

Introduction to group workday 1
GTFCC Case Management Working Group Meeting 5 November 2019

# SESSION 5: DEFINING THE STRATEGIES TO ACIEVE 90% REDUCTION IN CHOLERA MORTALITY

Working in two groups:

Existing strategies

 How can we improve tools that are currently being used for cholera control to reduce cholera mortality

Adopting new strategies

 Are there other tools that should be adopted to reduce cholera mortality

### CHALLENGES IDENTIFIED

- Surveillance focused on health structures, under reporting from community, what is the real burden and mortality?
- Poor understanding of cholera in communities
- Delay in health care seeking
- Little community treatment available (ORS)
- First point of care may not be cholera specific
- Access to a cholera treatment structure (distance, security cultural aspects)

#### CHALLENGES IDENTIFIED

- Need for diagnosis can delay intervention
- If not integrated, time to set up, train, find supplies
- Quality of care (organization and quality of treatment, supplies)
- Supervision may be remote
- Limited guidance to treat vulnerable groups, co-morbidities and complications
- Increased transmission in close contacts households and neighbours

#### POTENTIAL OPPORTUNITIES IDENTIFIED

- Increasing access to ORS (e.g. via community volunteers)
- Targeting community interventions, potential to integrate into government structures, different types of intervention possible (phone, team visits, develop the package)
- Expanding use of antibiotics?
- Potential to integrate/collaborate with diarrhoeal disease programmes
- Improving diagnostic tools for complications

## SESSION 5: DEFINING THE STRATEGIES TO ACIEVE 90% REDUCTION IN CHOLERA MORTALITY

For identified priority strategies what steps need to be taken to

- Protocols
- Guidelines
- Training programmes
- Collaborations
- Advocacy
- SS

## GROUP 1 IMPROVING ON EXISTING CHOLERA TOOLS

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## GROUP 2 ADOPTING NEW TOOLS FOR CHOLERA

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