Whose Responsibility?

Improving the Coordinated and Integrated Response to Cholera
Purpose

1. To develop strategies to improve the coordinated and integrated responses to cholera/AWD in countries in humanitarian crises

2. To produce an operational framework that supports key areas of integration and coordination in pursuit of a more effective response
Methodology

1. Key Informant interviews – 60
2. Country Learning Missions – South Sudan, Nigeria
4. Online Surveys – HCs, Health and WASH, Information Management
5. Document review – including grey
6. Peer Review Group
Background

1. Demand from Health and WASH Partners
   • Recognition that coordinated inter-sectoral response needs to be strengthened

2. Significance of cholera in humanitarian contexts
   Of the 47 GTFCC Focus Countries
   • 43% have on-going (internal) humanitarian crises/appeal
   • Represents 45% of estimated cases & deaths
   • Additional 36% countries with refugees; additional 45% cases/death

3. IASC Humanitarian Architecture & Core Functions of Clusters
   • Plays significant role in supporting national public health capacity to assess, plan and coordinate preparedness and response in the wider humanitarian response as well as in cholera
Overview of Issues

1. Leadership & Accountability
2. Coordination
3. Cholera as a Multi-Sectoral Issue
4. Cholera Data, Information Management and Analysis
5. Intervention Strategies
6. Learning
1. Leadership & Accountability

1. Lack of consensus & understanding of leadership and accountability...even within individual countries – greatest impediment to a more effective response – inaction; delayed responses; gaps

2. Assumed responsibility of clusters for ensuring cholera preparedness & response coordination by majority of responding organisations...and senior leadership, WHO, Unicef

3. WHO-Unicef relationships at country level – seen as key enabler

4. Systematic analysis and review of humanitarian coordination and leadership – ensuring multilateral agreement on the right leadership and coordination structures for the humanitarian community
2. Coordination

1. Clarity and guidance critical on interface between EOCs/IMS and international humanitarian architecture/IMS – often overlapping, interface unclear and confusing, triggers?
   - clarity of purpose/ToRs important; already other health coordination
   - Health Cluster Coordinators crying out for clarification of their role

2. Coordination structures often not considered in planning processes – only 1/15 (CAR)

3. Example organigrams/coordination structures/ToRs to support those at country level
3. Cholera as a Multi-Sector Issue

1. On the surface, cholera preparedness & response plans are multi-sectoral
   • But when we scratch the surface...there are substantial gaps
   • Detailed approach to treatment...but limited on control actions
   • Limited understanding/dissemination on evidence for control activities
   • Lack understanding and how to apply a real integrated multi-sector approach
   - Could a Conceptual Framework for Cholera could be helpful?

2. The ‘Health’ and ‘WASH’ approach to responsibilities is too simplistic and encourages separation of responsibilities, but not collaboration
   • Remove reference to Health and WASH and organised by objective
   • Could make a clearer path for other sectors to see where they fit
4. Cholera Information and Analysis

1. Access to cholera data/analysis to inform rapid and targeted control activities
   - Greatest frustration of those working on control interventions
   - Analysis not always done at the right (lowest) level to support more effective control activities and inform prioritization
   - Data/IM capacity in clusters/OCHA could be better harnessed

2. Key indicators used need to broadened to describe the performance of an integrated response to broaden accountability

3. Multi-sectoral analysis of cholera data should be standard
   - There’s little that wouldn’t benefit from a broader multi-sector analysis
   - Sectors in some countries are doing their own analysis – gaps!
   - Reporting mechanisms - doesn’t support gap identification
Implementation Strategies

• Need for Myth-buster field guidance outlining activities with evidence /strong concern about effectiveness of intervention e.g. chlorination of open wells
• GTFCC – provide clearer guidance on current evidence for control activities
• Multi-sectoral capacity mapping and assessment (expertise, supplies, funding etc)
• Develop templates to support assessment of supplies for cholera control activities
• Clarify roles/resps for IPC in CTCs and WASH-IPC in health facilities
• Promote technical support & quality control teams as standard
Learning

• Promote annual multi-sectoral desktop cholera simulations as standard to verify functionality of different components and levels of cholera coordination and collaboration.

• Promote, early multi-sectoral After Action Reviews as standard part of the planning cycle.