should pivot** towards implementation, with some cautioning against a complete change of the GTFCC's nature.
- **Varied opinions** were expressed regarding the specific actions required to increase efficiency at the country level.

### d. Stakeholders' positions

Below are the positions of the stakeholders in this **Conclusion 4**:

| Stakeholders | Positions |
|---|---|
| Partners/Donors | • **Seek clarity** on how best to integrate their efforts into country-level activities.<br>• **Emphasize** the importance of clear roles and responsibilities for all stakeholders involved at the country level.<br>• **Look for effective ways** to contribute to the GTFCC's goals at country level. |
| Country representatives | • **Seek support** for translating the roadmap's goals into actionable plans at the national level.<br>• **Underscore the importance** of aligning with existing country structures and avoiding the creation of parallel systems.<br>• Seek ways to measure the impact of interventions. |
| GTFCC Bodies | • **Recognize the need** for better coordination and prioritization in supporting countries.<br>• **Commitment to** clarifying the roles and responsibilities of different bodies at the country level.<br>• **Aims** to increase efficiency at the country level and support the implementation of NCPs. |

### e. GTFCC workshop final position on conclusion 4

The GTFCC recognizes the importance of greater country engagement.

## 2.3.5. Conclusion 5

There have been areas of progress on the Roadmap Axis 1 and 2 (outbreak response and prevention respectively), but also several gaps. Globally and within GTFCC, outbreak response has received more attention and funding overall than prevention, and within this, progress on WASH for cholera in particular has been slow.

### a. Summary of debates

The discussions focused on the progress made in implementing the roadmap's axes 1 and 2, specifically regarding outbreak response and prevention. Some participants noted that outbreak response has received more attention and funding compared to prevention. Gaps remain globally

within the GTFCC, particularly in the WASH sector, where progress has been slow. The need for more precise progress and impact assessments was emphasized.

### b. Points of Convergence

The following points of convergence have been identified as essential to guide future actions:

- There is **consensus** that **progress has been made** in implementing the roadmap's axes 1 and 2.
- A **consensus exists** on the observation that **outbreak response has received more attention and funding overall** compared to prevention. I was also recognized that a much larger and frequent outbreaks did require this reactive attention and investment in order to be controlled.
- Participants **acknowledge the presence of gaps**, particularly in the WASH sector notably because it's an aspect largely under country responsibility to implement.
- A **shared understanding** exists regarding the **need for more data on precise progress and impact assessments**.

### c. Points of Divergence

The following points of divergence have been identified as essential to guide future actions:

- **Differing views** exist on **whether to transition from emergency WASH to long-term WASH**, with some emphasizing the importance of maintaining both approaches.
- There is **disagreement** on the **definition of "country engagement,"** and what the GTFCC's responsibility is in relation to it.
- **Varied opinions** were expressed regarding the **specific actions required to improve WASH** implementation.
- Some participants **noted that response and prevention are not opposites**, and there is a need to maintain continuum.

### d. Stakeholders' positions

Below are the positions of the stakeholders on **conclusion 5**:

| Stakeholders | Positions |
|---|---|
| Partners/Donors | • **Seek clarity** on how to effectively support both outbreak response and prevention efforts.<br>• **Emphasize** the importance of **integrating WASH interventions into broader development plans** at the national and sub-national levels.<br>• **Look for opportunities** to leverage partnerships and initiatives that can strengthen and sustain WASH interventions. |
| Country representatives | • **Seek support for** implementing basic WASH services, prioritizing affected areas.<br>• **Underscore the importance of reflecting WASH priorities** in national, global, and regional agendas. |
| GTFCC Bodies | • **Recognize the need for** a concerted effort to prioritize WASH aspects.<br>• **Commitment to strengthening the WASH working group** and expanding its membership. |

| | |
|---|---|
| | • **Aims** to improve the integration of WASH interventions into cholera control strategies. |

#### e. GTFCC workshop final position on conclusion 5

The GTFCC acknowledges the need to address gaps in outbreak response and prevention, particularly in the WASH sector.

### 2.3.6. Conclusion 6

The GTFCC has a core objective to increase the visibility of cholera and conduct advocacy and resource mobilisation, where there has been limited progress.

#### a. Summary of debates

The discussions focused on the limited progress in increasing the visibility of cholera and in advocacy and resource mobilization, despite the GTFCC's efforts. It was emphasized that there's a need to improve how the GTFCC communicates its value proposition.

#### b. Points of Convergence

The following points of convergence have been identified as essential to guide future actions:

- There is a **consensus** that there has been **limited progress** in increasing cholera visibility and in advocacy and resource mobilization.
- A **consensus exists on the need to improve resource mobilization efforts**.
- Participants **recognize the need to improve how the GTFCC communicates its value proposition**.
- A need to **distinguish between advocacy, communication, and resource mobilization**, recognizing them as distinct yet interdependent activities requiring different skill sets.
- Advocacy should target high-level international events and integrate with efforts related to climate change, pandemic preparedness, and WASH (water, sanitation, and hygiene).

#### c. Points of Divergence

The following points of divergence have been identified as essential to guide future actions:

- Some participants noted that advocacy efforts have been made, but the results in terms of resource mobilization have not been adequate. They believe that this should not be considered a failure of the GTFCC, but rather a result of the global crisis and lack of interest in cholera.
- Advocacy efforts have contributed to the expansion of vaccination.

#### d. Stakeholders' positions

Below are the positions of the stakeholders on **conclusion 6**:

| Stakeholders | Positions |
|---|---|
| Partners/Donors | • **Seek well-defined and measurable indicators** to assess the impact of initiatives. |

| | |
|---|---|
| | • **Require targeted advocacy** that illustrates the value of investing in cholera control alongside other health and development priorities.<br>• **Necessitate assurance** that cholera control endeavours are seamlessly integrated with broader health initiatives, climate change and WASH initiatives, and development plans. |
| Country representatives | • **Emphasize the need for amplified country involvement** in establishing priorities and executing initiatives.<br>• **Underscore the importance of harmonizing** cholera control initiatives with national health and development strategies.<br>• **Seek support** for reinforcing country-level monitoring and evaluation capabilities.<br>• Highlight the importance of reflecting WASH priorities for cholera at national, global, and regional agendas, as well as the need for advocacy and partner engagement plans. |
| GTFCC Bodies | • **Recognize the imperative to enhance** the effectiveness of advocacy and resource mobilization activities.<br>• **Commitment** to formulating a streamlined and precisely targeted advocacy plan that prioritizes key objectives and concentrates on high-profile international events.<br>• Need for the GTFCC to develop a strategy to expand, diversify, and enhance partner engagement, participation, and ownership, including targeting partners at regional and national levels. |

#### e. GTFCC workshop final position on conclusion 6

The GTFCC acknowledges the need to strengthen its efforts in visibility, advocacy, and resource mobilization. The GTFCC is committed to improving communication about its value proposition, targeting high-level international events, and integrating its efforts with initiatives related to climate change, pandemic preparedness, and WASH. There is also a commitment to clearly distinguish between advocacy, communication, and resource mobilization activities.

### 2.3.7. Conclusion 6.1

Roadmap and GTFCC M&E is not sufficient and country level cholera data availability and quality remains poor.

#### a. Summary of debates

The discussions focused on the fact that monitoring and evaluation efforts for the roadmap and the GTFCC are insufficient, and that the availability and quality of cholera data at country level remains low. The need to strengthen data collection and reporting mechanisms was emphasized.

#### b. Points of Convergence

The following points of convergence have been identified as essential to guide future actions:

- There is **a consensus** that **monitoring and evaluation** efforts need to be strengthened.
- A **consensus exists** on the need to improve **countries' capacity to collect, report and monitor** cholera data.
- Participants **recognize the importance of reducing the stigma** of cholera to facilitate faster and more transparent data sharing by countries.

- A **common understanding** exists regarding the need to integrate cholera monitoring with other health initiatives.

### c. Points of Divergence

The following points of divergence have been identified as essential to guide future actions:

- **Divergent views** exist on **how to strengthen data collection and reporting mechanisms**.
- There is **disagreement** on the **definition of indicators**, but they were proposal to prioritize countries with reasonably existing data. More details in the recommendation section.

### d. Stakeholders' positions

Below are the positions of the stakeholders on **conclusion 6.1**:

| Stakeholders | Positions |
|---|---|
| Partners/Donors | • **Emphasize the importance of a coordinated approach** to monitoring and evaluation.<br>• **Insist** on the need to integrate cholera monitoring with other health initiatives. |
| Country representatives | • **Seek support to improve their capacities** in data collection and reporting.<br>• **Emphasize the importance** of **reducing the stigma** of cholera to facilitate data sharing. |
| GTFCC Bodies | • **Recognize the need** to strengthen monitoring and evaluation efforts and improve data quality.<br>• **Commitment to strengthen** initiatives to improve countries' capacity to report and monitor cholera interventions. |

### e. GTFCC workshop final position on conclusion 6.1

The GTFCC recognizes the need to strengthen monitoring and evaluation and improve the availability and quality of cholera data at the country level.

# 4. Recommendations

This section of the report presents the discussions that took place during the workshop regarding the recommendations of the GTFCC MTR.

The main objective was to examine these recommendations, gather feedback from participants, identify key points, areas of convergence and divergence, and establish a common position on each recommendation.

The workshop was designed to translate the findings into concrete actions to improve cholera control efforts. The 6 recommendations from the MTR were examined in detail:

- **Recommendation 1:** Develop a clear strategy to translate roadmap objectives into priorities for the GTFCC along with a costed work plan to describe key activities and partners roles for the next five-year period until the end of the roadmap in 2030.
- **Recommendation 2:** Enhance country engagement and impact of GTFCC work at the country level, building on the positive repositioning since 2017 towards a more country facing role.
- **Recommendation 3:** Adapt the GTFCC model and structures to improve partners' engagement and ownership and for greater efficiency and effectiveness in their functioning.
- **Recommendation 4:** Significantly enhance efforts towards greater advocacy and resource mobilization for cholera at the global and country levels, including resource mobilization for the GTFCC itself.
- **Recommendation 5:** Make a concerted effort to prioritize WASH aspects.
- **Recommendation 6:** Strengthen M&E and country data collection and collation efforts.

This is how the recommendation debates proceeded, following the established methodology:

- **Presentation:** The recommendations were presented to the participants.
- **Initial vote:** A preliminary vote took place via *Mentimeter* to assess the initial positions of participants on each recommendation.
- **Group work:** Participants were divided into small groups to examine the recommendations in detail, identify elements of consensus and divergence, and propose justified modifications.
- **Group restitution and plenary debate:** Each group presented its conclusions in plenary, followed by a debate to allow participants to comment on the work of other groups, highlight important points and propose improvements.
- **Final vote:** After the group sessions and plenary debates, a vote occurred to collect the final position of participants on each recommendation to determine whether positions had changed and to reach a consensus.

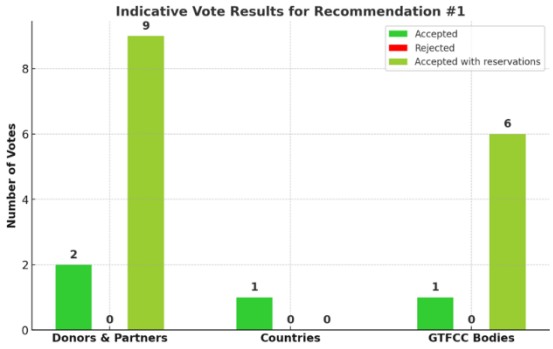
Figure 3: Group Work

## 4.1. Restitution

### 3.1.1 Recommendation 1

Develop a clear strategy to translate Roadmap objectives into priorities for the GTFCC along with a costed work plan to describe key activities and partners roles for the next five-year period until the end of the Roadmap in 2030.

#### a. Initial vote




The results indicate that Recommendation 1 is generally supported, but **significant reservations exist, particularly among Donors/Partners and GTFCC bodies**.

#### b. Summary of discussions

The task force generally agreed on the importance of Recommendation 1, with discussions focusing on how to best implement it and clarifying specific aspects. A key point was whether the strategy and work plan should apply to the GTFCC as an institution or to the roadmap. There is a perception that “strategy” is not the right word to be used because the strategy is clear it’s rather the clear prioritized and costed action plan to deliver the strategy that might need more attention. There was also discussion on the level of detail required and how to ensure the work plan is actionable and impactful.

#### c. Point of agreement

Here are the key points of agreement that emerged from the discussions:

- **Consensus** on the **need for a costed work plan** for the GTFCC.
- Recognition of the **roadmap as an existing strategic document**, making a new strategy unnecessary.
- Agreement on the **importance of multi-sectoral approaches** that integrate development plans.
- Acknowledgement of the **need to identify common areas across diseases and programs** for integrated control.
- Emphasis on **clear objectives and activities** with a progress evaluation system.

#### d. Reservations and suggested modifications

Here are the key reservations and suggested modifications that emerged from the discussions:

- **Clarify the scope** of the strategy and work plan: whether it applies to the GTFCC as an institution or the entire roadmap. The word “strategy” might be misused as the strategy

appears clear to all: it's the prioritized and costed action plan that might need to be reinforced. Some suggested dividing the recommendation.

- **Clarify roles and responsibilities** at national, regional, and global levels, among partners and GTFCC bodies.
- **Define the level of ambition for priorities** and who determines it (Steering Committee, GTFCC General Assembly, or WHO).
- Develop a more **precise and targeted work plan** focused on high-impact activities.
- **Increase the role for countries and regional collaborations**, promoting a multi-sectoral approach.
- **Refocus the recommendation** to identify obstacles and support the implementation of the GTFCC work plan, placing countries at the forefront.
- **Refresh the "theory of change"** and develop a clear five-year action plan with a prioritization process.
- Ensure **balanced priority areas** across the three axes of the roadmap. WASH is definitely the only long-term solution against cholera but we should avoid overemphasizing specific areas like OCV or WASH.

### e. Challenges to consider

Here are the key challenges identified during the discussions:

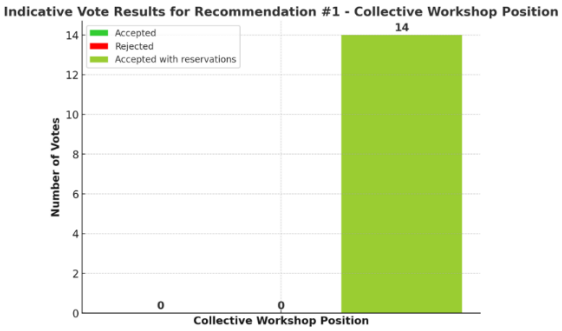
- **Resource constraints** challenge the roadmap's feasibility.
- **Poorly defined roles and responsibilities** hinder decision-making and coordination.
- **Gaps in data, monitoring, and evaluation** were emphasized.
- The **need to overcome siloed approaches** and promote multi-sectoral collaboration was identified.
- There are **difficulties in securing national government engagement** and integration with non-health sectors.
- **Lack of clarity** on who decides the level of ambition for priorities.

### f. Roles and responsibilities

Here are the key roles and responsibilities identified during the discussions:

- **Secretariat:** To lead the initial strategy draft, with Steering Committee endorsement. The secretariat can provide structure and convene individuals, but active contributions from various partners are needed. It was also mentioned that external expertise could be recruited to support the secretariat.
- **Steering Committee:** To increase country representation and to include organizations influencing funding; it should evolve from a technical advisory role to a decision-making role.
- **Partners/Donors:** Actively engage in the operational work plan. Expand partner engagement by clarifying roles and responsibilities, particularly involving partners from the WASH and other underfunded pillars and encouraging private sector participation.
- **Countries:** Improve engagement and impact at the national level.
- **General Assembly:** Re-empower the General Assembly and member states, potentially formalizing it as an exercise where member states have a formal decision-maker representing the country.

### g. Collective workshop's position

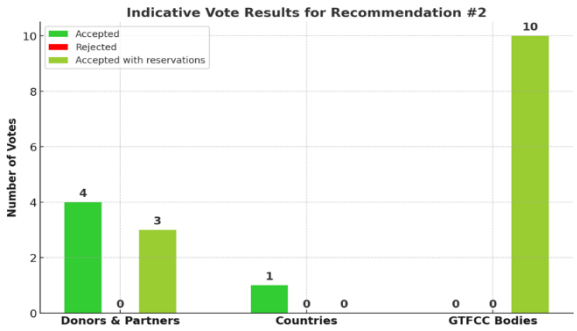



The vote results for **Recommendation 1: accepted with reservations.**

## 3.1.2 Recommendation 2

Enhance country engagement and impact of GTFCC work at the country level, building on the positive repositioning since 2017 towards a more country facing role.

### a. Initial vote




The results indicate that Recommendation 2 is generally supported, but **significant reservations exist, particularly among GTFCC bodies and Donors/Partners**. These reservations likely stem from uncertainties about how to effectively enhance country engagement and what the implications will be for the GTFCC's role and responsibilities.

### b. Summary of discussions

Discussions revolved around how to best support countries in implementing their national cholera plans, identifying barriers, and clarifying the roles of various actors, particularly the CSP. The need to move beyond planning support to emphasize implementation and execution at the national level was a recurring theme.

### c. Points of agreement

Here are the key points of agreement that emerged from the discussions:

- **Positive feedback** to countries is essential, building on the repositioning since 2017.
- There is a **need for support at the country level**.
- **Emphasis on implementation:** To advance the work plan in the coming five years.

### d. Reservations and suggested modifications

Here are the key reservations and suggested modifications that emerged from the discussions:

- Reframe the recommendation to focus on **identifying barriers and gaps** that hinder the implementation and impact of the CTFCC work plan at the country, regional, and global levels.

- **Clarify the role of the CSP**: Is it to coordinate the provision of technical assistance or to provide technical assistance? Is it to advocate for resource mobilization or develop resource mobilization plans? Make it a clear platform that allows to bring all the resources from different partners.
- **Strengthen regional participation and collaboration** with countries to advance cross-border coordination for cholera control.
- Greater integration with **other disease control plans**, as well as local and national multi-sectoral development plans.
- Encourage countries to engage and **identify priorities for their working groups**, leveraging expertise within the country.
- **Avoid creating parallel structures** and align with how countries are organized to deliver technical assistance.
- The term "**pivot**" in the original recommendation caused concern, with some interpreting it as a complete change in the nature of the GTFCC.
- Emphasize **execution of national cholera plans** rather than merely supporting their development.

### e. Identification of key challenges

Here are the key challenges identified during the discussions:

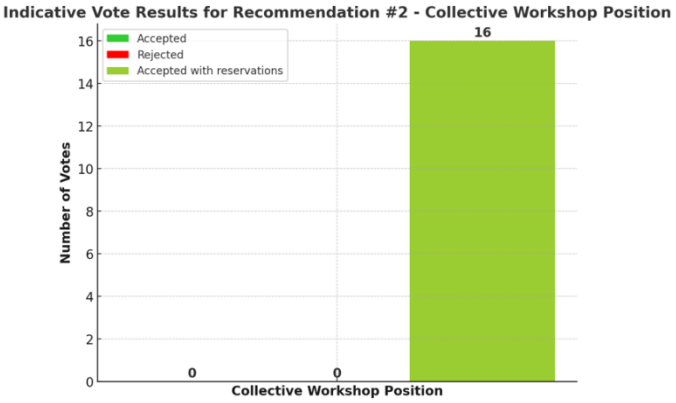
- **Resources are not secure** to implement all pillars of the GTFCC strategy.
- There is **confusion** about the roles of CSP.
- **Barriers hindering implementation** of work plans at national, regional, and global levels.
- **Lack of clarity** on how to translate aspirations into action at the country level.
- **Need to avoid siloed approaches** and integrate with other development plans.

### f. Roles and responsibilities

Here are the key roles and responsibilities identified during the discussions:

- **Countries:** Should be at the front line and supported as needed for the coming five years. Improve engagement and impact at the national level. Countries need to be at the centre and use the tools and adapt the tools to different contexts for actions.
- **CSPs:** Revise CSP and clarify their role at the country and regional level, linking them to global efforts. Clarify whether their role is to coordinate or provide technical assistance and resource mobilization.
- **GTFCC:** Support countries in implementing their national cholera plans. The GTFFCCC is accountable in providing support to the implementation for all pillars, but the accountability of implementation resides with the countries. The GTFCC cannot take the full accountability on supporting the implementation as its resources are not secured.
- **Regional participation:** Strengthen regional participation and collaboration with countries to advance cross-border control.
- **Partners:** Bring resources from different partners, building on structures that already exist at the country level.

### g. Collective workshop's position

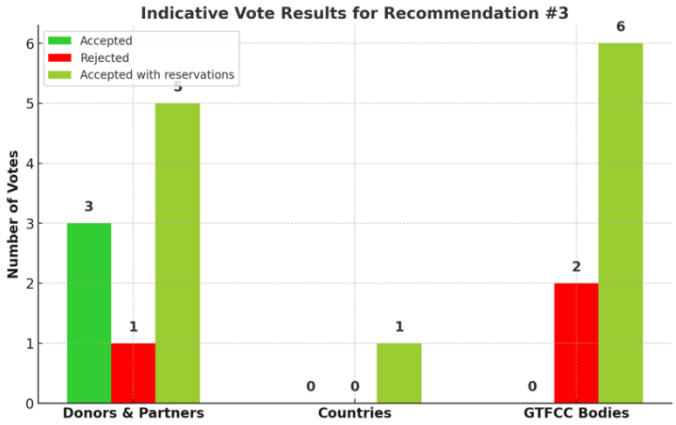



The vote results for **Recommendation 2: accepted with reservations.**

## 3.1.3 Recommendation 3

Adapt the GTFCC model and structures to improve partners' engagement and ownership and for greater efficiency and effectiveness in their functioning.

### a. Initial vote




These results suggest that while there is general support for Recommendation 3, key stakeholders (Donors/Partners and GTFCC Bodies) express notable concerns, highlighting the need for refinement and further discussions before full endorsement.

### b. Summary of debates

Discussions focused on clarifying the roles and responsibilities of the GTFCC secretariat, steering committee, working groups, and other bodies, as well as **improving coordination** among them. The task force also considered the composition of the steering committee and how to **better engage partners**, including those from the WASH sector and the private sector.

### c. Points of agreement

Here are the key points of agreement that emerged from the discussions:

- There is a need to **clarify the roles** of the WHO technical team and the GTFCC secretariat.
- **Consensus** around **reviewing the composition of the steering committee**, including adding more countries.
- **Agreement** on **the need to clarify the roles** of the different bodies of the GTFCC: the secretariat, the technical team, the working groups, the CSP and the steering committee.

- Improve the format of the general assembly to create space for coordination between the working groups.

### d. Reservations and suggested modifications

Here are the key reservations and suggested modifications that emerged from the discussions:

- Some participants were **not in support of any major reform** of the GTFCC structure and bodies, as it could set back progress.
- The recommendation to reform the Steering Committee to serve an advisory rather than decision-making role was debated. Some felt the Steering Committee should remain a decision-making body.
- Clarify what "refocus the role of the secretariat" means.
- Clarify the role of working groups in providing technical advice versus being active in implementation.
- A recommendation to develop a strategy to expand, diversify, and enhance partner engagement, participation, and ownership at all levels should be standalone.

### e. Identification of challenges

Here are the key challenges identified during the discussions:

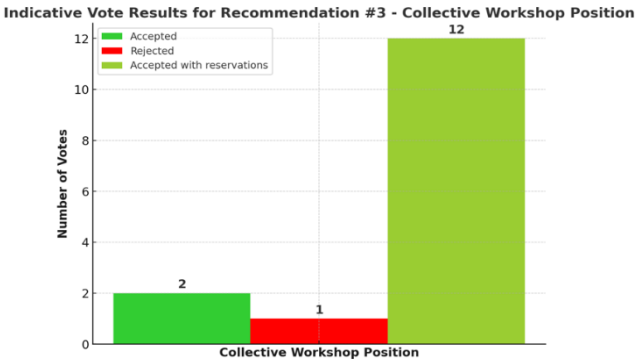
- **Miscomprehension** and **lack of clarity** about the roles of different GTFCC bodies.
- The steering committee may lack representation from important possible funding institutions like the World Bank and other development banks or agencies.
- Unclear whether the steering committee should be a technical body or a decision-making body.
- Concern that reforms could undo work that has been done.
- The general assembly resources are limited.
- Potential inefficiency if working groups are divided into subcommittees.

### f. Roles and responsibilities

Here are the key roles and responsibilities identified during the discussions:

- **Secretariat:** Continue to host the secretariat, as this works well in terms of coordination and has great benefits. Clarify and communicate the role of the secretariat.
- **Steering Committee:** Review the composition of the steering committee, adding more countries. Ensure the steering committee is a decision-making body rather than a technical body. Possibly should serve an advisory rather than decision-making role.
- **Working Groups:** Clarify the role of working groups in terms of providing technical advice versus being active in implementation. Improve coordination between the working groups.
- **Partners:** Expand partner engagement by clarifying roles and responsibilities, particularly involving partners from the WASH sectors and encouraging private sector participation.

### g. Collective workshop's position

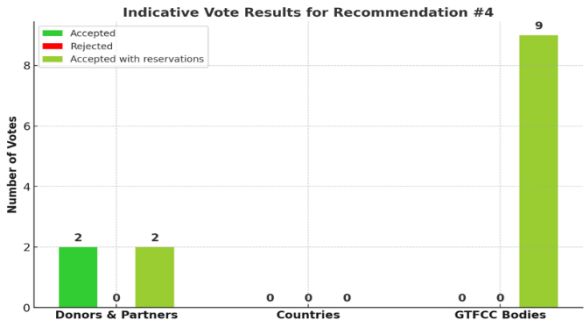



The vote results for **Recommendation 3: accepted with reservations.**

## 3.1.4 Recommendation 4

Significantly enhance efforts towards greater advocacy and resource mobilisation for cholera at the global and country levels, including resource mobilisation for the GTFCC itself.

### a. Initial vote




The initial vote results for Recommendation 4, categorized by stakeholder groups, indicate a consensus on the need to improve resource mobilization and advocacy but with significant reservations, particularly from GTFCC bodies.

### b. Summary of discussions

Discussions focused on distinguishing between advocacy, communication, and resource mobilization, as well as identifying new angles for raising the profile of cholera, such as linking it with climate change, water and sanitation, and pandemic preparedness and response. The task force recognized ongoing advocacy activities but stressed the importance of a comprehensive strategy that incorporates communication and leverages various platforms and partnerships.

### c. Points of agreement

Here are the key points of agreement that emerged from the discussions:

- **Recognition of ongoing advocacy activities** and the need to build on existing efforts.
- **Clear interlink between advocacy and resource mobilization strategy**.
- **Need to distinguish** between advocacy, communication, and resource mobilization as distinct activities with different skill sets.
- Agreement that cholera needs to be positioned within existing advocacy efforts.

- Repeating what was done in the past will not generate improved results so there is a consensus around a need to analyse what worked / did not worked, start / stop doing at country, regional, and global levels.

### d. Reservations and suggested modifications

Here are the key reservations and suggested modifications that emerged from the discussions:

- **Incorporate a communication strategy** in addition to advocacy and resource mobilization.
- **Review the advocacy task team**, including its role and responsibilities, to adapt a five-year focused work plan.
- Develop a **clear multi-level, multi-sectoral resource mobilization and communication strategy** with clear outputs.
- **Link cholera advocacy with climate change**, water and sanitation, and PPPR.
- Some questioned the usefulness of detailed recommendations and whether relying on the advocacy task team is reasonable given limited resources.
- Ensure efforts are global and multi-disciplinary.
- Identifying barriers and gaps is essential to understand why the ongoing advocacy and resource mobilisation and communication activities that have been implemented have not been enough successful at country, regional and national levels.

### e. Challenges to consider

Here are the key challenges identified during the discussions:

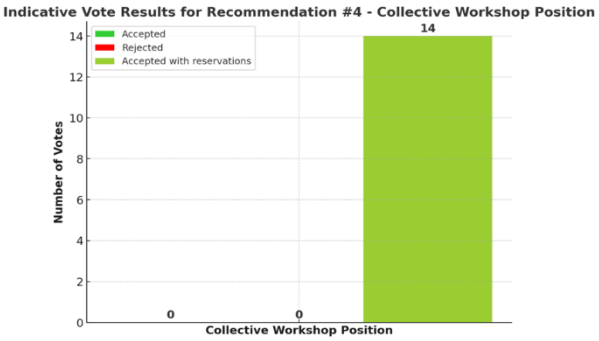
- Advocacy might not be enough to raise resources.
- **Lack of dedicated expert advocates** within the team and secretariat.
- **Advocacy areas are already overcrowded**, requiring stronger involvement to be successful.
- Potential interference with partners' strategies when looking for resource mobilization.
- Difficulty in raising the profile of cholera as a pandemic threat for the entire world.

### f. Roles and responsibilities

Here are the key roles and responsibilities identified during the discussions:

- **Advocacy Task Team:** Review its role and responsibilities to adapt a five-year focused work plan. The advocacy task force alone cannot manage all activities, additional dedicated expertise is needed.
- **Secretariat:** Convene, lead, or co-implement advocacy activities with partners.
- **Partners:** Can play a role in supporting the working group plans and the task force for advocacy. Potential for partners to contribute in non-traditional ways, particularly at the country and regional levels.
- **GTFCC :** Has to better distinguish its key roles in Advocacy, Communication and Resources mobilization. Each of those roles requires specific expertise and resources to have an impact which are not covered in the very limited secretariat resources today.

### g. Collective workshop's position

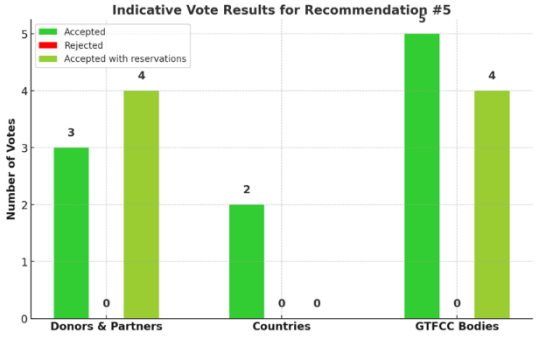



The vote results for **Recommendation 4: accepted with reservations.**

## 3.1.5 Recommendation 5

Make a concerted effort to prioritize WASH aspects.

### a. Initial vote




The initial vote results for Recommendation 5 show broad support for prioritizing WASH aspects. However, significant reservations were made, particularly by Donors & Partners and GTFCC Bodies.

### b. Summary of discussions

The discussions underscored the critical role of WASH in preventing multiple diseases and the need to transition from emergency responses to long-term strategies. The task force deliberated on how to ensure WASH priorities are reflected at national, global, and regional levels. There was also discussion of expanding membership in the WASH working group to be more inclusive of diverse partners.

### c. Point of agreement

Here are the key points of agreement that emerged from the discussions:

- Key factor is to ensure that funders on WASH see cholera as one additional item that could reinforce or make the case for WASH investments and not to have a separate way of approaching funding for WASH just for cholera.
- Detailed analyses that countries are doing to identify cholera hotspots could be leveraged to better target WASH investments.

### d. Reservations and suggested modifications

Here are the key reservations and suggested modifications that emerged from the discussions:

- Prevention efforts are not only WASH-based; other preventive tools such as the cholera vaccine also exist. Recommendation to make a concerted effort to prioritize WASH aspects along with other preventive measures such as preventive vaccination campaigns in a synergistic manner and prevention of mortality. Preventing all cases will always remain a challenge despite our efforts with WASH and vaccines, but we can bring more focus on mortality prevention since we have theoretically all the means to do so with affordable actions.
- There is a need to define a clear strategy to advance the implementation of **basic** WASH services, prioritizing affected populations and building from ongoing efforts to identify gaps.
- Position National Cholera Plans (NCPs) and WASH interventions within the development plan at the national and sub-national level.
- Ensure that WASH priorities for cholera are reflected into all levels, national, global, and regional agendas.
- Adopt a holistic WASH approach considering its role in preventing multiple diseases and transitioning from emergency response to long-term strategies.

### e. Challenges to consider

Here are the key challenges identified during the discussions:

- Need to transfer the knowledge and evidence from emergency response to the development world to bridge the gap between high-level development goals and practical, achievable actions.
- There is a challenge to working together between emergency and development actors.
- The preventive actions have been lagging, and more effort has been made to provide support for the reactive component.
- There has been little progress in the preventive vaccination plan in the last years and there is a need to restate this plan as a short-term measure to gain time to implement the WASH aspects, notably to reduce cases and deaths. The limited availability of OCV has been a barrier to implement the vaccination plan on an impactful manner and remains a strong lever to improve on that aspect.
- Although the subject of this recommendation was about WASH, many participants discussed about the OCV working group and whether there's agreement or not to prioritize reactive versus preventive campaigns and no statement from the SC about whether there's agreement on this strategic choice. Those statements were not directly related to WASH which is the subject here but demonstrate the duality between WASH actors and OCV actors.

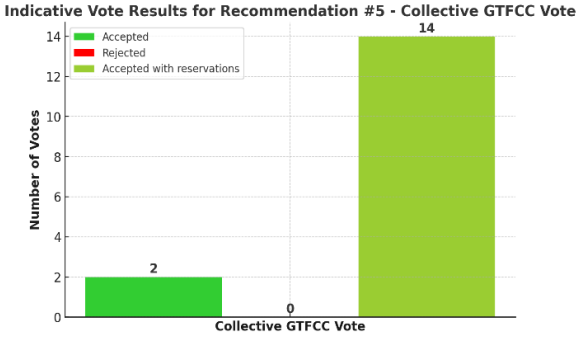
### f. Roles and responsibilities

Here are the key roles and responsibilities identified during the discussions:

- WASH Working Group: Strengthen the WASH working group, including expanding the membership to partners who are familiar with and can influence policymaking in cholera-affected countries and 'have a voice' at the global level.
- GTFCC: Highlight priority WASH actions within the GTFCC strategy and ensure the engagement of partners and donors in this area.
- Countries: Ensure WASH actors are involved in discussions at the local level, both as actors and as donors, and are part of resource mobilization at the country level.

- Advocacy Task Team: Define the key priorities on WASH for the Advocacy Task Team.

#### g. Collective workshop's position

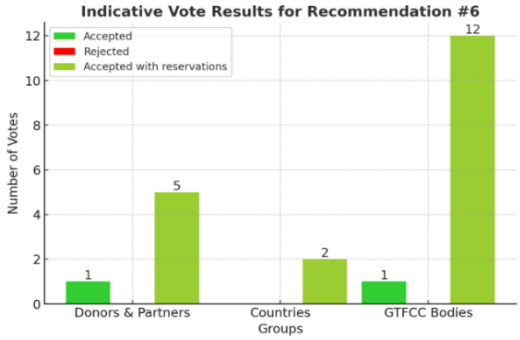



The vote results for **Recommendation 5: accepted with reservations.**

### 3.1.6 Recommendation 6

Strengthen M&E and country data collection and collation efforts.

#### a. Initial vote




The initial vote results for Recommendation 6, categorized by stakeholder groups, indicate a consensus on the need to strengthen monitoring and evaluation (M&E) as well as country data collection and collation efforts. However, significant reservations remain, particularly from GTFCC bodies.

#### b. Summary of discussions

Discussions highlighted the importance of systematic reporting on indicators, sharing information with relevant bodies such as the General Assembly and Steering Committee, and enhancing countries' capacities to collect and analyze cholera data. The task force addressed the importance of **clarifying the audience and purpose of M&E reports**, and the responsibility for coordinating reporting efforts.

#### c. Points of agreement

Here are the key points of agreement that emerged from the discussions:

- General agreement on the need to strengthen the monitoring and evaluation framework and data collection efforts.
- Recognition of existing high-level M&E framework equivalent to a mission indicator scorecard.
- Support for enhancing countries' capacities to collect and analyze cholera data themselves and encouraging disaggregated data collection to better target efforts.

### d. Reservations and suggested modifications

Here are the key reservations and suggested modifications that emerged from the discussions:

- Need for clarity about who will be the audience of the monitoring and evaluation reports, and the aim of this reporting.
- Need for clarifications on who is responsible for coordinating the reporting effort and generating the output of the reporting.
- Ensure that revisions build upon the efforts that the Secretariat is already undertaking to revise the framework.
- The recommendation can be strengthened by emphasizing the need for clarity regarding the audience and purpose of M&E reports.
- Separate the M&E component from the GTFCC roadmap from frameworks for monitoring progress on national cholera plans.
- Develop a robust M&E framework for the global roadmap and ensure regular tracking and reporting of progress.
- Start by a realistic collection of data set that exist, prioritize to work with countries that are within reach of being able to collect some data if they get supported, and avoid wasting resources in countries where we know the gap is too large on the short to mid-term.
- Emphasize the importance of what is done with the data and how it is used, adapting strategies accordingly, especially at the local level.
- Ensure M&E strategy alignment at the global and national levels.

### e. Challenges to consider

Here are the key challenges identified during the discussions:

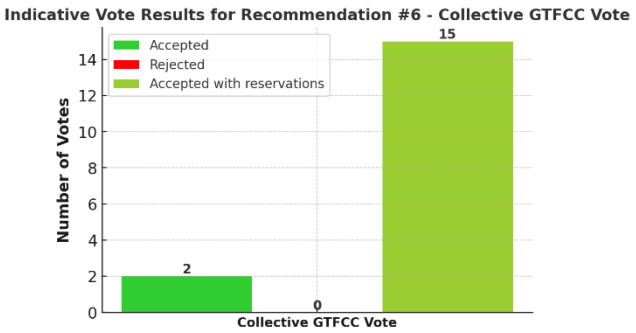
- Insufficient systematic reporting on indicators and sharing of information with relevant bodies.
- Lack of an easily accessible way to track progress at the country level regarding the development and implementation of National Cholera Plans (NCPs).
- The mixing of the M&E component with the GTFCC roadmap and assumptions of responsibility on the NCP can be a bottleneck.
- Challenges related to countries' reluctance to report due to political, economic, and stigma-related reasons.

### f. Roles and responsibilities

Here are the key roles and responsibilities identified during the discussions:

- **Secretariat:** Piloting work to revise the monitoring and evaluation framework.
- **Surveillance Working Group:** It was suggestion to integrate some of the tasks of data collection from countries into the existing working groups, particularly the Surveillance Working Group. Nevertheless, it's been underlined to be cautious as countries surveillance team will probably never be in the position to collect other M&E indicators (WASH, OCV or case management). Surveillance activities may collect some indicators useful for M&E but the M&E Working Group remains in charge.
- **Countries:** Enhancing countries' capacities to collect and analyze cholera data themselves. Empowering countries to take over the role of knowing their NCP and what actions need to be taken.

### g. Collective workshop's position




The vote results for **Recommendation 6: accepted with reservations.**

# 5. Preliminary Responses Actions

The **GTFCC Strategic Workshop** included a time dedicated to **actions to be undertaken** to achieve the objectives of the **2020-2030 Roadmap**.

This part of the workshop aimed to **translate the findings and recommendations** from the **MTR** into **concrete and actionable measures**.

The primary goal was to define an **initial response plan** by engaging key stakeholders, including **GTFCC Steering Committee members** and other major partners.

The workshop adopted a **collaborative approach**, leveraging participants' expertise and perspectives to develop a **list of priority actions**.

This process involved **presenting initial action proposals, group discussions, prioritization mechanisms, and the use of "Golden Tickets"** to refine and influence the proposed actions.

## 5.1. Initial responses actions to foster discussion

Following the 1.5 previous days of the workshop, Ad Valoris played a key role in drafting the **initial proposal of 15 actions**, designed to address most of the **challenges, objectives, and needs** identified during the workshop. These actions were **structured around the six recommendations from the MTR** and included **cross-sectoral initiatives** focused on the **GTFCC's operational model**.

The objective of this initial proposal was to foster discussion. As such, some were voluntarily blunt or too high-level or even slightly deviant from the group exchanges of the past days or representing only a portion of the stakeholders' opinions : the important part was to spark reactions.

Some of the key actions proposed by Ad Valoris include:

*RECOMMENDATION 1: DEVELOP A CLEAR STRATEGY TO TRANSLATE THE ROADMAP OBJECTIVES INTO GTFCC PRIORITIES.*

| | |
|---|---|
| → Action 1.1: | Define clear and achievable priorities for the GTFCC, aligned with the Roadmap objectives, considering available and potential resources. |
| → Action 1.2: | Develop an operational work plan specifying activities to be undertaken, expected outcomes, and a system for progress evaluation. |

*RECOMMENDATION 2: ENHANCE COUNTRY ENGAGEMENT AND THE IMPACT OF GTFCC'S WORK AT THE NATIONAL LEVEL.*

| | |
|---|---|
| → Action 2.1: | Implement an approach that emphasizes the execution of National Cholera Plans (NCPs) rather than merely supporting their development. |
| → Action 2.2: | Identify and remove barriers hindering the implementation of GTFCC work plans at national, regional, and global levels. |

*RECOMMENDATION 3: ADAPT GTFCC'S MODEL AND STRUCTURES TO IMPROVE PARTNER ENGAGEMENT AND OWNERSHIP.*

| | |
|---|---|
| → Action 3.1: | Expand partner engagement by clarifying roles and responsibilities, particularly by involving partners from the water, sanitation, and development sectors, and encouraging private sector participation. |
| → Action 3.2: | Reform the Steering Committee to serve an advisory rather than decision-making role, clarify the Secretariat's responsibilities, and strengthen coordination among WGs. |

*RECOMMENDATION 4: STRENGTHEN ADVOCACY AND RESOURCE MOBILIZATION EFFORTS AT BOTH GLOBAL AND NATIONAL LEVELS.*

| | |
|---|---|
| → Action 4.1: | Develop a streamlined and targeted advocacy plan, prioritizing key objectives and focusing on high-level international events. |
| → Action 4.2: | Integrate cholera into advocacy efforts related to climate change, pandemic preparedness and response (PPR), and WASH initiatives to benefit from integrated approaches and mobilize resources. |

*RECOMMENDATION 5: MAKE A CONCERTED EFFORT TO PRIORITIZE (WATER, SANITATION, AND HYGIENE) ASPECTS.*

| | |
|---|---|
| → Action 5.1: | Highlight priority WASH actions within the GTFCC strategy and ensure the engagement of partners and donors in this area. |
| → Action 5.2: | Adopt a holistic WASH approach, considering its role in preventing multiple diseases, and transition from emergency responses to long-term strategies. |

*RECOMMENDATION 6: STRENGTHEN MONITORING AND EVALUATION (M&E) AND DATA COLLECTION AND COLLATION EFFORTS.*

| | |
|---|---|
| → Action 6.1: | Enhance countries' capacities to collect and analyze cholera data, encouraging disaggregated data collection to better target efforts. |
| → Action 6.2: | Develop a robust M&E framework for the global Roadmap and ensure regular tracking and reporting of progress. |

*ACTIONS FOR OPTIMIZING GTFCC FUNCTIONING:*

| | |
|---|---|
| → Action O.1: | Clearly define the roles and responsibilities of the Secretariat, Steering Committee, and WHO GA to strengthen coordination, ease decision-making and avoid overlaps. |
| → Action O.2: | Adapt GTFCC's model and structure based on the priorities defined in Recommendation 1 to ensure effective and efficient support for Roadmap implementation. |
| → Action O.3: | Develop a strategy to expand, diversify, and enhance partner engagement, participation, and ownership within the GTFCC, including targeting partners at regional and national levels. |

Figure 4: Actions proposed by AdValoris

## 5.2. Golden tickets & Group presentation

Participants leveraged the **"golden tickets"** mechanism to refine and shape the proposed actions by combining, deleting, adding, or clarifying them. This approach allowed them to engage with colleagues, influence priorities, and ensure that key actions aligned with strategic objectives. Key takeaways from the discussions include:

- **Enhancing Role Clarity and Communication:**
    - One group used a golden ticket to modify **action 7.1**, ensuring a clearer definition of the roles and responsibilities of **GTFCC bodies, partners, and countries**.
    - The modification also specified decision-making responsibilities and emphasized the need for **effective communication** regarding these roles.
- **Strategic Use of the Work Plan to Advance Key Recommendations:**
    - Another golden ticket was used to **leverage action 1.2** (the development of a work plan) to facilitate progress on **recommendations 2, 3, and 4**, which focus on **partner engagement, WASH, and advocacy**.
- **Need for More Concrete and Actionable Steps:**
    - There was broad consensus that **actions 5.1, 5.2, and 7.2** were too vague and needed to be reformulated into **clear, specific, and implementable measures**.

Figure 5: Golden Tickets Group Exercise

Overall, discussions underscored the importance of **defining roles and responsibilities as the primary response action required, followed by strengthening advocacy & communication, and strategically using an operational work plan** to drive progress on key recommendations.

## 5.3. Priority Ranking of Top 6 "Must-have" Actions

Following presentations and plenary discussions, workshop participants were asked to vote for the actions they believed would have the most impact and be most achievable. This voting process aimed to identify the top six priority actions, or "must-haves," on which to focus efforts. The results of this vote identified a consensus on the most important actions to advance the fight against cholera.

One key element that came out of the discussion is that Cholera's only long-term proper response is to work on the WASH aspects. The group agreed that WASH is the one most effective action for a long-term elimination of cholera. Other initiatives are simply "buying time" to respond to an outbreak or to avoid outbreaks.

The six actions that emerged as priorities are as follows:

### Action 1

Define clear and achievable **priorities** aligned with the roadmap objectives, considering that available resources are limited yet the cholera challenges are resurging.

**SteerCo focal point:** UNICEF, MSF

**Timeline:** Proposed deadline of May 15

**Key assumptions:** Prioritization of the exercise by the leadership of the respective organizations, time and resources available, potentially hiring an external facilitator or consultant. Use of existing documents (evaluation report, working group priorities, roadmap).

Outbreaks always present a challenge, but we need to agree before-hand on priorities: prevention vs outbreak control to which extend, in which geographies/countries.

**Potential risks:** Unexpected events.

**Resources:** Time and bandwidth, potential external facilitator or consultant, evaluation report, working group priorities and work plans, and roadmap priorities.

**SteerCo focal point:** MSF

**Timeline:** June

**Key assumptions:** Need to understand the approval process and clarify the role of the Steering Committee in decision-making (General Assembly, Director-General?). Identification of the right stakeholder (external consultant).

**Potential risks:** Tensions between different objectives and the need to accept some discomfort in developing a work plan when roles and responsibilities are not fully defined.

**Resources:** Consultant or some sort of external party.

## Action 2

Clarify the **roles and responsibilities** of the GTFCC Bodies to streamline the decision-making process and avoid overlaps.

## Action 3

Develop an operational and costed work plan specifying the activities to be undertaken, the expected results, and a **system for evaluating progress**.

**SteerCo focal point:** The development of the work plan should be the responsibility of the Steering Committee, but its drafting should be done by the Secretariat with the help of external expertise (consultant)

**Timeline:** A one-year process, aiming for finalization in 2025

**Key assumptions:** Agreement by all on the priority nature of this action, recruitment of external expertise to support the Secretariat, participation of all GTFCC partners, financial resources for external support. The costed work plan will be guided by prioritization in key geographic areas and be oriented towards “prevention” vs “reaction” as well as WASH and other aspects.

**Potential risks:** Limited support to a consultancy and a few people from the Secretariat will not be enough. The commitment of all partners is essential.

**Resources:** External expertise to support the Secretariat.

**SteerCo focal point:** IFRC and UNICEF

**Timeline:** Potentially linked to a World Bank consultation ending in June 2025

**Key assumptions:** Previous decisions by the Steering Committee confirming this priority, integration into the WASH working group's work plan

**Potential risks:** Dependence on the World Bank's consultation

**Resources:** CSP, IFRC, WHO, UNICEF

## Action 4

Highlight priority WASH actions in the GTFCC strategy and ensure the engagement of partners and donors in this area.

## Action 5

Influence **WASH investments** at the global and national levels: aiming action at district levels for quick wins to show impact in targeted areas, moving to broader areas overtime.

**SteerCo focal point:** IFRC and UNICEF

**Timeline:** Potentially linked to a World Bank consultation ending in June 2025

**Key assumptions:** Previous decisions by the Steering Committee confirming this priority, integration into the WASH working group's work plan. Recommendations is to start to influence at District-level in key focus areas and leverage the wins to evolves towards larger areas up to national level to maximize chances of success.

**Potential risks:** Dependence on the World Bank's consultation

**Resources:** CSP, IFRC, WHO, UNICEF

**SteerCo focal point:** The participants felt that the Advocacy Task Force could not handle this activity alone and that additional dedicated expertise (advocacy, communication, fundraising) was needed, potentially through the creation of an additional position within the Secretariat

**Timeline:** This is an ongoing activity, with specific objectives to be achieved through targeted events

**Key assumptions:** Create synergies with existing groups working on health, climate change, and WASH, and place cholera at the top of their priorities

**Potential risks:** Interference with partners' strategies around resource mobilization

**Resources:** Synergies with groups working on health, climate change and WASH and potentially a new position within the secretariat

## Action 6

Increase **advocacy efforts** by leveraging related climate change and other water-related pandemic preparedness and response to benefit from **integrated approaches** and mobilize resources.

## 5.4. Priority Actions with Strategic Recommendations

The following diagram visually illustrates the alignment between each **priority action** and its corresponding **recommendation**, ensuring a structured and coordinated approach to implementation. By mapping actions to recommendations, it highlights how specific measures contribute to broader strategic objectives.

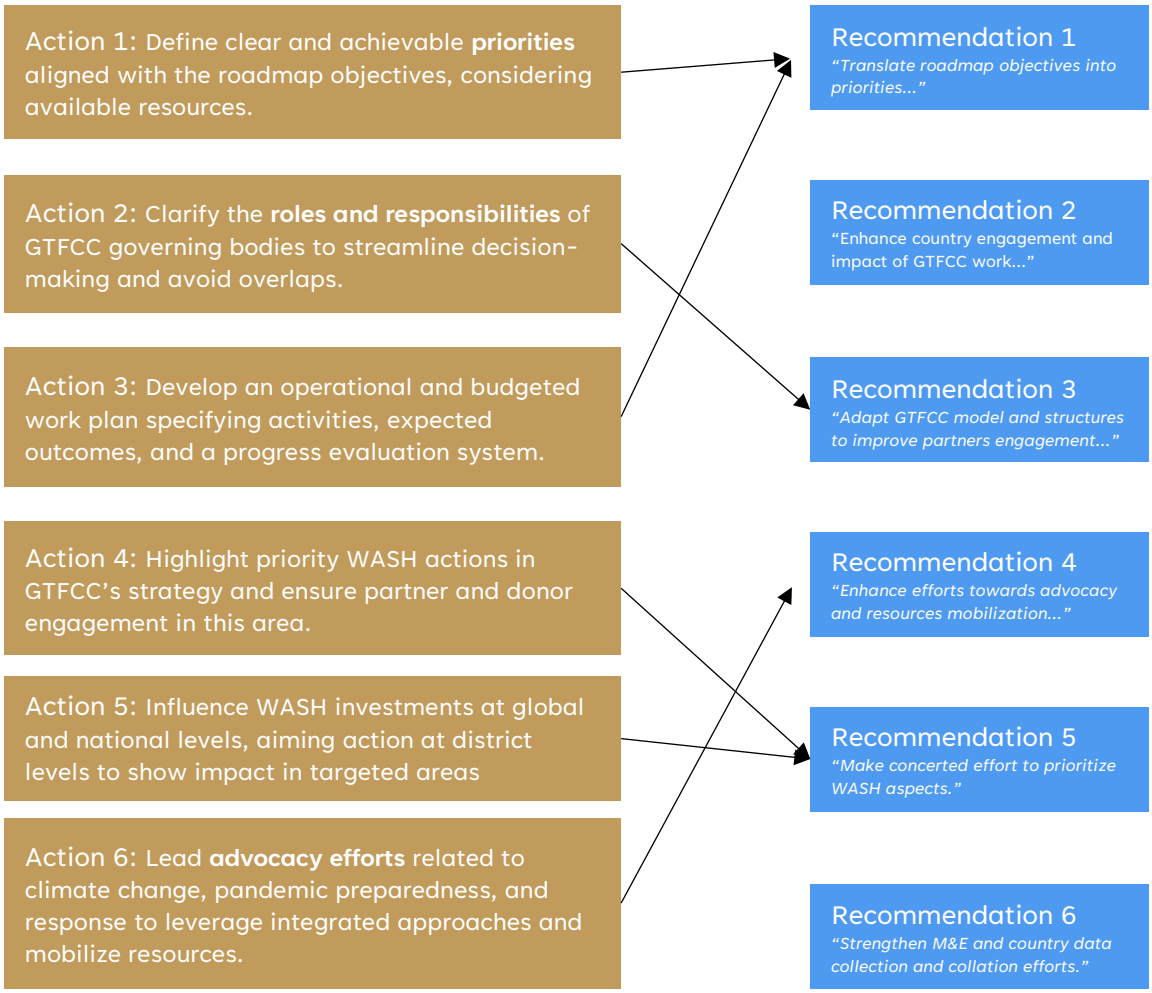



Figure 6: Alignment of Priority Actions with Strategic Recommendations

# 6. Ad Valoris analysis & proposals

To enhance the governance, coordination, and operational effectiveness of the **Global GTFCC**, Ad Valoris has identified opportunities for improvements for the GTFCC Secretariat governance, suffering from a lack of resources in the context of current global cholera resurgence. The following proposals (ie. Recommendations) are observations from Ad Valori for the sole purpose of supporting the reflections of the GTFCC Steering Committee.

4. **Setting up a Project Management Office (PMO):**

   → The creation of a dedicated PMO function is recommended **to oversee the implementation of the action plan**, ensuring that all activities are efficiently coordinated, systematically tracked, and **aligned with strategic objectives**. The PMO would report to the Secretariat and could play a critical role in monitoring progress, report on them, reaching to the various bodies to identify implementation challenges or bottlenecks, facilitating timely course corrections.

   → By acting as a central hub for project oversight, the PMO would **enhance the efficiency**, accountability, and responsiveness of GTFCC operations. This type of PMO function can be externalized if need be and will free up time to the Secretariat on the "follow-ups" but also enable the GTFCC to **gain visibility** on the impact of their action to support the advocacy efforts.

5. **Establishing roles and responsibilities across GTFCC Bodies:**

   → To ensure **efficient coordination and avoid overlapping mandates**, it is imperative to **clearly define the roles and responsibilities** of all entities within the GTFCC governance structure, including the **Steering Committee, Secretariat, working groups, CSP, and partner organizations**.

   → Establishing well-defined mandates and delineating areas of responsibility will enhance collaboration, facilitate effective engagement with stakeholders, and optimize the overall governance structure. This could be defined as part of a short series of workshops with specific GTFCC stakeholders and propose for approval to the Steering Committee.

6. **Strengthening the decision-making process within the Steering Committee:**

   → This emerges as a priority. A well-structured and **transparent decision-making framework** is essential to improve the effectiveness of the **Steering Committee and the GTFCC bodies**. The recommendation emphasizes the need to **clarify roles, responsibilities, and procedures** within the decision-making process, ensuring that governance mechanisms are **inclusive, streamlined, and responsive to** emerging **challenges**.

   → This would alleviate the focus of the Secretariat and other GTFCC bodies on coordination and operations of the roadmap. This would help prevent delays and enable informed, consensus-driven decisions that align with the strategic roadmap of the GTFCC and be key to prioritize the way forward when "prevention" vs "reaction" must be decided.

These recommendations provide a **structured approach to reinforcing governance, strengthening coordination mechanisms, and improving strategic alignment** across the GTFCC while providing support to the Secretariat. Their implementation will contribute to **greater operational efficiency, improved decision-making, and enhanced accountability**, ultimately supporting the effective delivery of the GTFCC's mission.

# 7. Next steps

The following next steps have been agreed upon during the workshop:

- → Ad Valoris has been developing this workshop report which first version will be circulated by the Secretariat to the workshop participants to be commented/revised/approved. (Timing: February)
- → GTFCC to draft a 1st GTFCC Response Plan to the Recommendations incorporating the results of this workshop and its report. (Timing: March-June)
- → GTFCC Response Plan to the recommendations to be presented for approval during the GTFCC General Assembly (if happening). (Timing: June)

# 8. Appendices

Appendix 1: List of participants
Appendix 2: Ad Valoris presentation
Appendix 3 (separated attachment): Workshop presentation
Appendix 4 (separated attachment): Workshop agenda

## APPENDIX 1: List of participants

| Group | Name | Institution |
|---|---|---|
| **Moderator** | Yann Leclerc | Ad Valoris |
| **Moderator** | Quentin Prevot | Ad Valoris |
| **Moderator** | Anthony Prost-a-Petit | Ad Valoris |
| **Guest speaker** SC & ERG member | Michael RYAN | WHO Deputy Director General and Executive Director of the WHO Health Emergencies Programme |
| **Guest speaker** | Maria VAN KERKHOVE | WHO Director of Epidemic and Pandemic preparedness and prevention |
| SC & ERG member | Allyson RUSSEL | GAVI |
| SC & ERG member | Annika Wendland | CSP, IFRC |
| SC & ERG member | Daniela GARONE | MSF |
| SC & ERG member | Duncan STEELE | Gates Foundation (BMGF) |
| SC & ERG member | Emmanuel BARON | WHO |
| SC & ERG member | Firdausi QADRI | Icddr,B |
| SC & ERG member | Francisco LUQUERO | GAVI |
| SC & ERG member | Heather PAPOWITZ | UNICEF |
| SC & ERG member | Maria PINZON | IFRC, WASH |
| SC & ERG member | Marion MARTINEZ V. | WHO, GTFCC Secretariat |
| SC & ERG member | Mike BRISON | Gates Foundation (BMGF) |
| SC & ERG member | Philippe BARBOZA | WHO, GTFCC Secretariat |
| SC & ERG member | Pierre FORMENTY | WHO |
| SC & ERG member | Roma CHILENGI | Zambia Country Representative |
| SC & ERG member | Tanya SHEWCHUK | Gates Foundation (BMFG) |
| ERG member & TWG Chair | Iza CIGLENECKI | MSF |
| TWG Chair | Flavio Finger | Epicentre |
| TWG Chair | Pierre-Yves OGER | UNICEF, WASH |
| Non-SC member | Bruce GORDON | WHO, WASH |
| Non-SC member | Laurent SAX | WHO, WASH |
| Non-SC member | Carlos NAVARRO C. | Independent consultant |
| Non-SC member | Charlie WELLER | Wellcome Trust |
| Non-SC member | Pierre BALARD | Wellcome Trust |
| Non-SC member | Rebecca GRAIS | Pasteur Network |
| Non-SC member | Stuart VALLIS | Swiss agency for Develpt. and Collaboration (SDC) |
| Non-SC member | Emmanuel OKUNGA | Kenya Country representative, MOH |
| Non-SC member | Eunice MUGERA | Kenya Country representative, MoW |
| Non-SC member | Jose Paulo LANGA | Mozambique, Country representative |
| Non-SC member | Krishna PAUDEL | Nepal Country representative |
| Non-SC member | Linda ESSO | Cameroun, Country representative |
| Non-SC member | Muhammad A. KAZI | Pakistan, Country representative |
| Non-SC member | Nyuma MBEWE | Zambia, Country representative |
| Non-SC member | Placide OKITAYEMBA W. | RDC, Country representative |
| **The below stakeholders were invited but could not join the workshop.** | | |
| Status | Name | Institution |
| SC & ERG member | Ahmed THAMEED | Icddr,b |
| SC & ERG member | Ashraful ISLAM KHAN | Icddr,b |
| SC & ERG member | Petra KHOURY | IFRC |
| SC & ERG member | Chris BREWER | IFRC |
| SC & ERG member | Maria GUEVARA | MSF |
| SC & ERG member | Douglas NOBLE | UNICEF |
| SC & ERG member | Elke Johanna DE BUHR | UNICEF |
| SC & ERG member | Chris BRADEN | US CDC |
| SC & ERG member | Xin WANG | US CDC |
| SC & ERG member | Tom HANDZEL | US CDC |
| SC & ERG member | Shabana SALEEM | Pakistan, Country representative |
| SC & ERG member | Rabail JAVED | Pakistan, Country representative |
| SC & ERG member | Fred KAPAYA | Zambia, Country representative |
| TWG Chair | Marie-Laure QUILICI | Pasteur |
| TWG Chair | Lucy BREAKWELL | US CDC |

| | | |
|---|---|---|
| Non-SC member | Agnès SOUCAT | AFD |
| Non-SC member | Lionel GOUJON | AFD |
| Non-SC member | Paul DEVERILL | FCDO |
| Non-SC member | Monica RAMOS | Global Wash Cluster |
| Non-SC member | Anton JANTUNEN | Hygiene and Sanitation Fund |
| Non-SC member | Issa ZAKARI | Islamic Development Bank |
| Non-SC member | Sandra CATS | RVO |
| Non-SC member | Marc-Andr BUENZLI | SDC |
| Non-SC member | Albert REICHERT | USAID/BHA |
| Non-SC member | Peter MAES | UNICEF |
| Non-SC member | Claire CHASE | World Bank |
| Non-SC member | Lombe KASONDE | World Bank |
| Non-SC member | Laurence CIBRELUS | WHO |
| Non-SC member | Ngum MEH ZANG | WHO |
| Non-SC member | Wilfred NKHOMA | Malawi, Country representative |
| Non-SC member | Sebastian YENNAN | Nigeria, Country representative |
| Non-SC member | Rabail JAVAID | Pakistan, Country representative |
| Non-SC member | Dalya ELTAYEB | Sudan, Country representative |

Appendix 2: Ad Valoris Presentation
Ad Valoris is a Geneva-based consultancy firm specialized in Strategy, Transformation and Performance.

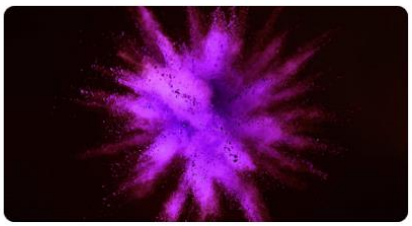
KNOW-HOW

## Our expertise

### Strategy

RELEVANT

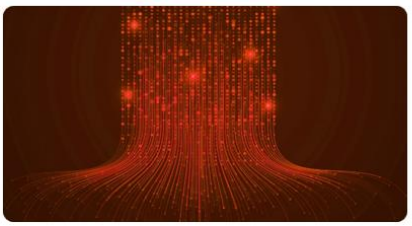
**Transform** your strategic intentions into results.



### Transformation

GAME-CHANGING

**Adapt** at the right time and in the right way



### Performance

INTELLIGENT

**Activate** all your performance levers

ADVALORIS

## Your Contact

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This proposal is designed to create a concrete, collaborative, and impactful learning experience that will equip your middle managers with the skills and confidence to drive process optimization and embrace change, contributing to a more efficient and agile organization.