



**World Health
Organization**



**SUB-REGIONAL MEETING ON SCALING UP ACUTE WATERY
DIARRHEA/ CHOLERA PREPAREDNESS AND RESPONSE IN THE
EASTERN MEDITERRANEAN REGION**

8 - 9 JULY 2017, BEIRUT, LEBANON

SUMMARY OF MEETING RECOMMENDATIONS

Conclusion and Recommendations

Cholera (and symptoms of acute watery diarrhea) is the most commonly reported epidemic-prone disease in the Eastern Mediterranean Region. Somalia and Yemen are currently experiencing one of the worst cholera epidemics in recent years. In Yemen, the outbreak has spread to over 75% of the country since it was first announced in October 2016, and despite huge numbers of people affected, it is predicted that the peak of outbreak has not yet been reached. In Somalia, the cholera outbreak has spread to 16 out of 18 regions of the country, and cases are also increasing in the bordering countries of South Sudan and Ethiopia. In Sudan, cases of acute watery diarrhea (AWD) were reported in 15 out of 18 states between August 2016 – July 2017, and an additional 10,000 cases are estimated by the end of 2017 if the outbreak is not contained.

In view of the ongoing AWD/cholera outbreak in Somalia, Sudan and Yemen and the risk of spillover to neighboring countries due to frequent movement of population fleeing conflict in affected areas, an emergency meeting was co-hosted by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) UNICEF in collaboration with the Ministry of Health of Lebanon in Beirut from 8–9 July 2017. The meeting was attended by a total of 51 participants from the ministries of health of Egypt, Jordan, Oman, Lebanon, Saudi Arabia and Sudan as well as participants from WHO, UNICEF, and the International Federation of Red Cross and Red Crescent Societies Middle East and North Africa region.

The main objectives of the meeting included (a) reviewing the current AWD/cholera situation and response in Somalia, Sudan and Yemen, and discussing challenges in the management of these outbreaks; (b) addressing the concern of the Member States regarding the threat of cholera spreading beyond the currently affected countries and the required interventions; (c) agreeing on a mechanism for information sharing among AWD/ cholera-affected countries, partners and neighboring countries within the region in order to minimize the spread within and outside countries; and (d) providing Member States with main recommendations to enhance their preparedness capacities for the early detection, investigation and rapid response to potential importation of AWD/ cholera cases, including at points of entry as required under International Health Regulations (IHR 2005).

Key recommendations discussed during the meeting and agreed to by participants have been finalized in the following plan of action. This plan includes all activities/actions required (with timelines and assigned focal points) to ensure a more effective response by the health and WASH sectors in all affected and neighboring countries.

Action plan for countries and partners

AREA	SUGGESTED ACTION POINTS	Lead country/agency	Timeline
Coordination	Urgently establish or strengthen, decentralize, operationalize and monitor the existing coordination mechanisms for cholera response through <i>Cholera Command and Control Centre (C4)</i> approach by adapting standard terms of reference; establishing sub-technical working groups; assigning coordination focal points; and providing secretariat services.	Somalia, Sudan, Yemen	30 days
	Identify additional local and community partners to engage in acute watery diarrhoea/cholera response.	Somalia, Sudan, Yemen	30 days
	Develop an integrated acute watery diarrhoea/cholera strategy and prioritized operational plan for the next 30, 60, 90 days (WASH, health, nutrition, nutrition and risk communication and community engagement).	Somalia, Sudan, Yemen	60 days
	Develop a joint regional coordination mechanism.	WHO and UNICEF	30 days
	Develop joint external MOH/WHO/UNICEF communications/statements/ situation reports.	WHO and UNICEF	60 days

	Develop a regional cholera coordination platform for governments and partners.	Somalia, Sudan, Yemen All neighbouring countries	60 days
Risk assessment	Conduct a comprehensive risk assessment in Yemen.	Yemen (by WHO)	30 days
	Disseminate the results of the rapid risk assessment and grading from Somalia and Sudan to implementing partners.	Somalia and Sudan	30 days
	Conduct a regional risk assessment on the transmission of cholera with IOM and other partners.	Somalia, Sudan, Yemen All neighbouring countries and at risk countries where populations are moving	90 days
Surveillance, early warning alert and response	Share latest WHO standard case definitions with all affected and neighbouring countries.	Somalia, Sudan, Yemen All neighbouring and at risk countries	30 days
	Establish active surveillance to complement the existing passive surveillance at health facilities and community levels.	Somalia, Sudan, Yemen	30 days
	Deploy additional integrated rapid response teams at subnational level that include WASH, health and other sectors.	Somalia, Sudan, Yemen	30 days
	Develop regional acute watery diarrhoea/cholera weekly situation report.	WHO and UNICEF	30 days
	Disseminate weekly acute watery diarrhoea/cholera situation reports and bulletins with all partners.	Somalia, Sudan, Yemen All neighbouring and at risk countries	30 days
	Review the quality and accuracy of the cholera surveillance data from Yemen identify shortcomings.	Yemen with WHO support	30 days
	Develop standard operating procedures for integrated response of rapid response teams.	WHO and UNICEF	60 days
	Develop online and e-learning, modules and mobile apps for capacity-building of health care providers, especially at district level.	WHO and UNICEF To be available for all countries globally	90 days
Laboratory diagnosis (culture and rapid diagnostic tests)	Advocate the use of rapid diagnostic tests for screening purposes where cultures may not be available, especially the peripheral health facilities.	Somalia, Sudan, Yemen All neighbouring and at risk countries	30 days
	Expand laboratory testing and confirmation to all districts or regions where new cases are reported, and monitor the serotype and antibiotic sensitivity.	Somalia, Sudan, Yemen	30 days
	Improve proper and long-term storage of positive cholera strains at central public health laboratories and request that health authorities share the positive cholera strains to WHO collaborating centre for advance genotyping of <i>Vibrio cholerae</i> strains.	Somalia, Sudan, Yemen Neighbouring countries and countries where populations are moving who are reporting cases	30 days

	Expand lab capacity to subnational and district level and provide lab supplies and equipment.	Somalia, Sudan, Yemen All neighbouring and at risk countries	60 days
Case management (ORP and CTU/CTC)	Scale-up case management and infection control practices in cholera treatment centres.	Somalia, Sudan, Yemen	30 days
	Disseminate clear standard operating procedures for cholera treatment centres and ORPs for proper treatment and infection control.	Somalia, Sudan, Yemen	30 days
	Develop online and e-learning, modules and mobile apps for capacity-building of health care providers, especially at district level.	WHO and UNICEF To be available for all countries globally	90 days
	Share guidelines and checklists for monitoring of quality of services in cholera treatment centres.	Somalia, Sudan, Yemen	30 days
	Disseminate available guidelines on the co-management of acute watery diarrhoea/cholera and malnutrition, and train and supervise staff and monitor quality of care.	Somalia, Sudan, Yemen	30 days
Oral cholera vaccine	Develop medium term control plans that include pre-emptive oral cholera vaccine campaigns with appropriate WASH response interventions. Prioritize districts most affected with a 2-dose strategy before the upcoming cholera season as a pre-emptive strategy.	Somalia, Sudan, Yemen	90 days
	Review the procedures to access cholera vaccines including import agreements and registration with National Drug Authorities.	All neighbouring and at risk countries	
WASH	Intensify random chlorine residual testing and water handling at household level.	Somalia, Sudan, Yemen Neighbouring countries, or where populations are moving from affected to high risk areas	30 days
	Develop clear areas of responsibility based on comparative advantage between WHO and UNICEF for WASH interventions, and between the Health and WASH clusters.	Somalia, Sudan, Yemen Neighbouring countries, or where populations are moving from affected to high risk areas	30 days
	Aggressively introduce water and sanitation safety plans covering all the water chains, including household level, and strengthen the verification process through robust verification of free residual chlorine.	Somalia, Sudan, Yemen	30 days
	Develop online and e-learning, modules and mobile apps for capacity-building of health care providers, especially at district level.	WHO and UNICEF All countries globally	90 days
	Strengthen and advocate hygienic practices related to food handling and processing in affected areas	Somalia, Sudan, Yemen	60 days
	Undertake blanket chlorination at source and household levels.	Somalia, Sudan, Yemen	30 days
	Prioritize intensive household level WASH activities in high	Somalia, Sudan,	30 days

	risk areas and areas recently reporting suspected acute watery diarrhoea/cholera cases.	Yemen	
Risk communication and community engagement	Collect monthly data on hygiene practices uptake and reasons for behaviours at district level.	Somalia, Sudan, Yemen All neighbouring and at risk countries	30 days
	Review and roll out the interpersonal communication components of front line workers' trainings, based on existing resources (e.g. polio).	Somalia, Sudan, Yemen	30 days
	Develop new remote e-learning modules, factoring in the reasons behind malpractices of service providers for cholera case management.	Somalia, Sudan, Yemen	30 days
	Identify official spokesperson in the ministry of health for referral of media requests.	Somalia, Sudan, Yemen	30 days
	Share standard operating procedures for community engagement for cholera prevention and control intervention.	Somalia, Sudan, Yemen All neighbouring and at risk countries	30 days
	Develop online and e-learning, modules and mobile apps for capacity-building of health care providers, especially at district level, taking into consideration the reasons behind malpractices of service providers for cholera case management.	WHO and UNICEF All countries globally	90 days
Supplies	Pre-position essential medical, laboratory and WASH supplies.	All countries globally All neighbouring and at risk countries	30 days

International Health Regulations (IHR) (2005) for all at-risk countries

AREA	SUGGESTED ACTION POINTS	Timeline
WHO	Develop a guiding document for countries to enhance preparedness, surveillance and response capacities at points of entry and conveyances as required under IHR to early detect and rapidly respond to the potential importation of AWD/cholera cases.	30 days
	Develop a WHO position paper related to international travel and trade in the context of AWD/ cholera.	
	Urgently develop a regional strategy/framework on refugees and migrant's health., including SOPs on the rapid detection and management of AWD/ cholera,	90 days
	Distribute widely Hajj related requirements in the context of AWD/ cholera developed by Kingdom of Saudi Arabia to all countries in the Region.	30 days
	Provide technical support to Member States to develop and maintain IHR capacities at points of entry and conveyances.	Continuous
	Provide technical support to the Member States for simulation exercises to enhance surveillance and response capacity for surveillance and response.	90 days
Countries	Implement preparedness, surveillance and response measures at points of entry and conveyances as required under IHR in coordination with all concerned sectors to rapidly detect and respond to any suspected case.	Continuous

	Enhance regular communication between national IHR focal points of affected and neighboring countries to ensure timely information sharing and improve preparedness measures at points of entry of neighboring countries.	Continuous
	Notify WHO on public health events of potential international concern after assessing the risk of such events using the IHR decision instrument (Annex 2 of IHR).	Continuous
	Avoid imposing restriction on travel and trade and to follow WHO recommendations in this regard. Countries who wish to implement additional health measures to provide WHO with public health rational and relevant scientific information for implementing such measures in accordance with Article 43 of IHR.	Continuous
	Collaborate with each other, to the extent possible, in the provision or facilitation of technical cooperation, logistical support and financial resources for the development, strengthening and maintenance of the public health capacities required under IHR in accordance with Article 44 of IHR.	Continuous

WASH = water, sanitation and hygiene.