



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

REPUBLIC OF SOUTH  
SUDAN

5<sup>th</sup> Annual Meeting of the  
GTCC  
June 2018

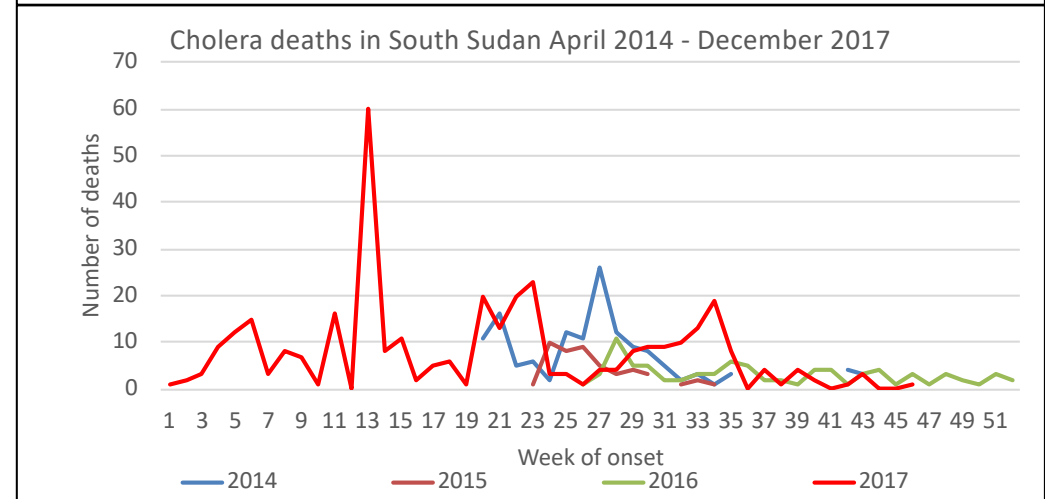
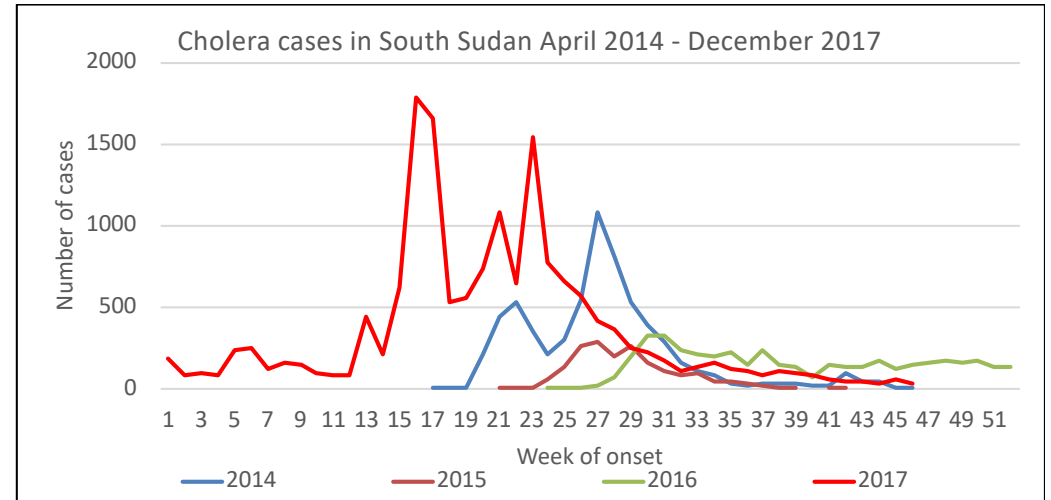
# OBJECTIVES AND TIMELINES

## General objective:

Work towards attaining a 90% reduction of mortality and morbidity due to cholera in South Sudan by 2030 by preventing, rapidly responding to and containing cholera epidemics

## Specific objectives:

- To strengthen the overall coordination by establishing a multi-sectoral National Cholera Control Program for effective technical support, resource mobilization, and partnerships for cholera control
- To enhance national capacities for early case detection and rapid response to contain cholera outbreaks
- To prevent recurrent of cholera outbreaks by targeting multisectoral interventions in cholera transmission hotspots



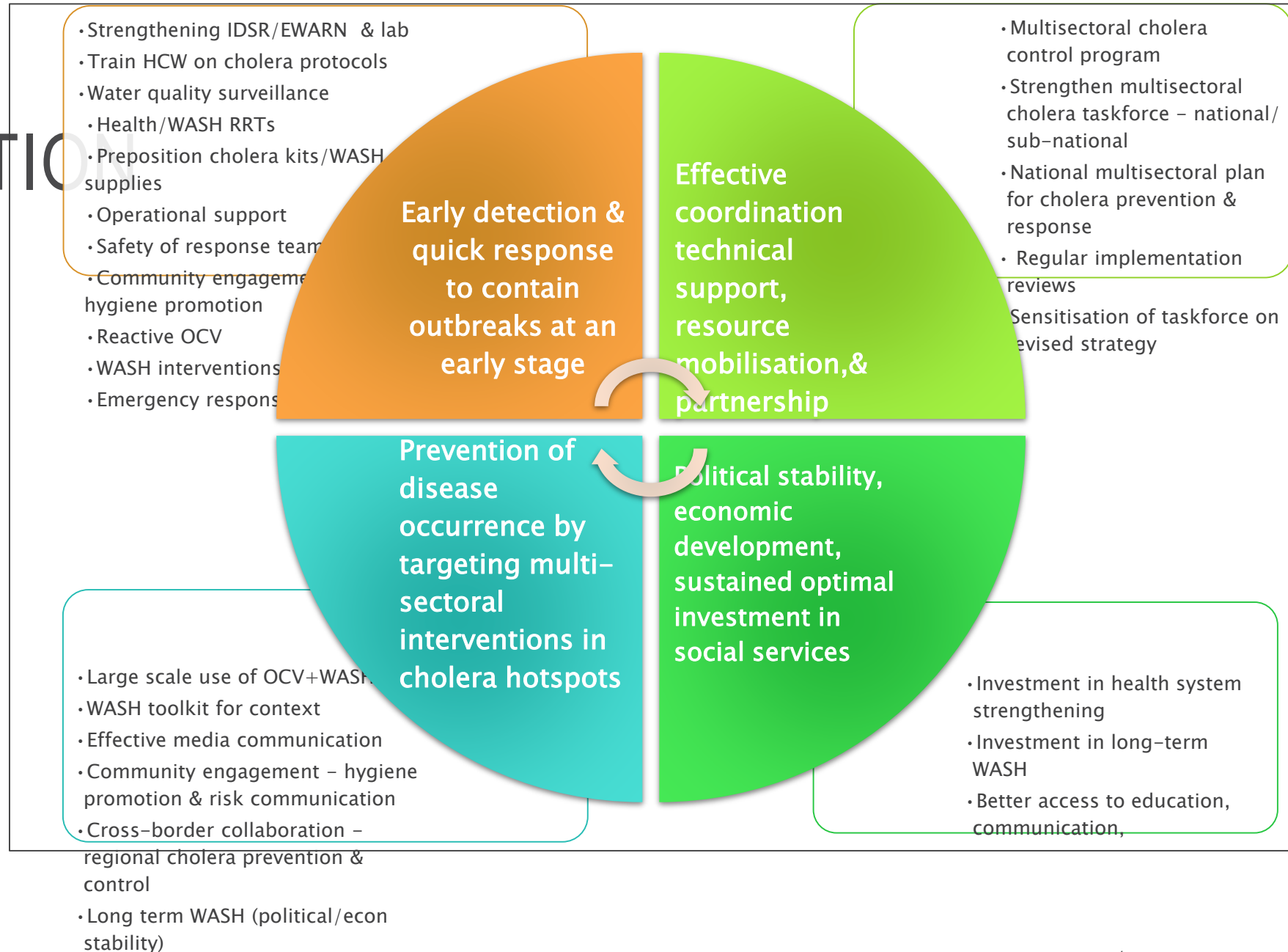
# IMPLEMENTATION

## 1. Current humanitarian context

- i. Impedes investments to reverse underlying drivers of cholera risk
- ii. Increases vulnerabilities at population level
- iii. Impedes rapid response due to fluid security situation

## 2. Priority interventions entail

- i. Early detection & quick response to contain outbreaks at early stage
- ii. Enhancing multisectoral coordination of cholera response
- iii. Select interventions to prevent cholera recurrence



# Cholera control - Capacities and gaps (using key indicators)

## Axis 1: Early detection and quick response to contain outbreaks at an early stage

Decentralized culture capacity for early detection in all hotspots (incl. PCR capacity)	Cultures capacities limited to the national level. No capacities for antibiotic susceptibility testing. No capacities for PCR testing		Strengthen national level capacities for - culture, sensitivity, & PCR testing
Preposition of RDT and transport media in all hotspots	Cholera investigation kits prepositioned in all 10 state hubs		Updating SCD in areas where OCV is used
Resources/contingency stocks for outbreak response	There is no national inventory or resources mapping consolidated at national		St. tools for cholera HR/logistics inventory
Multisectoral health - WASH RRTs	Separate health and WASH RRTs at national level		Engage GHC/GWC to dev joint SoPs
Early warning / Surveillance system	IDSR/EWARN in place with event and indicator based surveillance		Event community surveillance in hotspots

## Axis 2: A multisectoral approach to prevent cholera in hotspots

Identification of cholera hotspots	Hotspot mapping done with support from GTFCC & Unicef		St. tools to review & update hotspots
National Cholera Control Plan aligned to GTFCC roadmap	Consultant engaged to finalise the plan		Finalize & validate the NCCP; M&E implementation framework
Financing mechanism and availability of funds	Gov't budget (pledge); largely humanitarian; OCV-GAVI		Advocacy strategy to engage Gov't & donors for cholera prioritization/fundin
OCV use in hotspots	Vaccination plan submitted to GTFCC & being implemented		Full integration of WASH
Long-term WASH and Health System Strengthening	Not much progress due to current humanitarian context		Guidance on scope & extent of

## 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 the NCCP and appointed by a high authority	Currently no cholera focal point		ToRs for cholera focal point & national cholera committee (model suited for conflict countries)
National connection: NCCP integrated into regular	Currently, NCCP not integrated into regular MoH, Min. of		Advocacy strategy for intersectoral