

Summary report on the

Consultative meeting on developing a strategic framework for cholera prevention and control in the Eastern Mediterranean Region

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Sharm El Sheikh, Egypt
29–31 October 2013



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Cholera remains a major public health risk in the WHO Eastern Mediterranean Region. During the past decade, at least 14 out of 23 countries in the Region have reported cholera cases, often in epidemic proportions. The countries in the Region facing complex emergencies are particularly at risk. The full extent of the burden of cholera and other epidemic diarrhoeal diseases in the Region is difficult to estimate due to weak surveillance systems in some endemic countries as well as under-reporting of cases. Some countries in the Region tend to under-report cases of cholera and other epidemic diarrhoeal diseases in order to avoid negative reactions from neighbouring countries as well as unwarranted restrictions on international trade and tourism. From the country's perspective, the economic concerns often outweigh the importance of reporting of cholera and other reportable epidemic diarrhoeal disease cases.

While the estimated annual burden of cholera ranges between 2 and 4 million cases at the global level, it is estimated that the number of cholera cases in the Region may well be around 188 000 cases annually. During the past decade, explosive outbreaks of cholera have been reported from Afghanistan, Djibouti, Iraq, Pakistan, Sudan, South Sudan, Somalia and Yemen. These outbreaks were the result of lack of access by susceptible populations to safe drinking-water and safe sanitation. In addition to human suffering and serious public health problems, these epidemics have had severe social and economic impact on the countries involved.

What has been seen and observed during these outbreaks is that the government's epidemic response operation remained reactive, strategically weak with mobilization of the most effective response seen only after the epidemic had implanted itself into various affected areas. Moreover, due to other demands of the health systems, the scaling up of public health control activities to contain the cholera outbreak remained under-resourced. Early detection and control of emerging infectious

diseases such as cholera and other enteric bacterial diseases in conflict situations are a major challenge due to multiple risk factors known to enhance emergence and transmission of infectious diseases. These include inadequate surveillance and response systems, destroyed infrastructure, collapsed health systems and disruption of disease control programmes and infection control practices, as well as ongoing insecurity and poor coordination among humanitarian agencies.

The possible adverse impacts of climate change may also make other countries in the Region more vulnerable to epidemics of diarrhoeal diseases. Changes in the incidence and spread of infectious diseases such as cholera and other diarrhoeal diseases caused by enteric bacterial pathogens have been hypothesized to result either directly or indirectly from global climate change.

The effective and proven prevention and control measures for cholera are dependent on provision of adequate environmental health services such as safe drinking-water, improved access to safe sanitation and health hygiene measure. The availability of oral cholera vaccines (OCVs) is offering hope for cholera prevention and control, particularly in situations where the other conventional public health measures such as improving access to safe water and sanitation cannot be scaled up rapidly due to conflict or other environmental factors. At present, strategies for prevention and control of cholera in the Region remain fragmented. Moreover, in a Region which includes both high, middle as well as low income countries and some countries faced with complex emergencies, the capacity for disease prevention, epidemic preparedness, and emergency response varies greatly. A regional strategic framework may guide and build the vulnerable countries' capacity for disease prevention, epidemic preparedness, and rapid and effective response to outbreaks of cholera and other epidemic-prone enteric bacterial diseases.

It was against this background that a consultative meeting was organized by the WHO Regional Office for the Eastern Mediterranean in Sharm-El-Sheikh, Egypt on 29–31 October 2013. The meeting provided an opportunity to examine lessons learnt from the previous outbreaks in the Region and ongoing prevention and control efforts in the countries and to discuss the outline of a strategic framework for cholera prevention and control in the Region in view of the availability of new oral cholera vaccines and other proven public health control measures.

The specific objective of the meeting was to develop a strategic framework for cholera prevention and control in the Eastern Mediterranean Region. The participants comprised representatives from national governments of the endemic countries, infectious disease experts and WHO staff from headquarters, the Regional Office and country offices.

2. Summary of discussions

The meeting discussed the development of a five-year regional strategic framework for prevention and control of cholera in the Region. The participants identified three mutually reinforcing strategic approaches for this framework.

- 1) Strategies for improving preparedness: The activities would include:
 - a) mapping of high risk areas through identifying the previous hotspots (epidemics areas), analysis of past incidence/data on cholera, coverage of safe drinking-water and sanitation services, availability of functioning health services, population density and movement, potential areas for flooding and drought, and specific vulnerable population (internally displaced persons, refugees);
 - b) pre-positioning/active stockpiling of medicines and other medical supplies at the hotspots for case management based on an estimated case load calculated on the basis of past/estimated attack rate and

vulnerable population size; c) developing models of epidemic forecasting through the analysis of seasonality, past endemic and epidemic trends, population movement, vulnerable populations size, water and sanitation situation as well as other environmental hazard factors; d) strengthening surveillance for diarrhoeal diseases, including laboratory-based surveillance throughout the year with special emphasis during the high risk season in the hotspots; e) improving laboratory capacity in all the countries, especially those in the high risk areas for early detection and confirmation; f) conducting training activities for health care workers on surveillance, field investigation, sample collection and appropriate case management; g) setting a coordination mechanism involving health and non-health agencies and partners; as well as developing tools to integrate environmental health data and epidemiological data; and h) developing and updating an epidemic preparedness and response plan for cholera and other epidemic diarrhoeal diseases on an annual basis. The plan should include a standardized case management protocol, guidance on surveillance, field investigation and active case detection, establishing a cholera treatment centre (CTC) and conducting social mobilization campaigns.

- 2) Strategies for improving response: The activities for improving epidemic response for cholera should include: a) building capacity for field investigation and confirmation of the outbreak by the rapid response teams; b) coordination for effective response operations; c) setting up cholera treatment centers/units to standardize case management and infection control practices; d) strengthening social mobilization and risk communication campaigns at the affected community; e) enhancing surveillance specially active case detection in the affected areas; f) sharing surveillance and other disease intelligence data with other agencies involved in epidemic response; g) treatment of drinking and other household water specially at the point of use; h) improving access to safe sanitation; i) improving

health hygiene of the communities at risk; and j) considering OCVs as an additional tool for outbreak response.

- 3) Strategies for control/elimination of risk: Environmental health management would be the key to eliminate the risk of cholera in the hotspots. This will include improving the quantity and quality, accessibility of pure water and safe sanitation facilities for the vulnerable populations. Improving food and health hygiene in the areas would be other determining factors for control and elimination of risk from cholera. In addition, as a supplementary measure to the proven and conventional public health measures such as environmental health management and improvement, the meeting also decided to include the use of OCVs as a component of strategies for control or elimination of cholera as a public health risk in areas where it may be deemed operationally feasible and technically effective for conferring long-term protection. It was also highlighted that the use of OCVs should not replace the other proven public health measures like improving environmental health and should always be accompanied by enhanced and strengthened surveillance in the areas following the use of OCVs as a mass campaign. The meeting also agreed that the countries may consider using the OCVs in light of a global stockpile that has been recently established and access the vaccines using the International Coordination Group (ICG) mechanism. In parallel, the meeting acknowledged the need for conducting operational studies to demonstrate operational feasibility as well as to show the effectiveness and impact of the vaccines in different challenging settings.

3. Action points

The following action points were identified for the Regional Office at the conclusion of the meeting.

- The strategic framework will be developed for both cholera and other epidemic diarrhoeal diseases with a view to commencing in July 2014.
- Based on the regional strategic framework, countries will be encouraged to develop their own strategic plan for cholera prevention and control.
- As part of the strategic framework, a standard template will be developed by the Regional Office to assist countries in the development of their own epidemic preparedness and response plan in a consistent and standard manner.
- A set of indicators and guidance will be developed by the Regional Office for assessment and monitoring of epidemic preparedness and outbreak response for cholera and other epidemic diarrhoeal diseases.
- A project proposal will be developed for resource mobilization for cholera prevention and control activities in the Region. A summary paper highlighting the burden and risk of cholera in the Region will be developed as prelude to the project proposal.
- The Regional Office will share the necessary guidance with the countries on the use of OCVs, mechanisms for accessing vaccines from the global stockpile as well as in-country licensing procedures.
- One or two countries will be selected in 2014 for introduction and use of OCVs as part of the regional strategic framework for cholera prevention and control. The countries will be selected on the basis of certain operational criteria such as feasibility of introduction, possibility of achieving success in elimination risk through long-term protection, etc.
- A research agenda will be developed to address critical knowledge gaps in the areas of prevention and control of cholera in the Region.



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