AN INTRODUCTION TO ENDING CHOLERA: A GLOBAL ROADMAP TO 2030

Introduction to the GTFCC and the GTFCC Working Groups
Ending Cholera: A Global Roadmap to 2030
Technical documents and training materials
Ongoing projects and areas for further research
Cholera kills an estimated 95,000 people per year and sickens more than 2.9 million more
The cholera risk is rising

- Climate Change
- Population growth
- Urbanization
GLOBAL TASK FORCE ON CHOLERA CONTROL (GTFCC)
# The Global Task Force on Cholera Control

Common vision that collective action can stop cholera transmission and end cholera deaths

<table>
<thead>
<tr>
<th>Support global strategies for cholera prevention and control</th>
<th>Provide a forum for technical exchange, coordination, and cooperation on cholera-related activities to strengthen countries’ capacity to prevent and control cholera</th>
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<tbody>
<tr>
<td>Support the development of a research agenda with special emphasis on monitoring and evaluating innovative approaches to cholera prevention and control</td>
<td>Increase the visibility of cholera as an important global public health problem</td>
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GTFCC CURRENT STRUCTURE

GTFCC SECRETARIAT- Hosted at WHO
Coordination of Technical Working Groups, oversight of technical guidance development

WORKING GROUPS
Provide technical expertise on cholera specific topics to develop evidence based guidance on cholera control.

- WASH WG – UNICEF
- OCV WG – CDC
- Case Management WG – icddr’b
- Surveillance Lab – Institut Pasteur
- Surveillance Epi - Epicentre

SUPPORT TO COUNTRIES
ENDING CHOLERA: A GLOBAL ROADMAP TO 2030
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Multisectoral approach

Water, Sanitation & Hygiene
Implementation of adopted/long-term sustainable WASH solutions for populations most at risk of cholera

Leadership and Coordination
Inter-sectoral collaboration and building of a strong progressive and response strategy

Community Engagement
Enhance communication on cholera control strategies, hygiene promotion, and reduce risk by mobilising community leaders as agents of change

Health Care System Strengthening
Enhanced readiness for cholera outbreaks through capacity building for staff, and pre-positioning of resources for diagnostics, patient care, and emergency WASH intervention

Surveillance & Reporting
Effective routine surveillance and laboratory capacity at the peripheral level to confirm suspected cases, inform the response, and track progress towards control and elimination

Use of Oral Cholera Vaccine (OCV)
Large-scale use of OCV to immediately reduce disease burden while long-term cholera control strategies are put in place
End Cholera as a public health threat in up to 20 countries; reduce deaths by 90% by 2030
Early detection and immediate response to outbreaks

Early detection and rapid response to ensure immediate containment of outbreaks
CHOLERA DETECTION AND RESPONSE DEPENDS ON THE FIELD

Technical recommendations must be made operational

Preparedness and response plans must be coordinated and specific to the context, the resources and the actors present

Surveillance (epidemiological and laboratory) must be effective and information shared in a timely manner

We can improve the rapidity and effectiveness of response
Hotspot approach

Most cases of cholera happen in highly endemic areas—called “hotspots”—where predictable outbreaks of cholera occur year after year.
HIGHLY ENDEMIC SETTINGS:
MANY OUTBREAKS ARE PREDICTABLE
From preparedness and response to prevention and control

Treating patients alone has limited impact on transmission

Cholera Treatment Centers, cholera kits, emergency WASH

...and OCV with WASH

...and long-term WASH

Bridging emergency and development
Strategic Axis 3: GTFCC as an effective coordination mechanism

- Technical Support
- Resource Mobilization
- Partnership at local and global levels
A CALL TO ACTION TO ALL GTFCC PARTNERS
Cholera

Delegates endorsed a resolution urging cholera-affected countries to implement a roadmap that aims to reduce deaths from the disease by 90% by 2030. The resolution also urges WHO to increase its capacity to support countries fighting the disease; strengthen surveillance and reporting of cholera; and reinforce its leadership and coordination of global prevention and control efforts.

Cholera kills an estimated 95,000 people and affects 2.9 million more every year, disproportionately impacting communities already burdened by conflict, lack of infrastructure, poor health systems and malnutrition. Over 2 billion people worldwide still lack access to safe water and are at potential risk of the disease.

‘Ending Cholera: A Global Roadmap to 2030’ was launched last year by the Global Task Force on Cholera Control (GTFCC) and underscores the need for a coordinated approach to combat the disease with country-level planning for early detection and response to outbreaks, and long-term preventive water, sanitation and hygiene (WaSH) interventions.
The Global Roadmap will encourage a phased approach that takes into consideration the current conditions on the ground, helping each country to set a realistic and achievable goal for cholera control.
ENDING CHOLERA ROADMAP PRIORITIES

Country and donor engagement to develop and implement country plans

Development of a Framework and indicators to help countries develop cholera control and elimination plans

In country workshops with partners

Engagement of development sector - country authorities, partners and donors

Strengthening GTFCC capacity to support countries to implement their plans
TECHNICAL RECOMMENDATIONS AND TRAINING
CURRENT TECHNICAL NOTES AND POSITION PAPERS

Surveillance
- The use of cholera rapid diagnostic tests (RDTs)
- Guidance on cholera surveillance
- Laboratory support for public health surveillance

Case Management
- Organization of case management during a cholera outbreak
- The use of antibiotics in the treatment of cholera
# Antibiotics

## Expanded Age Groups for Doxycycline Use

**Indication:**
- Suspected cholera patients hospitalized with severe dehydration or
- High purging or failure of first 4 hour course of therapy or coexisting conditions (e.g., pregnancy) or co-morbidities (e.g., SAM) that pose elevated risk in cholera illness, regardless of degree of dehydration

<table>
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<tr>
<th>Adults, including pregnant women</th>
<th>First-line drug choice and dose (if local strain sensitive)</th>
<th>Alternative drug choices</th>
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<tbody>
<tr>
<td>Doxycycline</td>
<td>Single dose: 300 mg</td>
<td>Azithromycin: 1 g orally as single dose or Ciprofloxacin: 1 g orally as single dose</td>
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</tbody>
</table>

| Children <12 years old           | Doxycycline:                                               | Azithromycin: 20 mg/kg (max 1g) orally as single dose or Ciprofloxacin: 20 mg/kg (max 1g) orally as single dose |
|                                  | Single dose: 2-4 mg/kg                                     |                                                                       |
CURRENT TECHNICAL NOTES AND POSITION PAPERS

Oral Cholera Vaccine (OCV)
- OCV and travellers
- OCV and pregnant women
- 2017 WHO Position Paper on Oral Cholera Vaccine
ORAL CHOLERA VACCINE

New dosette packaging for Euvichol Plus

Lighter, smaller packed volume and easier to open and administer

Control Temperature Chain use of Shanchol

In February 2018 WHO approved Controlled Temperature Chain use of Shanchol – this allows for up to 14 days of storage at ambient temperature immediately prior to use (temperatures up not to exceed 40°C)
TECHNICAL NOTES IN PREPARATION

Surveillance
- Environmental Surveillance
- Taking and preparing samples for transport

Case Management
- Treatment of cholera in children with Severe Acute Malnutrition

Water, Hygiene and Sanitation
- Infection prevention and control (IPC) in cholera treatment centres (CTCs)
REVISION OF TECHNICAL DOCUMENTS

The booklet Cholera Outbreak - Assessing the Outbreak Response and Improving Preparedness is being revised. A draft has been completed and is being circulated for review by the GTFCC. A completed version is expected by June 2018.

Companion phone based app also in development – Surveillance and Case Management to be first module, including associated job aids.
TRAINING — WWW.GTFCC.ORG

GTFCC has a site for cholera related training material from partners.
The objective was to centralise materials that were otherwise difficult to find.
The materials — courses, case studies, exercises — can be modified by users.
The materials are not validated, but are provided by partners.
Materials available in English and French.
GTFC WEB SITE: HTTP://WWW.WHO.INT/CHOLERA/TASK_FORCE/EN/
Search

You are invited to search for training materials on this page. You can refine your search using different criteria:
1. Language: you can select the language of the training material (English, French, Portuguese ...)
2. Search: you can enter one or several keywords (e.g., outbreak investigation, WASH, vaccination). A list of all training materials with those keywords will appear.
3. Type of training material: you can search by type of material: “case studies”, or “exercises”, or “courses” (power point presentations), or “training packages” (e-briefing content or complete trainings), or “videos”.

You can also access background and useful information on how to use different training techniques used in the case studies in “training methods”.

When you have an initial list of training materials on your screen, you can get more information by placing the cursor on the title. A pop-up summary will appear with the following information: the organization that wrote the material, the domains covered, the context, the target audience and language.

If you are interested in more information, click on the title and a summary sheet will open. The summary sheet includes: a complete description of the material, links to download the training materials (often participant and facilitator versions) and a space to send feedback on the material.

Please send feedback and any adapted versions of materials you use. It will help keep materials updated and relevant.

Search ...

Any language □

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□ Training Packages □ Training methods

Search
ONGOING INITIATIVES AND PLANNED RESEARCH
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Ending Cholera: A Global Roadmap to 2030 – emphasis on support for country led implementation and advocacy for these initiatives

Improving mapping of cholera at country level

Investigation and strengthening of laboratory capacity

Prequalification of cholera RDTs

Continuing work to improve strategies and implementation of OCV

Treatment of cholera in children with severe acute malnutrition (SAM)

Best practices for infection prevention and control (facility and community)

Effectiveness of rapid response strategies
THANK YOU FOR YOUR ATTENTION

Any questions?

# EndCholera
USEFUL LINKS

WHO Cholera page including the Ending Cholera Roadmap and the 2017 OCV Position Paper: www.who.int/cholera

Cholera Kits and Calculation Tool: who.int/cholera/kit/en

GTFCC site including technical notes: who.int/cholera/Task_force/en

Video Intro to the Cholera Kit calculation tool: openwho.org/courses/cholera-kits

Training materials: www.gtfcc.org

UNICEF Cholera Toolkit: www.unicef.org/cholera