Global Task Force on Cholera Control (GTFCC) Revitalization Stakeholder Analysis (SA) Findings

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A stakeholder analysis (SA) provided input into what the Global Task Force on Cholera Control (GTFCC) should do and how it should do it.
The stakeholder analysis helped clarify the 5 key elements of GTFCC

• Goal
• Strategies
• Structure
• Membership
• Management

Outline of presentation

1. General characteristics of SA
2. General characteristics of respondents

Responses specific to GTFCC - some responses address more than one category but are listed only under most relevant

3. Goal
4. Strategies
5. Structure
6. Membership
7. Management
8. Conclusions
1. General characteristics of SA

A Working Group (WG) developed a survey for telephone interview or written response

- Questionnaire developed by project team
- Distributed to 11 pilot participants in advance
- Telephone interviews – averaged 45 minutes
- All participants had read questionnaire and thought about the questions
- Preliminary findings discussed by TFGCC Work Group, in March 18-19, 2013 meeting
- Subsequently revised
- 14 further telephone interviews
- 23 web-based survey participants
2. Characteristics of 48 respondents

- Range of backgrounds, from country-level workers to international agency representatives, NGOs, researchers
- Most currently involved in global cholera efforts
- Almost all had experience with partnerships and collaborations
- Most had no prior experience with GTFCC
- Most were unclear about the distinction (if any) between GTFCC and WHO cholera efforts

Participants in SA – 1

N = 48

- Ximena Aguilera
- Sylvain Aldighieri
- Bineta Ba-Diagne
- Sujit Battacharya
- Austin Beebe
- Alan Brooks
- Marc-Andre Bünzli
- Mickey Chopra
- Alejandro Cravioto
- Melissa Dahlke
- Marc Gastellu
- Brad Gessner
- Roger Glass
- Joana Godinho
- Rebecca Grais
- Franck Haaser
- Mohamed Hacen
- Myriam Henkens
Participants in SA – 2
N = 48

- Dionisio Herrera
- Alan Hinman
- Louise Ivers
- Amara Jambai
- Benoît Kebela
- Anaïs Legand
- Chris Lewis
- Mamunur Malik
- Jean-Claude Manuguerra
- Helen Matzger
- Eric Mintz
- Olivia Namusisi
- Chris Nelson
- Jean-Marie Okwo-Bele/
  Adwoa Bentsi-Enhchill/
  Raymond Hutubessy
- Maria Neira
- Marie-Laure Quilici

Participants in SA – 3
N = 48

- Claudia Rodriguez
- Panu Saaristo/
  William Carter
- Firdausi Qadri
- Mark Rosenberg
- David Sack
- David Townes
- Thierry Vandevelde
- Pascal Villeneuve
- Mitchell Weiss
- Alexandra White
- Lale Wiesner/
  Jorge Castillia
- Sanjay Wijesekera
- Michel Yao
- Zabulon Yoti
Respondents came from a range of backgrounds

Most respondents were currently involved in global cholera efforts
Almost all had experience with partnerships and collaborations

Prior personal experience with global partnerships, N = 48

- Only 2 mentioned no experience with partnerships

- Lessons learned
  - Need for clearly defined roles & responsibilities
  - Important to focus on outcomes
  - Collaboration is not easy but it is necessary
  - No one strategy for response works in every location
  - Every project is a partnership

Most had no prior personal experience with GTFCC

Previous personal experience with the GTFCC (n=47)

- 28 No experience
- 18 Participant
- 1 Member
Most were unclear about the distinction between GTFCC and WHO cholera efforts

3. GTFCC Goal

- While participants were not asked explicitly for “a goal” the implicit goal is to reduce the burden of cholera on countries that are affected by or at risk for cholera through improved collaboration and coordination among relevant WHO departments and other relevant stakeholders.
4. GTFCC strategies

• SA indicates 3 most important actions of revitalized GTFCC are
  – Coordination of all stakeholders
  – Resource mobilization
  – Advocacy

• At global level
  – Effective implementation of WaSH
  – Resource mobilization
  – Wider use of OCV where appropriate
  – Advocate for an integrated approach to cholera

• At national level
  – Effective implementation of WaSH
  – Resource mobilization
  – Coordination of all stakeholders

Initial objectives of GTFCC

• Enhance global information exchange
• Review and revise policies on cholera control and prevention
• Activate a global technical resource network
• Intensify assistance to national control activities
• Intensify research efforts
• Mobilize financial resources
Most felt the initial objectives were only partly met

- Resource mobilization was most frequently mentioned as unmet

Most felt the initial objectives are still appropriate

Suggested modifications

- Expend objectives and repurpose
- Integration of strategies for longer term control (both endemic and epidemic)
- National capacity building/assistance to countries
- Resource mobilization
- Regional/international activities coordination
- Advocacy
- Build multi-sectoral network
- Enhance surveillance and laboratory capacities
- Statement for control and elimination (including CFR<1%)
- Updated guidelines and information sharing
- Operational research
- Structure and function of GTFFC

No opinion
Still relevant but could be updated
To be completely changed
What WHO has done well in cholera prevention and control

Initial objectives WHO has done well (n=41)

- Review and revise policies on cholera control and prevention: 16
- Intensify assistance to national control activities: 11
- Enhance global information exchange: 9
- Activate a global technical resources network: 8
- Intensify research effort: 3
- Mobilize financial resources: 2
- Other: 22

Other objectives WHO has done well (n=22)

- OCV policies and stockpile: 8
- Clinical management: 6
- Response to epidemics: 6
- Coordination stakeholders: 5
- Resources for big outbreaks: 5
- Awareness: 4
- Laboratory support: 4
- Prevention: 3
- WaSH activities: 3

What WHO has not done so well

Among original objectives (n=40)

- Mobilize financial resources: 7
- Intensify research effort: 6
- Review and revise policies on cholera control and prevention: 4
- Enhance global information exchange: 3
- Intensify assistance to national control activities: 1
- Activate a global technical resources network: 1
- Other: 14

Other objectives WHO has not done well (n=34)

- Coordination at global/regional level: 10
- National capacity building – implementation of policies: 8
- Integration of interventions (including WaSH and OCV): 8
- Communication and awareness especially at country level: 8
- OCV use and cost-effectiveness: 7
- Multi-sectoral longer term strategy including endemic settings: 7
- Advocacy: 6
- All objectives: 6
- Surveillance: 5
- Adaptation to change in health paradigm: 4
**Top 3 unmet needs at global level were WaSH, resources, and OCV**

**Unmet needs at global level (n=42)**
- Effective implementation of WaSH: 25
- Resource mobilization: 21
- Wider use of OCV where appropriate: 18
- Better coordination: 16
- Comprehensive guidelines: 12
- Support/training in implementing interventions: 9
- Research agenda: 7
- Better case management: 6
- Improved methods/tools for intervention: 4
- Other: 2

**Other unmet needs at global level (n=13)**
- Surveillance/risk mapping
- Longer term strategy
- Political commitment
- Assistance – rapid response
- Prevention
- Implementation
- Advocacy
- Deal with epidemic and endemic settings
- Logistics
- Access to health services

**Collaboration is needed because there are organizations equipped to address top priorities at global level (n = 31)**

**Effective implementation of WASH**
- WHO
- UNICEF
- UN Water group
- Global forum of specialized partners

**Resource mobilization**
- WHO
- GTFCC
- National governments

**Wider use of OCV**
- WHO
- GAVI
- GTFCC
Top 3 unmet needs at national level were WaSH, Resources and Coordination

- Implementation of WaSH: 13
- Resource mobilization: 10
- Better coordination: 10

Other unmet needs at national level (n=11):

- Integration of interventions (including WaSH and OCV)
- Depends on the country
- Advocacy - leadership
- Longer term goal (response and prevention) – development

Collaboration is needed because there are organizations equipped to address top priorities at national level (n=29)

Effective Implementation of WaSH

- MoH
- MoF
- WHO
- UNICEF
- Development / cooperation agencies
- Specialized partners

Resource mobilization

- WHO
- UNICEF
- DODROPS
- Governments
- Implementing partners

Better coordination

- MoH
- Interministerial Task Force
- WHO
3 most important actions of revitalized GTFCC are coordination, resources and advocacy

How GTFCC can support cholera control efforts made by partners

Countries (n=37)
- Guidelines
- Technical assistance
- Endemic and epidemic support
- Capacity building
- Link to regional activities

Research institutions (n=37)
- Research agenda priorities
- Coordination
- Translating research findings into policies
- Advocating for resources

Technical assistance providers (n=36)
- Coordination
- Harmonization of approaches and guidelines
- Training

Donors (n=36)
- Balance support for long term and short term activities
- Coordination
- Technical guidance on cost-effectiveness
How partners can support GTFCC efforts

**Countries**
- GTFCC (n=25)
  - Provide GTFCC with correct information (better reporting)
  - Request assistance
  - Administrative support for effective interventions

**Donors**
- GTFCC (n=25)
  - Provide assistance and knowledge in setting research agenda and priorities
  - Carry out research agenda

**Technical assistance providers**
- GTFCC (n=24)
  - Support collaboration and sharing of information
  - Participate in development and harmonization of guidelines
  - Reality check on conditions in the field
  - Advising and supporting national programmes

**Research Institutions**
- GTFCC (n=25)
  - Provide support
  - Invest in long term strategies
  - Include cholera in development discussion

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**GTFCC should advocate for an integrated approach to cholera**

Specific types of advocacy for GTFCC, N = 27

- Primary responses
  - Integrated approach to cholera
  - Cholera in the broader context of
    - Development
    - Determinants of disease
    - Water-borne diseases
  - Linkage with other global health initiatives
  - Evidence-based advocacy
  - Developing clear targets and specific, defensible “asks”
Respondents are willing to help revitalize GTFCC in a variety of ways

What respondents are willing to do to help revitalize GTFCC, N = 29

- Categories of contributions
  - Institutional/personal participation in GTFCC
  - Technical support to GTFCC
  - Dissemination/implementation of GTFCC recommendations
  - Implementing research agenda
  - Assistance in resource mobilization

5. GTFCC structure

- Bring together both relevant internal WHO components and key external stakeholders
- Limited number of stakeholders’ representatives
- WHO-managed secretariat
- Supported from a variety of funding sources
- May have working groups
GTFCC should address external organizations as well as internal WHO coordination

- Whether GTFCC should remain an internal WHO coordination mechanism or address external organizations as well, N = 29
- External organizations – 28
- Internal coordination only - 1

- Pilot (N = 11) asked whether GTFCC should be predominantly
  - Technical – 1
  - Advocacy – 0
  - Both - 10

There was no strong preference for the most appropriate organizational model for GTFCC

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<th>Model</th>
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<td>GPEI like</td>
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<td>Stop TB like</td>
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<td>Other</td>
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<td>Charismatic leadership</td>
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<td>TOR and charter</td>
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Other (n=11)
GTFCC should seek support from a variety of funding sources

Where GTFCC should get support/resources, N = 29

- Several responses
  - Regular WHO budget
  - Development banks/agencies (WB, ADB, EU)
  - Bilateral agencies (e.g., USAID, DFID)
  - GAVI Alliance
  - Foundations

- Need for long-term sustainability was stressed
- Grants could be used for short-term tasks/work groups

6. GTFCC membership

- 10-14 members on board-like structure
- Mix of WHO and non-WHO staff
- Mix of institutional and individual members
- Drawn from a range of organizations
- Initial members nominated by GTFCC WG
- Subsequent members selected by open nomination process
- May expand to include stakeholders’ or partners’ forum
GTFCC should have 10-14 members

Optimal size of the GTFCC (n=43)

Some respondents gave a range, thus >43 responses

Membership on GTFCC should be a mix of WHO and non-WHO

Membership of GTFCC core group (n=42)
Initial members of GTFCC should be nominated by the GTFCC Work Group

Initial selection process (n=32)

- Nominated by GTFCC work group: 14
- Open nomination process: 10
- Nominated by WHO programme: 4
- Nominated by WHO staff: 4
- Other: 4

Pilot survey did not give GTFCC Work Group as an option
Many respondents specified final appointment by WHO D-G

Subsequent members of GTFCC should be selected by an open nomination process

Subsequent selection process (n=43)

- Open nomination process: 20
- Nominated by GTFCC members: 12
- Nominated by WHO programme staff: 11
- Other: 0

-0-
Members should be a mix of institutional representatives and individuals

GTFCC members should be drawn from a range of organizations

Type of members to include outside WHO (n=42)
7. GTFCC management

- Chair should come from outside WHO
- WHO should provide secretariat/support functions
- GTFCC should meet twice a year
- Variety of indicators proposed to measure progress

Chair of GTFCC should come from outside WHO

Pilot (N = 11) asked how chair/vice-chair should be selected: appointed by DG (2), elected by GTFCC members (5), other (3)
WHO should provide secretariat/support functions to GTFCC

Secretariat/support functions to GTFCC (n=42)

- WHO: 32
- Other: 10

GTFCC should meet twice a year

Frequency of GTFCC meetings (n=42)

- 1/year: 34
- 2/year: 8
- 3/year: 3

Some respondents gave more than one response, thus >42 responses
A variety of indicators was proposed to measure GTFCC progress

How GTFCC progress should be measured, N = 39
• Responses quite variable, several including that indicators should be based on work plan of GTFCC – progress against targets
• Specific indicators mentioned
  – Process – e.g., # meetings, diversity
  – Output – e.g., # guidelines produced, amount of money raised
  – Outcome – e.g., burden of cholera, CFR, proportion of people with access to clean water/sanitation

Other thoughts, N = 27

Include cholera and GTFCC activities in the bigger picture
(n=10)
• Address longer term and short term strategies
• Link with development issues and water-borne diseases
• Put it high in the health agenda

Build leadership
(n=16)
• Common vision, coordination, information sharing
• Timely opportunity for the revitalization of the GTFCC
• Link to other initiatives (CCPC, Hispaniola initiative, ISDR,...)

Emphasizing strategic priorities to pursue
(n=9)
• Resource mobilization
• Updated and harmonized recommendation (including OCV use)
• Integration of interventions
• Operational research
• Monitoring and evaluation
• Surveillance
8. Conclusions

- WHA 64.15 and stakeholder analysis provide important guidance for Work Group discussions
- Next steps:
  - Complete SA interpretation
  - Draft possible TOR and membership
  - Circulate to WG for review/comment
  - Finalize at September 12-13 meeting
- Submit to WHO D-G by September 30th