



UNICEF Interventions for Cholera Prevention and Control

UNICEF

Initiative Against Diarrheal and
Enteric Diseases Meeting
6 – 9 March 2017
Hanoi, Vietnam

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Session Outline

UNICEF INTERVENTIONS

WASH Coverage Trends

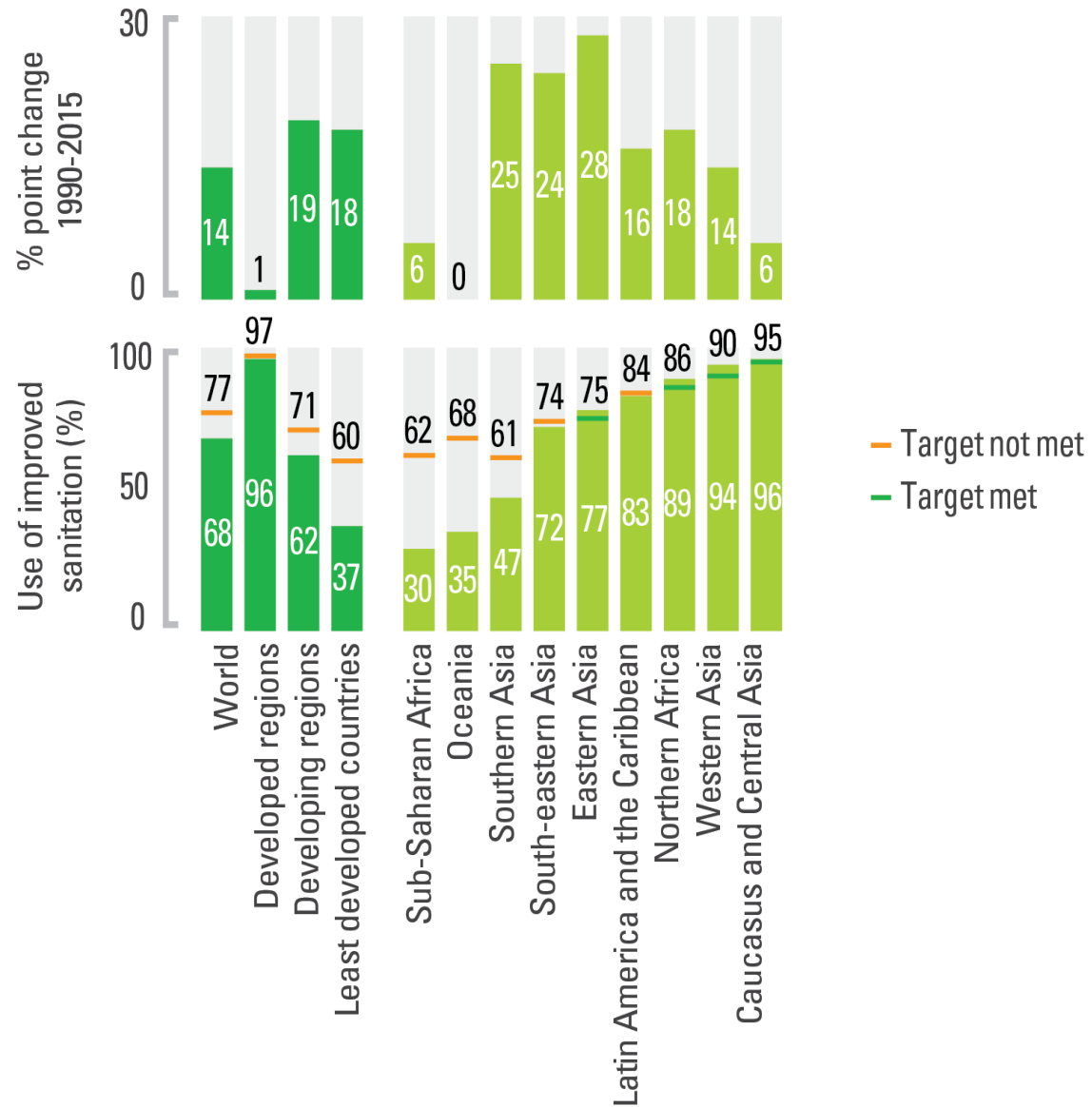
SDG implications on WASH

UNICEF's integrated approach to preventable diseases

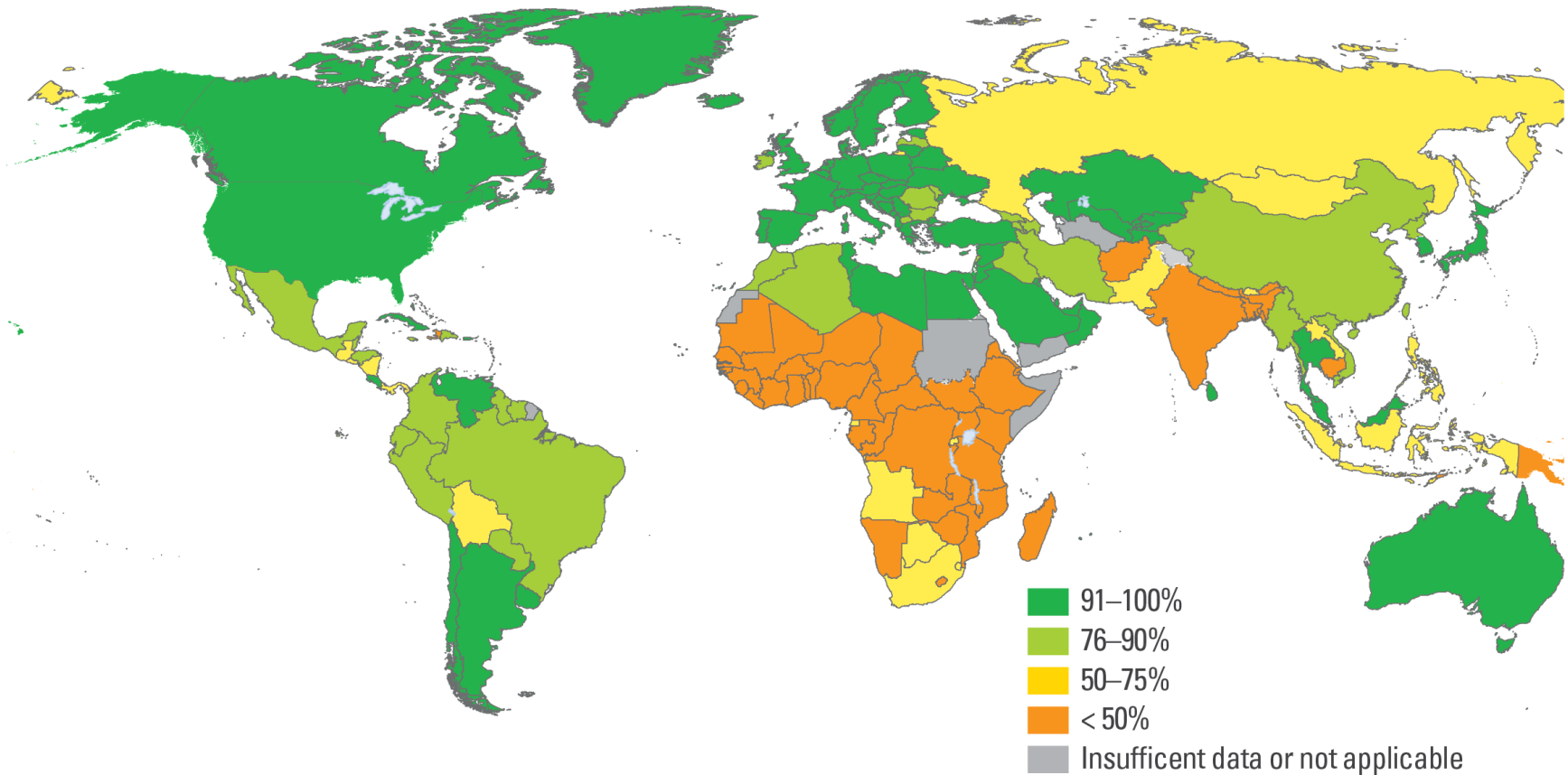
Global WASH Initiatives for cholera prevention and control

Issues and Challenges

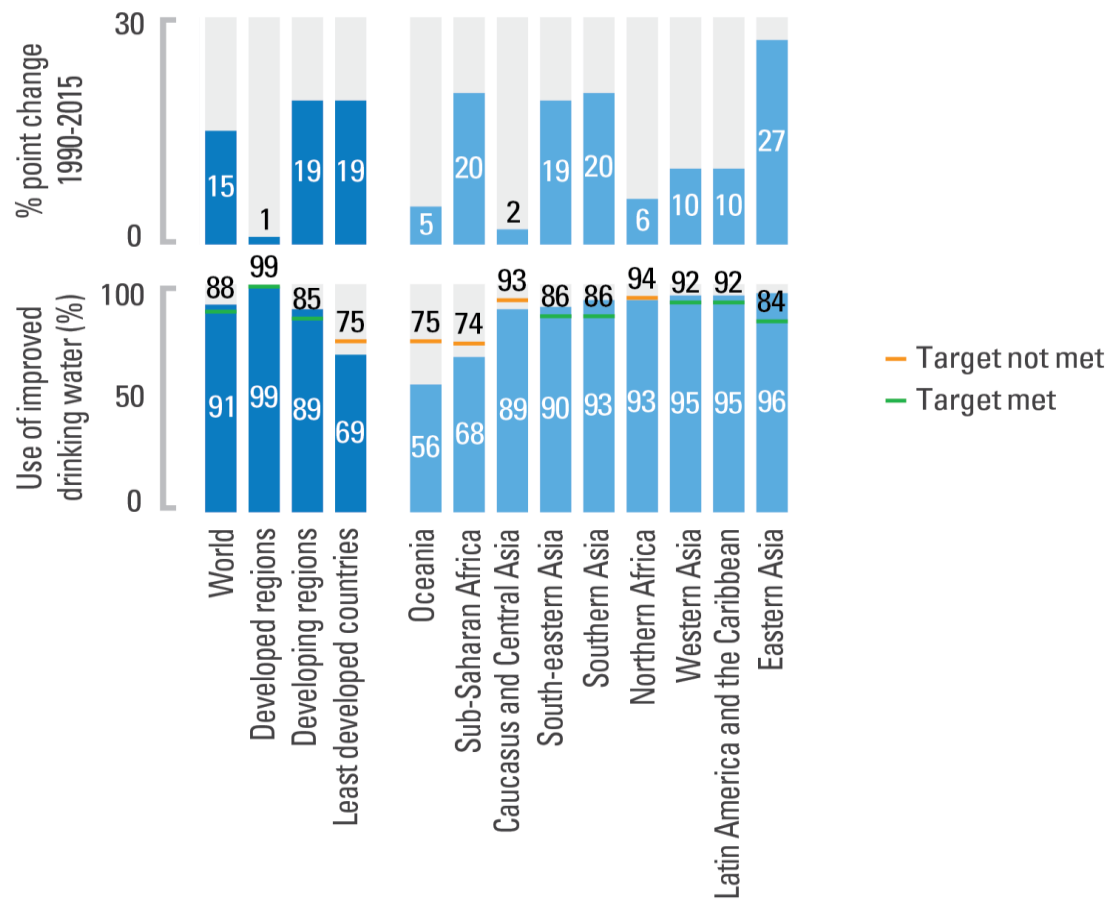
The world has **missed** the MDG Sanitation Target



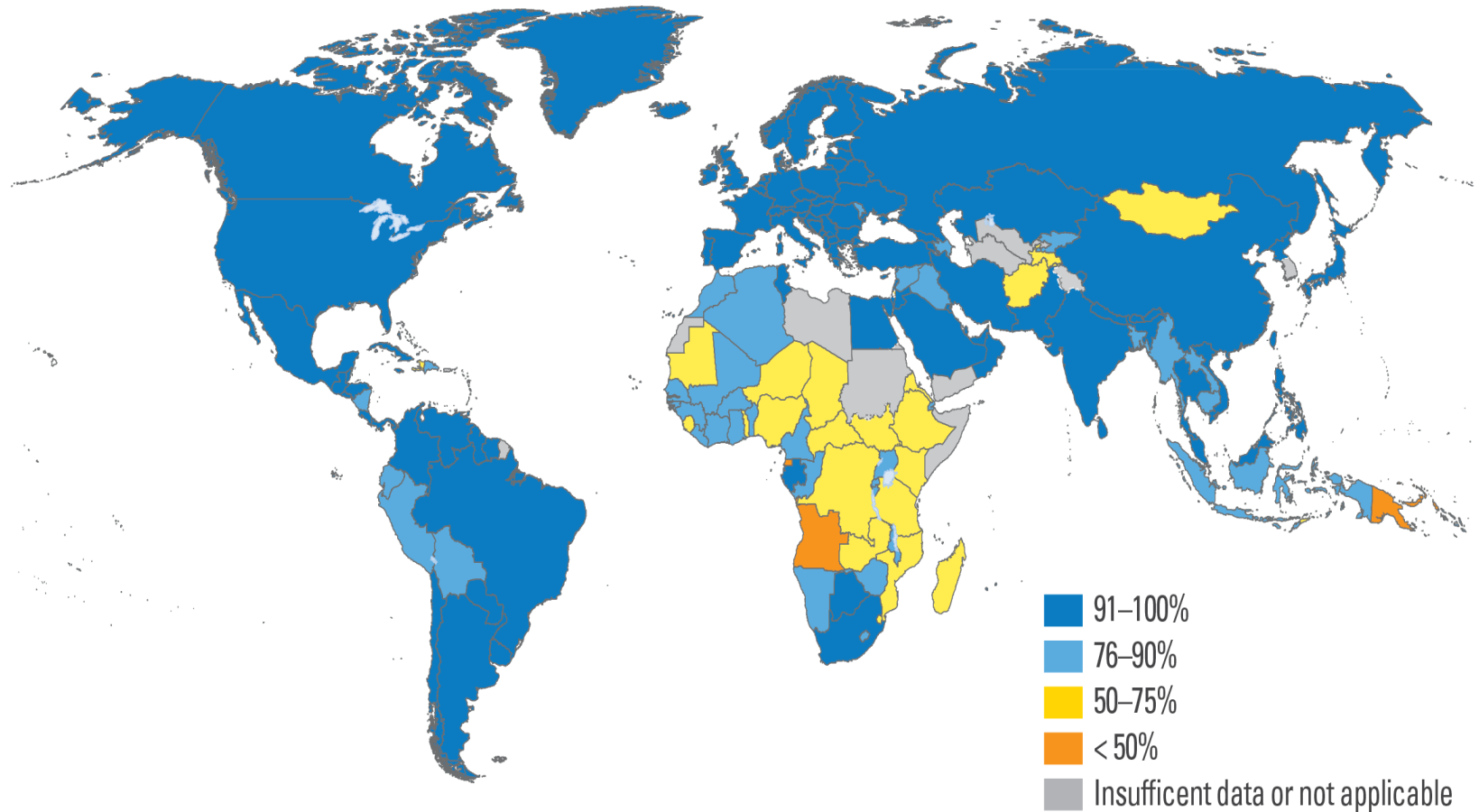
and in 47 countries, areas and territories, **less than half** the population use **improved sanitation**



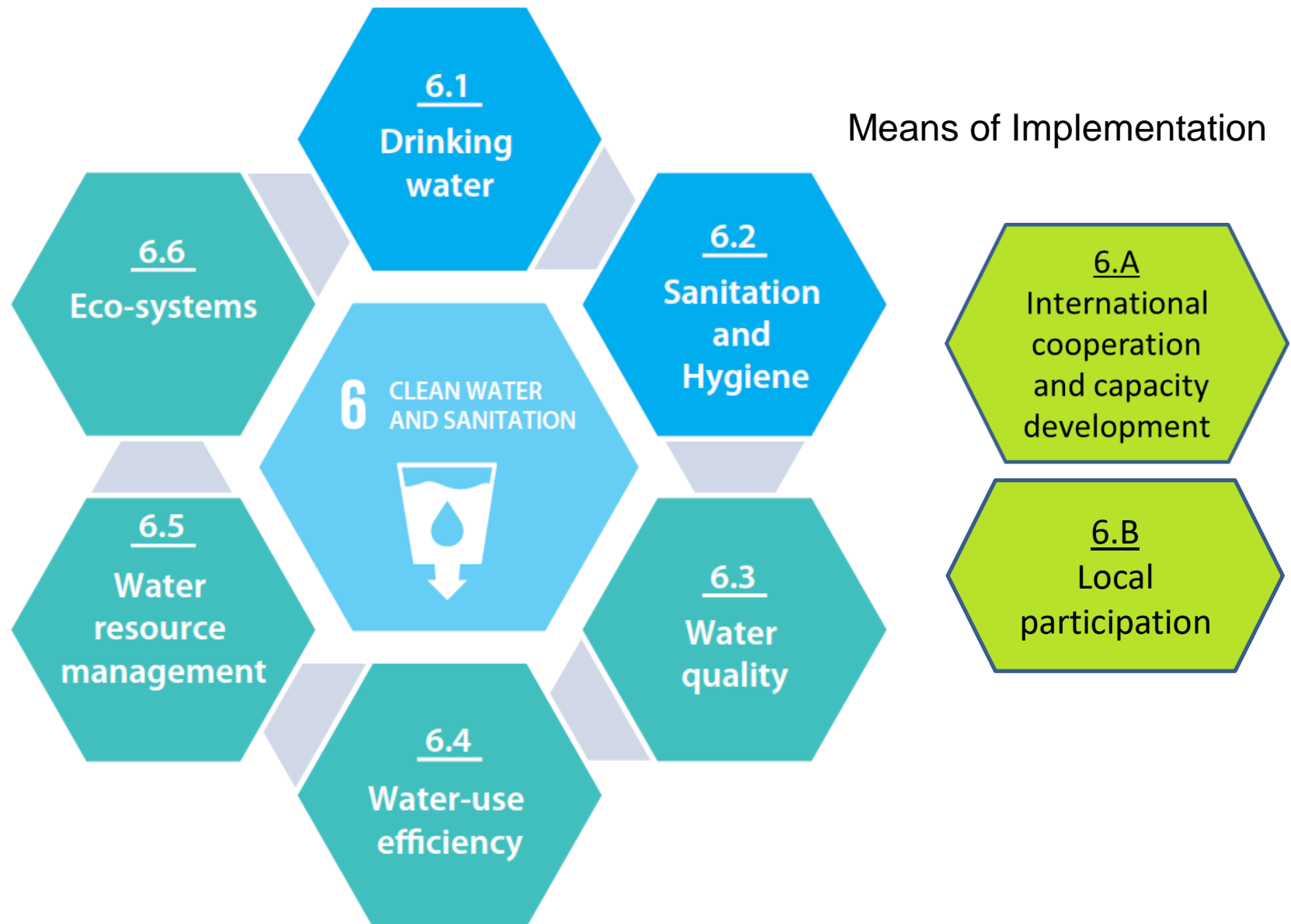
but the MDG target for drinking water has been met



with less than **half the population** in Africa and Oceania using improved water



SDG 6: Ensure **availability** and **sustainable management** of water and sanitation for all



Target 6.1 Drinking water

By 2030, achieve **universal** and **equitable** access to **safe** and **affordable** drinking water **for all**

6.1.1: Population using safely managed drinking water services

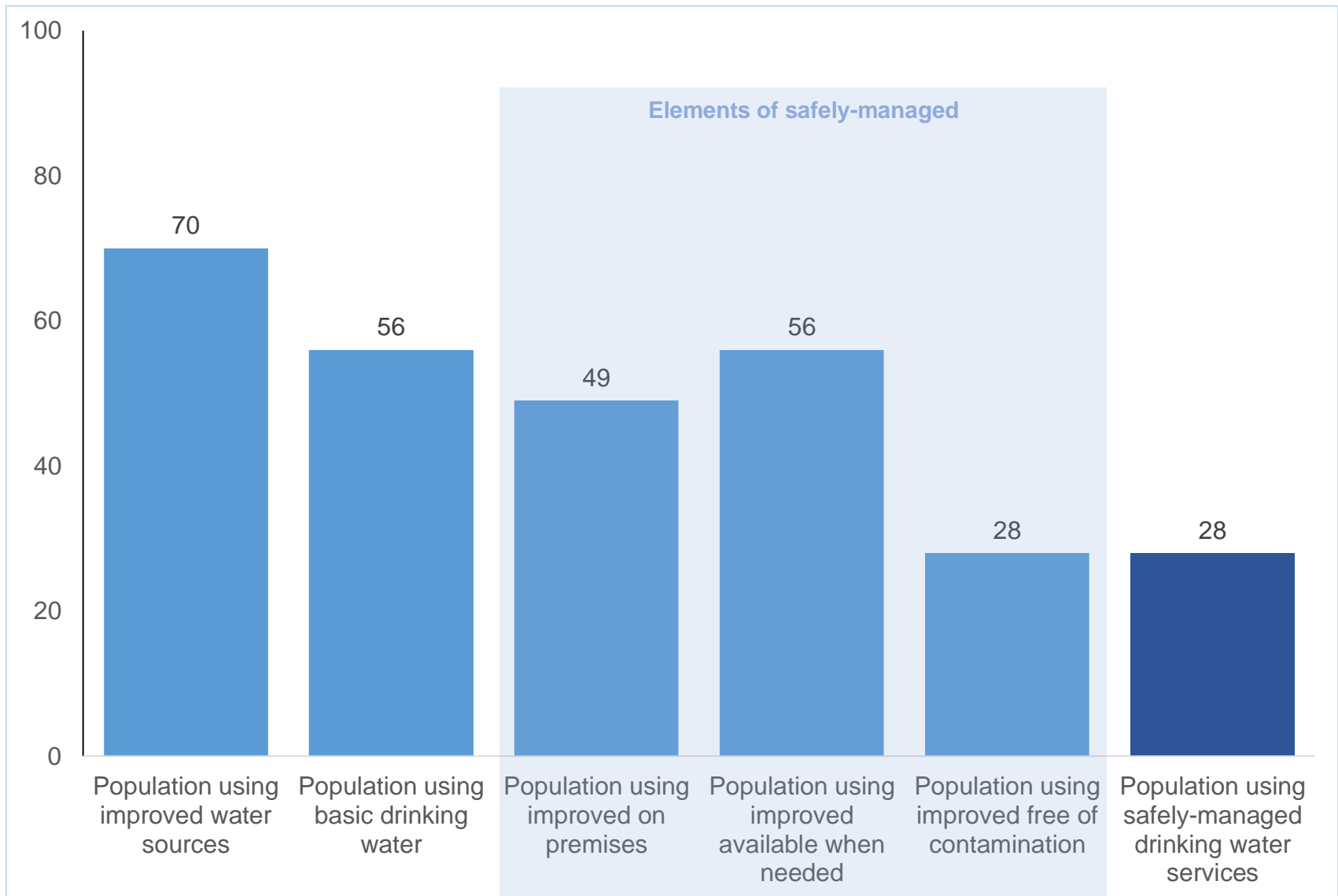
Definition: Pop. using an improved drinking water source which is:

- located on premises, **Accessibility**
- available when needed, and **Availability**
- free of faecal and priority chemical contamination **Quality**

MDG/SDG	Service ladder	Progressive realization
SDG 6.1	Safely managed drinking water	Improved facility located on premises, available when needed, and free from contamination
MDG continuity	Basic water	Improved facility within 30 minutes round trip collection time
	Unimproved water	Unimproved facility does not protect against contamination
	No service	Surface water



Example of Safely Managed Drinking Water



Target 6.2 Sanitation

*By 2030, achieve access to **adequate and equitable sanitation** and hygiene for all, and **end open defecation**, paying special attention to the needs of **women and girls** and those in **vulnerable situations***

6.2.1: Population using safely managed sanitation services including a handwashing facility with soap and water

Definition: Pop. using an improved sanitation facility which is:

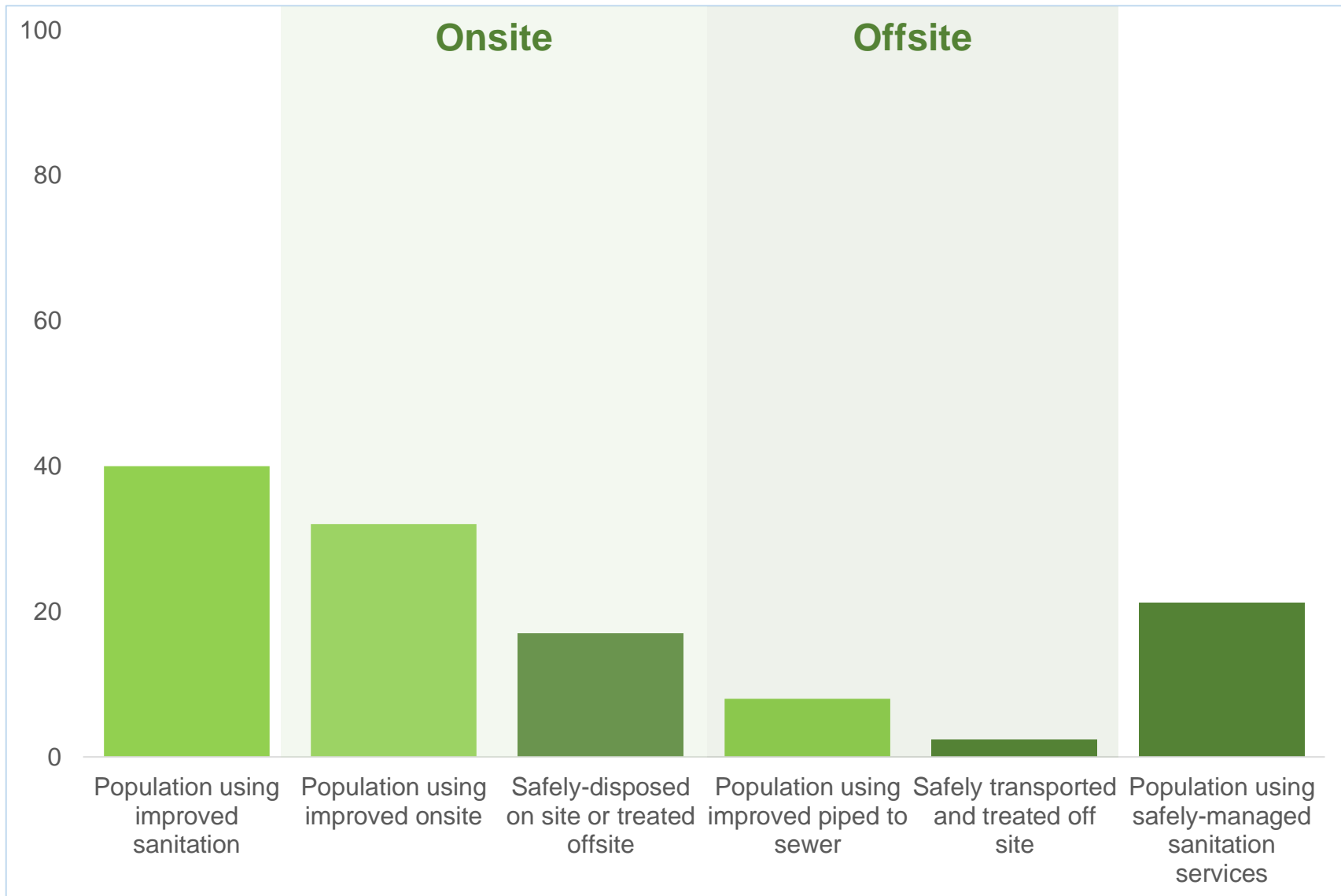
- not shared with other households and where **Accessibility**
- excreta are safely disposed in situ or
- transported and treated off-site **Quality**

MDG/SDG	Service ladder	Progressive realization
SDG 6.2	Safely managed sanitation	Private improved facility where faecal wastes are safely disposed on site or transported and treated off-site; plus a handwashing facility with soap and water
MDG continuity	Basic sanitation	Private improved facility which separates excreta from human contact
	Shared sanitation	Improved facility shared with other hh
	Unimproved sanitation	Unimproved facility does not separate excreta from human contact
	No service	Open defecation

Realisation

Progressive

Example of Safely Managed Sanitation



Open Defecation

Countries that account for almost three-quarters of the people who practice open defecation:

- **India** 626 million
- **Indonesia** 63 million
- **Pakistan** 40 million
- Ethiopia 38 million
- Nigeria 34 million
- Sudan 19 million
- **Nepal** 15 million
- **China** 14 million
- Niger 12 million
- Burkina Faso 9.7 million
- Mozambique 9.5 million
- **Cambodia** 8.6 million

Target 6.2 Hygiene

*By 2030, achieve access to adequate and equitable sanitation and **hygiene** for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations*

Emerging data on handwashing show that the presence of facilities with water and soap varies widely between countries and regions

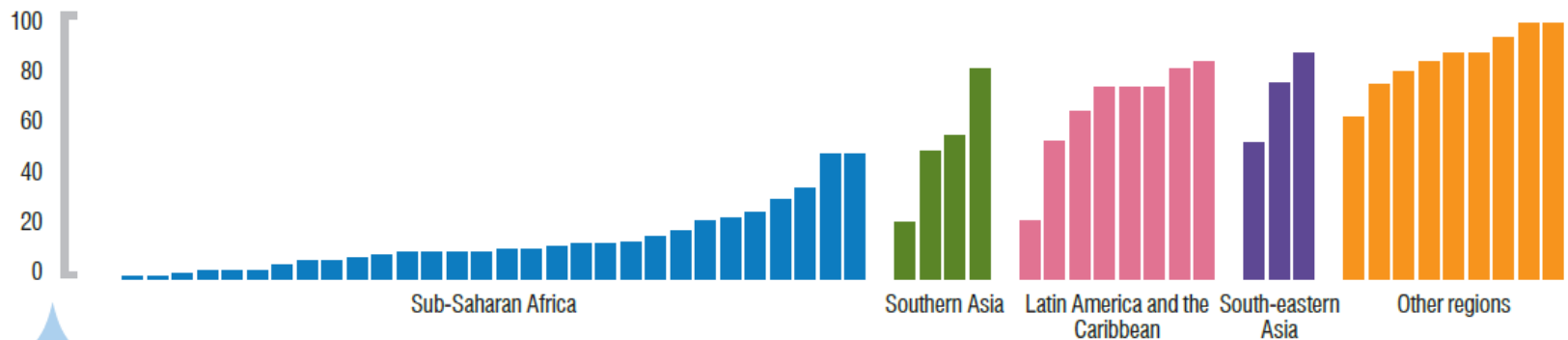


Fig. 40 Proportion of the population with a handwashing facility with soap and water (2009-2014)

UNICEF WASH Programme is guided by



The Global Cluster Mechanism as Global WASH Cluster Lead

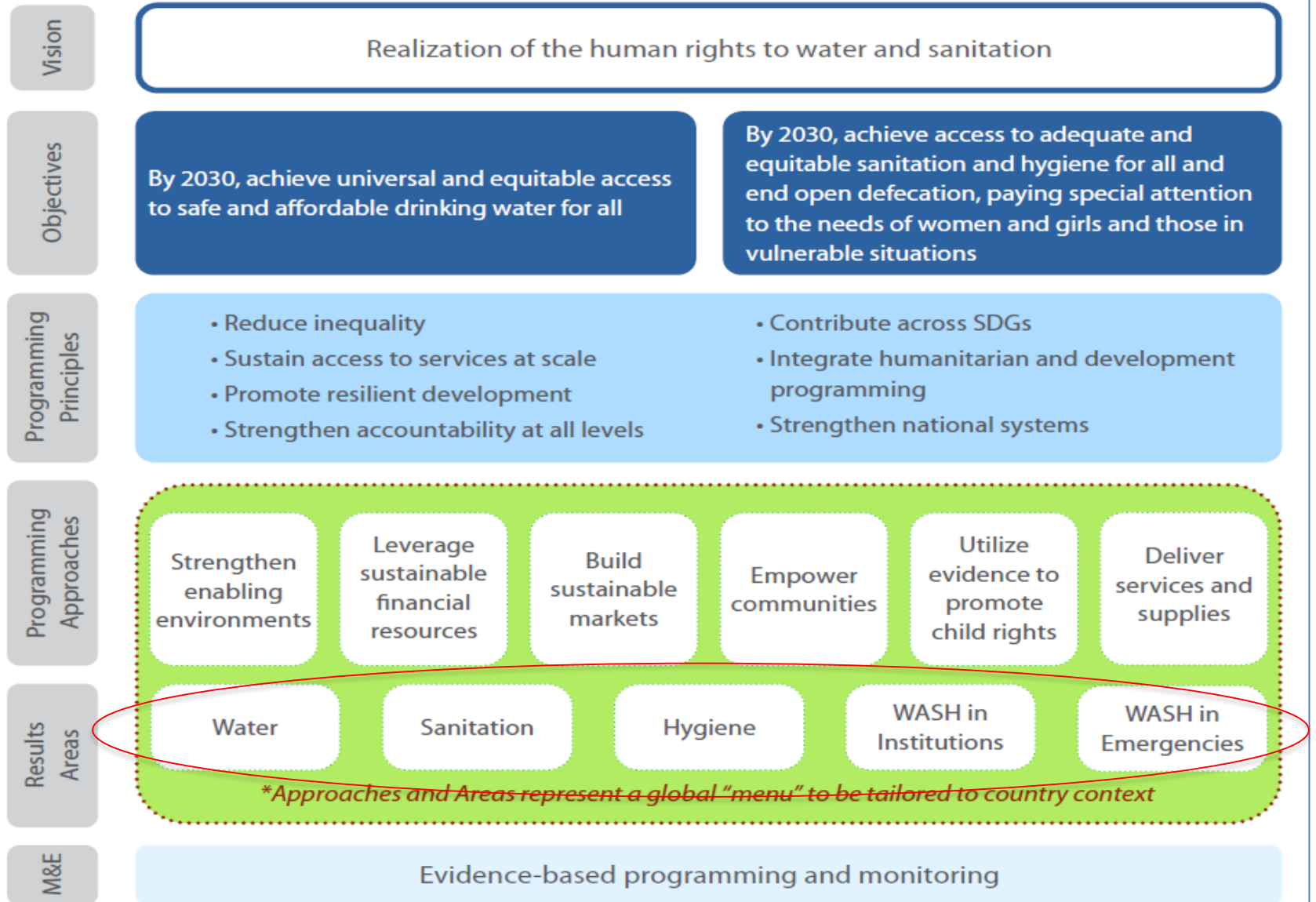


To fulfil core accountabilities for children in emergencies



And ensure regular development and humanitarian nexus

Cholera is cross cutting across results areas in UNICEF Global WASH Strategy 2016 -2030



An Integrated approach to cholera

Multi-sectorial collaboration is a key component of cholera prevention and control

- Externally: close collaboration between UNICEF, WHO, local governments, implementing partners, communities and others
- Within UNICEF, between sections:
 - WASH
 - Health
 - Communication for development
 - Supply division
- UNICEF part of two regional cholera platforms

key pathway to prevent cholera is to ensure that

- ✓ People have access to and use safe water supply for drinking
- ✓ Households, communities, institutions and food outlets practices safe food hygiene
- ✓ Infants are exclusively breastfed and if needed given safe fluids and food
- ✓ The environment is free from excreta because people dispose of it safely
- ✓ People WASH their hands with soap and water at critical times
- ✓ Environmental hygiene is adhered to in markets and other public places

Priority WASH Interventions in emergencies

- Increase water supplies
- Improve quality of water supplied
- Increase access to excreta disposal facilities
- Provide hygiene kits, handwashing facilities or soap, water storage vessels (NFIs)
- Hygiene education/Social Mobilization
- Solid waste collection and disposal
- Reduce vector breeding sites

**Preferably follows a rapid or comprehensive
WASH assessment**

UNICEF Cholera Toolkit: A key resource

The UNICEF cholera toolkit provides practical resources to implement an integrated approach to cholera prevention and control.

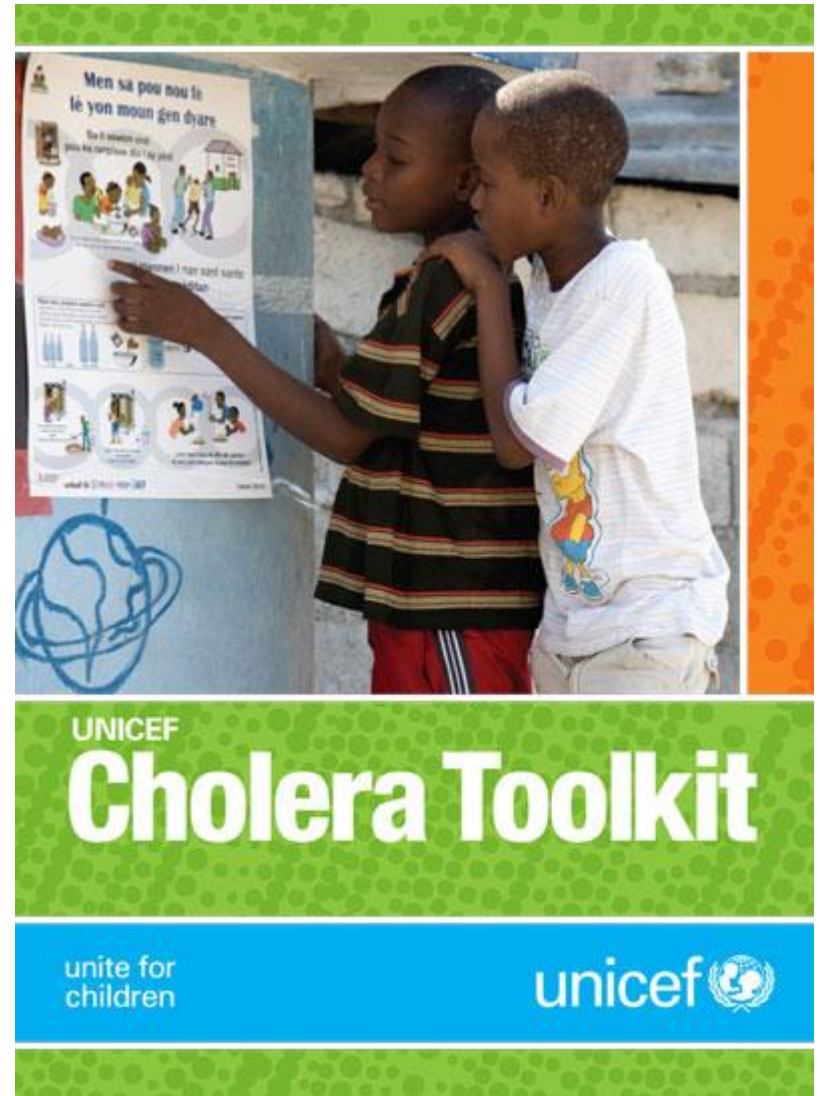
The toolkit covers:

- WASH
- Health
- Communication for development (C4D)

Currently being transferred to GTFCC for a broader ownership

Adding a specific section on OCV

https://www.unicef.org/cholera/index_71222.html



Revised Cholera kits

- **UNICEF support WHO in providing cholera kits to governments and partners**
- **Revised Cholera kits** designed in 2015; revised after field testing in 2016
- **Process**
 - 6 kits, with modules
 - Available in country in 2017

Central Reference Kit

- 1) Drugs
- 2) Renewables
- 3) Equipment
- 4) Logistics
- 5) Documents

Periphery Kit

- 1) Drugs
- 2) Renewables
- 3) Equipment
- 4) Logistics
- 5) Documents

Community Kit

- 1) Drugs
- 2) Community Care
- 3) Documents

Hardware Kit

- 1) Shelter
- 2) Water
- 3) Sanitation
- 4) Support
- 5) Fencing

Investigation Kit

- 1) Sample collection and RDTs
- 2) Equipment for Transport

Laboratory Kit

- 1) Laboratory Supplies for 100 samples

UNICEF hosts the OCV stockpile in its supply division

OCV Award, Availability and Supply in 2016

	Award	Available	Supplied	Available 31 Dec 2016
Emergency Stockpile	2,000,000	2,000,000	1,611,050	388,950
Non-emergency Reserve	4,300,000	3,876,300	1,180,000	2,167,725
	6,300,000	5,876,300	2,791,050	2,556,675

Reserve	Sanchol	471,425
	Euvichol	1,696,300

❖ South Sudan	72,450
❖ Zambia	68,635
❖ Mozambique	425,495
❖ Zambia	293,720
❖ DR Congo	680,750
❖ DR Congo	70,000

Haiti : 1,000,000
Malawi: 180,000

UNICEF Chairing Global Task Force for Cholera Control WASH working group

Four sub-WASH working groups

1. WASH Strategies

- define specific WASH interventions in various contexts including: emergency response, ongoing preparedness, long term intervention and in conjunction with OCV campaigns.

Efficiency of WASH Interventions

- develop an investment case methodology for WASH intervention and plan for its development;

3. WASH Practices

- formulate recommendations for key WASH practices to be implemented at local level for cholera control

4. Advocacy & funding

- identify evidence-based approaches including essential personnel, material and budget to advocate for WASH interventions in high risk cholera areas

Progress so far...

1. Technical briefs developed

- ✓ Low-cost assays for microbiological monitoring in the field
- ✓ Designing and implementing a water quality surveillance scheme
- ✓ Producing and testing chlorine solutions
- ✓ Oral rehydration salt preparation
- ✓ Summary of WASH requirements for health care facilities, including cholera treatment centers
- ✓ Summary of practices to prevent cholera transmission in homes, institutions, public places

2. A study to define “household disinfection”, its feasibility and effectiveness carried out in collaboration with Tufts School of Engineering

3. A review of literature conducted by a London School of Hygiene and Tropical Medicine (LSHTM) MSc student

Health Emergencies Preparedness Initiative (HEPI)

- Post Ebola **UNICEF evaluations** – need to improve UNICEF preparedness and response to epidemics/pandemics
- Each outbreak requires **collective actions** from all sectors (beyond health)
- Challenging to navigate **technical standards**
- **UNICEF** not starting from scratch
- Identified key diseases, categorized them and developed a “**package of support**” for each



INTRODUCTION

The year 2015 was marked by many humanitarian crises—including the unprecedented spread of Ebola in West Africa—and 2016 has presented new and continuing challenges to global public health. The recent outbreaks of Zika, cholera, yellow fever and others are reminders of the importance of surveillance, preparedness, and a well-coordinated response.

We know how serious the impacts of such outbreaks can be on communities. Even when a disease does not disproportionately affect children's health, when it strikes their parents, caregivers and communities, it can take a dramatic toll on the ability of the community to provide the care and

services that are vital to the health and well-being of children.

UNICEF has worked to respond to many types of health emergencies over the past decades, and understands the complexities of this type of response. The organization's unique attributes—including cross-sectoral expertise, supply capacity, experience with the Interagency Standing Committee (IASC) system, strong on-the-ground capacity at country level and a strong cross-sectoral approach—enable it to serve as an effective partner for national governments in developing and implementing multi-sectoral emergency responses.

A number of global post-Ebola assessments have highlighted the need

for collective preparations to be made to ensure that the world is ready and able to respond to future health emergencies. Much of this attention has focused on the International Health Regulations and the World Health Organization (WHO), which has established a new internal structure for outbreaks and emergencies. UNICEF has also identified areas for improvement and in September 2015 launched the Health Emergencies Preparedness Initiative (HEPI). This bilateral initiative, which seeks to strengthen the organization's capacity for responding to health emergencies is being done in coordination with partners, including WHO, the US Centers for Disease Control and Prevention (CDC) and others, and will seek to build complementarity and strengthen alignment.

DECEMBER 2016

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Disease Categorization

Category 1

Current epidemics of focus and focus diseases of epidemic/pandemic potential

- Dengue, Yellow Fever, Zika
- Avian Influenza, Pandemic influenza
- **Cholera**
- Malaria
- Measles
- Meningococcal Disease
- Polio (Non-Vaccine derived)

Category 2

Endemic or epidemic diseases of potential threat/changing pattern

- Hepatitis E
- Leptospirosis
- Novel coronaviruses
- Typhoid fever
- Viral hemorrhagic fever
- West Nile Virus

Category 3

Endemic or epidemic diseases currently affecting a limited geographic area and or posing limited threat

- Diphtheria
- Monkey pox
- Japanese Encephalitis
- Pertussis
- Plague, Seasonal Influenza
- Shigellosis, enterohemorrhagic E-coli
- Rubella

Key support package for disease categories

- **Full package for category 1 diseases**
 - Sector guides, notes, institutional guides, C4D tools,
 - Disease specific materials requirements and guidance
 - Prepositioning of stock, strengthening supply chain
 - Assessment
 - Surge support
 - Funding support

- **Basic Package for Category 2 diseases**
 - Disease specific materials requirement and guidance
 - C4D Guides

- **Limited support for category 3 diseases**
 - Overarching guide

Issues and Challenges

1. WASH related advocacy activities as agreed in GTFCC has not been implemented
2. Information sharing among members of the WASH WG, UNICEF regional offices and countries has been minimal
3. WASH response often reactive rather than proactive
4. Spread of outbreak difficult to predict and complicates pre-positioning of supplies
5. Criteria to trigger WASH response often unclear
6. Areas with good WASH coverage impacted less by the outbreak and difficult to control once underway
7. Funding of WASH priorities remains a challenge

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June 2016

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