GLOBAL TASK FORCE ON
CHOLERA CONTROL

COUNTRY NAME: BANGLADESH

5th Annual Meeting of the GTFCC
13-14 June 2018

OBJECTIVES AND TIMELINES

Objectives

- Alignment of National Program on Diarrheal Diseases Prevention, Management & Control with the GTFCC Global Roadmap 2030, with the ultimate objectives of:
  - reducing cholera deaths in the country by ≥90% by 2030;
  - eliminating cholera from the country by 2030;
- Strengthening of AWD & cholera information & surveillance system;
- Deployment of national OCV campaigns.

Timelines

- 2018: Review & alignment of National Program on Diarrheal Diseases Prevention, Management & Control with the GTFCC Global Roadmap;
- 2018 & onward: Increasingly effective engagement of the WASH partners in the agenda;
- 2019: Introduction of phased OCV campaign for national scale up by 2030.

IMPLEMENTATION

What we already did

- Bangladesh played key role in WHO (2011) Resolution 64.15 & in its implementation;

  AWD outbreak response, inclusion of cholera management in diarrheal disease management guideline, vibrant WASH partnership; OCV feasibility study; world's largest 2 successive OCV campaigns for the FDMNs (Rohingyas); capacity building to manufacture OCVs are few examples;

- Bangladesh is home of ORS & created widespread community-based ORS practice;
- We championed AWD (including cholera) management (Mortality rate: 0.0002%);
- Not cholera mortality – rather severity of cholera morbidity is our concern;

What more we will do

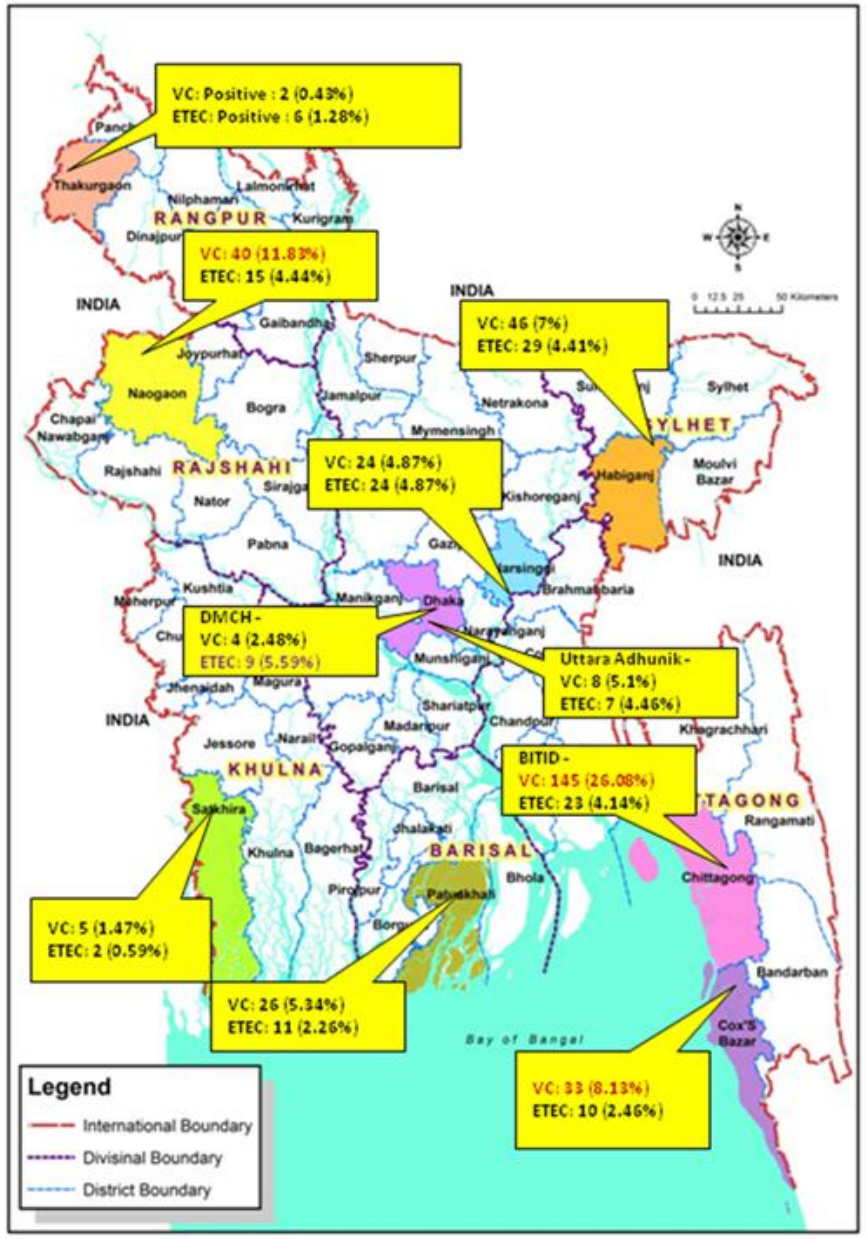
- In this year: Review & updating of the National Program on Diarrheal Diseases Prevention, Management & Control to align it with the GTFCC Global Roadmap;
- In this year & onward: Holding consultation with the national WASH partners to prepare joint engagement plan & collectively implement the GTFCC Global Roadmap 2030;
- 2019: Introduction of 1st phase OCV campaign in a high risk urban setting & scaling up in other high risk areas.

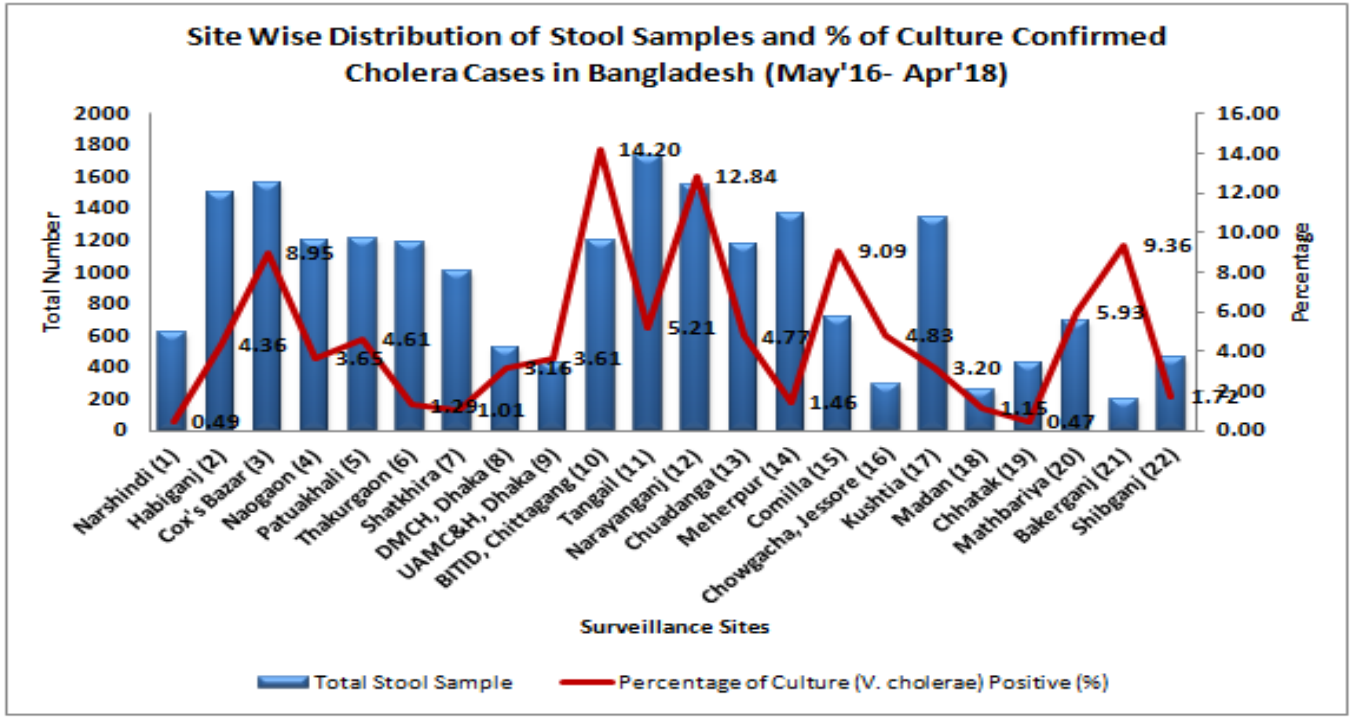
Cholera control - Capacities and gaps (using key indicators)

Indicator	Comment	Colour code	Source of information
Axis 1: Early detection and quick response to contain outbreaks at an early stage			
Decentralized culture capacity for early detection in all hotspots	• Not available in all regions of the country; however, this may not required in Bangladesh.	?	CDC, DGHS; IEDCR & icddr,b
Preposition of RDT & appropriate transport media (Cary Blair) in all hotspots	• Both RDT & Cary Blair media available in all 22 sentinel surveillance sites; • Samples transported to central labs (IEDCR; icddr,b) using Cary Blair media.		
PCR characterization of isolated VC	• Available at central labs; we believe this may serve the purpose.		
Early warning / Surveillance system	• AWD reporting system exists in all districts & sub-districts; • Cholera surveillance is ongoing in 22 sentinel sites.		
Axis 2: A multisectoral approach to prevent cholera in hotspots			
Identification of cholera hotspots	• Data of nationwide cholera surveillance aims to identify cholera hotspots.		CDC, DGHS; IEDCR & icddr,b
National Cholera Control Plan aligned with the GTFCC roadmap	• Under process.		
Financing mechanism & availability of funds	• National program exists; additional funding will be required.		
Axis 3: An effective mechanism of coordination for technical support, resource mobilisation and partnership at national level			
Existence of a cholera focal point, in charge of implementing NCCP & appointed by a high authority	• Yes, exists; Director, Disease Control functions as national focal point; • IEDCR & other partners like iccdr,b; DPs & NGOs collaborate together.		CDC, DGHS; IEDCR & icddr,b
National connection: NCCP integrated into regular programming & cross-sectoral collaboration	• Such mechanism exists for National Program on Diarrheal Diseases Prevention, Management & Control; WASH & occasional OCV feasibility study/ campaigns, etc.		

THANK YOU

22 SENTINEL SURVEILLANCE SITES





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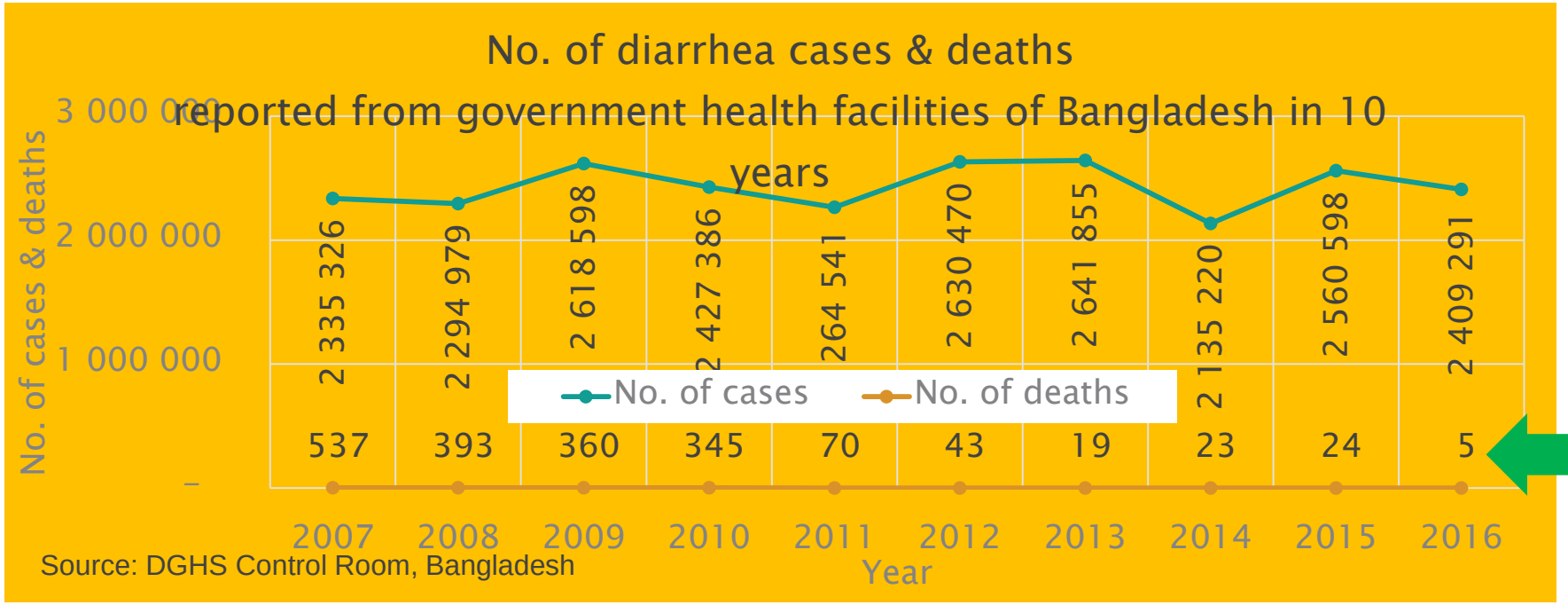
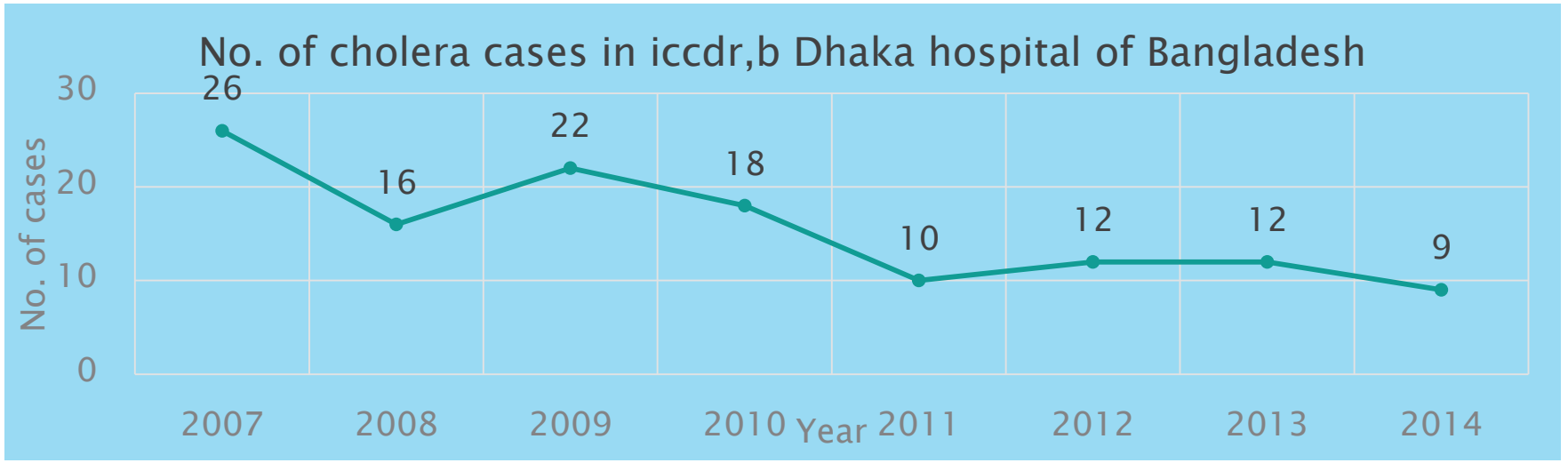


Source: DGHS Control Room, Bangladesh

Mortality rate: 0.0002%



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OCV CAMPAIGN STRATEGY

Area of intervention	No. of at risk individuals to be vaccinated	OCV doses required for 6.5 million individuals @2 doses/head	Wastages (5%)	Total OCV doses to be required	Unit price of OCV @US$ 1.1 per dose	Operational cost @US$ 1.67 per individual	Grand Total
1st phase: High risk zone of urban Dhaka	6.5 million	13 million	0.65 million	13.65 million	US$ 15.02 million	US$ 10.86 million	US$ 25.88 million
2nd phase: Chittagong, Narayanganj, Comilla districts	5 million	10 million	0.25 million	10.25 million	US$ 11.28 million	US$ 8.35 million	US$ 19.63 million
Recurrent phase	2 doses of OCVs to each child <5 yrs; 1 dose of OCV to each individual >=5 yrs						

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PROGRESS ON WATER, SANITATION & HYGIENE IN BANGLADESH (2015)

Access & Practice	National	Rural	Urban
Population covered by safely managed drinking water supply	55%	–	–
At least basic drinking water supply accessible within premises	77%	74%	82%
At least basic sanitation accessible	47%	43%	54%
Rate of open defecation	0%	0%	0%
At least basic hygiene practice exists	40%	31%	58%

Inequalities	Lowest region	Highest region
Basic drinking water supply	90%	100%
Basic sanitation	52%	59%
Basic hygiene	38%	57%

(Source: JMP 2017)

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THE LANCET

Comment

Emergency deployment of oral cholera vaccine for the Rohingya in Bangladesh

Firdausi Qadri, Abul Kalam Azad, Meerjady Sabrina Flora, Ashraful Islam Khan, Md Taufiqul Islam, G Balakrish Nair, Poonam Khetrapal Singh, John D Clemens

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