



GLOBAL TASK FORCE ON

CHOLERA CONTROL

FRAMEWORK TO ASSIST
COUNTRIES FOR THE
IMPLEMENTATION OF THEIR
MULTI-SECTORAL CHOLERA
CONTROL AND ELIMINATION
PLANS

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BACKGROUND

The implementation of the global roadmap at the country level must be driven by national government institutions with the support of GTFCC partners

National programs must be adapted to each country's specific context, including appropriate targets for control or elimination

Objective of the guidance document: to assist countries in developing and implementing their cholera control/elimination programs and aligning them to the Global Roadmap

CONTENT

Country cholera control/elimination programs should be based on a full **situational analysis of cholera**

- include a review of the epidemiological situation of cholera, the current capacity to control outbreaks, existing technical and financial support from the government and partners

Set an appropriate **goal** for the control or elimination of cholera by 2030

Develop the corresponding **implementation plan** based upon a **comprehensive, adapted and multi-sectoral strategy** covering

- long term interventions
- capacity for outbreak detection and response

Multi-year **monitoring and evaluation** framework, including **indicators**

SITUATIONAL ANALYSIS

Comprehensive analysis of the cholera situation and current capacities for the control of cholera, including existing external support from technical and financial partners

- Priorities and recommendations, gaps in investment and services and lessons learned from previous plans
- Share with key stakeholders to inform goal setting and planning

Includes:

- Leadership and coordination,
- Risk and capacity assessment,
- Epidemiology of cholera,
- Organization of care,
- WASH,
- Social mobilization,
- Oral Cholera Vaccines,
- Cross-border / supra national strategy

GOALS AND SPECIFIC OBJECTIVES

Countries which met MDG at national level, but some areas still below objectives	Countries that did not meet water and sanitation MDG	Countries in acute or protracted crisis
<p>Countries with strong health systems and relatively low burden of cholera, often in defined geographic areas</p> <p>High capacity to mobilize resources (human, technical, financial)</p> <p>Countries usually engaged politically with regards to cholera control</p>	<p>Countries with no major ongoing crisis, but with poor water and sanitation indicators. The areas at risk for cholera may be geographically large</p> <p>Theoretical capacity to implement sustainable development programmes, but engagement for cholera control often limited</p> <p>Cholera burden highly variable - approach to be context specific, even within country.</p>	<p>Countries with weak national health systems, poor water and sanitation infrastructure and indicators, and a high burden of cholera. The areas and populations at risk for cholera are often large</p> <p>Countries have little capacity to implement sustained control measures. Unstable political and security context and significant population displacement.</p>
<p>Examples: Angola, Malaysia, Zambia, Uganda, Benin, Zanzibar, Malawi</p>	<p>Examples: Chad, Haiti, India and countries denying that they have cholera</p>	<p>Examples: South Sudan, DRC, Somalia, Yemen, north eastern Nigeria.</p>
<p>Objective: national cholera elimination by 2025.</p>	<p>Objective: Reduce burden through prevention, early response to and containment of cholera epidemics by 2025</p> <p>National cholera elimination by 2030 remains the objective, but will be reached in stages.</p>	<p>Objective: Reduce burden through prevention, early response to and containment of cholera epidemics</p>

IMPLEMENTATION PLAN

Leadership and coordination

Surveillance

Organization of care

Community sensitization

WASH

Oral Cholera Vaccines

Objectives
Interventions

MONITORING AND EVALUTATION

List of indicators and possible targets for each domain of interventions

Important to associate country indicators and targets to global goals and milestones

Probably need to be tailored to each «country group»