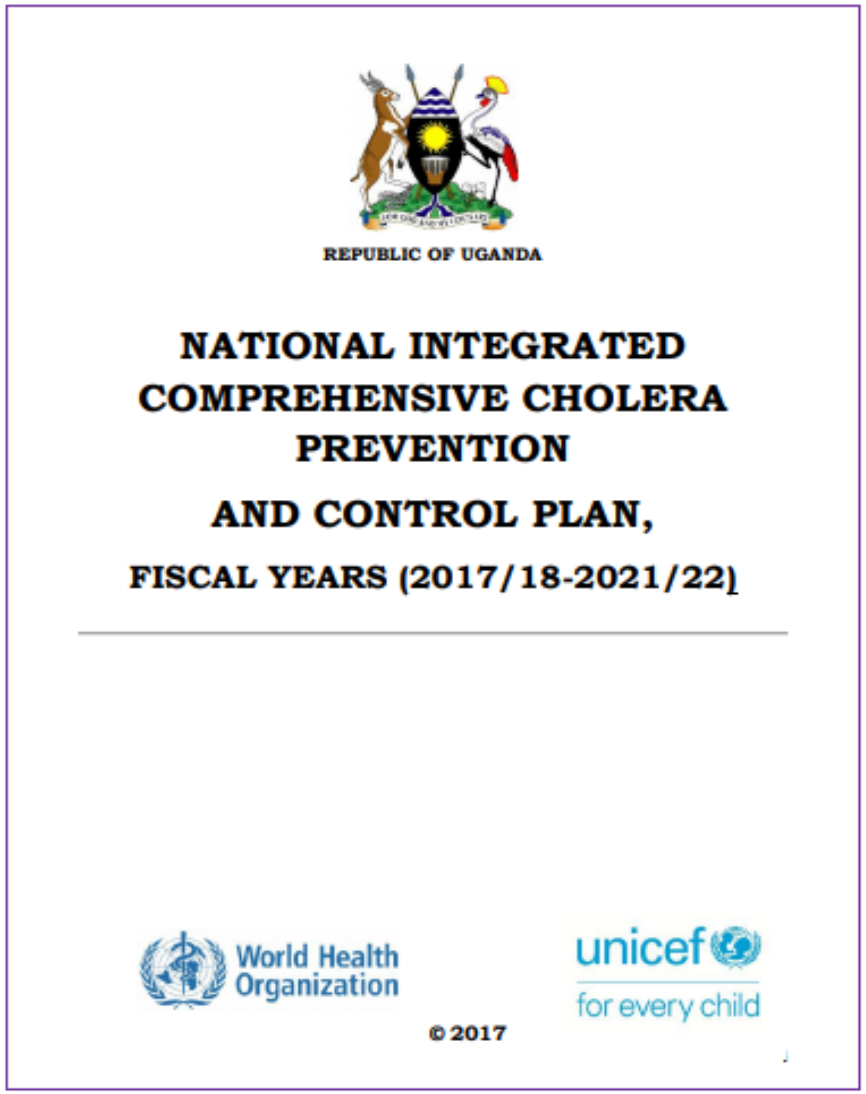
GLOBAL TASK FORCE ON
CHOLERA CONTROL

UGANDA

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

TOWARDS ENDING CHOLERA BY 2030

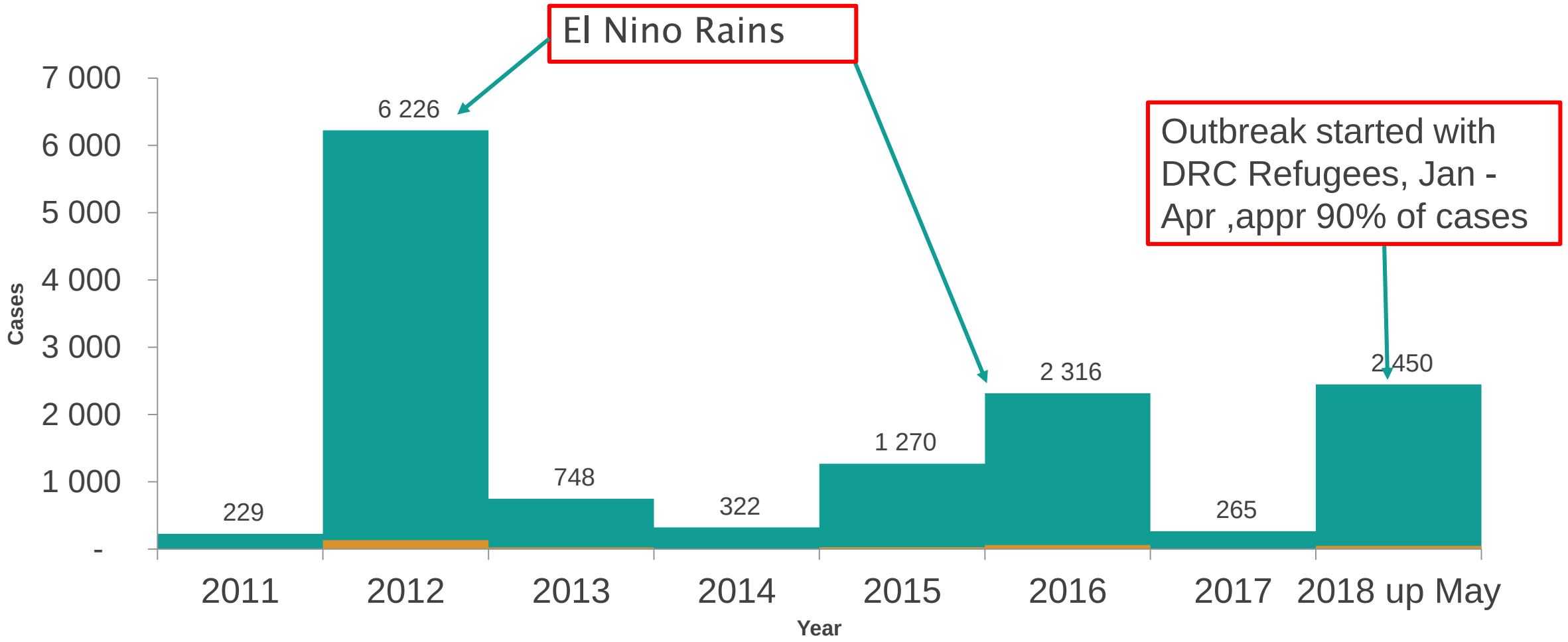


1. **Developed and launched last year 2017 National Strategic Plan for Cholera Prevention and Control**

- **Strategic Plan** to eliminate cholera as we move toward Middle Income Status (Vision 2040)
- **Goal**: To reduce the incidence and mortality due to cholera by 50% by 2021/22. Then start on the road to elimination

- Focused interventions targeting populations cholera hotspots (WASH complemented by OCV).

REPORTED CHOLERA CASES AND DEATHS IN UGANDA BETWEEN 2011-2018



MAP OF UGANDA SHOWING CHOLERA HOTSPOTS AND PLAN TO END CHOLERA IN UGANDA

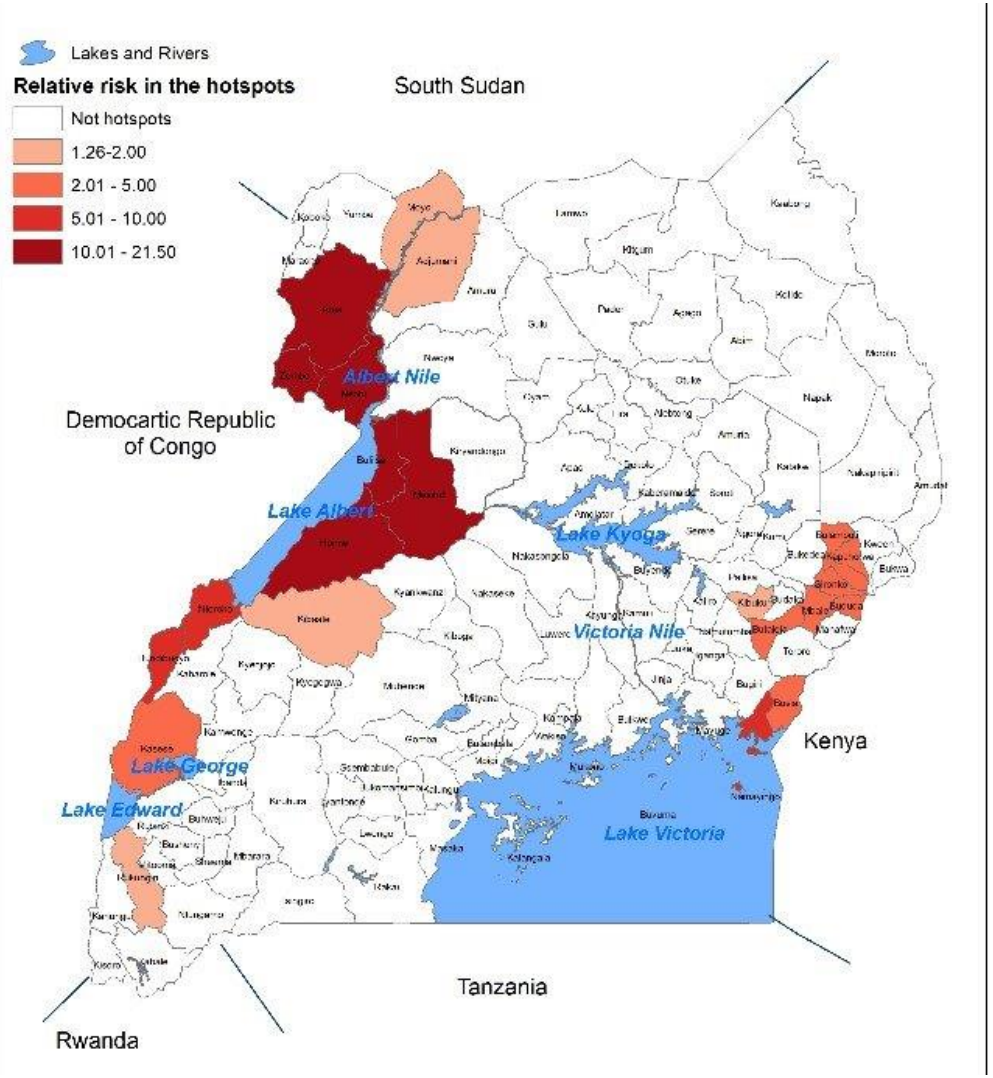


Figure 1: Framework for NICCP17-22

Vision

Vision 20-40

A cholera free population that contributes to economic growth and national development

Goal

To reduce the incidence and mortality due to cholera by 50% by 2022

Other key benefits
More exports, revenue,

Objectives

1. To increase community awareness and promote attitude for positive behavioral transformation to prevent cholera.
2. To increase access to safe water, sanitation and hygiene in cholera prone districts to national average in the base year.
3. To build and sustain a sensitive and efficient surveillance system at all levels which is able to predict, detect and respond to cholera out breaks within 24 hours
4. To increase access to health care so as to prevent complications and reduce mortality by 50%
5. To protect vulnerable groups through targeted interventions including complementary OCV
6. Strengthen coordination and stewardship at all levels

Strategies

Core interventions
- Social mobilization and community empowerment - through dialogue, UPE, local leaders, religious and cultural leaders,
- Provision of WASH – CLTS, Protection/repair of water sources, chlorination/ultraviolet treatment,
- Surveillance, laboratory early warning system strengthening
- Effective and appropriate case management - ORT, IV, Zinc, antibiotics and selective chemoprophylaxis for close contacts

Complementary interventions
- OCV for hotspots and vulnerable groups as indicated by studies and data

Increasing the impact
- Multi-sectoral and integrated approach
- Stakeholder engagement/ partnership
- Targeted interventions with focus on vulnerable groups – hotspots, fishing community, cross-border, slums, flood and landslide prone areas.

Supervision, monitoring, evaluation and operational

TOWARDS 2030

For the first five years (2017-2022) and thereafter

Focus on cholera hotspot districts, approximately 7 million persons

Strengthen prevention by use of integrated interventions as per strategic plan

Advocate for strong stewardship – at all levels central and district. Training, mentoring, supervision, guidelines etc

Social mobilization and community empowerment – CLTS, ODF, Mandona etc

Promotion of WASH – multisectoral collaboration, partnership with private sector and government funding of water and sewage projects

Promote early detection by training of health workers and by use of RDTS. Being rolled out.

Role out OCV in 11 districts located cholera hotspots by the end of 2018. GTFCC approved 3.6 million doses. Targeted interventions within hotspot districts

Stregthen case management through early and better treatment of cases

By the end of 2022 the burden should be small to allow for a new plan that will guide elimination phase

Cholera control - Capacities and gaps

Axis 1: Early detection and quick response to contain outbreaks at an early stage		
	Comment	*Source of information*
Decentralized culture capacity for early detection in all hotspots	No, Cultures capacities are limited to some regional hospitals and Central laboratory in Kampala Most hotspot districts refer suspected cholera sapples to Kampala	Ministry of Health,
Preposition of RDT and appropriate transport media (Cary Blair) in all hotspots	Yes, but inadequate only 40% of hotspot districts. Regular stock outs affect early detection	Ministry of Health
PCR characterization of isolated VC	No, But the country has acquired the equipment for PCR. PCR testing will start in the next 6 months	Ministry of Health
Early warning / Surveillance system	Cholera surveillance is part of the IDSR system	MOH, IDSR guidelines

Cholera control - Capacities and gaps (using key indicators)

Axis 2: A multisectoral approach to prevent cholera in hotspots		
Identification of cholera hotspots	YES, conducted and used to develop NICCPP	MOH, NICCPP 2017-22
National Cholera Control Plan aligned with the GTFCC roadmap	YES, implementation of activities started with focus on hotspot districts	MOH, NICCPP
Financing mechanism and availability of funds	Yes, both government and development partners such as WHO, UNICEF, GAVI. Key Government sectors such as water and environment included	MOH, NICCPP

Cholera control - Capacities and gaps (using key indicators)

Axis 2: A multisectoral approach to prevent cholera in hotspots		
Existence of a cholera focal point, in charge of implementing the NCCP and appointed by a high authority	YES, Desk in MOH	MOH, NICCPP
National connection: NCCP integrated into regular programming and cross-sectoral collaboration	YES	NICCPP

CHALLENGES

Challages	Proposed solutions
Adverse weather conditions	Contingency planning
Refugee influx putting stress on the resources for example preventive vaccination for cholera hotspots had to be postponed to address cholera in Hoima	Advocate for peaceful resolution of conflicts, prepositioning of supplies
Cross-border infections	Engaging international and regional bodies – EAC, WHO, UNICEF etc
Inadequate funding for WASH. Even during OCV campaign WASH activities are marginalized with no funding.	Advocacy for WASH funding, continued engagement of stakeholders
High population growth rate – informal settlement , refugee influx etc	Stakeholder engagement, USE etc

ACKNOWLEGEMENTS

WHO, GTFCC

WHO Country office

UNICEF

GAVI

JHU/Makerere SPH

MSF

Local governments and communities

Stakeholders – CDC, URC

Other UG sister ministries – MWE, MOFPD, Urban development OPM, etc

Foundation Merieux