



GLOBAL TASK FORCE ON

CHOLERA CONTROL

OVERVIEW OF OCV USE IN 2019 AND PERSPECTIVES GOING FORWARD,

6th OCV WG Meeting, 3-4 December 2019, Geneva

Malika

Bouhenia,

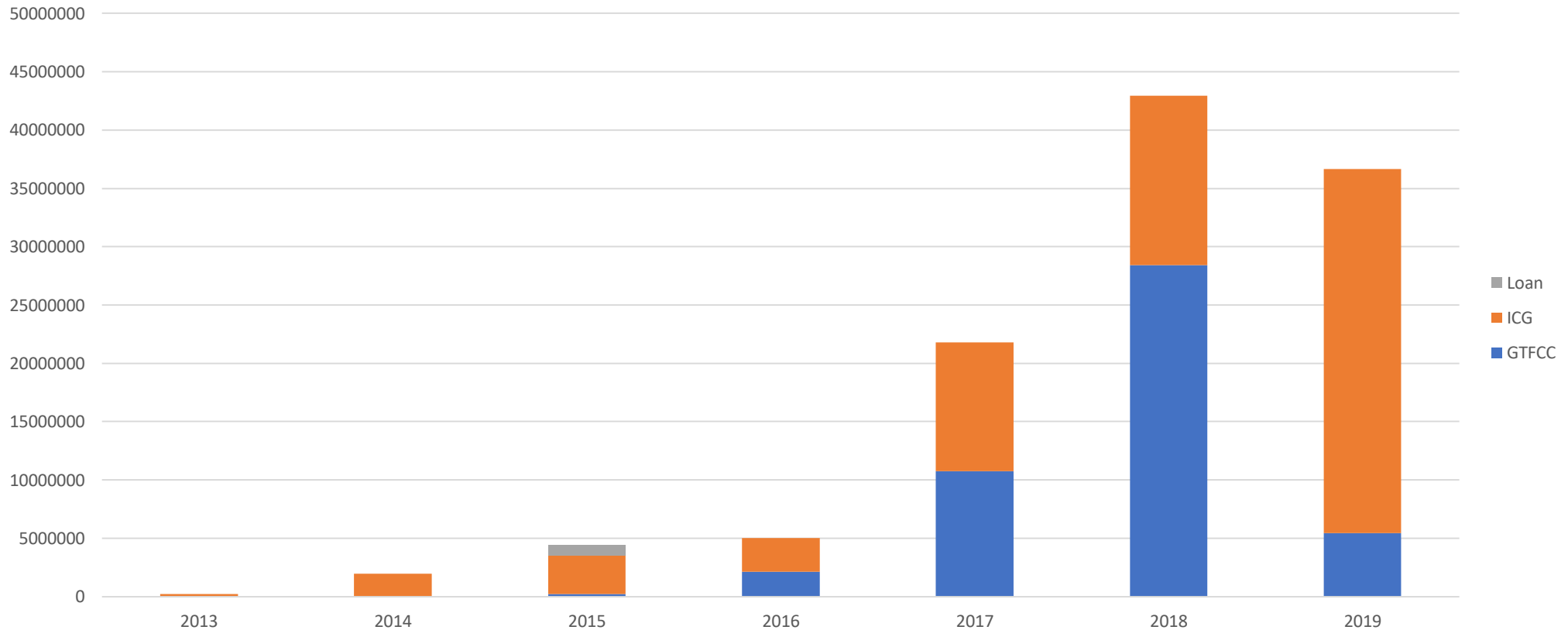
GTGCC secretariat,

bouheniam@who.int

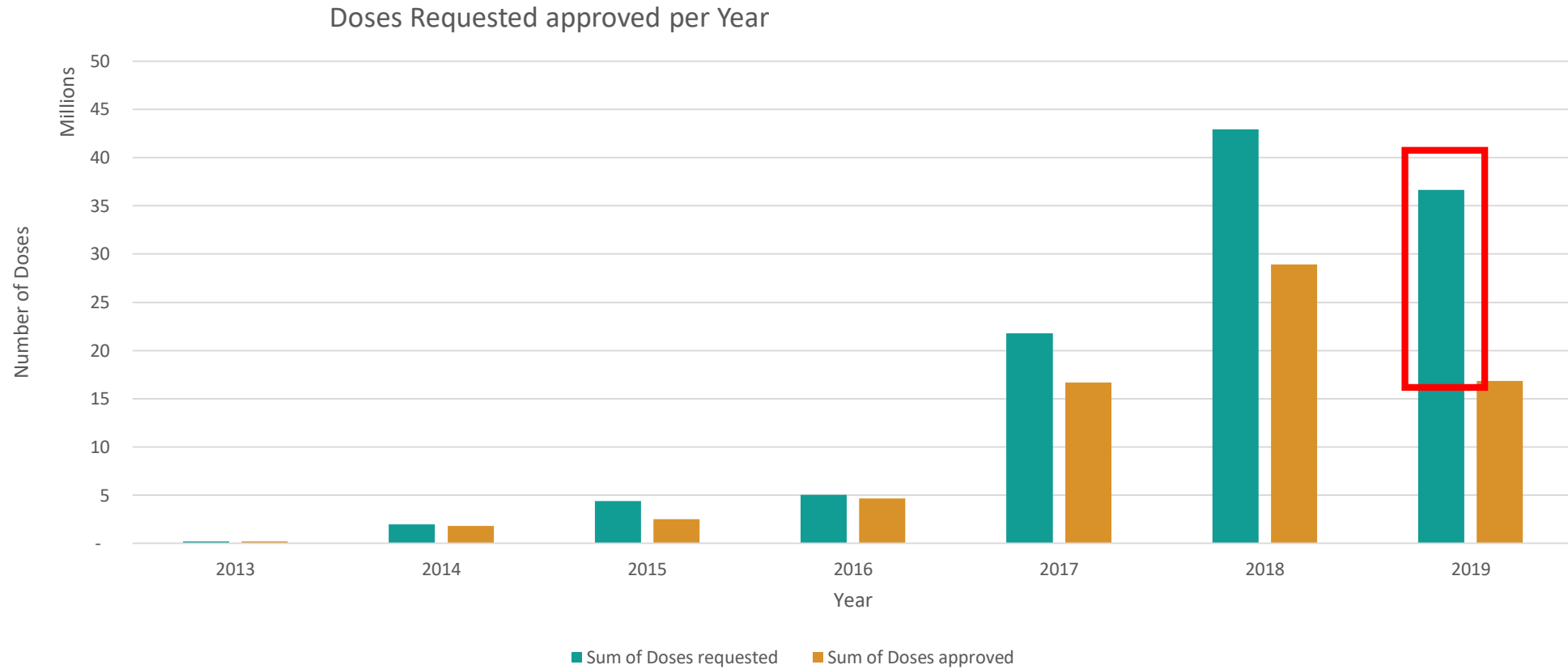
PRESENTATION OUTLINE

- Overview of OCV since creation of stockpile
- Campaigns in 2019
- Monitoring and Evaluation
- Conclusion

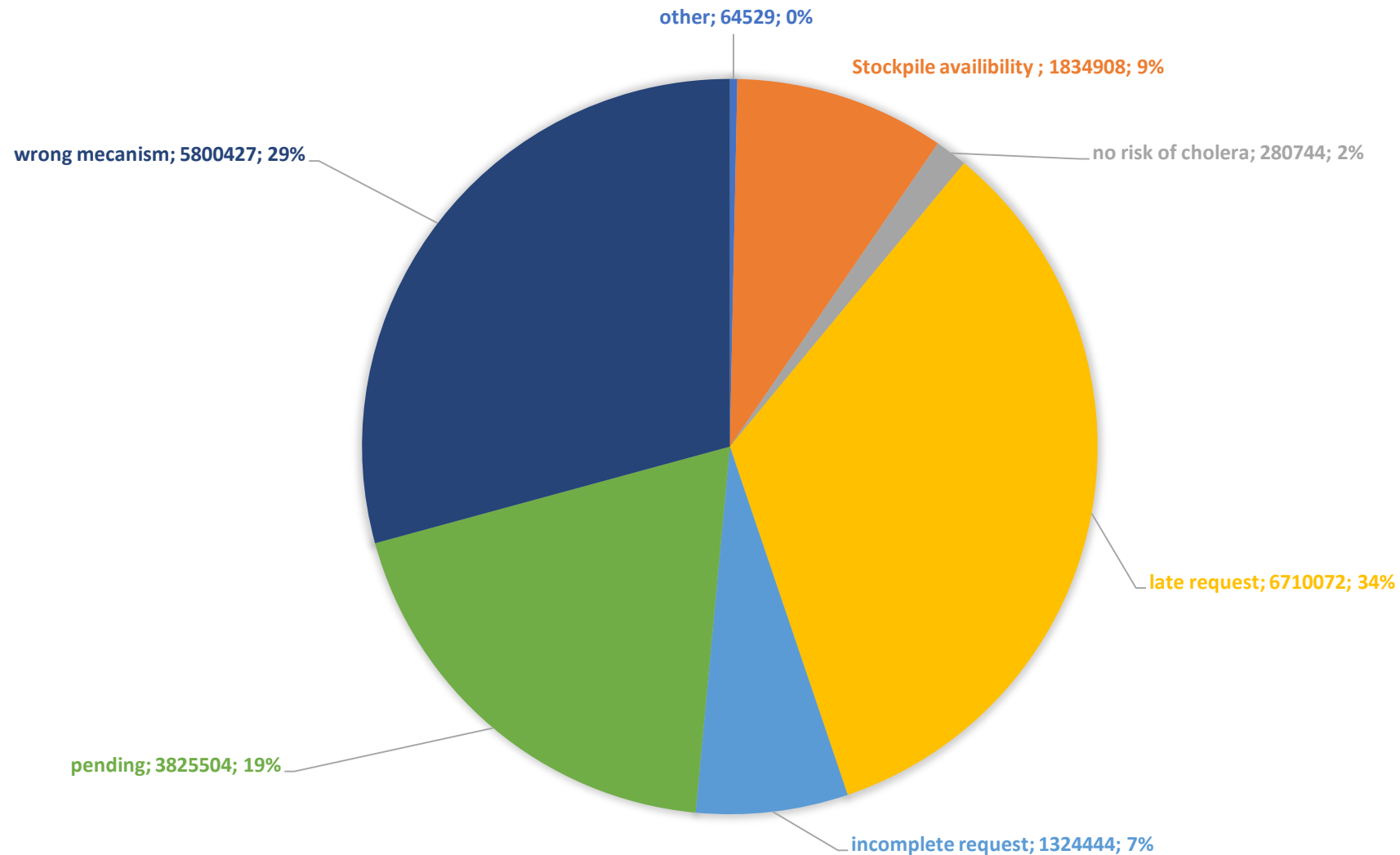
REQUESTS BY MECHANISM



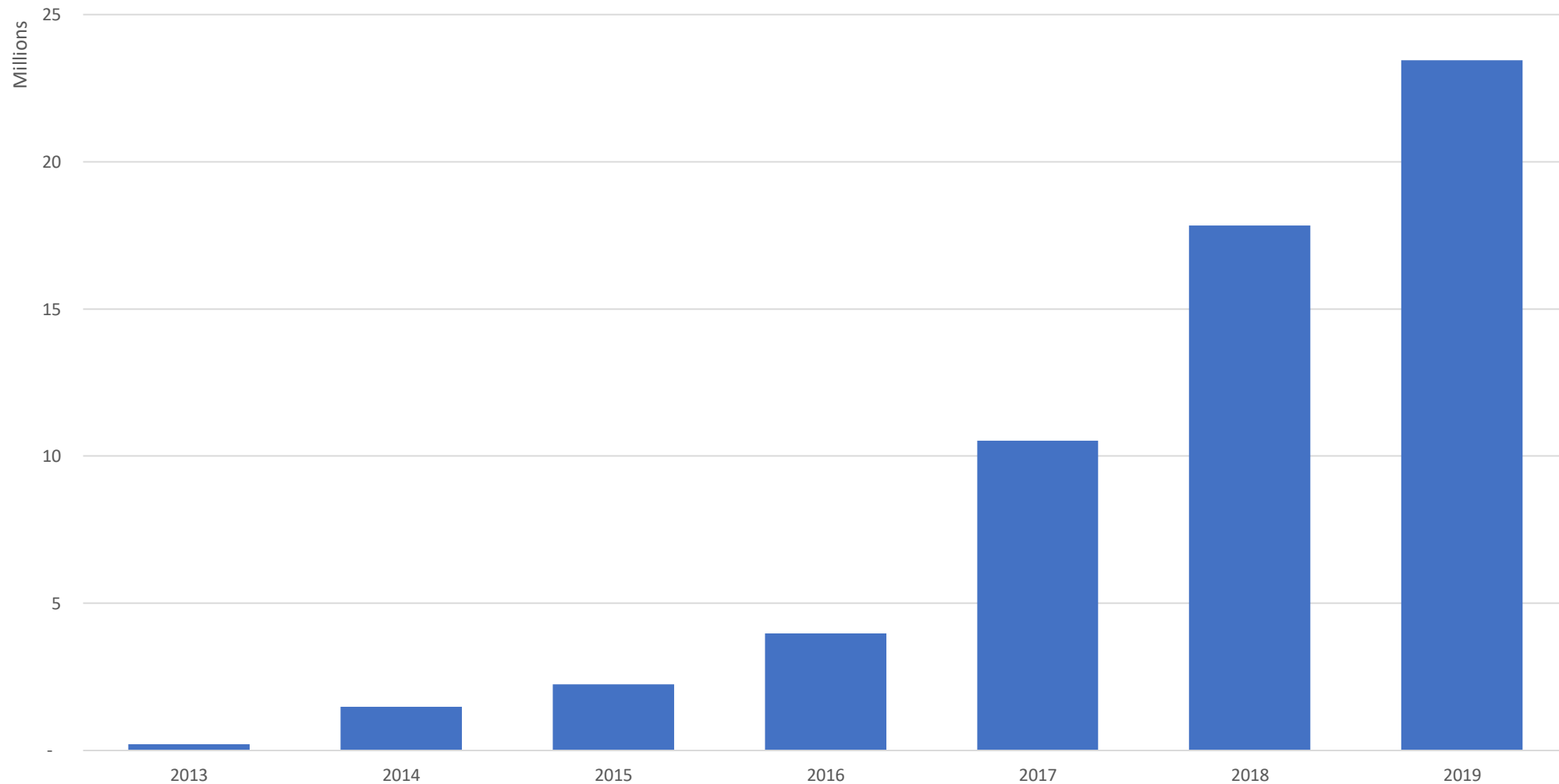
OCV DEMAND



NON APPROVED DOSES IN 2019

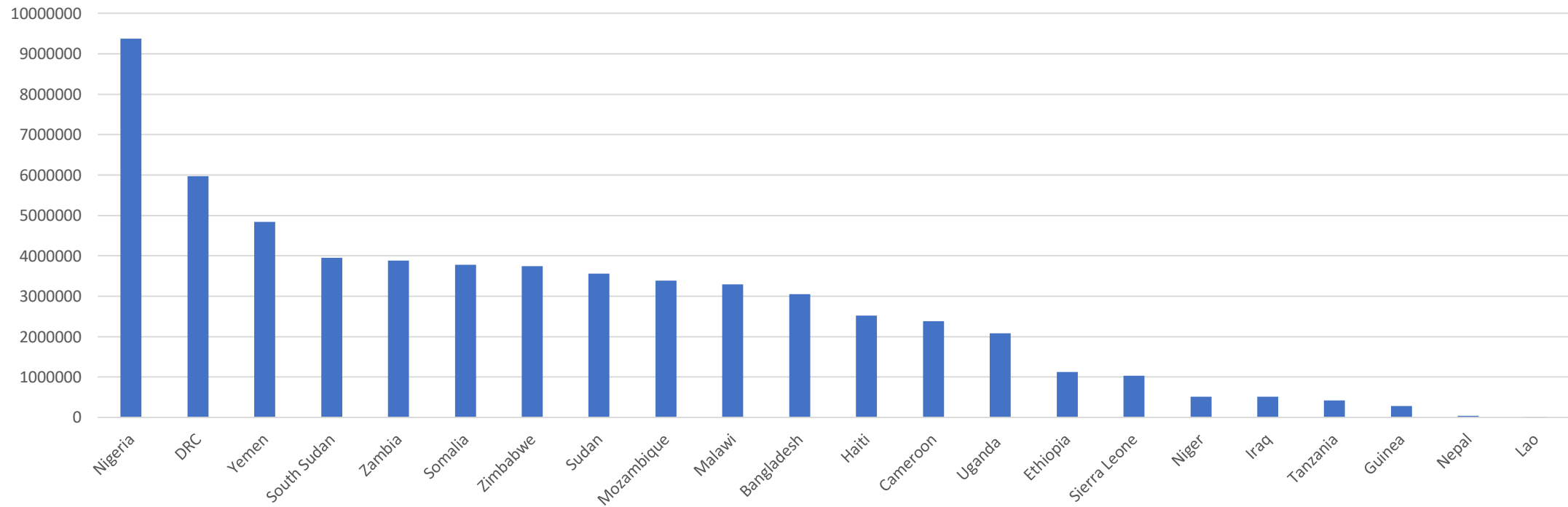


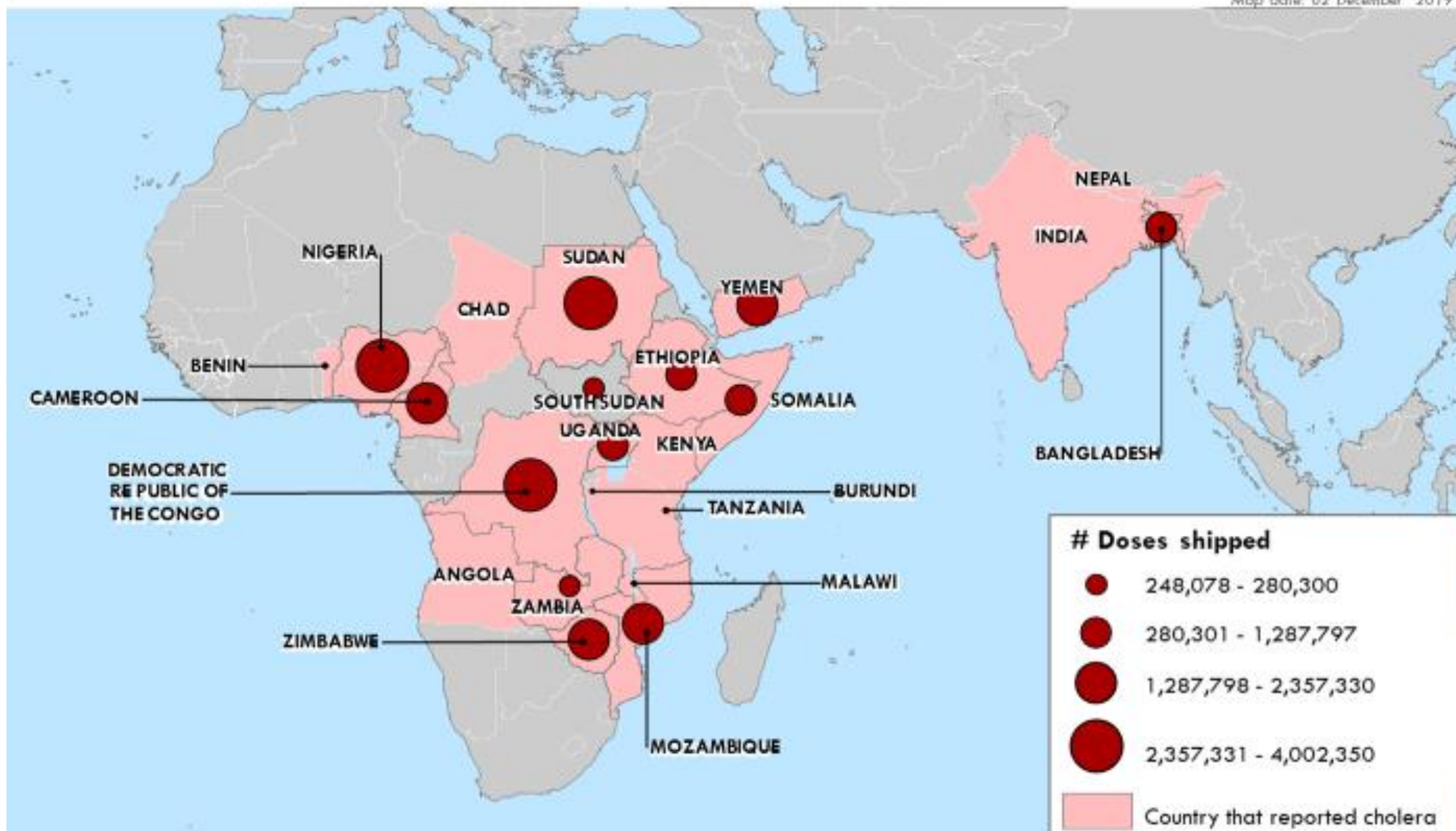
NUMBER OF DOSES SHIPPED PER YEAR



COUNTRIES USING OCV, 2013-2019 (N=22)

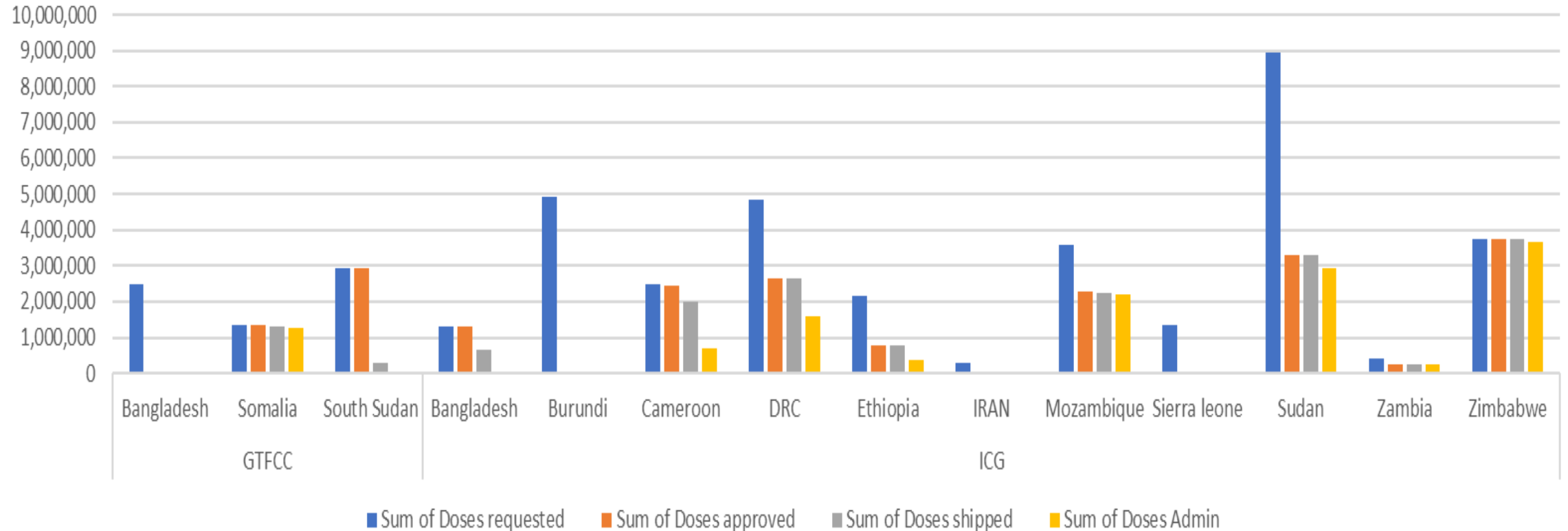
Doses shipped



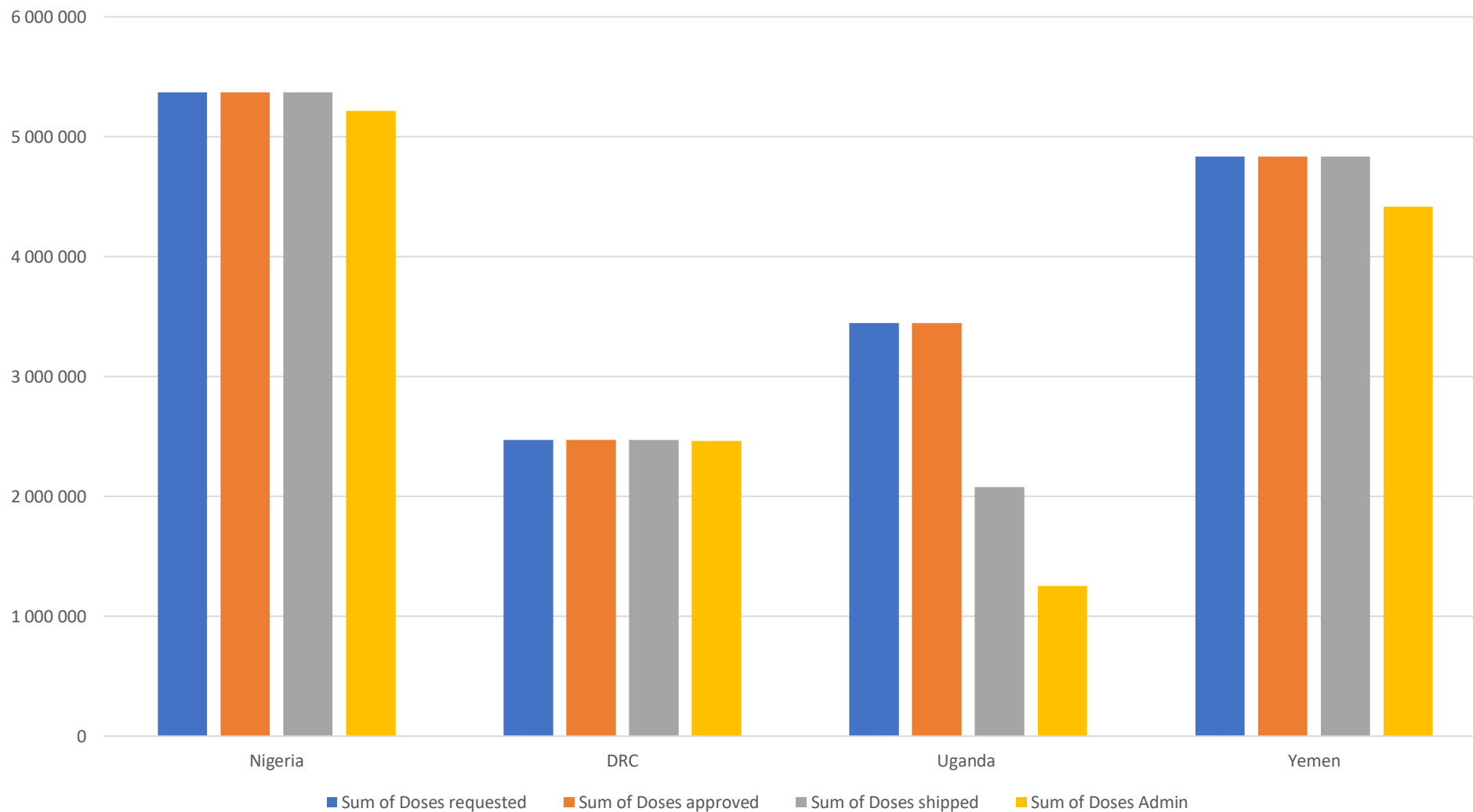


USE OF DOSES FROM 2019 REQUESTS

from 2019 requests



USE OF DOSES IN 2018-2019



HOTSPOTS CONTEXT: END OF FIRST PHASE OF MULTIYEAR REQUEST

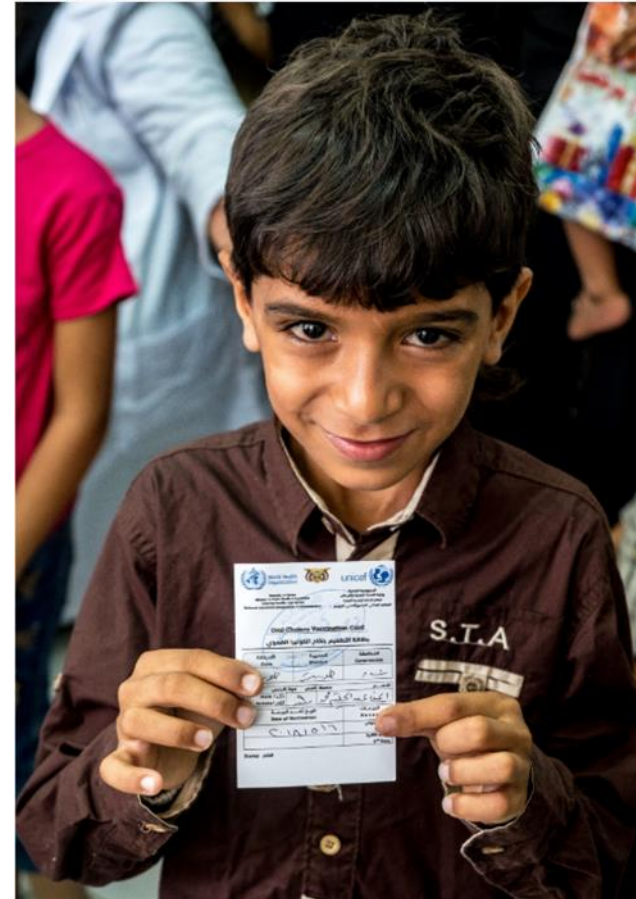
Nigeria



5,3 M Doses requested
5,2 M Doses administered
10 LGAs

coverage

Yemen



- 4.8 M doses approved
- 4.4 M doses administered
- May 18–September 19
- Difficult context

HUMANITARIAN CRISIS CONTEXT: CYCLONE IDAI

Mozambique

**Campanha de Vacinação
contra a Cólera**



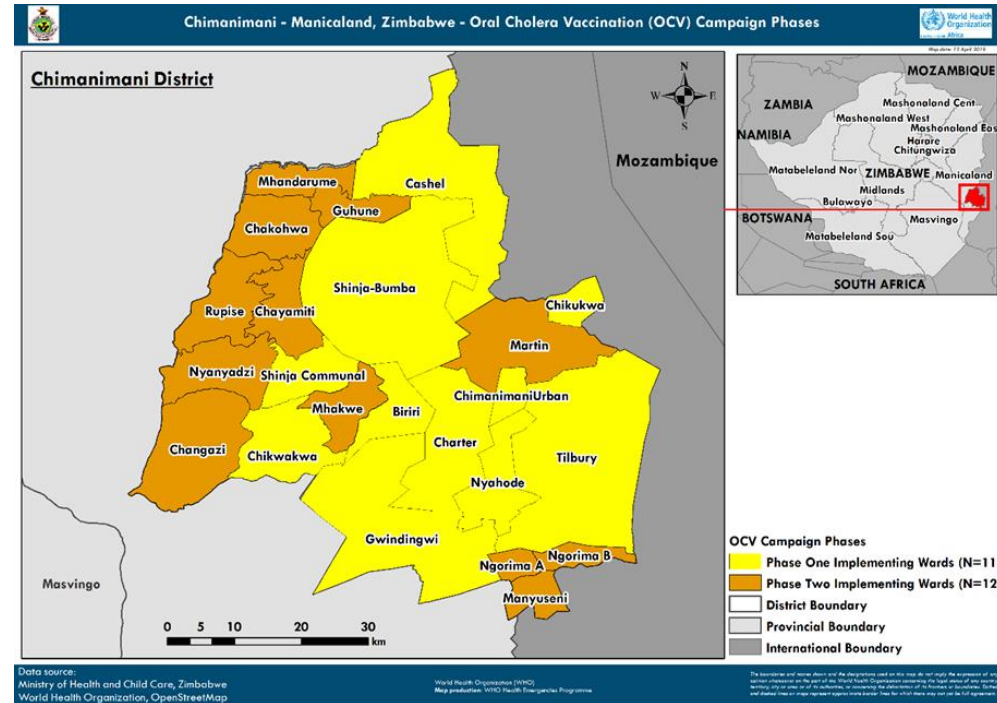
De 16 a 20 de Maio de 2019

- ☑ PEMBA
- ☑ MECUFI
- ☑ METUGE (METUGE-SEDE E NACUTA)

VACINE E EVITE A CÓLERA



Zimbabwe



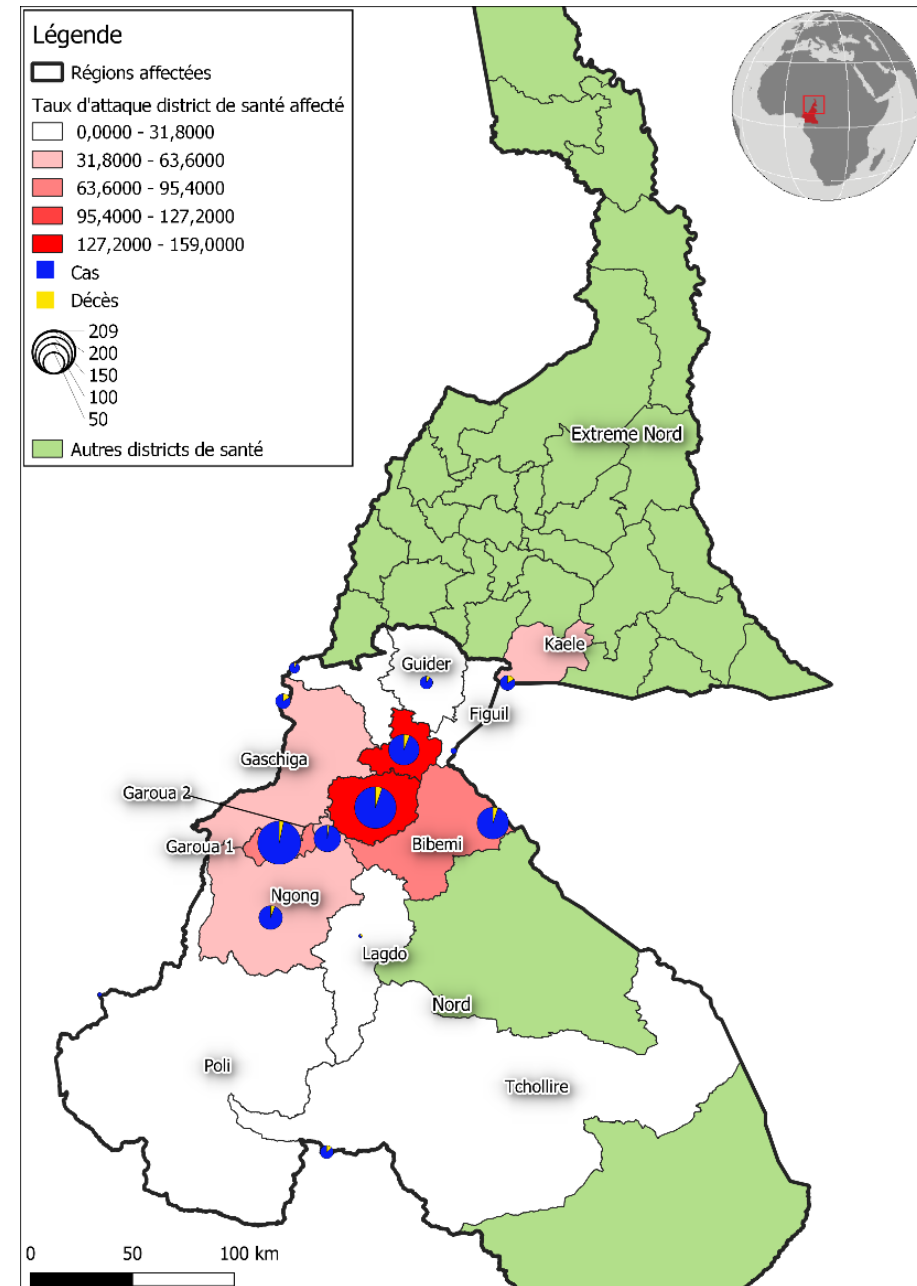
883,000 people vaccinated in Manicaland

OUTBREAKS:

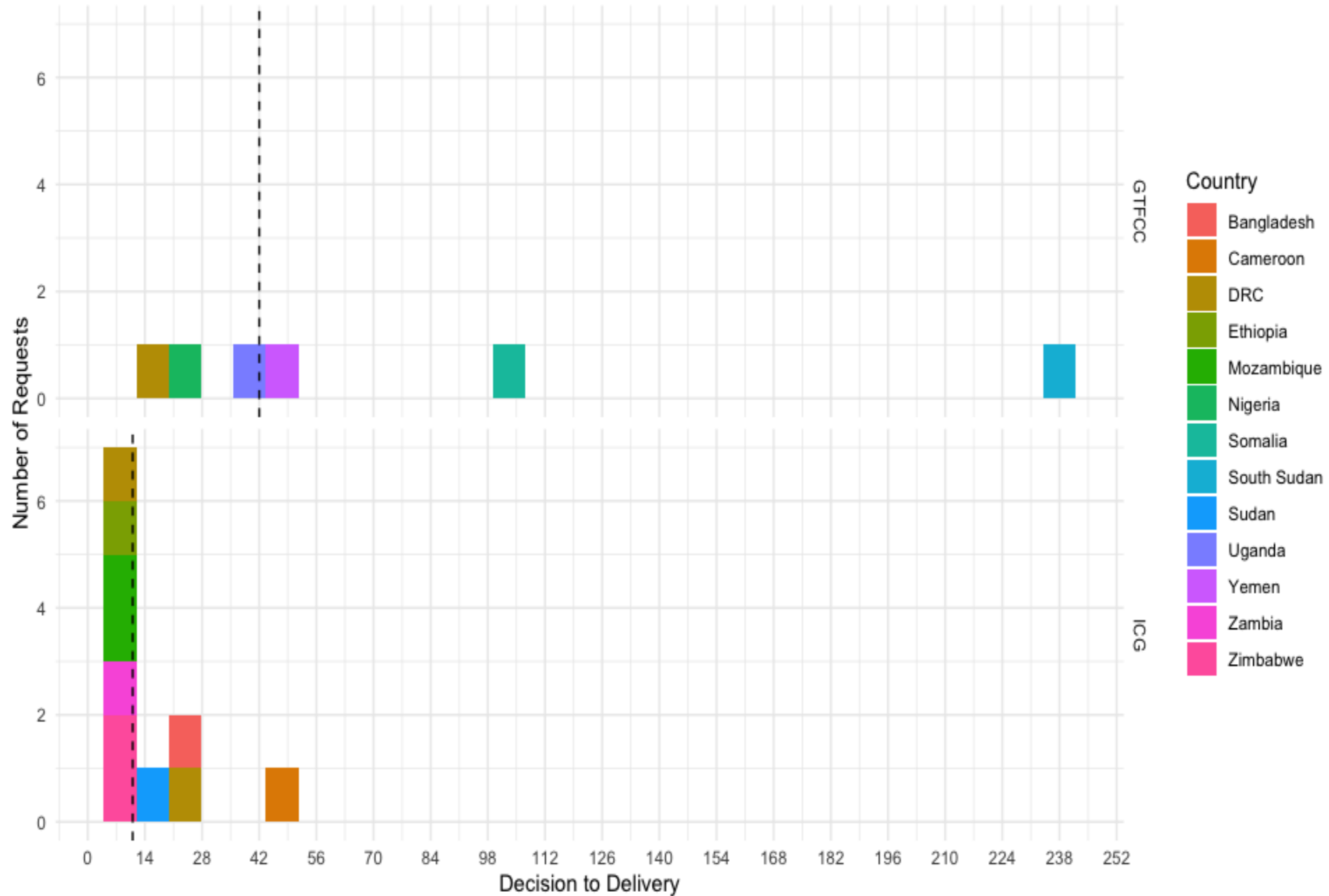
➤ Change of targeted place: Ethiopia, Zambia, Cameroon

➤ Outbreaks in endemic settings: Nigeria, Uganda

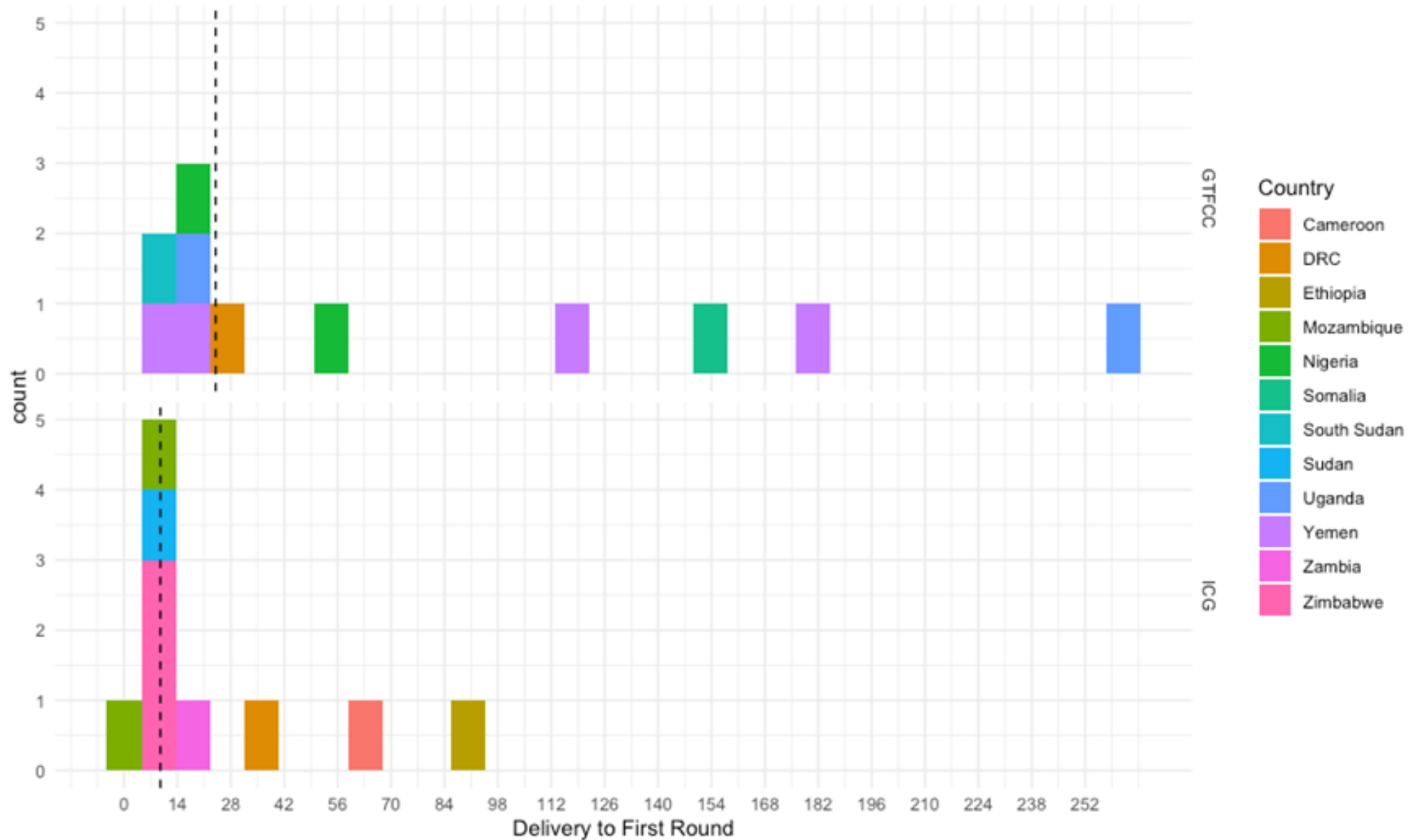
➤ Epidemic/ Endemic: DRC



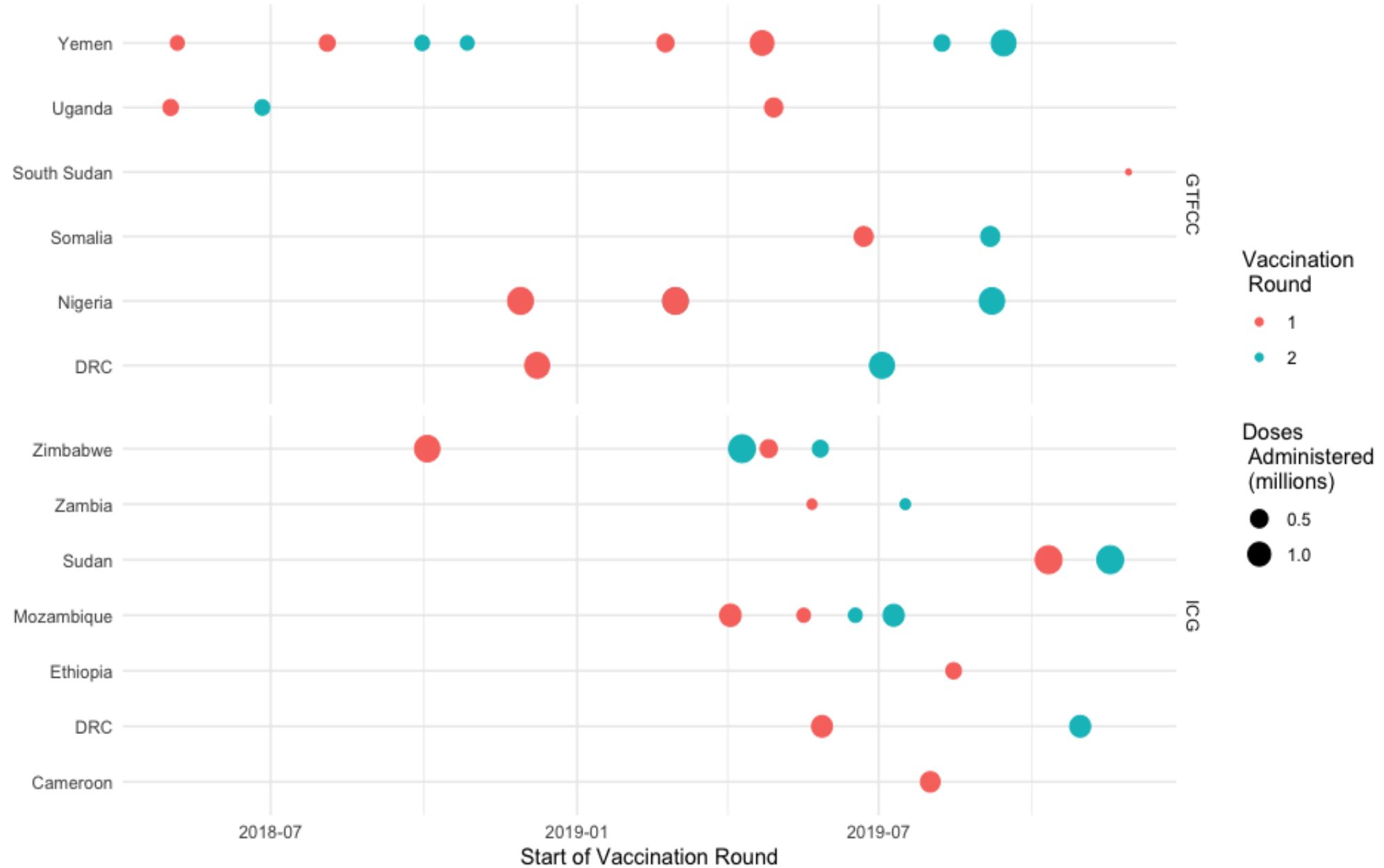
TIME TO IMPLEMENT: DECISION TO DELIVERY



TIME TO IMPLEMENT >1ST SHIPMENT TO FIRST



TIME TO IMPLEMENT > ROUND 1 TO ROUND 2



MONITORING AND EVALUATION

Doses administered: difficulties to get reports, basic indicators

Coverage survey: Somalia, DRC, Yemen, Zimbabwe, Mozambique

AEFI: lack of report

Impact

CONCLUSION

Also in 2019 as in previous years the stockpile continues the virtuous cycle of increased supply, increased demand, increased use, increased supply...

Increase of ICG requests

And also this year there has been more demand than supply

Timing is still a limiting factor for reactive use

- More often than not vaccination campaigns come too late in the outbreak progression

Ensuring a multi-strategic approach (integration with WaSH) still a limitation in many settings (including “hotspot requests”)

Having said that, the GTFCC approach of conducting phased vaccination campaigns at a larger scale seems to ensure better impact

- Although impact can only be demonstrated by reinforcing surveillance at hotspot level to better guide interventions (not only OCV), which is a limitation in most settings

WAY FORWARD

To control cholera with OCV it is important to keep in mind that:

- Vaccination will not solve the cholera problem but only delay it (buy us some time)
- Unless we plan mid- to long-term WaSH interventions cholera is going to reappear as soon as immunity wanes
- Cholera Control (and Eventual Elimination) can only be achieved with A Multisectoral Plan, in line with the Roadmap to 2030?

How to go from requests for OCV to request for “cholera elimination”?

How can we ensure that countries access the vaccine they need but also use it strategically as part of their plans?

Ensuring adequate OCV supply will be capital, but it is not enough

We need to redefine the mechanisms and processes so that OCV continues being the driver of long term cholera plans in countries

THE TIME IS NOW



ENDING CHOLERA
A GLOBAL ROADMAP TO 2030

Together, we can

#EndCholera

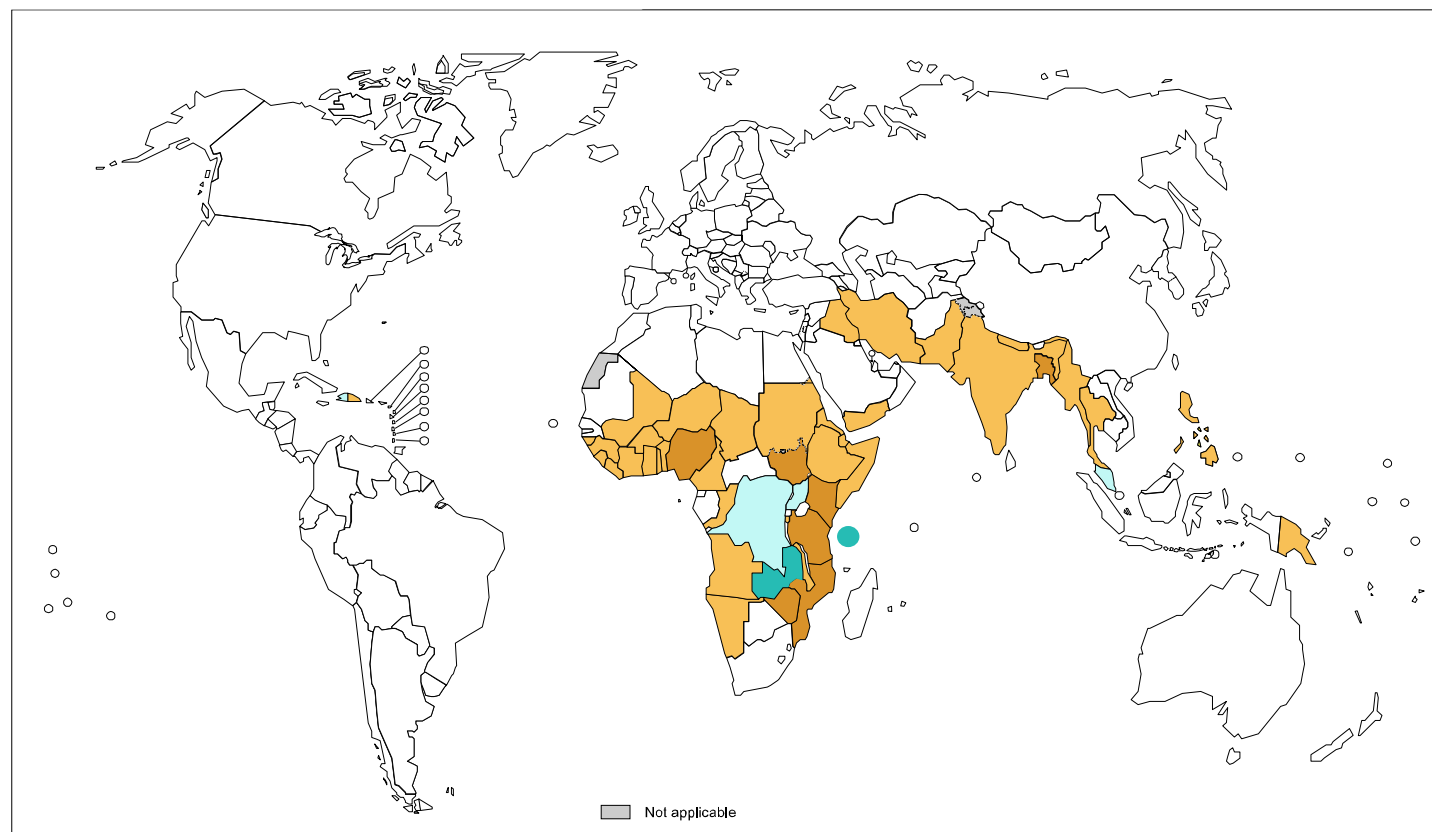
[/WHO.INT/CHOLERA](https://www.who.int/cholera)

Thank
you



World Health
Organization

LANDSCAPE OF NATIONAL CHOLERA PLANS



- Countries targeted by the Global Roadmap
- Countries that have a Cholera Plan (pre-Roadmap)
- Countries that have launched their NCP (post Roadmap)
- Countries that have engaged in the NCP process