

# UNICEF's role in cholera prevention and control

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# Cholera and UNICEF - overview

- UNICEF has a long history of working on cholera
- Importance of cholera confirmed as part of the HEPI initiative

Category 1	Category 2	Category 3
Arboviruses: Chikungunya, Dengue, Yellow Fever, Zika	Hepatitis E	Diphtheria
Avian influenza, Pandemic influenza	Leptospirosis	Monkeypox
Ebola, Marburg	Novel Coronaviruses (MERS-CoV and SARS-CoV)	Japanese encephalitis
Cholera	Typhoid fever	Pertussis
Malaria	Viral hemorrhagic fevers	Plague
Measles	West Nile virus	Seasonal influenza
Meningococcal disease	Nipah and related henipaviruses	Shigellosis, Enterohemorrhagic E coli
Polio		Rubella

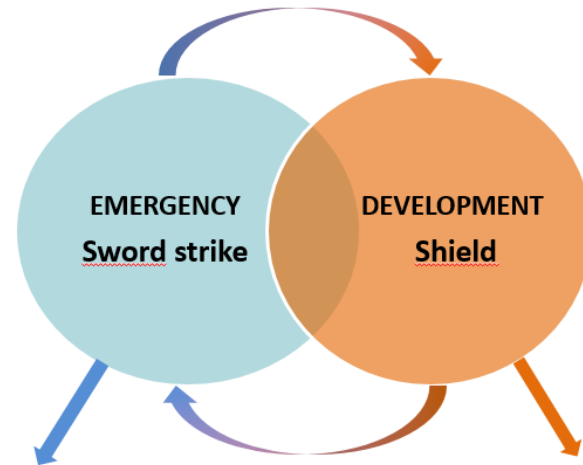
# Across programmatic areas

- **UNICEF works in a number of sectors:**
  - Health
  - WASH
  - Communication and behaviour change
  - Supply division
  - Other sectors: education, social policy and child protection



# Across the humanitarian development nexus:

- Sword and shield concept
- Health system strengthening
- Supply chain strengthening and market shaping
- Collaboration with platforms such as Sanitation and Water for All/ WASH Cluster



***“UNICEF does not only target the consequences of an outbreak, but also prevents it by targeting the root causes.”***

## Emergency actions to **STOP OUTBREAK**

The “**sword strike**” aspect involves intervention **during an outbreak**, in affected areas enabling **rapid response to support live-saving activities**.

- Early and targeted **Emergency Response** in affected areas through:
  - case management to save-lives
  - surveillance to anticipate propagation
  - WASH response to stop the outbreak
  - Community mobilization for behavior change
  - Emphasis on multi-sectorial coordination
  - Organization Oral Cholera Vaccine campaigns

- **Emergency Preparedness**

### Advantages

- Strong and immediate impact
- Experienced staffs/partners
- Well known activities against cholera
- Good support from Emergency donors and actors

### Drawbacks

- Keep doing the same activities year after year with no long-term impact
- Mutation of the vibrio adapting itself to repetitive activities.
- Possible fatigue from actors



*Bucket chlorination - DRC*

The “**shield**” feature is characterized by **sustainable and preventive WASH interventions in hotspot areas** conducted outside of epidemic periods

- **Roadmap toward elimination of cholera**
  - Identification of cholera hotspots
  - Field investigation
  - Long term intervention in cholera hotspots
  - Community mobilization for behavior change
  - Sustainability and impact study
- **Preventive actions** during high risk season or/and in vulnerable areas



*Handpump borehole*

### Advantages

- Long-term and sustainable impact
- Contribute to SDGs
- Cost efficiency through targeting hotspots and avoiding repetitive and costly emergency response
- Equity and resilience based approach

### Drawbacks

- Limited support from development actors to work on cholera
- Limited number of impact studies of such approach
- Recent concept / lack of visibility and understanding

# Platform roadmap towards elimination of cholera



## Ultimate Goal

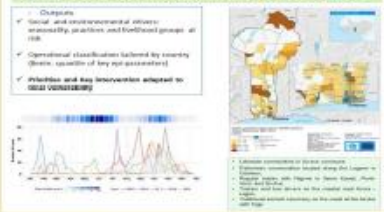
Contribution to the rolling out of the *Global Ending Cholera Roadmap 2030* in sub-Saharan African countries

## Way Forward

### Step 1

Evidence based studies to inform the risk: sub-regional & country level epidemiological tabletop studies for identification of cholera hot spots at district level

#### Benin Cholera Epidemiology and Response Factsheet



### Step 2

- Field investigation at community for WASH+ diagnosis and in depth epidemiological study (risk assessment)  
- Identification of programmatic response according to the context (tailor made)

#### Example of programmatic response for fishing villages along the Guinean gulf

Identification of epidemiological, WASH, socio-environmental and health risk factors

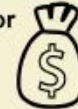


1. Institutional: role of health services, health coverage, cross-border link
2. Administrative: responsibility of local authorities regarding local cholera elimination plan
3. Community linkage: manage the complexity of diversity and inclusion, assist the public interest
4. Infrastructure: family and public latrines, jerrycans and tanks
5. Commercial: through social marketing to make available HWTS
6. Behavioral: with increasing knowledge, attitude and hygiene practices for behavior change

Local Plan for Cholera Elimination

### Step 3

Develop an Investment Case for WASH in cholera hot spots (cost benefit analysis)



### Step 4

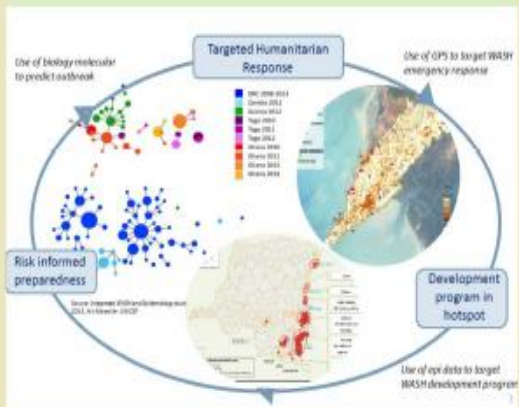
Advocacy through presentation of evidence based studies to Humanitarian and Development Partners to target and leverage funding in cholera hot spots



# Platform roadmap towards elimination of cholera

- Sustainability check in cholera hot spots
- Impact study

Regional cholera strategy: an evidence based approach



Step 5

- Carry out sustainable WASH+ intervention in communities regularly affected
- Oral Cholera Vaccination can bridge the gap between identification of needs and time to complete implementation of sustainable WASH Intervention

Step 6



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[www.pplateformecholera.info](http://www.pplateformecholera.info)



# At the Global level

- Participation in global platforms: GTFCC, GAVI ICG, SWA
- Supply management (OCV and cholera kits);
- Coordination, Global WASH cluster and links to Global Health cluster
- Guidance development
- Capacity building
- Research and evaluation

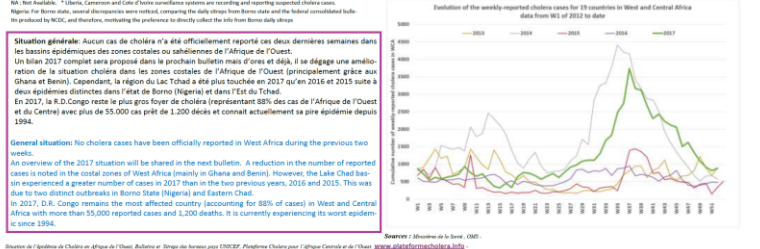
# At the Regional level

- Cholera platforms in Dakar and Nairobi covering Africa

## 4 pillars of activities:

- Information and knowledge management & dissemination
- Support emergency response
- Advocacy and studies for long-term prevention
- Cross boarder contexts per basin

Country/Region	2017												Trends on CFR 2017		Overall 2017		Total suspended 2017		Total in 2018		
	W1-01	W1-02	W1-03	W1-04	W1-05	W1-06	W1-07	W1-08	W1-09	W1-10	W1-11	W1-12	Week	CFR	Week	CFR	Cases	Deaths	CFR	CFR	
Burkina Faso	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Central African Republic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cote d'Ivoire	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Egypt	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ghana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guinea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guinea-Bissau	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kenya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madagascar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mali	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mozambique	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rwanda	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Senegal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Somalia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tanzania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Togo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tunisia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uganda	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Zambia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Zimbabwe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Saharan Africa</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>World</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



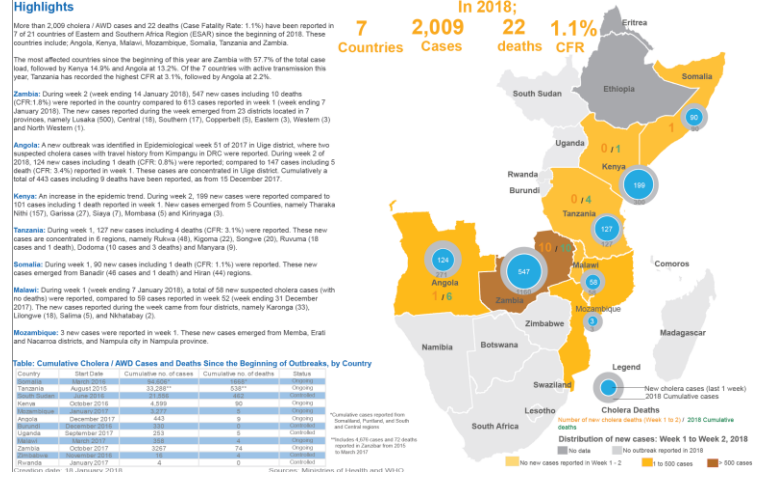
**Situation générale:** Aucun cas de choléra n'a été officiellement rapporté ces deux dernières semaines dans les bassins épidémiques des zones côtières ou sahélo-sahariennes d'Afrique de l'Ouest. Le bilan 2017 complet est proposé dans le prochain bulletin d'infos et de clés. Il s'agit d'une amélioration de la situation choléra dans les zones côtières de l'Afrique de l'Ouest (principalement grâce au Ghana et Bénin). Cependant, la région du Lac Tchad a été plus touchée en 2017 qu'en 2016 et 2015 suite à deux épidémies distinctes dans l'est de Borno (Nigeria) et dans l'est du Tchad. En 2017, la R.D. Congo reste le plus gros foyer de choléra (représentant 88% des cas de l'Afrique de l'Ouest et du Centre) avec plus de 55 000 cas et près de 1 200 décès et connaît actuellement sa pire épidémie depuis 1994.

**General situation:** No cholera cases have been officially reported in West Africa during the previous two weeks.

An overview of the 2017 situation will be shared in the next bulletin. A reduction in the number of reported cases is noted in the coastal zones in West Africa (Ghana and Benin). However, the Lake Chad basin experienced a greater number of cases in 2017 than in the two previous years, 2016 and 2015. This was due to two distinct outbreaks in Borno State (Nigeria) and Eastern Chad. In 2017, D.R. Congo remains the most affected country (accounting for 88% of cases in West and Central Africa with more than 55,000 reported cases and 1,200 deaths. It is currently experiencing its worst epidemic since 1994.

## Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 18 January 2018



# At the Country level



- Preparedness and response to outbreak
- Implementation of long-term strategy (shield) in hotspots
- In collaboration with national sub-national governments and WHO

# Regional/Country focus

- Niger, Benin, Guinea, Mali, Ghana
- Malawi, Mozambique, Zambia, Tanzania
  
- Africa funding proposal – collaboration with CDC
  - Epidemiological basins