



GLOBAL TASK FORCE ON

# **CHOLERA CONTROL NCP FRAMEWORK AND SURVEILLANCE “OFFER OF SERVICE”**

4<sup>th</sup> Joint Meeting of the  
GTCC Epi & Lab Working  
Groups

15–17 April 2019

# PARTNERSHIP: GTFCC AND WORKING GROUP MEETINGS

Surveillance (Laboratory + Epidemiology): 16–18 April 2018

5<sup>th</sup> meeting of the GTFCC: 13–14 June 2018

Case Management: 5–6 November 2018

OCV: 5–6 December 2018

WASH: 12–13 February 2019

# OVERALL GTFCC ACHIEVEMENTS (CROSS-SECTORAL)

Revised “Yellow Book” completed

- Electronic version (smartphone app) in preparation

First Draft of “Cholera Elimination Plan Framework” (guidance to countries on how to develop a National Cholera Plan) sent for revision.

- Will be accompanied by “Offer of Service” document detailing where GTFCC can support countries in the Roadmap

Cholera Investment Case finalised

- Including development of tools for countries to budget their NCP

# SURVEILLANCE EPIDEMIOLOGY WORKING GROUP

Current priority work on refining the methodology for hotspot identification (collaboration with WASH WG on defining “WASH indicators” to be considered)

Case data recording and reporting tools (yellow book)

Research agenda: modeling, use of sero-surveys to estimate burden, epi interpretation of Whole Genome Sequencing data, data repository (with LAB)

# SURVEILLANCE LABORATORY WORKING GROUP

Technical support to WHO PQ on TSS (Technical specifications series) for manufacturer RDT development and testing

Adapted approaches to peripheral confirmation capacity: culture/PCR, hardware/reagents and consumables supply chain (package)

- Lab quality assurance
- Integration of RDT use in hotspots: supply chain, job aid
- Technical note on environmental surveillance (with EPI and WASH)
- Introducing sustainable molecular lab diagnostics, including PCR for confirmation and WGS at national level

# CASE MANAGEMENT WG

Technical note on the use of Antibiotics: finalized and published

Technical note on Cholera and SAM: finalized

Collaboration with the WASH WG on the WASH in CTC note

Adapt current technical note on organization of care to be more reflective of in country reality

# OCV WORKING GROUP

Continuous oversight on OCV forecasting and supply management

OCV Demand Forecast –VIS –Gavi: recommendations from OCV WG

- Letter to GAVI leadership on ensuring strategic use of OCV within overall NCP
- Defining criteria for the assessment of requests and overall NCPs

Integration OCV and WASH: guidance note on what WASH measures should be implemented with OCV campaigns (including M&E)

Research and M&E: 1 dose, dosing interval, impact, cost

CTC for Shanchol–Follow up with field testing studies

# WASH WORKING GROUP

WASH approaches and interventions –Development of WASH "package" outbreak and endemic setting –to identify recommended WASH approaches and interventions

Technical Guidance – Finalization of WASH cholera technical notes on IPC in CTCs (in collaboration with Case Management WG)

Review of Cholera Control Plans and “GTFCC OCV requests” to ensure connection with WASH in hotspots (in collaboration with OCV WG)

Research priorities: Fill key evidence gaps analysis of WASH related cholera research priorities

WASH + OCV recommendations: what WASH activities should be paired with OCV?



# COUNTRY AND PARTNER ENGAGEMENT

Since the launch of the Roadmap in October 2017

- May 2018: WHA resolution on cholera prevention and control co-sponsored by Zambia and Haiti

Engagement on the roadmap and NCP development:

- DRC, Haiti, Kenya, Malawi, Nigeria, Zambia, Zanzibar, Zimbabwe ...

Multisectoral country support

- GTFCC partners directly “GTFCC hat” (e.g. CDC in Kenya and Tanzania, WaterAid in Zambia...)
- However still predominantly facilitated by GTFCC secretariat (WHO cholera team) via consultancy contract

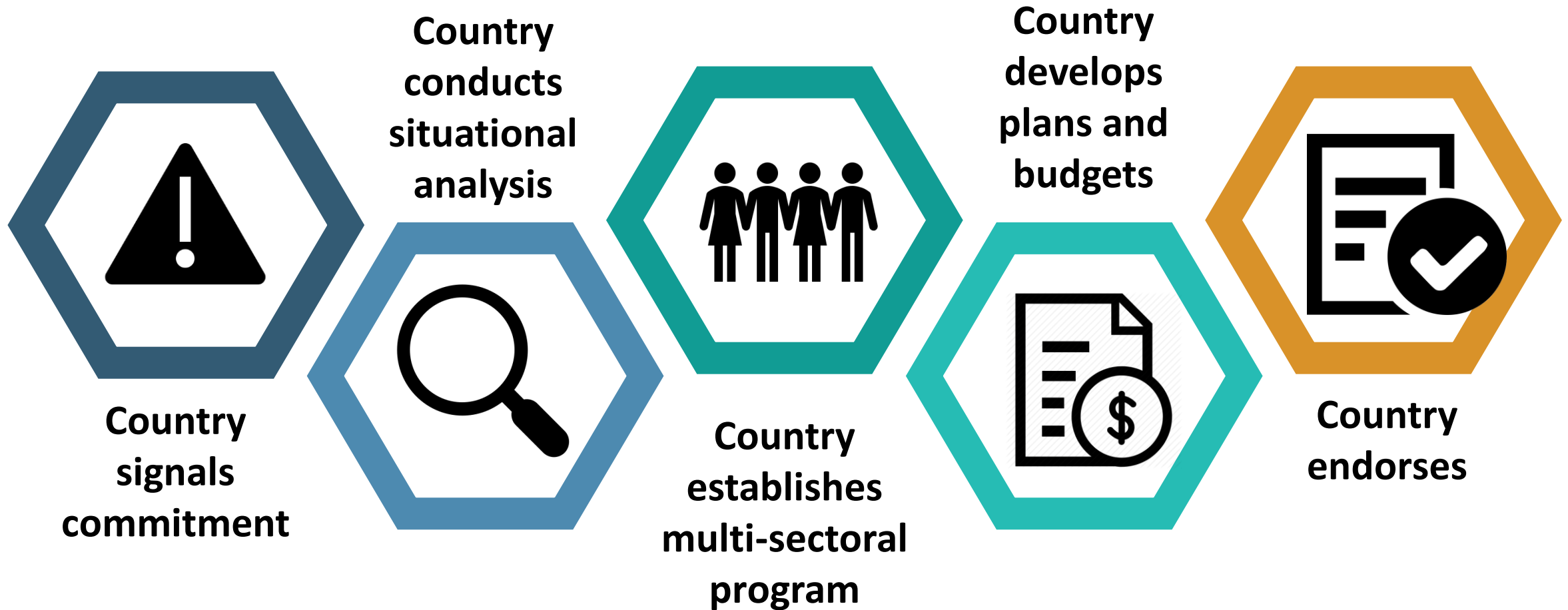
# NCP FRAMEWORK

- Roadmap implementation requires developing processes to guide countries in planning their National Cholera Elimination/Control Plans (NCPs) and access support via the GTFCC
- Key objective is to **encourage multi-sectoral implementation, provide countries with guidance on NCPs, and ensure strong monitoring** of national cholera programs
- Two workstreams will be undertaken to focus on the:
  - Practical guidance to countries and partners on NCP development and monitoring
  - GTFCC process to receive, review, and endorse NCPs

# RECOMMENDED NCP

# DEVELOPMENT PROCESS

GTCC partners can support countries throughout the entire process



# SITUATIONAL ANALYSIS – CHOLERA RISK ASSESSMENT



## Historical Review

Collect data and conduct analysis for minimum past 5 years

- Number of cases and deaths
- Outbreak frequency, magnitude, severity
- Susceptibility of population, if relevant



## Identify hotspots

- Develop criteria to identify hotspots
- Conduct geographic mapping



## Evaluate contextual factors

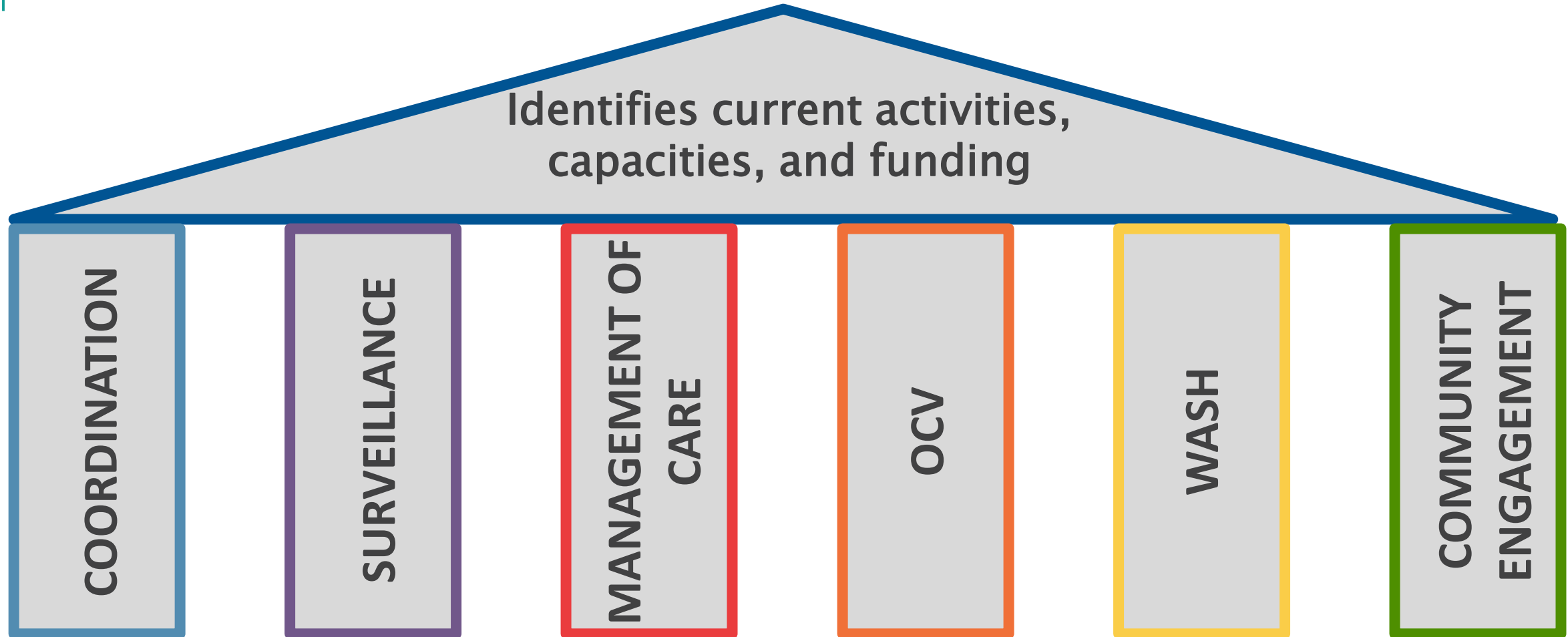
- Risk of spread – mobility, weather patterns, special populations, health seeking behaviors
- Assessment of WASH practices



## Prioritize hotspots

- Develop criteria for prioritization

# SITUATIONAL ANALYSIS -- CAPACITY ASSESSMENT OF EACH PILLAR



# SITUATIONAL ANALYSIS FEEDS INTO NCP DEVELOPMENT

Cholera Risk Assessment

Capacity assessment



1

Establish multi-sectoral cholera coordination mechanism

2

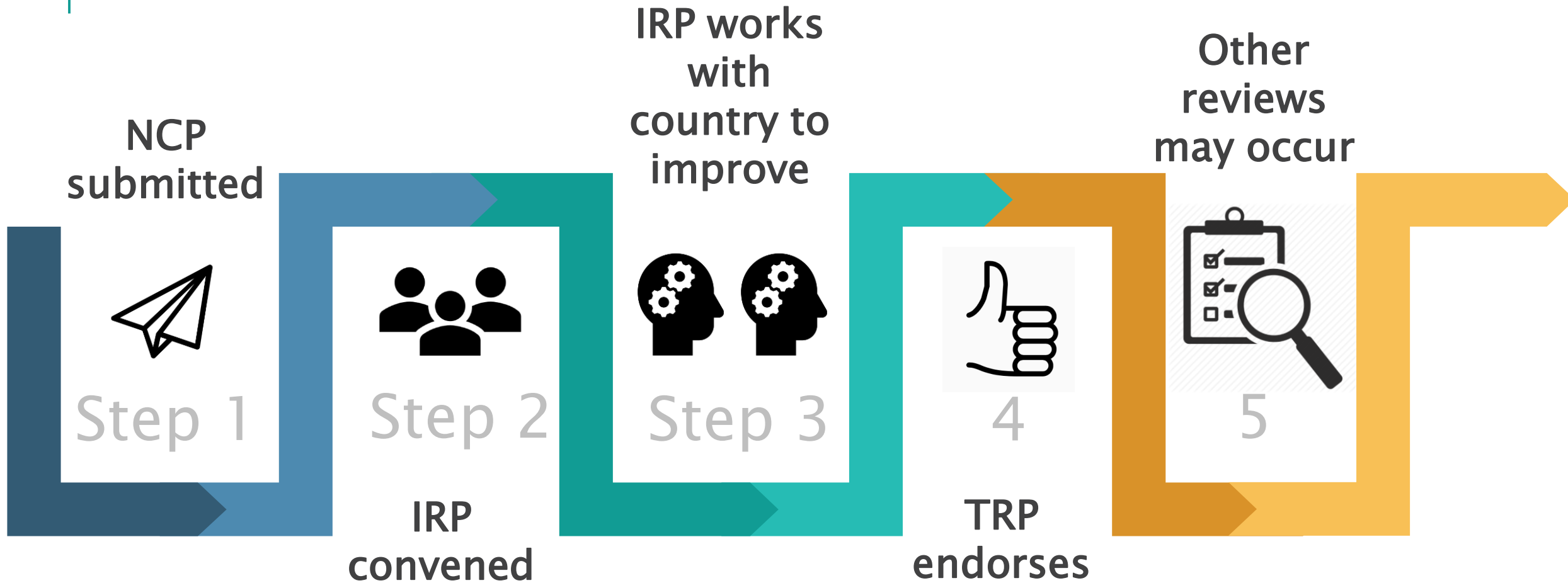
Set program goals and objectives

3

Agree on key activities to achieve goals: setting timelines, identifying responsible parties, and developing budgets

Long term strategy and multi-sectoral program for implementation

# GTFCC ENDORSEMENT PROCESS



# GTFCC NCP REVIEW WILL FOCUS ON THREE AREAS

## MULTISECTORAL APPROACH

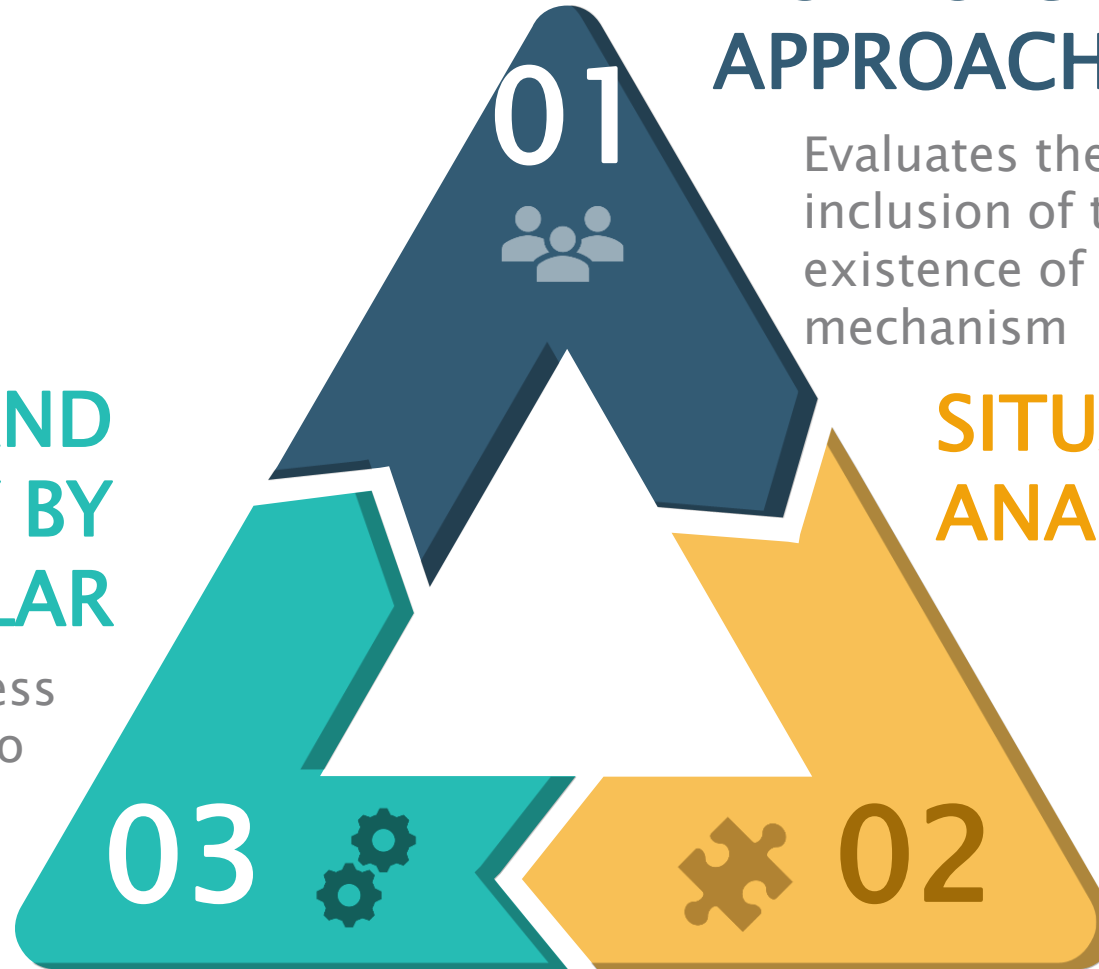
Evaluates the established mechanism, inclusion of the key stakeholders, and existence of funding and reporting mechanism

## SITUATIONAL ANALYSIS

Evaluates the methodology used to identify and prioritise hotspots and sufficiency of capacity assessments of each pillar in identifying strengths and gaps

## IMPACT AND FEASIBILITY BY PILLAR

Evaluates the appropriateness of proposed interventions to achieve country goals and country feasibility to implement activities





# TOOLS AND DETAILED GUIDANCE ARE BEING DEVELOPED TO STANDARDIZE DATA COLLECTION

- In addition to the NCP Framework, complementary tools and guidance are being developed (GTFCC “Offer of Service”)

- Working groups to develop guidance according to their pillar of competency
- NCP report template and checklist
- Definition of standardized GTFCC indicators
- Country profiles with standardized data collection

**GLOBAL TASK FORCE ON CHOLERA CONTROL**

**National Cholera Plan for Control or Elimination Development Checklist**

Critical activities	Suggested timelines needed	Deadline	Responsible party	Comments
<b>Signal commitment</b>				
Signal that cholera is a national priority and agrees with the multisectoral approach and goals described in the Ending Cholera: A Roadmap to 2030	2 months			Can happen at any level, as serves as a signal for GTFCC
<b>Identify and prioritise cholera hotspots</b>				
Compile relevant cholera epidemiological data (includes at minimum the past 5 years of data)	< 1 month			
Conduct literature review for any articles or studies on national cholera epidemiology	< 1 month			
Identify any ongoing or planned operational research studies related to cholera epidemiology	< 1 month			
Conduct data analysis, including reviewing frequency, severity, and magnitude of cholera epidemics at the sub-district level or lower	1-2 months			
Apply the criteria to identify hotspots	1-2 months			Reference Epi/Surveillance guidance
Identify final list of hotspots, including population estimates of those living in hotspots (including sex and age) and geographic mapping	1-2 months			
Review contextual factors related to the hotspots, including but not limited,	1-2 months			

**GLOBAL TASK FORCE ON CHOLERA CONTROL**

**Country Profile -- Quarterly Reporting**

Date Range: MM / YY to MM / YY

Indicator	Hotspot 1	Hotspot 2	Hotspot 3	Hotspot 4	Hotspot 5	Description
<b>Demographics</b>						
Total annual population in country						Total number of persons living in the country, calculated as an annual number on a national basis
Total annual population residing in hotspots						Total number of persons living in hotspots within the country, calculated as an annual number and per hotspots
Male						Total number of males living in hotspots within the country, per hotspot, calculated as an annual number and per hotspots
Female						Total number of females living in hotspots within the country, per hotspot, calculated as an annual number
Under 5 years, both sexes						Total number of children under the age of 5 years living in hotspots within the country, per hotspot, calculated as an annual number
5-15 years, both sexes						Total number of persons between 5 years of age and 15 years of age living in hotspots within the country, per hotspot, calculated as an annual number
> 15 years, both sexes						Total number of persons over the age of 15 living in hotspots within the country, per hotspot, calculated as an annual number
<b>Epidemiology</b>						

**GLOBAL TASK FORCE ON CHOLERA CONTROL**

**IDENTIFICATION OF HOTSPOTS AND AREAS AT HIGH RISK TO TARGET INTERVENTIONS**

The axis 2 of Ending Cholera – A Global Roadmap to 2030 calls on countries and partners to focus on cholera “hotspots” disease and achieve effective. By definition, a cholera hotspot 2 or health district catches conditions facilitate the transmission regularly. Hotspots play a central role in cholera control. Countries – as part of their National Cholera Plans – should conduct a situational analysis in order to identify hotspots and contextual and risk factors. Countries with the support of GTFCC should use pre-defined indicators and adapted if necessary as disease situation evolves. At the first stage, interventions should target hotspots. Once cholera transmission is controlled, conditions remain favourable.

**I. Overview**

Should not be longer than 2 pages, provides an overview on cholera epidemiology, the multi-sectoral approach, and country's goals.

**A. Historical disease epidemiology**

- How long has the country been affected by cholera
- Percentage of total population that live in identified hotspots

**B. Overview of country's multi-sectoral approach**

- Summarize any political commitment / statements made by the country
- Overview of the mechanism to ensure coordination across all sectors and how it functions (e.g., including level of responsibility / accountability; how often the partners are brought together)

**C. Country's Roadmap Goals**

- Overview of any political commitments related to cholera control
- Statement of country's goals

**II. Situational Analysis**

The situational analysis will be used to inform the country's National Cholera Plan and budgets. The country should identify and prioritize its hotspots based on an analysis of existing resources (if available).

**A. Cholera risk**

1. Historical cholera risk

This section should include a history of cholera epidemics and their trends. Historically at what times and in what locations have cholera epidemics occurred? How often do they occur? What are the typical characteristics of cholera epidemics? How do they differ from other diarrhoeal diseases? How do they differ from other acute watery diarrhoea (AWD) outbreaks? How do they differ from other acute watery diarrhoea (AWD) outbreaks?

**2. Identification of hotspots**

The country should prepare a list of hotspots. The hotspots should be defined as areas where cholera epidemics occur frequently and where the conditions are favourable for cholera transmission. The hotspots should be defined based on the following criteria:

Name	Level	Identified	District	Hotspot

# LABORATORY OFFER OF SERVICE

## JOB AIDS

- RDT use and interpretation /cookbook
- Sample Collection and Transportation within country
- Culture Isolation–identification of *Vibrio cholerae*
- AMR testing
- Strain Conditioning for International Transportation
- Guidance on EQA for national labs
- PCR: use of appropriate techniques and related guidance for countries,
- End–point vs. Rapid testing PCR

## PREQUALIFICATION OF RDTS

- Process to standardise RDTs for more systematic use

## MOLECULAR DIAGNOSTIC TESTING

- Role in national cholera control program design, implementation, and monitoring
- Role in operational research at country level
- Global data repositories: how to contribute and how to access

# EPIDEMIOLOGY OFFER OF SERVICE

## SURVEILLANCE GUIDANCE

- Definitions, data reporting mechanisms, information for action, etc.

## SUPPORTING COUNTRIES WITH CHOLERA SITUATIONAL ANALYSES

- Guidance on identification and prioritization of hotspots
  - Epidemiology criteria for hotspot identification
  - Risk factors and vulnerability criteria (in collaboration with WASH WG)

## MONITORING THE IMPLEMENTATION OF THE CHOLERA ROADMAP

- Define set of indicators to monitor progress towards cholera elimination
- Systems/platforms in place to acquire, transmit, and analyze cholera incidence data at the national level

# COUNTRY PROFILE - ANNUAL REPORTING (TO BE DISCUSSED)

## Dashboard with National Level Reporting

### Primary reporting unit is the District

- “at risk of cholera” vs “cholera hotspot”

### Population

- Male/ Female
- ≤ 5 years of age / >5 of age

### Cases

- Male/ Female
- ≤ 5 years of age / >5 of age
- Suspected / confirmed
- Deaths

### Surveillance indicators

- Total districts at risk for cholera
- Districts at risk for cholera with access to labs to confirm cholera

### OCV data per campaign (– 1<sup>st</sup> dose/2<sup>nd</sup> dose)

- Start date of campaign
- Target pop to be vaccinated
- OCV doses utilized
- Admin coverage
- Real coverage
- Severe AEFI

### WASH

- Population using safely managed drinking water services (SDG 6.1.1)
- Population using safely managed sanitation services including a hand-washing facility (SDG 6.2.1)

### Roadmap funding

- Budget by pillar with timeline of implementation
- Funding for each pillar
- Total funding to conduct Roadmap-related

THE TIME IS NOW



ENDING CHOLERA  
A GLOBAL ROADMAP TO 2030

GRAZI  
E  
MILLE!



Together, we can #EndCholera