Joint Operational Framework

Improving Coordinated and Integrated Multi-Sector Cholera Preparedness and Response within Humanitarian Crises

A joint collaboration between the Global Health Cluster & Global WASH Cluster

September 2020
CONTENTS

Acronyms.................................................................................................................................................. 3
Why is a Joint Operational Framework Necessary? .................................................................................... 4
Humanitarian Response, the Cholera Joint Operational Framework and Supporting National Cholera Efforts ........................................................................................................................................... 5
5 Critical Lessons & Recommendations for an Effective and Efficient Cholera Response ................. 7
Integrated Responses .................................................................................................................................... 8
  Benefits of Integration ............................................................................................................................. 8
The Joint Operational Framework (JOF) .................................................................................................... 9
  Aim of the Joint Operational Framework ............................................................................................... 9
  How to Apply the Joint Operational Framework .................................................................................... 10
  Structure and Content of the Joint Operational Framework .................................................................... 10
  How to Read the Joint Operational Framework ..................................................................................... 12
  Tools ..................................................................................................................................................... 13
The 3 Elements of the Joint Operational Framework (JOF) .................................................................. 14
Where to go for Help? .................................................................................................................................. 18
Feedback .................................................................................................................................................... 18
Acknowledgements

The Health and WASH Clusters gratefully acknowledges funding and in-kind support for this project from the United States Agency for International Development’s Office of Foreign Disaster Assistance (USAID/OFDA). We would like to thank Jean McCluskey for field visits and data analysis, facilitating the expert review and combining the information collected for the development of this Joint Operational Framework (JOF) for Effective AWD/Cholera Preparedness and Response. We would also like to thank the Health and WASH country, regional and global colleagues and partners that have contributed by providing expertise through interviews, surveys and peer review.

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>After Action Review</td>
</tr>
<tr>
<td>AWD</td>
<td>Acute Watery Diarrhoea</td>
</tr>
<tr>
<td>CTC</td>
<td>Cholera Treatment Centre</td>
</tr>
<tr>
<td>CTU</td>
<td>Cholera Treatment Unit</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Centre</td>
</tr>
<tr>
<td>EWARN</td>
<td>Early Warning and Response Network</td>
</tr>
<tr>
<td>GOARN</td>
<td>Global Outbreak Alert and Response Network</td>
</tr>
<tr>
<td>GTFCC</td>
<td>Global Task Force for Cholera Control</td>
</tr>
<tr>
<td>HC</td>
<td>Humanitarian Coordinator</td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>IMS</td>
<td>Incident Management System</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Prevention Control</td>
</tr>
<tr>
<td>JOF</td>
<td>Joint Operational Framework</td>
</tr>
<tr>
<td>NCP</td>
<td>National Cholera Plan</td>
</tr>
<tr>
<td>OCHA</td>
<td>United Nations Office of the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>ORP</td>
<td>Oral Rehydration Point</td>
</tr>
<tr>
<td>P&amp;R</td>
<td>Preparedness and Response</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>ToRs</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>WASH</td>
<td>Water Sanitation Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisations</td>
</tr>
</tbody>
</table>
Why is a Joint Operational Framework Necessary?

1. Cholera outbreaks remain a major public health threat during complex humanitarian crises and in the aftermath of major natural disasters (where cholera is already active). Many of the most severe outbreaks of the last decade have largely occurred within protracted and complex humanitarian crises.

2. The Global Task Force on Cholera Control (GTFCC) strategy for cholera elimination focuses on 47 countries affected by cholera. Of these, 43% (20) have an ongoing (internal) humanitarian crisis and appeal \(^1\) representing at least 45% of both estimated number of cases and deaths \(^2\). An additional 36% (17) of these targeted countries have a refugee programme supported by the United Nations High Commissioner for Refugees (UNHCR) \(^3\) representing an additional 48% of estimated cholera cases and deaths \(^4\). Countries in humanitarian crisis therefore represent both a significant proportion of the number of countries targeted, as well as of the global cholera burden.

3. Coordinated under the IASC’s humanitarian architecture and cluster approach, humanitarian actors (particularly health and WASH), often play a significant role in supporting national public health capacity to assess, plan, coordinate and implement preparedness and response (P&R) measures for cholera. Evidence shows, the humanitarian community often turn to the Health and WASH Clusters/Sectors \(^5\) to support the coordination and implementation of cholera preparedness and response action \(^6\). In some contexts, where hotspot mapping \(^7\) \(^8\) or government-led National Cholera Plans (NCPs) more broadly have been carried out, the humanitarian community has contributed to cholera prevention activities.

4. There was wide recognition that the coordinated intersectoral response needed strengthening, to more efficiently and effectively respond to, contain and potentially prevent, cholera outbreaks in humanitarian crises. At the request of partners and staff, the Global Health and WASH Clusters undertook a joint project to develop strategies, in the form of a Joint Operational Framework (JOF), to improve the coordinated and integrated P&R to cholera in countries in humanitarian crisis:
   - The 1st phase of this project provided a global analysis of the gaps and barriers to an effective integrated and coordinated response to cholera in humanitarian settings, resulting in demand for a new operating model - a Joint Operational Framework to support cholera P&R.
   - Several evaluations \(^9\) and the project’s 1st phase results identified a lack of clarity of leadership and accountability, unclear roles and responsibilities and the multiplicity of coordination mechanisms was leading to confusion, duplication, gaps, delays and response decision-making made far from cholera outbreaks.
   - Many P&R plans in humanitarian contexts have been mainly multi-sectoral in name only, with often siloed Health and WASH responses. Whilst responses to cholera require integrated (multi-sector and multi-disciplinary) analysis and response, most cholera coordination mechanisms do not facilitate working across pillars/sectors to analyse and address issues to reduce morbidity and mortality. The lack of integrated field-response teams results

---

\(^1\) Source: Financial Tracking Service, OCHA [www_fts.unocha.org](http://www_fts.unocha.org)

\(^2\) Latest data available from ‘Data on estimated country specific cholera cases and deaths from the Updated Global Burden of Cholera in Endemic Countries’, Ali et al 2015 (also source data for the GTFCC Ending Cholera, Road Map to 2030). Updated analysis of data on cholera burden is planned for 2020/2021.

\(^3\) Source: Global Appeal 2018-19, UNHCR [http://reporting.unhcr.org/publications#tab-global_appeal](http://reporting.unhcr.org/publications#tab-global_appeal). Where countries have both an ongoing humanitarian crisis/appeal and refugee programme, they were only counted once in those with an ongoing humanitarian crisis/appeal.

\(^4\) ditto

\(^5\) In the rest of the document, the term ‘cluster’ will be used to indicate clusters or sectors

\(^6\) Whose Responsibility? Improving the Coordinated and Integrated Response to Cholera Outbreaks within Humanitarian Crises, 2018

\(^7\) Cholera ‘hotspots’ are specific and relatively small areas where the cholera burden is most concentrated and that play a central role in the spread of cholera (source: Ending Cholera; A Global Road Map to 2030, Global Task Force for Cholera Control (GTFCC), 2017


\(^10\) Multi-disciplinary in this context describes the need not only for the involvement of different sectors, but also for the involvement of the complementary disciplines from within sectors eg a multi-sector, multi-disciplinary (Integrated) Outbreak Investigation Team may include a Team Lead (not necessarily from the Health Sector), a clinician, an epidemiologist, a laboratory/microbiologist (who may be described as all from the Health Sector), a WASH/environmental health specialist, social mobilisation/risk communication specialist (who may be described as from the WASH Sector- although risk communication specialists may be described as from the health sector)
in more ineffective and inefficient (time/resources) responses. The importance of involving a broader range of sectors to support P&R is largely not recognised.

- **The lack of a single integrated approach to planning, preparedness, response and reporting** has meant that those contributing to different parts of the response are not always seen as part of the same ‘team’. Those sectors working on cholera treatment and those working on cholera control response do not always understand the rationale for the responses and decisions that each other take, and therefore less likely to share data and provide the necessary support.

- **A lack of sharing of real-time cholera data, analysis and decision-making reduces the effectiveness of response through delays and a lack of ability to target actions.** There is additionally a limited awareness of the evidence-base for targeted responses for cholera across planners and responders.

- **Cholera preparedness is often implemented late** or starts with the onset of the first cholera cases of an epidemic, which is then impossible to catch up on. Making multi-sector agreements of how responders work together in the middle of a response is particularly challenging if not completed during preparedness. Cholera preparedness rarely makes an appearance in humanitarian contingency planning. Humanitarian Response Plans (HRPs), nor into their budgets.

5. This new Joint Operational Framework (JOF) is therefore grounded in the breadth and depth of consultation with those working in cholera response in across different humanitarian contexts. It also promotes a set of key tasks in the critical areas of leadership, coordination, and integrated response, to increase the efficiency and effectiveness of cholera P&R efforts.

### Humanitarian Response, the Cholera Joint Operational Framework and Supporting National Cholera Efforts

6. The principal objective of international humanitarian action, and the purpose of coordination, is to meet the needs of affected people by means that are reliable, effective, inclusive, and respect humanitarian principles. IASC clusters or sector coordination are activated where coordination capacity is overwhelmed or constrained. At other times (no activation of clusters/sectors), international partners may also reinforce government coordination capacity as needed. In the same way, humanitarian response partners support where gaps or constraints exist in capacity.

7. The overall leadership of cholera prevention, preparedness and response, rests with government authorities. However, humanitarian actors (particularly Health and WASH), coordinated under the IASC’s humanitarian architecture and cluster approach, often play a significant role in supporting national public health capacity to address cholera.

8. There is a range of humanitarian actions, activities and responsibilities of clusters that, when activated, support national responses to humanitarian response, as described in the summary table below of cluster functions. Given clusters already work in coordination with governments, government and the humanitarian community often turn to the Health and WASH clusters/sectors to support the coordination, planning and implementation of cholera P&R, along with the capacities of WHO and Unicef. Table 1 sets out the core functions of clusters which are as relevant to core cholera P&R actions as they are to humanitarian response.

9. The role and level of engagement of clusters and humanitarian partners in cholera P&R depend on the gaps and areas to be strengthened, adapting according to national capacity. P&R plans are also an integral part of NCPs. The presence of an international humanitarian response with its own coordination architecture,
means that it is critical to ensure a clear and smooth interface with whatever cholera IMS/taskforce/emergency operations centre is agreed by government, and set out in its NCP.

<table>
<thead>
<tr>
<th>Cluster Core Functions</th>
<th>Description of Cluster Core Functions</th>
</tr>
</thead>
</table>
| Coordinate Service Delivery                         | • Coordination and prioritisation of response delivery  
• Eliminate gaps and duplication                      |
| Strategic Decision-Making                           | • Informing country-level humanitarian strategic decision-making through advising the HC and the Humanitarian Country Team (HCT)  
• Needs assessment, gap analysis, problem-solving for strategic priorities |
| Planning                                             | • Sector planning and priority setting  
• Determining funding requirements and resource mobilisation  
• Agreeing on common standards and guidelines |
| Monitoring & Evaluation                              | • Measuring, monitoring, reporting and evaluation of needs and results                               |
| Building National Capacity in Preparedness and Contingency Planning | • Operationalise emergency response preparedness in their sector and monitor  
• Contingency planning for anticipated risk events |
| Advocacy                                             | • Sector advocacy and key messages                                                                    |
| Accountability to Affected People                   | • Support accountability to affected people by promoting and facilitating across the sector, participation in decision-making, coordinated information sharing, feedback/complaints mechanisms |
| Data & Information Management                       | • Data and information management that works to support all of these functions                       |

Table 1 - Cluster Core Functions (adapted from the Cluster Coordination Reference Module, IASC 2015)

The Joint Operational Framework and Situating it within Longer Term Efforts to Control Cholera

10. The strategy of the Global Taskforce for Cholera Control (GTFCC), ‘Ending Cholera – a Global Roadmap to 2030’ was launched in 2017. As a result, a growing number of countries, including those with ongoing international humanitarian responses, are working to develop National Cholera Plans (NCPs) using the 3-axis strategy of the GTFCC:

| Axis 1 - Early detection and quick response to contain outbreaks |
| Axis 2 - Prevention of cholera reoccurrence by targeting multi-sectoral interventions in cholera hotspots |
| Axis 3 - A (global) effective mechanism of coordination for technical support, advocacy, resource mobilisation, and partnership at local and global levels (the GTFCC) |

11. The JOF focuses specifically on supporting Axis 1. Efforts should be made to ensure that overall humanitarian support and action to combat cholera is integrated into one coordinated cholera programme (NCPs where they exist), and to support the government to fulfil its role whenever necessary and possible.

12. Where NCP plans are already developed, the guidance provided in the JOF (which draws upon years of experience and learning of practitioners in cholera response in humanitarian contexts), can be used to further inform and strengthen the operationalisation of ‘early detection and quick response’, to contain outbreaks by contributing to an effective, coordinated and integrated P&R.

13. Where opportunities exist for humanitarian action to contribute towards cholera prevention (Axis 2), these actions should be encouraged and aligned with and coordinated under the medium and longer-term efforts of a country’s NCP.

14. The JOF works specifically on providing detailed guidance and tools to humanitarian sectors and organisations to support an integrated and coordinated multi-sector, multi-disciplinary, P&R. The JOF therefore complements other existing more technical guidance on cholera prevention, preparedness and control, such as that provided by the Global Task Force for Cholera Control, to provide the most effective support to the overall national response.
5 Critical Lessons & Recommendations for an Effective and Efficient Cholera Response

15. Five key elements emerged from the project’s gap and barrier analysis\[1\] that are critical to an effective integrated and coordinated cholera response, and are core to the overall Joint Operational Framework:

| 1. LEADERSHIP | • Overall leadership and accountability rests with government who should be supported where possible  
• Recent evaluations have identified that:- clear humanitarian leadership roles in P&R, how leadership is held to account (and by whom) are critical to the foundation of an effective cholera response  
  o Leadership and accountability for cholera P&R in the humanitarian community should:  
    ▪ be agreed at country level based on capacity and expertise of entities involved  
    ▪ have clear ToRs and  
    ▪ clear means to hold entities to account |

| 2. COORDINATION | Multi-Sector Coordination  
• Most cholera P&R plans do not operationalise an integrated, multi-sector, multi-disciplinary approach  
  o The science of the causes and how to control/treat cholera provide the evidence-base for an integrated, multi-sector, multi-disciplinary approach to combat cholera.  
Single coordination structure with clear interface with other mechanisms  
• Multiple coordination structures/mechanisms are found in cholera responses causing confusion, duplication, delays and gaps in responses  
  o Clarity of the interface between different coordination structures/mechanisms (eg cholera task forces, incident management system, emergency operations centres, humanitarian architecture - clusters/sector, inter-cluster, Humanitarian Country Teams), is critical to ensure a single coordination system for cholera and that all efforts and energy focus only on combating cholera  
Local decision-making and analysis  
• Centralised coordination and decision-making slow access to data/analysis and ultimately, slows response  
  o Coordination and data analysis to support decision-making needs to be devolved and available as local as possible to the area of intervention |

| 3. PREPAREDNESS PLANNING | • Most cholera responders in humanitarian contexts reported that there is little preparedness carried out during the inter-epidemic periods and little monitoring or accountability for this  
• The effectiveness and efficiency of a cholera response is related to the level of preparedness implemented before an outbreak, that is often impossible to catch up on in a response  
• Cholera P&R plans need to:  
  o Be one integrated multi-sector plan  
  o Have clear areas of integrated collaboration and roles and responsibilities  
  o Have a clear Preparedness Plan of Action with responsibilities, timeline, budget, and a Preparedness Scorecard for regular reporting on progress |

| 4. INTEGRATION | 4Cs of Integration – Coherence, Convergence, Complementarity and Combined (see section below)  
• Evidence has shown that cholera responses are often organised and carried out in silos, particularly by Health and WASH, resulting in inefficient and less effective responses. Grey areas of responsibility result in gaps and duplication. Responses need to be more integrated across all 4 levels of integration, for example:  
  o Combined integration in Integrated Case Investigation Teams, Integrated Response Teams; Joint Analysis of Cholera Data, Integrated Simulations, Identification and Targeting of Hotspots  
  o Coherent integration by ensuring clear responsibilities for grey areas eg WASH-IPC in Health Care Facilities, Risk Communication/Community Engagement of communities, Water Quality monitoring |

| 5. DATA AND ANALYSIS DRIVEN | • The identification of cholera hotspots and their risk factors through the analysis of cholera data is the starting point for prevention and preparedness planning  
• Many response plans and their subsequent implementation have not recognised the importance of real-time sharing of cholera case data and their analysis to inform when and where to target responses; who in the population to target and how best to intervene, resulting in slow, ineffective responses  
  o Responses need to be data and analysis-driven ensuring:  
    ▪ Good coordination and discussion between government and partners in the cholera preparedness phase can help ensure access to data and its analysis to meet the needs of all sectors  
    ▪ A clear mapping and agreement of who needs what data, why, for what analysis and when  
    ▪ Clarification what data needs to be collected, who will collect the data, what analysis will be performed, who will analyse, what products will be generated and in what timeframe |

Table 2 – 5 Critical Lessons and Recommendations for an Effective and Efficient Cholera Response

\[1\] Whose Responsibility? Improving the Coordinated and Integrated Response to Cholera Outbreaks within Humanitarian Crises, 2018
Integrated Responses

16. Core to an effective cholera response, to the JOF, and NCPs, is the concept of multi-sectoral integration. There is a requirement for different levels of integration, depending on the type of action. For example, at its lower levels eg coherence - agreeing roles and responsibilities to reduce duplication, and at higher levels eg combined - integrated outbreak response teams made up of different disciplines from multiple sectors.

17. Integrated approaches are not always assisted by the way that humanitarian and public health responses are organised. Working in clusters or sectors means responses often become siloed, where integration can be limited to working towards the same goal, but on separate tracks, limiting the efficiency and effectiveness of responses. Multi-sectoral integration in the context of cholera demands we go further to combine efforts collaborate on specific responses.

18. Many of the most critical actions require the higher levels of integration and collaboration, as shown below in Table 3, the 4C’s of Integration.

<table>
<thead>
<tr>
<th>Levels of Integration</th>
<th>Description</th>
<th>Examples of Operational Integration</th>
</tr>
</thead>
</table>
| **COMBINED**          | The combined effect of interventions exceeds the effect than if separately implemented produce a result' greater than the sum of its parts' | • Multi-sector analysis and agreement on mitigation/ preparedness activities in identified hotspots  
• Integrated outbreak/case investigation teams to confirm cases, identify potential transmission and start treatment/control activities  
• Integrated multi-sector quick response teams  
• Joint reporting on outbreak response |
| **COMPLEMENTARITY**   | Actions of one sector complement actions of the other helping them mutually to increase results | • Sharing of the precise location of cholera to enable targeting of control activities to reduce morbidity more efficiently and effectively  
• Communication with communities to seek early treatment to reduce mortality  
• Ensuring full package of treatment, IPC and WASH in treatment facilities |
| **CONVERGENCE**       | Interventions aligned to achieve a common goal. Each sector prioritises actions with the highest potential to contribute to the common goal | • One multi-sector cholera P&R plan (as part of NCP)  
• ‘Do no harm’/protection analysis and mitigation strategies for response actions  
• Joint After-Action Review to update P&R Plan |
| **COHERENCE**         | Minimising duplication and making sure activities of one sector are not counter-productive for another | • Agreeing responsibilities for different activities eg social mobilisation in communities  
• Common messaging and community engagement strategies for community outreach |

Table 3 - 4C’s of Integration (adapted from Global Nutrition Cluster’s ‘Inter-Cluster Coordination - What is it’ 2019)

Benefits of Integration

19. Ultimately, integrated cholera prevention, P&R gives better public health outcomes for people affected both by cholera and the ongoing humanitarian crisis.

• No one sector provides an overall response to cholera. It is not only when we have a sum of these separate sector responses, but when we truly integrate these parts, that we get the best public health outcomes.

• When working in an integrated way, responses are more ‘complete’ (fewer gaps) to meet the overall needs of those affected, and therefore more effective.

• Integrated responses also mean reduced duplication of efforts, and limited available resources can be targeted at agreed priority actions.

• Integration also means we have a better understanding of the importance of each sector’s contribution. Integration means more of a sense of ‘team’ and less frustration; feeling less necessity to defend our own ‘sector’ interventions, and prioritising responses that provide the best outcomes for affected people.
Aim of the Joint Operational Framework

20. The JOF is a 3-element framework designed for humanitarian actors, bringing together a set of tasks which, when implemented, can support a coordinated and integrated multi-sector response to cholera across the three phases:
   - Prevention (where possible according to the humanitarian context)
   - Preparedness
   - Response

21. The Joint Operational Framework (JOF) aims to guide those working on cholera P&R in humanitarian contexts, primarily Health and WASH Clusters, HCs/HCT (and OCHA), WHO and Unicef country offices, in facilitating and supporting government:
   - The right Enabling Environment to support a timely and effective response to cholera through effective Leadership and Multi-Sector Coordination
   - Operational tasks and tools to strengthen the integrated nature of cholera prevention, preparedness and response to support a more timely, efficient and effective cholera P&R, each utilising the five components of integrated Planning, Early Warning Early Action, Analysis, Response and Learning
22. The JOF outlines how humanitarian organisations can best organise and work together to provide the most effective support to a national response. The objectives of the JOF, in collaboration with and in support of national authorities and their NCPs, are therefore to:

1. Support clarity in humanitarian leadership and accountability in cholera P&R
2. Ensure one single cholera coordination that clearly demonstrates its interface with other related coordination mechanisms, particularly humanitarian response architecture
3. Demonstrate the critical importance of an integrated, multi-sector and multi-disciplinary response, and what this looks like practically in the form of tasks in prevention, preparedness and response
4. Provide a set of tools to enable the user to understand better what is proposed as key tasks, and a head start to carry out the task in their own country-context

How to Apply the Joint Operational Framework

23. The JOF is a chapeau document of tasks and tools based on a wealth of cholera response learning from field practitioners. This learning emphasises that clear leadership, multi-sector coordination and integrated Health and WASH collaboration at the operational level are essential to effective P&R.

24. The overall leadership of cholera prevention, preparedness and response and associated NCPs, rests with government. Humanitarian actors can play an important part in supporting national public health capacity to address cholera. However, important to note is that, tasks in the framework are thus for the humanitarian community to ‘support’ or ‘contribute to’, rather than a direct responsibility for. For the purposes of brevity, these terms are not repeated for each task.

25. Where gaps are identified, Health and WASH clusters/sectors, and other humanitarian actors, should take the opportunity to work with and support government authorities and other key stakeholders to ensure these gaps are filled, and support the filling of those gaps as necessary.

26. The extent of the implementation of tasks will depend on a country-level analysis of the context and preparedness work already identified and completed. The framework content presents guidance based on learning and experience, and are not guidelines. Therefore, each task can be prefaced with ‘As needed’. In the interests of brevity, we have not repeated this for each task.

27. The framework tasks can be used as a checklist of actions in phases of preparedness or response, to ensure key components of coordination are in place, and integrated responses approaches are mainstreamed. Tools available for tasks are indicated where the task is underlined within the framework.

Structure and Content of the Joint Operational Framework

28. The JOF is composed of three elements with the same sub-structure – one each for:


29. For each of the Prevention, Preparedness and Response elements, there are the same seven sets of tasks set on two levels. The first level (Leadership and Multi-Sector Coordination) sets out tasks that provide an enabling environment, in which the second level of five operational components, can function effectively.
Table 4 describes the seven components that make up the Enabling Environment and Operational Levels:

**Enabling Environment Level**

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Leadership is at the heart of the framework. Leadership sets the tone for collaborative efforts and resources from which prevention, preparedness and response start, and ensures there is only one cholera plan and 'team'. It ensures sufficient support from central levels and facilitates and encourages decentralised decision-making and response. Supports a single integrated (multi-sector/multi-disciplinary) coordination and clarifies its interface with related bodies and architecture eg National Cholera Taskforce, IMS, EOCs, humanitarian (clusters, inter-cluster, HCT). Ensures transversal collaboration between components of cholera coordination and their multi-sector composition. Monitors key P&amp;R indicators (Scorecards) and thresholds of capacity and supports outreach for additional capacity internally/externally. Ensures timely sharing of information with leadership and multi-sector stakeholders.</td>
</tr>
<tr>
<td>Multi-Sector Coordination</td>
<td></td>
</tr>
</tbody>
</table>

**Operational Level**

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Planning</td>
<td>Planning provides a substantial contribution to timely, effective P&amp;R to cholera. It facilitates an integrated (multi-sector, multi-disciplinary) collaboration between all stakeholders. It supports the development of collaborative cholera P&amp;R strategies and activities, mapping of capacity, roles and responsibilities, timelines for action and associated budgets. It supports collaborative decision-making, identifying/filling gaps and reducing duplication.</td>
</tr>
<tr>
<td>Integrated Early Warning and Early Action</td>
<td>Includes a continuous review of the warning signs of an outbreak that is set-up to be sensitive to pick out changes; procedures for the activation of multi-sector alert system; integrated outbreak investigation teams to validate alerts, confirm cholera, identify potential risk factors for transmission, and critically, instigate early action.</td>
</tr>
<tr>
<td>Integrated Analysis</td>
<td>The analysis component investigates data and the social analysis of the parameters of cholera cases (who, what, where, when), to understand the 'why' of the outbreak, to facilitate the development of informed and targeted treatment and control strategies.</td>
</tr>
<tr>
<td>Integrated Response</td>
<td>Using information produced in the analysis component, response includes implementing and monitoring integrated response activities to prevent, control and treat cholera, continually adapting strategies using the ongoing analysis of cholera data.</td>
</tr>
<tr>
<td>Integrated Learning</td>
<td>The learning component integrates evaluation throughout the three phases of prevention, preparedness and response, to ensure that each phase is informed by learning, examining how cholera prevention, P&amp;R was led, coordinated, planned, acted upon early, analysed and responded-to. Lessons are often gathered, but learning only occurs when we integrate and operationalise lessons into improving the way that something is executed next time.</td>
</tr>
</tbody>
</table>

*Table 4 – Description of the Components of the Enabling Environment and Operational Levels*
How to Read the Joint Operational Framework

31. Recognising that humanitarian users of the framework may engage with the framework in different phases – Prevention, Preparedness and Response – each component is written so that it is independent of the others. This may lead to some tasks to look like they are repeated eg in Preparedness, ‘Contribute to multi-sector cholera epidemiological data analysis needs’ and then in the Response phase ‘Support production and dissemination of required cholera epidemiological analysis’.

32. The framework is presented as a set of recommended tasks to be completed - if not already done. The three elements of the framework, Prevention, Preparedness, Response, are included at the end of the section and are available on the Global Health Cluster webpage or Global WASH Cluster webpage.

33. As there is a lot of information in each, different ways of viewing the three elements of the overall framework are included below:

- **If viewing the framework from your computer:**
  - The three elements at the end of the section give you an idea of how each component looks. Then zoom-in on parts of the framework to be able to read the tasks
  - Alternatively, open the thumbnails below of each element to view. Each open as an A3 PDF

- **If wanting to view on paper:**
  - click on the thumbnails, which open an A3 PDFs which can then be printed easily

- **If you want an editable form of each of the elements:**
  - go the Global Health Cluster webpage or Global WASH Cluster webpage. CTRL+click on the images to open/save as PDF and print.

![Image 3 – Print Thumbnails of the three elements of the Joint Operational Framework](image-url)

34. Some may find it useful to view the tasks by one of the 7 headings in each of the framework (Leadership, Multi-Sector Coordination, Planning, Early Warning Early Action, Analysis, Response, Learning), these tasks can be viewed in the table of the thumbnail below and are also available on the Global Health Cluster webpage or Global WASH Cluster webpage. CTRL+click on the images to open/save as PDF and print.

---

16 https://www.who.int/health-cluster/about/work/inter-cluster-collaboration/health-wash/en/
17 http://washcluster.net/cholera-joint-operational-framework
Tools

35. Essential to the JOF are the tools that enable the user a head-start in carrying out the task in their own country-specific context, and to better understand what is being proposed in the task.

36. Where there is a tool for a listed task in the framework, the task description is underlined. Click on the underlined words, and you will be routed to the tool, if it is available. Where there is more than one set of words underlined in one task, this indicates a second but related tool.

37. At the time of writing, few tools have been linked to the framework. For a list of updated tools, please visit the Global Health Cluster webpage or Global WASH Cluster webpage for the JOF.

38. A list of all the tools organised by (i) the Enabling Environment (Leadership, Multi-Sector Coordination) and (ii) the Operational components (Planning, Early Warning Early Action, Analysis, Response, Learning), can be found by clicking on the thumbnail below, opening an A3 PDF, or download an editable version from the Global Health Cluster webpage or Global WASH Cluster webpage for the JOF. CTRL+click on the images to open/save as PDF and print.
The 3 Elements of the Joint Operational Framework (JOF)
### Leadership

1. Humanitarian leadership recognition of any longer term [National Cholera Plan (NCP) and commitment for humanitarian sector to coordinate, collaborate and support as needed/possible.](#)
2. Share the Conceptual Framework for Causes of, and Responses to, Cholera to illustrate the need for multi-sector leadership and accountability. Support integration of relevant ministries/actors and contribute/advocate as needed to its understanding amongst leadership.
3. Humanitarian leadership support where possible, for the implementation of prevention activities in identified cholera hotspots (including integration into humanitarian-development nexus risk reduction/Humanitarian Response Planning and other humanitarian funding tools).

### Multi-Sector Coordination

1. Share as needed, the Conceptual Framework for Causes of, and Responses to, Cholera to illustrate the need and support for multi-sector coordination in prevention.
2. Support the coordination of any longer term multi-sector [National Cholera Plan](#).
3. Support where possible government coordination with neighboring countries on monitoring trends of AWD/cholera cases, analysis of risk factors, hotspot mapping (as needed), and ensure information is shared.

### Integrated Planning

1. Contribute to overall [National Cholera Plan planning (NCP)](#) where one is to be/already developed, and ensure the integration of any humanitarian cholera prevention activities.

### Integrated Early Warning Early Action

1. Support cholera hotspot mapping and analysis of risk factors, if not already done.
2. Use identified hotspots and risk factor analysis to orient any possible integrated prevention activities.

### Integrated Analysis

1. Ensure most recent cholera case data and their location are integrated into cholera hotspot analysis (usually updated annually)
2. Monitor hotspots and trends of AWD and cholera in neighbouring countries.

### Integrated Response

1. Implement integrated prevention actions in identified priority cholera hotspots, where possible

### Integrated Learning

1. Review timeliness and effectiveness of prevention activities in hotspot areas through changes in epidemiological trends data in hotspot areas; provide recommendations for follow-on cholera preventative activities.
2. Review if response activities during the epidemic period could have been more effective in reducing the severity of the outbreak.
Improving Integrated & Coordinated Cholera Preparedness & Response to Cholera within Humanitarian Crises - Joint Operational Framework

**Integrated Planning**

1. Carry out a Kick-Off Multi-Sector Planning Workshop bringing all stakeholders together.
2. Develop one Multi-Sector Operational Preparedness & Response Plan for cholera prevention, treatment, and control, ensuring detailed roles and responsibilities, timeline for completion, and budget. Work with leadership to integrate government and humanitarian funding raising to support implementation.
3. Develop a multi-sector collaboration plan for all cholera response stakeholders, including strategies (incl. private sector partners), goals, and targets.
4. Identify capacity to carry out social communication activities, including interventions and mechanisms to reach specific populations.
5. Identify members for integrated/single sector response quality control and monitoring teams.
6. Develop a Matrix of Multi-Sector collaboration for all cholera response stakeholders, including strategies, roles, and activities, agreeing on the division of responsibilities and accountability.
7. Use identified cholera hotspots and multi-sector responders to carry out any possible integrated outbreak mitigation and preparedness activities.
8. Develop a Preparedness Scorecard and to monitor progress of the preparedness action plan and provide monthly updates on achievement of preparedness actions to HC-ICT, inter-sectoral/cluster and response partners.
9. Carry out a capacity mapping of integrated cholera response - control and treatment (expertise, supplies, response, HR etc).
10. Access HR response capacity in-country (across all humanitarian sectors/clusters, government, WHO) for P&R. Eg cholera case management, cholera control (risk communication, WASH, social science analysis capacity); SOPs to add additional capacity, identifying and carrying out briefing/training on standby capacity prior to epidemic season.
11. SOPS to access external (to country) capacity of GOF, UN, WHO, and other partners to develop and maintain an integrated cholera prevention and response and other sector’s needs and develop a sense of multi-sector ‘team’.
12. Pre-qualify response partners where Common Humanitarian Funds will be used.

**Preparedness**

1. Share and understand the conceptual Framework of causes of, and responses to, cholera to illustrate the need for multi-sector leadership and accountability. Support integration of relevant ministries/actors and contribute/advocate as needed to its understanding amongst leadership.
2. Encourage joint statements from government leadership to reinforce to all stakeholders the crucial need for multi-sector leadership and response to combat cholera. Where possible, support joint efforts of government as overall lead for cholera P&R.
3. Broad dissemination of global joint WHO/UNICEF letter on Humanitarian Leadership and Accountability for Cholera at country level to give direction to and empower those at country level.
4. Joint training and education by humanitarian leaders to highlight any preparedness planning process, to reinforce crucial need for a multi-sector collaborative response to cholera.
5. Highlight to government leadership the importance of a timely declaration of cholera to facilitate rapid preparedness and response resources and funding.
6. Distribute key messages for HC-ICT on common challenges/learning on an effective integrated and coordinated cholera response. Update in inter-epidemic period and share lessons across government and humanitarian stakeholders.
7. Annual systematic review of humanitarian leadership and coordination to support national P&R for cholera, and disseminate rational for choice of leadership.
8. ToFs for key humanitarian leadership roles for cholera P&R, and mechanisms to hold each to account.
9. Agree in principle, localised leadership and decision-making arrangements close to the sites of outbreaks.
10. Agree on one single multi-sector operational cholera P&R plan to promote a collaborative approach – no Health or WASH sector plans.
11. Regular inter-epidemic season review of Preparedness Scorecard for the Cholera Preparedness & Response Plan by HC-ICT; clear asks of support presented to them (eg advocacy, funding).

**Leadership**

1. Support cholera hotspot mapping and analysis of risk factors, if not already done
2. SOPs in place for multi-sector alert/Early Warning and Early Action system. Ensure agreement on when early action can start (ie potentially before confirmation)
3. Simulate alerts in the Early Warning Early Response across all stakeholders (i) similar, to test its multi-sector operationalisation/speed with all stakeholders. Ensure system can incorporate alerts raised by non-health stakeholders
4. Agree ToFs for Integrated Outbreak Investigation Team for rapid investigation of unusual events, variances of alert, outbreak confirmation, examination of risk factors and recommend/start immediate control measures
5. Agree potential members of Integrated Outbreak Investigation Teams. Support training of teams and deploy as needed to alert
6. Produce regular (weekly) analysis of early warning data AWD data in hotspots and share across agreed multi-sector alert groups. Ensuring early warning data is presented at lowest administrative level to be sensitive enough to pick-up trends - outbreak may start in one commune and consolidated AWD figures may mask local peaks
7. Work with government on preparing a timely declaration of cholera to facilitate rapid response (and access resources and funding)
8. Ensure multi-sector control and treatment response stocks in place
9. Prepare initial risk communication strategies (incl. private sector partners) and packages ready-to-use in case of alert, adapted to communities specificities (dialects, social norms etc.); to be shared and used by different sector community outreach teams. Ensure translation in preparedness phase.

**Integrated Early Warning Early Action**

1. Agree Multi-Sector Data and Epidemiological Needs Overview for all stakeholders - purpose of the requirement, who collects, who does analysis, when it is needed, how will it be shared and by whom; produce a timeline of production of analysis products
2. Agreement for timely sharing of cholera data and location data to enable targeted rapid control and treatment responses. Consider dedicated focal points in treatment facilities to geo-graphically map cases
3. System/tools in place to automate integrated multi-sector epidemiological analysis products
4. Carry out Joint (Health, WASH) cholera epidemiological training to understand the multi-sector data and analysis needed to deliver an effective response in treatment and control activities. Make available e-learning where not possible
5. Geo-localise digitally all proposed cholera treatment clinics (CTCs, CTUs, CRPs and cholera responders to assess pre-positioned treatment coverage/identification of affected persons across multi-sector responders
6. Agree Multi-Sector Extended Morbidity and Mortality indicators for Cholera (clustered data) and single sector quick response teams
7. Agree Multi-Sector Extended Morbidity and Mortality indicators for Cholera to act as the Response Scorecard
8. Map type, quantity, geographic location and temporal data from partner organisations to produce an integrated epidemiological overview of choleran prevention/control/treatment.
9. Identify partners to act as the leader and single sector quick response teams
10. Identify responders to assist in cholera P&R planning
11. Dedicated country webpage for all cholera hotspots in prevention, control and treatment.

**Integrated Analysis**

1. Implement integrated outbreak mitigation and preparedness activities around treatment and control in key cholera hotspots
2. Disseminate updated evidence for targeted household/community cholera control activities and their SOPs
3. Disseminate myth-busting field note on cholera responses to multi-sector understanding of effective responses and reduce less effective approaches
5. Identify members for integrated/single sector quick response teams.
6. Carry out a “Do No Harm” and protection analysis for potential responses and identify mitigation measures. Identify populations difficult to access and agree how they would be supported by national RRs
7. Agree who, what where of responsibilities for cholera treatment - case management, surveillance, mapping, tracking. Promote single organisation responsibility for all components. Consider partnerships between roles if necessary.
8. Clarify responsibilities for WASH in communities and treatment facilities
9. Common training for the different (humanitarian/development) community response roles to assist in support community engagement in cholera prevention/control/treatment. Ensure training (and its consistency) of these groups
10. Disseminate key technical guidance for cholera treatment and control, locate on the country cholera webpage

**Integrated Learning**

1. If not already done, carry out an After Action Review prior to the Kick-Off Planning Workshop for the cholera P&R plan
2. Disseminate a brief on key learning on cholera responses from previous and other recent cholera outbreaks to assist in cholera P&R planning
3. Develop ToFs for an eventual real-time Operational Review of the response in high risk and high threat multi-sector learning with key stakeholders
4. Develop a Multi-Sector Data and Epidemiological Needs Overview for all sectors. Consider partnerships between roles if necessary.
5. If not already done, review if response activities during epidemic period could have been more effective in reducing the severity of the outbreak and make recommendations
6. If not already done, implement a review of the timeliness and effectiveness of mitigation or prevention activities on the cholera outbreak to incorporate into prevention, P&R plans
7. Carry out a cholera outbreak simulation to stress-test components of the cholera P&R plan, including leadership arrangements, multi-sector coordination, ToFs and SOPs. In place. Request external support as needed: Integrated learning from simulation into Cholera P&R Plan

**Multi-Sector Coordination**

1. Share Conceptual Framework for Causes of, and responses to, cholera to illustrate the need for multi-sector leadership and accountability.
2. Multi-sector stakeholder mapping/analysis of interests and responsibilities for cholera P&R (government, non-government) to understand linkages, overlaps, gaps and potential areas of conflict, to facilitate effective coordination.
3. Develop and disseminate organisational guidelines to illustrate cholera coordination architecture and its interface with other structures (including humanitarian) eg IMS pillars, EOCs, sector/cluster coordination, HC-HCT
4. Announce cholera coordination to highlight multi-sector composition of cholera coordination pillars and how they work transparently to address morbidity/mortality
5. Develop cholera coordination personnel structure to support P&R eg government, epidemiological and data management capacity
6. Develop disseminate ToFs for key coordination roles in cholera P&R eg preparedness manager/incident manager, IMS Pillar Pillar leads ToFs
7. Determine thresholds for technical/coordination roles needed in different scales of outbreak, to determine when to request additional internal/external coordination capacity
8. Determine cholera case/geographical spread thresholds for response capacity, to determine when to request additional internal/external coordination capacity
9. Regular multi-sector coordination mechanism (meetings) to share data and review trends in early warning data, particularly P&R.
10. Regular updates of Preparedness Scorecard for HC-ICT, humanitarian cholera leadership, inter-sector/cluster coordination, cholera response partners
11. Dedicated country webpage for all documents/resources of cholera P&R
12. Present final多语/Single Multi-sector Cholera Reporting System
13. Complete/implementation with neighboring countries to monitor trends of AWD and cholera cases
**Integrated Planning**

1. Update Cholera Preparedness and Response Plan immediately after the Action Review (AAR). Ensure AAR recommendations have clear responsibilities, accountabilities and timeline and are integrated into the Cholera Preparedness and Response Plan.

**Integrated Early Warning and Early Action**

1. Activate SOPs and multi-sector Alert system in the event of an alert.
2. Deploy Integrated Outbreak Investigation Teams to verify the rumors/alerts, confirm cholera case, assess outbreak potential causes/risk factors and recommend/ start agreed immediate control and treatment measures (potentially prior to confirmation).

**Integrated Analysis**

1. Produce cholera epidemiological analysis/products as identified in the Multi-Sector Data and Epidemiological Needs Overview and disseminate as per the data sharing agreement; an AAR and standardised software/epidemiological tools where available.
2. Produce a real-time mapping of the location of cholera cases complemented by age/sex epidemiological curves – and share with those responsible for targeted control activities at local level; consider a dedicated person (linked to control activities) to do this at facility level, with ability to go to into the community to map.
3. Produce and share multi-sectorally, a colour-coded time-series mapping of cholera cases to assist in the analysis and understand potential modes of geographic transmission/spreading of cholera and (therefore) recommend control actions.
4. Produce a colour-coded time-series mapping of cholera cases (including deployment of rapid response teams and other control activities) to review ease of access to facilities and ability of responses to keep up with (and be ahead where possible) the ongoing epidemic; provide recommendations.
5. Produce localized epidemiological curves of cholera cases/deaths by including agency information, and mark on these the start/end dates of control/treatment activities (including all rapid response teams) to assess the timeliness and potential impact of activities.
6. If possible, run set of activities (including all rapid response teams and other control activities) to assess the timeliness and potential impact of activities.
7. Produce a brief on key learning and experiences of integrating multi-sector activities on the cholera outbreak; make recommendations.

**Integrated Response**

2. Update and disseminate multi-sector mapping of community outreach groups in outbreak areas and encourage their usage to support community engagement activities; quick refresher training on key message. Track location and usage of these groups by Risk Communication/Social Mobilisation.
3. Ensure populations are identified who are difficult to access/support eg military and confirm plan of support.
4. Review “Do No Harm” and protection analysis for responses and mitigation measures; active monitoring of protection issues of cholera response and ensure mitigation measures are in place.

**Integrated Learning**

1. Disseminate a brief on key learning on cholera responses from previous and other responses to mitigate challenges.
2. Consider the need for a real-time operational review of the response (early in the response) or implement a light multi-sector learning with key stakeholders.
3. Immediately plan for an After Action Review towards the end of the outbreak response, re-questing external support where needed; implement.
4. At the end of the outbreak, implement a review of the timeliness and effectiveness of mitigation/preventative activities on the cholera outbreak; make recommendations.
5. Review relative effectiveness of response actions in reducing severity of outbreak.
6. Ensure all learning recommendations are incorporated into updated Cholera P&R Plan.
Where to go for Help?

For any assistance related to the Cholera Joint Operational Framework around coordination and integrated approaches in humanitarian contexts, please contact the Global Health Cluster at healthcluster@who.int or the Global WASH Cluster at globalwashcluster@gmail.com

For any assistance related to any other component of cholera prevention, preparedness and response, including technical queries, please contact the Global Task Force for Cholera Control on gtfccsecretariat@who.int or see their website at www.gtfcc.org or their resources page at www.gtfcc.org/resources.

Feedback

This framework was produced in a collaborative effort by the Global Health Cluster and the Global WASH Cluster. They are actively seeking feedback on the framework, which can be sent to the Global Health Cluster at healthcluster@who.int or the Global WASH Cluster at globalwashcluster@gmail.com.