UNICEF EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE

UNICEF Strategic Framework for Cholera in Eastern and Southern Africa: 2018-2022

Draft final for RMT consultation

April 2017

unite for children

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Contents

1. Introduction

Global situation

Cholera is on the rise with an estimated 1.4 billion people at risk in endemic countries and an estimated 3 million to 5 million cases and 100,000-120,000 deaths per year worldwide. New, more virulent and drug-resistant strains of Vibrio cholerae continue to emerge, and the frequency of large protracted outbreaks with high case fatality ratios has increased, reflecting the lack of early detection, prevention and access to timely health care. These trends are concerning, signal a growing public health emergency and have gained the interest and investment of UNICEF at all levels.

Regional overview

Cholera is endemic in at least half of the 21 countries in the UNICEF Eastern and Southern Africa region. In 2016, more than 70,000 cholera cases were reported in 12 countries in the region. The Eastern and Southern Africa region accounted for 68 per cent of cases reported in Africa as a whole, with just 4 East African countries making up 61 per cent of all cases reported in Africa: Ethiopia (31 per cent), Somalia (15 per cent), the United Republic of Tanzania (9 per cent) and Kenya (6 per cent). The case fatality rate in Eastern and Southern Africa was 1.5 per cent which is above the World Health Organisation (WHO) threshold of 1 per cent.

In highly endemic areas, a small number of specific geographic zones and populations are known as cholera ‘hotspots’. Such hotspots experience alternating seasonal outbreaks and lull periods and are thought to be the source of epidemics that spread beyond their boundaries. For example, frequent outbreaks among the fishing communities of Lake Malawi seem to be the origin of cholera transmission in Malawi. Cholera hotspots have also been identified in parts of the Great Lakes region, including several in the Democratic Republic of the Congo: on Lake Kivu bordering Rwanda; on Lake Tanganyika which borders Burundi, the United Republic of Tanzania, and Zambia; and on Lake Albert and border districts in Uganda. These hotspots have been associated with both in-country and cross-border spread of cholera within the region.

Drivers of cholera in the region include insufficient access to safe drinking water and adequate basic sanitation, as well as poor hygiene practices. Population displacements, whether due to conflict and instability or environmental and weather-related causes, are a major factor contributing to the persistence of the disease. With increased mobility of populations, cholera outbreaks can spread easily between countries, especially in high-risk epidemiological basins. The 2009–2010 Zimbabwe outbreak which spread across all countries of southern Africa bar Lesotho is an example, as are outbreaks in camps hosting South Sudanese refugees in Uganda (2016) and Burundian refugees in the United Republic of Tanzania (2015). Cholera control can be particularly challenging in the context of protracted emergencies, as in Somalia where in 2016 severe drought conditions exacerbated the incidence of malnutrition among the population; more than 1 million people were in urgent need of water, sanitation, and hygiene (WASH) interventions; and insecurity continued to hamper humanitarian access to communities.

Figure 1. Countries of Eastern and Southern Africa which had cholera outbreaks in 2016

Source: UNICEF ESAR 2017

Figure 2. Cholera ecological zones in Eastern and Southern Africa in 2016

Source: *Mapping the Risk and Distribution of Epidemics in the WHO African Region: A Technical Report* (World Health Organization, May 2016)

Regional initiatives

National governments and development partners undertake cholera initiatives on an annual basis, yet implementing capacity and effective strategies for cholera preparedness, prevention, response and control remain limited and cholera is not sufficiently curbed. Cross-border transmission is poorly addressed and governments are sometimes reluctant to report cholera cases, which leads to overall underestimation of the extent of the disease which impedes a timely and targeted response. A step change in terms of coordination is needed in order to bring about a watertight response.

Among some of the key challenges are: the lack of adequate national plans for cholera prevention and response and insufficient geographic focus and investment in known cholera hotspots, limited access to remote communities, complex social and anthropological norms, inadequate or non-existent cross-border collaboration mechanisms, limited local capacity in some technical areas, already highly vulnerable populations (for example nutritional issues) and insufficient engagement of communities and societies in cholera prevention, preparedness and response actions.

A successful approach to cholera prevention, preparedness and response requires a joint, multi-sectoral and comprehensive strategy that transcends borders and sectors and that has clear delineation of roles and responsibilities among all stakeholders. The emphasis should be on coordinated national and inter-country action and effective partnerships to get the job done. Tackling cholera requires teamwork across sectors and professions, including health and water, sanitation and hygiene, community mobilization and behaviour change. Lessons can be drawn from the experience of the Regional Cholera Platform operating in West and Central Africa and specific country based learning.

The role of UNICEF in cholera prevention, preparedness and response

In many endemic countries, children under 5 account for more than half of the global incidence and deaths and therefore UNICEF is committed to working with partners in the global effort to reduce incidence of cholera. The UNICEF Cholera Toolkit[1] which brings together a set of practical resources for implementing integrated cholera prevention, preparedness and response activities has become a reference kit for practitioners worldwide since its launch in 2012. UNICEF also leads the multi-sectoral Cholera Platform for West and Central Africa and supports the Joint Cholera Initiative for Southern Africa (JCISA); and is an active member of the WASH Working Group under the newly reactivated WHO-led Global Task Force for Cholera Control (GTFCC).

UNICEF currently provides strategic technical support and guidance, surge capacity, training, supplies and logistical support for cholera and diarrhoeal disease outbreak prevention, preparedness and response. UNICEF supports governments, WHO and partners to undertake advocacy, coordination, assessments, planning and prioritization, surveillance, early warning systems and alert mechanisms, service delivery and communication. To reduce the risks from cholera, including limiting the spread of outbreaks and preventing deaths, UNICEF applies an integrated approach with collaboration across health, water, sanitation and hygiene (WASH), nutrition, education, protection and other sectors as well as services for communication, emergency operations and supply management– offering the possibility of an integrated effort towards risk reduction, preparedness, capacity building and response in cholera and diarrhoeal disease outbreaks. In addition, UNICEF supports the appropriate use of the oral cholera vaccine (OCV) with other priority cholera control interventions and has been a key partner in the development of the Global OCV Stockpile[2].

Along with other key agencies, there is scope for UNICEF to play a greater role in the coordination of inter-country efforts in Eastern and Southern Africa. The Regional Cholera Platform operational in West and Central Africa demonstrates the added value of a multi-sectoral regional approach to complement and bring together efforts at the national level. A similar platform for regional coordination in ESA could prove helpful in some of the following ways:

- Facilitation of cross-border collaboration between countries and with regional and sub regional organizations, for example but not limited to, the Southern African Development Community (SADC), Intergovernmental Authority on Development (IGAD) – which includes governments from the Horn of Africa, Nile Valley, and the African Great Lakes, WHO, International Federation of the Red Cross (IFRC), and Oxfam, especially around minimizing cross-border transmission of cholera;
- Better understanding of multi-sectoral programming and case management of the most vulnerable children, for example those with low birth weight or severe acute malnutrition, early treatment and subsequent tracking
- Support for the implementation of epidemiological studies to identify epidemiological basins and hotspots to help improve targeting of prevention and preparedness efforts; a forum for information exchange and dissemination of good practices and lessons learned across countries; and

[1] https://www.unicef.org/cholera/index_71222.html
[2] https://www.unicef.org/cholera/

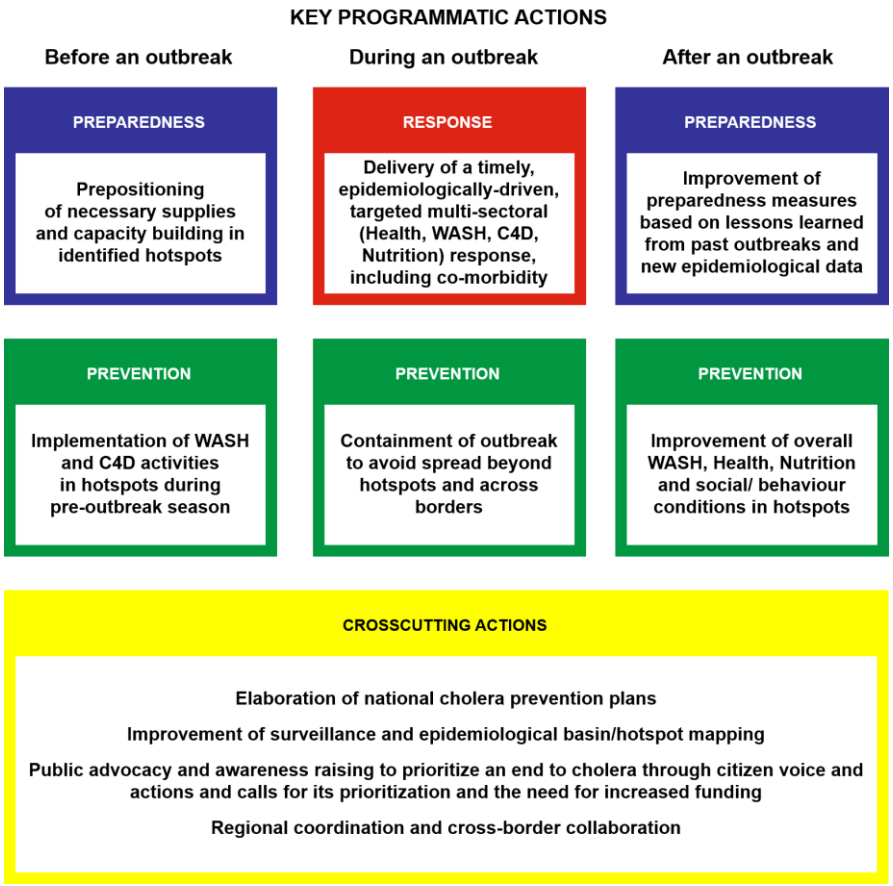
- Technical support and capacity building initiatives, including on oral cholera vaccine (OCV) campaigns; epidemiological analysis; social/behaviour change communication; mapping of influencers for citizen action and participation to stop cholera transmission.

2. The strategic aim

The UNICEF *Strategic Framework for Cholera in Eastern and Southern Africa* aims to guide UNICEF Offices in more effective and coordinated cholera preparedness, response and prevention activities - before, during and after a cholera outbreak.

1. **Improve preparedness** – the readiness of agencies, governments, civil societies and communities to response to a cholera outbreak.
2. **Improve response** - the delivery of a timely, epidemiology-driven, multi sectoral (Health, WASH, C4D, Nutrition) and targeted response as soon as the first suspected cases are detected. Case management that includes interventions to address and minimise co-morbidity, especially Severe Acute Malnutrition.
3. **Improve prevention** - hygiene conditions, behaviour change and providing sustainable access to potable water, sanitation facilities and basic health services in cholera hotspots in order to reduce the likelihood or scale of a cholera outbreak.

Figure 3. Overview of the strategic framework



Achieving optimal preparedness, response and prevention requires implementation of eight core strategies. These are described in detail below.

3. Core strategies

The core strategies are organised as they relate to the three main areas of focus - preparedness, response and prevention.

Figure 4. Core strategies

1. Development of national and subnational plans

PREPAREDNESS

The focus of this core strategy is development or updating of national and subnational cholera preparedness action plans and overall plans for cholera prevention and control.

Plans should be evidence-based, multi-sectoral and concentrate on preparedness and prevention activities primarily around identified hotspots. Preparedness plans should enable the delivery of a timely, epidemiology-driven and targeted response as soon as the first suspected case is detected. Prevention plans should guide implementation of sustainable preventive WASH, oral cholera vaccine (OCV), interventions to address co-morbidity including treatment of Severe Acute Malnutrition/Cholera, and social and behaviour change communication interventions at identified hotspots outside of epidemic periods.

It will be important to ensure that all plans take into account existing national legislation and regulations – and any prominent gaps, including around food safety, nutrition, public health, and water and sanitation at household, community and facility level (for example health centres, nutrition centres and cholera treatment centres).

2. Well-targeted capacity building

PREVENTION PREPAREDNESS RESPONSE

This strategy focuses on reinforcing the technical cholera prevention, coordination and response capacity of government, non-governmental organization (NGO) and private sector partners. Capacity building covers all contexts, including those where the UN Cluster

System[3] is activated, with a focus on the following areas: (1) case management including treatment of Severe Acute Malnutrition/Cholera co-morbidity; (2) epidemiology and surveillance during outbreaks, including laboratory analysis, data management and hotspot identification / mapping; (3) WASH activities including hygiene promotion, household disinfection, household water treatment, network chlorination and bucket chlorination; as well as food safety; and safe burial (4) social and behaviour change communication; (5) multi-sectoral coordination; and (6) and oral cholera vaccine (OCV) campaigns.

3. At-scale social and behaviour change communication

PREVENTION | PREPAREDNESS | RESPONSE

This strategy focuses on understanding the context of cholera transmission in hotspot areas, and on designing and implementing appropriate interpersonal, social and behavioural change communication to support prevention and control at the family/household and community levels. Specific areas include:

- Conducting regular Knowledge Attitude and Practice (KAP) surveys to gather information on behavioural drivers of the epidemic;
- Development of evidence-informed messaging and interventions, strengthening the use of traditional media for cholera prevention and control, and exploring the potential of social media as a channel for dissemination of prevention messages to specific at-risk groups;
- Harmonization of behaviour change communication for cholera prevention and control, including hygiene promotion and infant feeding messages across all actors;
- Engagement of public and private sectors in the production and dissemination of multimedia behaviour change communication (hygiene promotion messages);
- Recognizing that behaviour change takes time, development of long-term sustained community engagement and hygiene promotion activities beyond outbreak periods; and
- Mobilization and engagement of various stakeholders, including community, cultural and religious leaders, teachers, market vendors, and others, in cholera prevention and response.

4. Information management for improved monitoring and action

PREVENTION | RESPONSE

The information management component will focus on enhancing real-time information generation and systems in focus countries and at regional level through the following activities:

- Contributing to the strengthening of Integrated Disease Surveillance and Response (IDSR) systems at national and, critically, subnational and district levels, and regular

[3] Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. water, health and logistics. They are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination.

collection, analysis, interpretation and dissemination of epidemiological and nutrition data and information for policy and decision-making at national and regional levels, including by UNICEF as required;

- Improvement in real-time online and mobile application access to IDSR data to improve early warning systems;
- Regular production and dissemination of cholera information, situation reports and bulletins (similar to the Joint Initiative on Cholera in Southern Africa (JICSA) and the West and Central Africa Cholera Platform bulletins for partners within the region);
- Initiation and support for analytical epidemiological studies on risk factors, transmission pathways, hotspots and trends of recent cholera outbreaks in the region
- Creation of a website repository for key documents and studies related to cholera, for use by practitioners across the region; and
- Undertaking surveys to assess compliance with, and acceptability of, WASH and other preventive interventions to control cholera outbreaks.

5. Regional coordination and greater cross-border collaboration

PREPAREDNESS RESPONSE

This strategy aims to improve regional coordination and cross-border collaboration, with particular emphasis on epidemiological basins where there is risk of cross-border transmission, and especially at the time of preparedness and response.

- Engagement with existing regional mechanisms to identify potential synergies;
- Exploration of partnerships for identifying, facilitating cross-border supply corridors and cross-border contracting, including with national and subnational authorities and the private sector; and
- Explore and/or promote creation of a regional or sub regional cholera coordination platform for information exchange, building on the JICSA and West and Central Africa cholera platforms.

6. Knowledge management and operational research

PREVENTION PREPAREDNESS RESPONSE

This strategy focuses on generating evidence as well as the capturing and sharing of lessons and examples of good practice related to cholera interventions. It is distinctly different from information management (above).

- Conducting research to identify major epidemiological basins and cholera hotspots in the region and to guide cross-border efforts;
- Conducting multi-country consultations for each epidemiological basin to share knowledge and lessons and to strengthen coordination and cross-border collaboration;
- Initiating the development and field testing of evidence-based and innovative interventions to improve cholera mitigation, prevention and response, reduce co-

morbidity and where possible, linking with partners already conducting research in this area; and

- Development of summary factsheets on cholera outbreaks for all countries in the region to provide decision-makers with information to support efficient cholera prevention and control activities. Such factsheets to include an analysis of epidemiology and populations at risk, identification and classification of cholera hotspots and suggested strategic interventions.

7. Partnerships, public advocacy, social movements and influencers

PREVENTION PREPAREDNESS

This pillar will focus on public advocacy, the strengthening of partnerships and work with key influencers to bring about social change to end cholera. Indicative activities include:

- Mapping the levels of influence and leverage of different stakeholders, including faith leaders, the media and youth, and identifying where existing relationships and alliances with these people and groups can be strengthened to bring about social pressure to end cholera;
- The identification and/or strengthening of partnerships and alliances, including with academia, around all aspects of cholera prevention, preparedness and response; and greater liaison with key stakeholders including SADC, Southern Africa Regional Climate Outlook Forum (SARCOF), Regional Interagency Standing Committee, Southern Africa (RIASCO), Common Market for Eastern and Southern Africa (COMESA) and IGAD within the region
- Preparation and dissemination of evidence-based public advocacy material for a range of influencers, partners and alliances, to strengthen public awareness of the link between the lack of access to water and sanitation, and cholera occurrence, and to encourage greater citizen voice to prevent cholera and stop its transmission; and
- Conducting cholera advocacy and sensitization meetings with senior actors, including the United Nations Resident Coordinator, in high-risk countries to encourage them to advocate for medium-to-long-term cholera control and prevention measures with governments and other key stakeholders, including advocacy for strengthened inter-agency collaboration and the development of joint preparedness plans.

8. Technical support to UNICEF Country Offices

PREVENTION PREPAREDNESS RESPONSE

- Elaborate, as part of the compact between each Country Office and the Regional Office plans for technical assistance and oversight to enable each Country Office to facilitate the implementation of the UNICEF Strategic Framework for Cholera in Eastern and Southern Africa;
- Provide technical assistance and/or remote or external support (through inter-disciplinary teams) to deliver relevant analysis and ensure that UNICEF accountabilities are adequately met and reported to the Regional Director.

4. Annex 1. UNICEF roles, responsibilities, indicative deliverables and possible partners

Core strategies	Key deliverables	Level of involvement		Key partners
		Regional Office	Country Offices	
Strategy 1 Development of national and subnational plans	Analysis of the situation and quality of national and sub-national cholera plans for all countries in ESA; and adequate plans elaborated for all high-risk countries	+++ +	++ +++	Governments WHO
Strategy 2 Well-targeted capacity building *(in areas reflected in main body text)*	Situation analysis of national capacities for cholera preparedness, prevention and response carried out Capacity building plans (and costing) elaborated for high-risk countries Capacity building plans implemented	+++ ++ +	+ ++ +++	Governments WHO IFRC MSF
Strategy 3 At-scale social and behaviour change communication	Cholera prevention and control behaviour change communication and hygiene promotion messages used in hotspots harmonized between partners KAP surveys carried out in hotspots to understand behavioural drivers of outbreaks Long-term social and behaviour change communication and community engagement activities implemented in hotspots	+ + +	+++ +++ +++	Governments WHO IFRC Oxfam
Strategy 4 Information management for improved monitoring and action	Biweekly regional cholera bulletin produced and disseminated Identification of transmission pathways in each hotspot to guide prevention and response	+++	+	WHO Academia
Strategy 5 Regional coordination and greater cross-border collaboration	Sustainable and effective exchange of information and synergistic interventions (sub regional cholera platforms for each epidemiological basin) Reinforced partnerships and cross-border collaboration *(At least one sub regional consultation conducted per year)*	+++ +++	+ +	Governments OCHA

Strategy 6 Knowledge management and operational research	All regional epidemiological basins identified Hotspots, risk factors and transmission pathways identified in high-risk countries National factsheets on cholera developed for each country An Africa cholera website developed, integrated with the WCA cholera site Innovative interventions tested to improve cholera mitigation, prevention and response	+++ ++ +++ +++ +++	+ +++ ++ + +	WHO Academia WCA Cholera Platform INGOs
Strategy 7 Partnerships, public advocacy, social movements and influencers	Capacity building of COs to conduct country level mapping of influencers, partners and alliances to harness social movements Cholera advocacy papers developed At least two advocacy materials produced on the link between the lack of access to water and sanitation (and effects of climate change?) and cholera occurrence Technical guidance on public advocacy (private sector, civil society, citizen groups) elaborated	+ +++ +++ +++	+++ + + +	WHO OCHA RIASCO IGAD SADC Civil society
Strategy 8 Technical Support to UNICEF Country Offices	Annual technical assistance plan to each Country Office for the implementation of the strategy All technical support provided either through the Regional Office technical support team or identification/recruitment of outside support	+++ +++	+++ +	N/A