

**Practical approach  
to controlling cholera  
in Bangladesh  
through dual interventions  
of OCV & WaSH**

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## Recent progress on cholera control



- Side by side of diarrhea control, cholera morbidity & mortality reduced;
- A vibrant multi-stakeholder team is working for ambitious WASH targets;
- National cholera control plan 2019-2030 developed: **focuses OCV & WASH as main tools**;
- One of world's largest successful OCV campaigns for FDMNs (Oct '17-Nov '18): **2.2 million doses**;
- High-level political commitment.



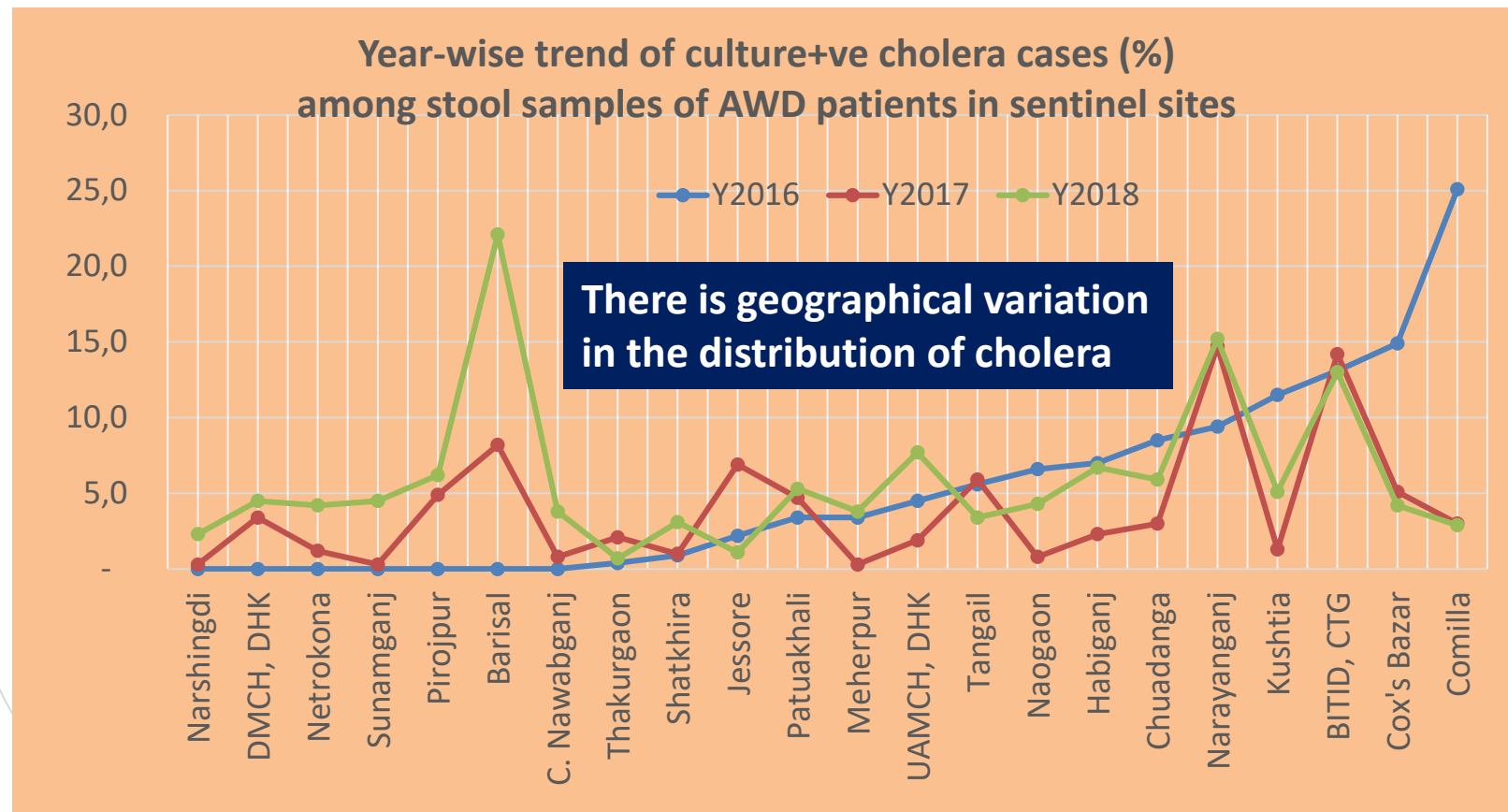
# National cholera situation



There are 22 sentinel sites for cholera surveillance

- Well-established diarrheal disease reporting system;
- Cholera is not reported from subnational levels due to unavailability of diagnostic facility;
- Bangladesh is pioneer of ORS;
- Awareness is enormous;
- Notable diarrhea control measures helped cholera control as well.

# National cholera situation



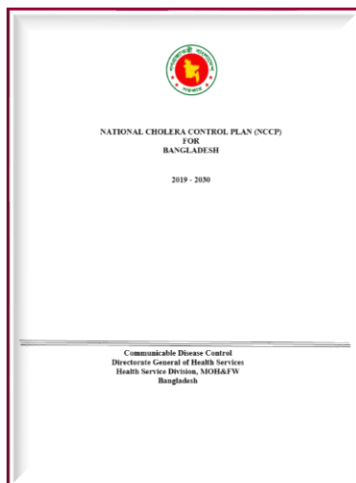




## We plan for two solutions: OCV & WaSH

- **Interim OCV with concurrent WaSH, because**
  - Cholera exists in Bangladesh;
  - Patient load assumed to be high;
  - Persistent vulnerability of climate change; population growth & high density; urban migration, etc.;
  - Contamination of drinking water sources & sanitation system during monsoon & by floods, landslides, cyclones, etc.;
  - Compromise of water quality due to environmental pollution, viz., industrial effluents, obstruction due to irrigation system; salt-water intrusion; contamination of piped water supply, etc.
- **WaSH as a long term solution, because**
  - Cholera burden will be reduced through OCV; economic growth; infrastructure development; access to better quality of life, etc. & so
  - We would need better WASH infrastructure & practice for keeping people free from all kind of water & food-borne diseases.

# National Cholera Control Plan (NCCP) 2019-2030



Budget		US\$ billion
<b>OCV</b>		<b>0.43</b>
<b>WaSH</b>		<b>3.13</b>
Water:	\$0.68 bn	
Sanitation:	\$1.35 bn	
Hygiene promotion:	\$1.1 bn	
<b>Surveillance</b>		<b>0.02</b>
<b>Total</b>		<b>3.58</b>

## Goal

Reduction of cholera morbidity & mortality by 90% within 2030

## Targets for cholera reduction

**Short Term:** 25% reduction by 2021

**Mid Term:** 50% reduction by 2025

**Long Term:** 90% reduction by 2030

## Key Interventions

1. Strengthening surveillance & reporting system;
2. Treatment of cholera cases;
3. OCV campaigns;
4. WaSH promotion;
5. Coordination & leadership; &
6. Social mobilization.



# NCCP 2019-2030 : OCV & WaSH Plan

- Hotspots will be identified through ongoing sentinel surveillance in 22 districts + more sites to be added;
- Phase-wise OCV campaigns in identified hotspots.

## OCV Plan

Year >>>	2019	2020	2021	2022	2023	2024	Total
Place >>	Demo (DCC)	Part of DCC	DCC & 4 districts	6 districts (Y1)	6 districts (Y2)	5 districts (Y3)	
Pop. (mill)	1.20	5.45	13.30	21.15	25.40	19.95	<b>86.45</b>
OCV (mill doses)	2.4	10.9	26.6	41.3	50.8	39.9	<b>172.9</b>

## WaSH Plan

WASH Intervention	Baseline	Target	
	<b>2017</b>	<b>2025</b>	<b>2030</b>
Safely managed drinking water	56%	>85%	100%
Accessibility to improved sanitation	47%	>70%	100%
Increased hygiene practice	40%	>80%	100%



# Expectation from GTFCC



1. Endorsement of NCCP
2. Strengthening surveillance system
  - Establishment of central cholera ref. lab;
  - Establishment of RDT-based diagnostic facilities at peripheral health facilities (There is local production of Cholkit);
  - Establishment of culture/PCR-based diagnostic facility at medical college hospitals.
3. Plan implementation
  - Capacity development;
  - Supply of OCV from stockpile/Gavi;
  - Local production of OCV (technical know how; helping NCL);
  - Support for WASH.





Thank you

