The West & Central Africa Cholera Platform:
An information generating & sharing network to prevent & control cholera

A UNICEF WCARO Strategic Initiative and Partnership Success
Over the past five years, UNICEF in close partnership with ECHO and DFID have been actively tracking cholera outbreaks and focusing scarce resources where they are needed to save the most lives.

Cholera is much more than a problem for a few countries. Outbreaks often move quickly and quietly across national borders and can devastate communities that may not have the needed information and know-how to respond in time.

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 diarrhoea and vomiting.

Most of the countries are affected by cholera in West and Central Africa, from the Lake Chad Basin to the Gulf of Guinea, to the Great Lakes region.

65,000 cases of cholera on average are reported each year from 2010 to 2016.

19 of 24
West and Central Africa faces recurring cholera epidemics from DRC to Niger.

Historically the countries with largest number of cases are the DRC, Nigeria and Ghana.

A rapid and coordinated response is essential because cholera incubation time is very short, from a few hours to 5 days, and moves quickly across borders.

The Regional Cholera Platform was launched in 2012 to facilitate and systematize information sharing between neighbouring countries and gain a better understanding of where and why cholera epidemics take place.

The effectiveness of the Platform does not result in media headlines or regular global interest. Yet, the information has resulted in better coordination leading to action on the ground to stop cholera outbreaks.

UNICEF has played a key role catalysing and amplifying the platform. Credible data collection and rapid information sharing have allowed governments and humanitarian actors to anticipate and stop outbreaks.
Cholera Hotspots

The map above shows the cholera hotspots in West Africa. The red indicates high priority areas with high frequency of outbreaks and long durations and the yellow shows the medium priority areas with moderate duration of outbreaks. Liberia and Sierra Leone are shown in grey as studies were not conducted in these countries.
Results

- **Saving the lives of children by timely cholera alerts coupled with targeted responses.** In 2016 alone, 22 rapid responses stopped cholera outbreaks from spreading in 6 affected countries.

- **Sharing real-time information on where cholera outbreaks are happening today.** Since 2012, the Platform has produced a bi-weekly bulletin with latest information on reported cases for 19 countries, which is shared with over 330 direct official contacts in the Region.

- **Anticipating where cholera might strike next.** Maps pinpointing the most affected zones and epicenters of recent outbreaks, known as “cholera hotspots’ have been produced for 12 at risk countries;

- **Reducing Cholera Risk for 55 million people.** Cholera contingency plans have been developed for 7 countries - Benin, Cameroon, Ghana, Guinea, Niger, Nigeria and Togo.

- **Maintaining the cholera cross-border vigilance and response preparedness.** Roadmaps aiming at improving trans-border collaboration for cholera control have been developed for the Lake Chad epidemiological basin with member states, humanitarian actors, civil society, and regional organisations such as ECCAS and ECOWAS.

- **Building capacities of those on the frontlines.** In 2016, over 300 actors were trained on latest techniques to be more effective in the fight against cholera. Technical training has been undertaken in all domains of cholera risk assessment and control including surveillance, case management, WASH intervention, social mobilization and possible OCV campaigns, as well as GIS techniques for quickly and easily geo-localising cases during outbreaks.

- **Planning to eliminate cholera using credible evidence.** 11 countries have developed cholera plan or roadmap based on research studies undertaken through the Platform.
Since 2012, the Platform has undertaken cholera studies and research that has helped 11 countries develop national guidance on cholera prevention and control.

- **2011** – WASH and cholera epidemiology study: an integrated evaluation in the countries of the Lake Chad Basin (UNICEF / ECHO / USAID / DFID / CDC / Veolia Foundation)


- **2013** - Transboundary Cholera in Sierra Leone and Guinea in 2012 and the strategies of intervention defined accordingly (ACF / UMR / ECHO)

- **2014** - Integrated approach to understand the dynamics of Cholera epidemics in Ghana, Togo and Benin (UNICEF / ECHO / APHM)

- **2014** – 12 country cholera factsheets (Niger, Nigeria, Cameroon, Chad, Mali, Burkina Faso, Guinea Bissau, Guinea, Ivory Coast, Ghana, Togo and Benin) (UNICEF / ECHO)

- **2014/2016** - WASH assessment in cholera high-risk areas (WASH cholera hotspots studies) in Ghana, Togo and Benin (UNICEF / ECHO 2014) and in Guinea, Niger and Chad (UNICEF / ECHO / DFID 2016)
What we have learned

The Regional “shield and sword” strategy to fight against cholera is a proactive, cross-border and multi-disciplinary approach that aims to prevent, stop or mitigate the spread of cholera:

- **A timely, epidemiology-driven and targeted response needs to be delivered as soon as the first suspected cases are detected, with focus on high-risk populations and hygiene practices.** Rapid diagnostic tests usually used for stool and vomit samples can be used for the immediate detection of V. cholerae in the environmental water. Technologies like GIS in an urban context during an outbreak can help quickly and more accurately identify the cholera transmission pathways and better adapt the cholera response to the local context.

- **Cholera is not only a rainy season affair: a movement of vulnerable populations and high-risk hygiene behaviours begin during the dry season.** For example, there are large-scale cross-border movements for fishing across the Gulf of Guinea coastline and islands. Children under five accompanying their mothers at artisanal fish processing operations with poor hygiene conditions are particularly at risk to be exposed to cholera.
• **Cholera outbreaks and cross-border propagation can be anticipated by mapping hotspots and sub-regional epidemiological basins in cross-border areas.** The molecular biology analysis of Vibrio cholerae can support mapping the propagation pathway of epidemics. For example, a study found that the Ghanaian isolates grouped into the West Africa cluster together with isolates from Togo and Guinea. In contrast, the isolates from Ghana were unrelated to isolates from Central Africa (the DRC and Zambia). Interestingly, that 2011 isolates from Ghana were closely related to and likely gave rise to the 2012 Guinean epidemic.

• **Actions to prepare, prevent and ultimately eliminate cholera is needed at community, national, cross-border and regional level both before and during outbreaks as well as over the long-term.** Given the high mobility of populations between communities within this region, it is widely recognized that actions taken within the borders of a single country is inadequate alone to successfully prevent and control cholera outbreaks. A synergy of actions taken by all affected and at-risk countries is necessary for the elimination of cholera. And capacities of governments and communities have to be strengthened in order to increase their cholera resilience over time. This can be achieved by helping governments design, deliver and sustain investments in WASH services, strengthening multi-level WASH governance, strategies/plans and systems as well as building the adaptive capacity of communities to cope with shocks and stress.

• **Build bridges between emergency response and development programs to progressively reduce the underlying risk factors for cholera outbreaks.** National commitment from water, sanitation and hygiene (WASH) and health stakeholders are fundamental to strongly engage in comprehensive strategies to eliminate cholera. Advocacy with governments, sector actors and financial partners about the importance of investment in sustained cholera prevention activities and durable interventions in cholera hotspots to upgrade WASH services.
Moving forward and refining our approach

- **Integrate emerging technologies** - In Niger, for example, the programme will test the use of real-time mobile phone data on population movements to help track outbreak risks.

- **Innovate through scientific initiatives** using rapid diagnostic test to detect Vibrio cholerae O1 in water samples and advanced molecular biology techniques to understand cholera epidemic diffusion mechanisms to better predict the pathways of future outbreaks.

- **Study the impact of the short and long-term WASH interventions** on cholera prevention and control with a wise use of oral cholera vaccines (OCV) versus the “business as usual” response to cholera epidemic with no long-term prevention.

- **Expand the reach of this initiative** by making key results of the Cholera Platform more accessible to a wider audience, including the general public and key decision makers.
The graph above shows the number of cholera cases in the region since the launch of the platform in 2012. In phase 1, we see a spike in 2014, but since the start of phase 2 in 2015, we can see a significant reduction in the overall number of cases.
“The regional cholera platform is a useful tool for our countries as it compiles and archives essential data to tackle cholera outbreaks. Thanks to it, we know if a neighboring country is in outbreak and the platform alerts us so we can start diligently preventative actions in the high risk areas.”

-Dr Mahamat Ali Acyl,
Head of the integrated epidemiology surveillance department,
Ministry of Health, Chad

“The idea of UNICEF 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, constraints that hinder the implementation of cholera prevention and control programs and can take necessary measures 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,
Head of surveillance division,
Ministry of Health Niger

“The platform has helped in solving some internal problems between countries key players.”

-Dr Ojo Olubunmi,
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“Impact fighting cholera”
The partnership for cholera control is a historic collaboration between ECHO and UNICEF in the West & Central Africa Region. 14 other partners (NGO, UN, donors) joined UNICEF and ECHO in 2012 to form the cholera platform.

It began in 2009 with pilot projects in West Africa and by 2012, it had demonstrated success also in countries outside of the region such as in Haiti and in countries in East Africa and the Middle East.

ECHO is not only a major humanitarian donor to the fight against cholera but also a real partner, playing a key role in scaling up the regional “shield and sword” strategy developed and promoted by the humanitarian WASH Regional Group coordinated by UNICEF WCARO.

The West and Central Africa Regional Cholera Platform is working closely with the Global Task Force for Cholera Control (GTFCC) WASH working group to increase knowledge sharing and highlight the continued need to focus on efforts to eliminate cholera.
Cholera is a WASH-preventable disease; in other words, cholera can be contained and even eliminated at country level with targeted investment in water, sanitation and hygiene in the known cholera hotspots.

The cholera platform is about coordinating information on cholera to better deploy resources where they are needed most. It has helped partners respond more quickly and effectively to save lives.

The benefits to children are innumerable. While it would overstating the role of this single platform to claim sole attribution for these results, certainly the better availability and flow of information, strengthened capacities, and a more coordinated response has played an important role in reducing the incidence of cholera from 2012 and 2016.

UNICEF as sector lead agency for WASH is looking for a long-term support for the Cholera Platform with partners to continue this valuable initiative to fight against cholera.
For more information and to discuss partnerships on projects like the Cholera Platform, please get in touch:

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