



# Cholera Regional Platforms:

An information generating & sharing network to prevent & control cholera

Hosted by:



Aligned to GTFCC's cholera roadmap:



With historical support from:





## ***Facts about cholera:***

- Cholera can kill adults and children in just a few hours- it kills through extreme dehydration of the body caused by violent episodes of watery diarrhea and vomiting.
- Between 2000 and 2015, 83% of deaths occurred in Sub-Saharan Africa (Leesler & al, 2018)
- By focusing on cholera hotspots, cholera interventions could eliminate 50% of reported cholera in the region by covering less than 4% of the population (Leesler & al, 2018)

**2.9 million** cases  
**95,000** deaths of cholera  
worldwide per year (Ali & al ; 2015)

## ***Global context:***

- A global strategy on cholera control was launched in 2017 (by GTFCC). The goal is to reduce the number of deaths from cholera worldwide by 90% by 2030 and to eliminate the disease in at least 20 countries worldwide.
- The reinforcement of the multisectoral cholera platforms, at regional level, is part of the timeline for the success of the *global road map* implementation (*rf. Ending cholera, WHO, 2017*)
- The framework for the development and monitoring of the multisectoral National Cholera Plan launched in June 2019 as an operational tool to support countries to engage in the roadmap.





### West & Central Africa Region (WCAR):

- Created in 2012
- Co-led by UNICEF and WHO regional offices
- 246 organisations receiving support directly or indirectly from the regional platform
- more than 1,000 actors in 24 countries receive the periodical Cholera Information Bulletin
- 24 countries supported, including 14 priority countries

### Eastern & Southern Africa Region (ESAR):

- Created in 2016
- Co-led by IFRC, UNICEF and WHO
- Epidemiological studies and hotspot mapping done in 8 countries and ongoing in 3 countries
- 21 countries supported, including 12 priority countries

### In Northern Africa & Middle East Platform (MENA):

- Created in 2018
- Co-led by UNICEF and WHO
- Entering into its operationalization phase
- Already many regional operating partners involved: 5 UN agencies, 3 NGOs and 2 research institutions
- 5 priority countries committed

“UNICEF, through regional cholera platforms, does not only targets consequences of an outbreak, but also prevents it by targeting root causes.”  
Carlos Navarro Colorado; Principal Adviser for Public Health Emergencies, UNICEF

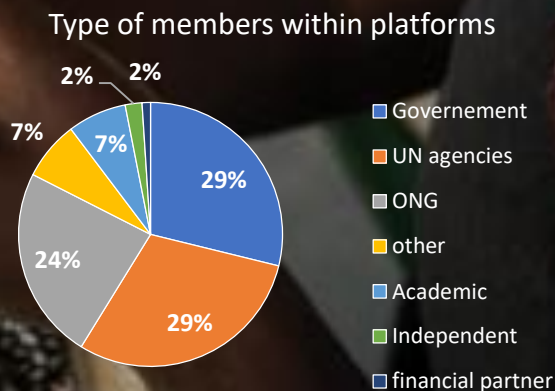


## Objective:

The cholera platform's objective is to support cholera control and prevention, across the most affected regions, through the operationalization of GTFCC's roadmap at country level.

The main three axes of work of the platforms are:

- Axis 1: Early detection, preparedness and response to contain outbreaks
- Axis 2: Prevention of disease occurrence by targeting multisectoral interventions in cholera hotspots
- Axis 3: Effective knowledge exchange and information management at the regional level

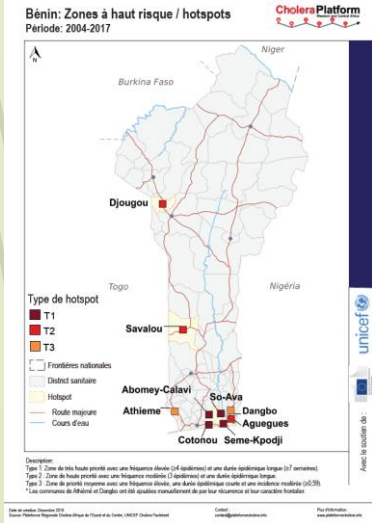


**Axis 1: Preparedness and response to outbreak**

- Response to 3 cholera outbreaks per year, on average
- 80% of main outbreaks supported through direct technical, coordination & IM field support by Cholera platform members
- Realtime webmap of cholera in the region
- Contingency funds at regional level used to boost first response
- Review and expertise given on “Contingency and response plans”

**Axis 2: Long-term prevention in cholera hotspots**

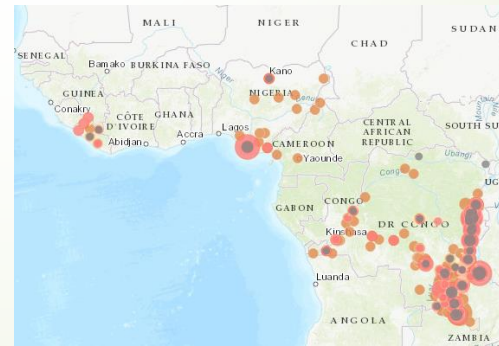
- 13 country profiles (called cholera factsheets)
- 15 country maps of cholera hotspots
- 7 countries where WASH investment plans have been established
- Regional strategy established and aligned with GTFCC’s roadmap
- 13 countries supported in the elaboration of “National Cholera Plans” (NCP)
- “WASH and OCV monitoring” in all countries



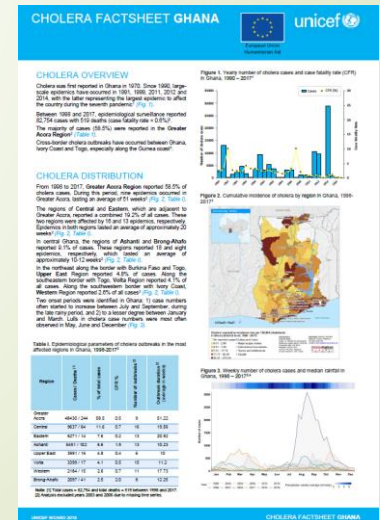
Hotspots mapping (Benin 2018)



Outbreak response (Nigeria 2018)



Real-time mapping of cholera cases (Mai 2019)

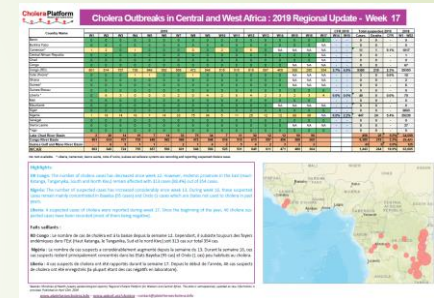
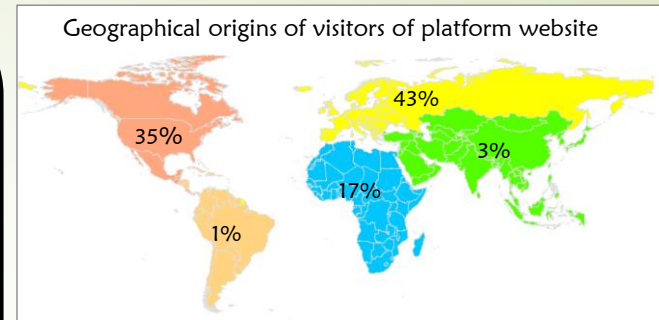


Cholera factsheet (Ghana 2018)



**Axis 3: Information management and knowledge exchange**

- More than 20.000 visitors per year on the cholera [platform website](#)
- 50 cholera studies/research produced ([compendium](#))
- 131 bi-monthly [cholera updates](#)
- 28 regional [maps and infographics](#)
- 8 crossborder [workshops](#)
- [4 regional trainings](#) and 13 national trainings organized
- 26 [cholera platform meetings](#)

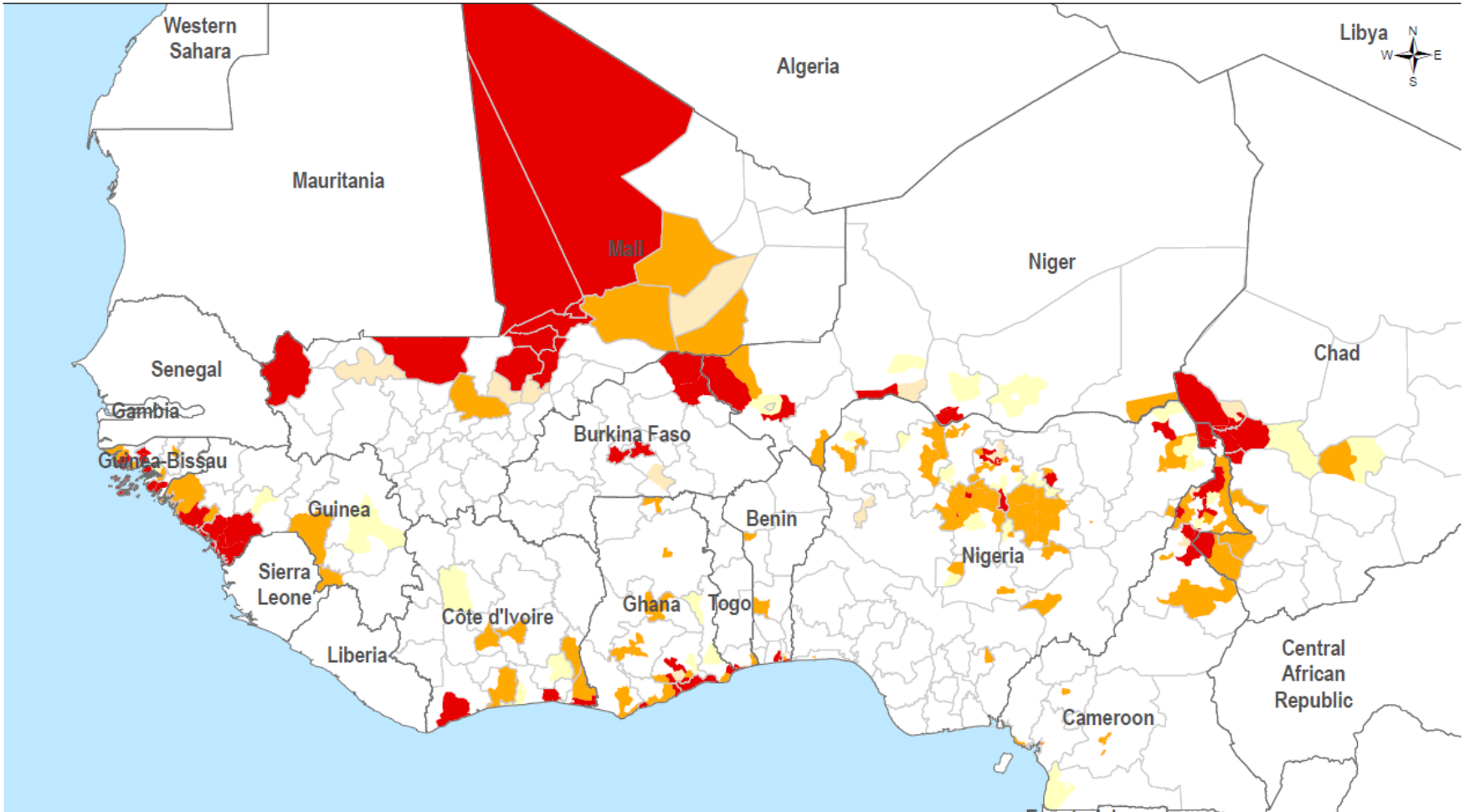


Cholera training cholera—Burkina Faso (Oct.2018)

“The idea to set up a dedicated team to cholera control and prevention in West and Central Africa greatly supported the achievements done at country level, as well as greatly improving the quality and relevance of cholera control programs. By being able to work at field level, this platform is well-informed on the progress and vulnerabilities of the different countries it supports to ensure the achievement of the overarching goal. Finally, it facilitates exchanges, documenting lessons learnt and good practices and help maintain the alert to a cholera outbreak.”

Dr Aichatou Mahaman, MoH, Niger

### CHOLERA HOTSPOTS - Priority areas in Western and Central Africa



#### Hotspot Type

- T1: High-priority area with outbreaks of high frequency and extended duration
- T2: High-priority area with outbreaks of moderate frequency and extended duration
- T3: Medium-priority area with outbreaks of high frequency and short duration
- T4: Low-priority area with outbreaks moderate frequency, short duration, and high incidence

National boundaries

0 60 120 240 Km

Sources:  
Regional Cholera Platform WCA  
Boundaries: OCHA  
Hydrography: Natural Earth Data

Created on: January 2019  
Author: Regional Cholera Platform WCA



## Example: 6 years of achievements (West & Central Africa)

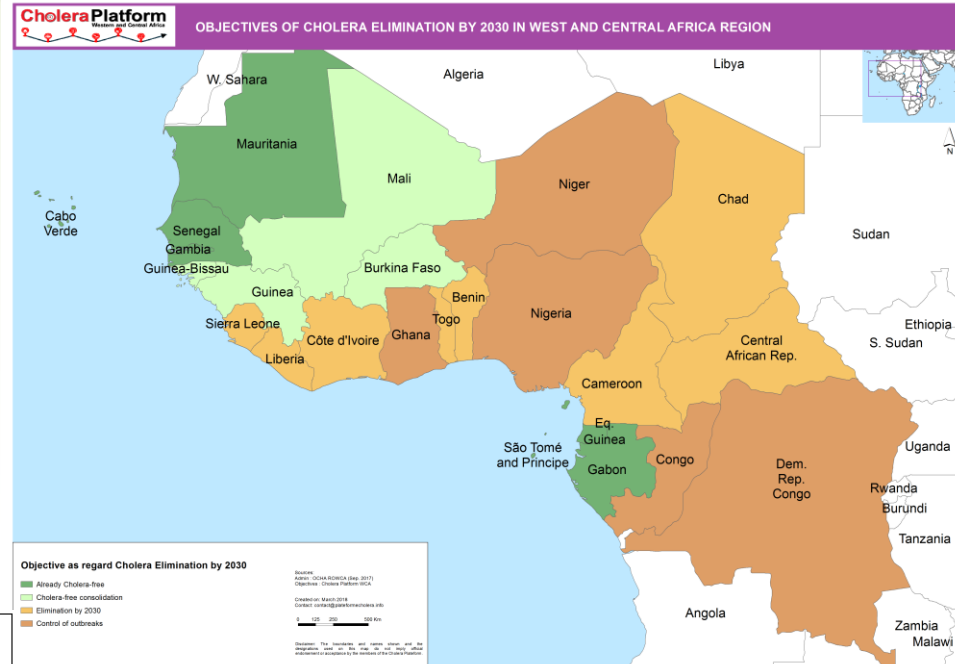
	Step 1	Step 2	Step 3	Step 4	Step 5	
	Expression of commitment	Situational analysis	National cholera coordination mechanism	Develop a multi-year and multisectoral NCP	Monitoring and evaluation	Priority
Benin	●	●	●	●	●	Priority
Burkina Faso	●	●	●	●	●	Low priority / consolidation of cholera-free status
Cabo Verde	Cholera-free country					not a priority
Cameroon	●	●	●	●	●	High priority
Central African Republic	●	●	●	●	●	Low priority
Chad	●	●	●	●	●	High priority
Congo	●	●	●	●	●	Priority
Congo (RD)	●	●	●	●	●	High priority
Cote d'Ivoire	●	●	●	●	●	Priority
Gabon	Cholera-free country					not a priority
Gambia	Cholera-free country					not a priority
Ghana	●	●	●	●	●	High priority
Guinea	●	●	●	●	●	Priority / consolidation of cholera-free status
Guinea Bissau	●	●	●	●	●	Priority / consolidation of cholera-free status
Guinee Equatorial	Cholera-free country					not a priority
Liberia	●	●	●	●	●	Priority
Mali	●	●	●	●	●	Low priority / consolidation of cholera-free status
Mauritanie	Cholera-free country					not a priority
Niger	●	●	●	●	●	High priority
Nigeria	●	●	●	●	●	High priority
Sao Tome	Cholera-free country					not a priority
Sénégal	Cholera-free country					not a priority
Sierra Leone	●	●	●	●	●	Priority
Togo	●	●	●	●	●	Priority

Progress and Priorities of key steps on NCP, by country:

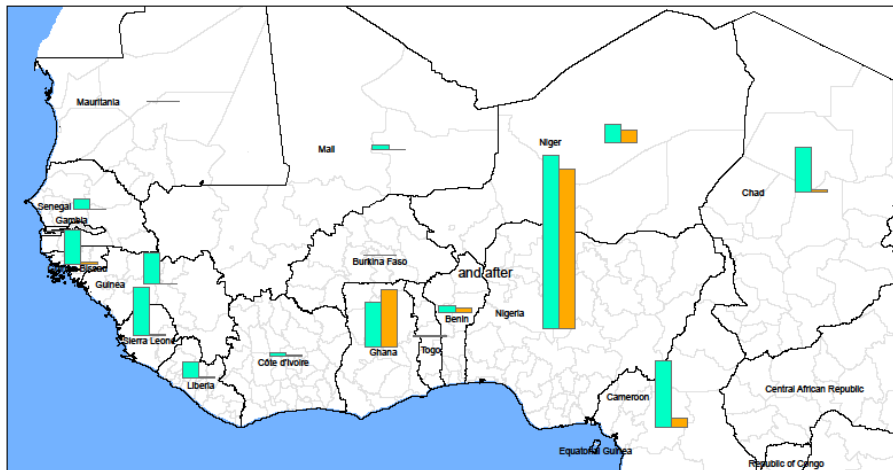
- ✓ Countries defined by priority
- ✓ Step 1: All countries have expressed commitment
- ✓ Step 2: Situation analysis done in 13 countries (cholera factsheets + hotspot mapping)
- × Step 3: Support the creation of multi-agency and multisectoral national cholera mechanism
- × Step 4: Adapt, update and promote NCP framework to existing national plans or develop new plans

## Where are we today?

- In West and Central Africa in 2019, 11 countries could be identify with the status of “cholera-free countries” compared to only 2 ten years ago (*Cholera platform; 2019*)



**Cholera Platform** Average yearly number of cholera cases before and after the launch of Regional Platform



Legend:  
National boundaries  
Sub national boundaries  
Before (2017-2012)  
After (2013-2018)

Sources: WHO  
Boundaries: OCHA  
Created on : July 2019  
Author : Regional Cholera Platform WCA

- Since the launch of the platform 6 years ago, cholera cases have decreased by 52% in West Africa – compared to the 6 years prior to the launch (*Cholera platform; 2019*)



## Cholera Elimination is contributing to the Sustainable Development Goals

*Cholera is a strong indicator of health and social vulnerability. The fight against cholera is then an integral part of the efforts toward the achievements of the Sustainable Development Goals (SDGs).*



Cholera is a « disease of the poor », because it particularly affects people with the least access to basic services. Moreover, the disease is an important economical burden to the affected families because of direct costs (transportation to hospital, drugs purchase, loss of working days, etc.).



The fight against cholera and diarrheal diseases reduces morbidity and mortality. But the impact is not limited to these diseases: fighting cholera strengthens the capacities of the epidemiological surveillance and the health systems. It also directly contributes in reducing children's vulnerability to malnutrition because of the direct link between diarrheal diseases/malnutrition.



Access to education is essential to promote protective hygiene practices, and reducing cholera in school-aged children would prevent the loss of thousands of school days each year.

# Cholera



Cholera affects the most deprived populations and neighborhoods because of limited access to WASH services. By targeting these at-risk neighborhoods, the fight against cholera participates in equity and inequality reduction efforts.



Access to drinking water and adequate sanitation is key to eliminate cholera, particularly in priority areas (hotspots). In Sub-Saharan Africa, only 58% of people have access to drinking water, and 28% to adequate sanitation (JMP, 2015).



Age and gender differences in regards to roles, social norms, and individual behaviors can influence vulnerability to cholera. Thus, girls and women are often disproportionately affected by epidemics because of their greater exposure during household work (water collection, cooking, taking care of sick children).



## Where are we going to?

Continuing on the momentum and improving our joint efforts towards cholera-free countries.

Enhancing multisectoral technical expertise, cross-country learning, and direct support to country-based platforms

Cholera platforms allow operationalization and monitoring of the roadmap at country level.

Three co-chaired regional Cholera Platforms:

- West and Central Africa (since 2013);
- Eastern and Southern Africa (since 2016);
- Middle East and Northern Africa (since 2018).

Annual budget per regional platform is 700.000 USD.







unicef 

for every child

<http://www.platformecholera.info/>

For more information and to discuss partnerships on programs like the Cholera Platform, please get in touch:

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