



UNICEF and WHO: Joint call for urgent and collective action to fight the cholera outbreak in Mozambique

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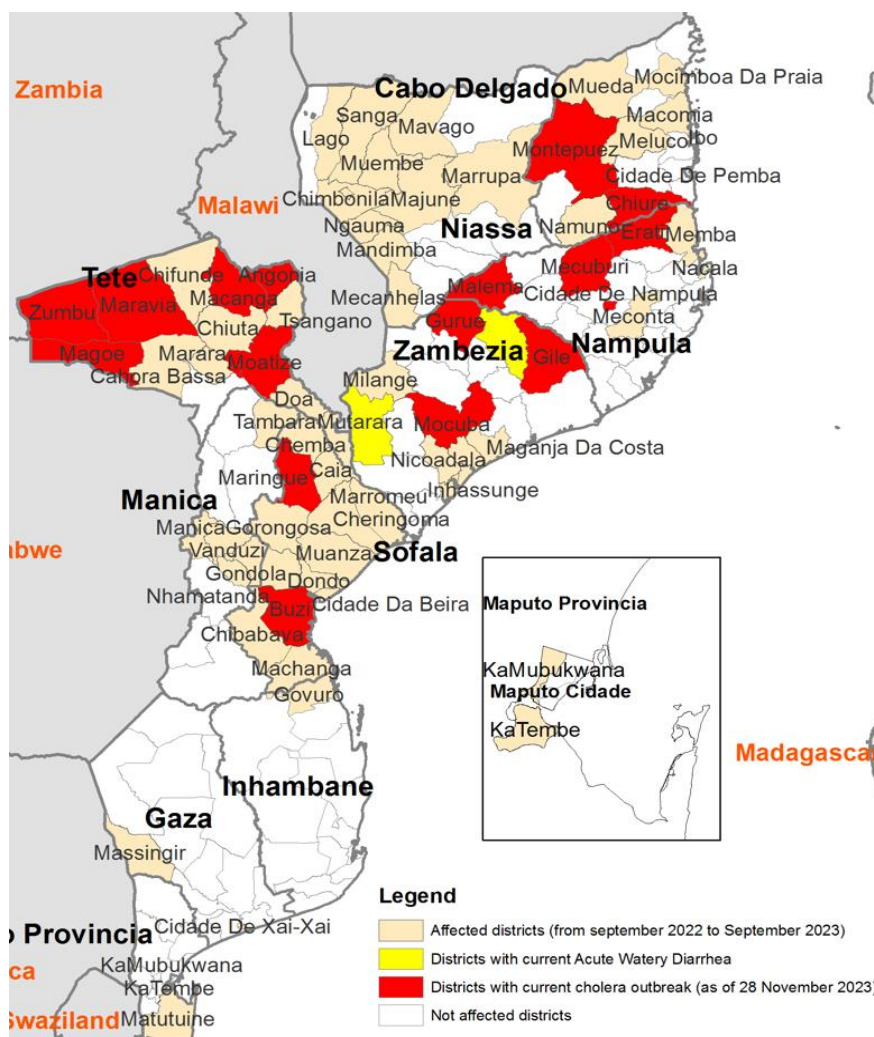
Overview of the situation

Mozambique is suffering from the deadliest cholera outbreak in 25 years. Since the outbreak began in September 2022, over 37,000 cholera cases have been reported in 76 of Mozambique's 161 districts.

The national epidemiological situation improved over the winter months, but in September 2023, escalated again. As of 24 November, 19 districts have announced new outbreaks (doubling the number as of two weeks prior). 2 additional districts are on high alert with rising cases of acute watery diarrhea. Efforts to detect, diagnose, and treat those affected have kept the case fatality rate low. However, some areas have higher fatality rates, especially at the start of a new outbreak cluster, and unreported community deaths persist.

Mozambique is endemic for cholera but the current outbreak is more persistent than the norm and could rapidly escalate to an uncontrolled situation, spreading illness and death. Cholera prevention is an important development goal, but the response to the outbreak is a humanitarian issue that requires a massive response. The recent surge in cases and fatalities in neighbouring Malawi and Zimbabwe highlights the risks for Mozambique. Strengthening strategies for preparedness and response is vital given the shared border and regional connections.

Cholera outbreak September 2022 – November 2023



Response strategy

UNICEF, WHO and the Ministry of Health have prioritized urgent needs. Over the next six months the proposed response focus on providing critical lifesaving support to cholera affected people and communities and preventing further spread as much as possible. To effectively manage a potential nationwide surge in cases and to implement longer-term interventions (such as at increasing and improving coverage of WASH services in cholera hotspot districts) an additional budget allocation would be needed.

Coordination– WHO Lead

Critical actions in the next 6 months

Support effective cholera coordination platforms to ensure multisectorial and interagency collaboration

Support coordination meetings with health professionals from Malawi and Mozambique in border districts

Provide technical support to the development and validation of a joint plan for cross-border collaboration between Malawi and Mozambique and between Zimbabwe and Mozambique.

Countrywide mobilization and increased engagement of WASH and health cluster partners through meetings, reporting of cholera response activities in the clusters 5W matrix, activity mapping and operation coordination between partners at district level

Increase coordination meetings, information sharing and joint activities between IPC, WASH and RCCE teams to reduce risk of transmission within all treatment structures, ensure safe water provision in CTC including for preparation of Oral Rehydration Salts, promote rapid health seeking behaviours, preventative behaviours and safe and dignified dead body management.

Training on Prevention and Response to Sexual Exploitation, Abuse and Harassment core principles for all cholera response staff and partners; in-depth training for personnel in close contact with beneficiaries, including volunteers

Effective leadership and coordinated management are essential to ensure preparedness, readiness, and response to cholera outbreaks. WHO will maintain the Incident Management System currently in place in Mozambique, a standardized structure and approach that WHO has adopted to manage responses to public health events and emergencies. WHO will continue to provide strategic leadership and strengthen the effectiveness of multisectorial national, provincial, and district level coordination platforms. WHO will deploy 20 health emergency officers in the affected provinces to investigate, assess risks, identify priority actions, and implement initial cholera outbreak control measures. WHO will also lead cholera cross-borders networks to ensure regular sharing of information with neighbouring countries, joint surveillance and prompt interventions on both side of the border. UNICEF is the WASH Cluster lead, coordinating emergency WASH responses at national and provincial level, including for cholera. UNICEF is also the co-chair of the RCCE working group chaired by the Department of Health Promotion of the Ministry of Health. UNICEF has a dedicated cholera coordinator in place and has a team of WASH, Social Behavior Change (SBC), Health and Emergency specialists dedicated to cholera response.

Significant efforts will be required in the coming months to operationalize Cholera Task Forces chaired by the Ministry of Health and link them with other emergency coordination groups such as the Health and WASH Clusters or emergency committees set up by the government ahead of the rainy season, when the country will be most vulnerable to the spread of cholera and extreme climate events.

Surveillance and outbreak investigation – WHO Lead

Critical actions in the next 6 months

Deploy surge staff to support epidemiological investigation and data management

Train surveillance focal points at district levels on the use of surveillance and case finding tools

Support data collection, management and analysis

Develop situation reports and other information products

Maintain and disseminate epidemiological and response activities database

Enhance community-based surveillance and reporting mechanisms

Provide logistics, finances and human resources to support case investigation

Capacity assessments to identify the gaps and address urgent needs in terms of diagnostics and testing.

Trainings on diagnostics, including for the use of Rapid Cholera Test (RDT) and sample collection.

Coordination meetings between epidemiology focal points and laboratory focal points at central and provincial levels to guide response strategies

Surveillance is the backbone of the prevention and early response to cholera outbreaks. It helps informing timely, targeted, and cost-effective multi-sectoral interventions in cholera hotspots, and ultimately sustain cholera control. As per its mandates, WHO will enhance early disease detection and reporting by adapting, printing, and distributing surveillance tools such case definition, line list template, case investigation forms. It will provide training to surveillance staff on the use of standard surveillance tools, improve epidemiological data entry and reporting, participate in the

verification of outbreak alerts through field-based outbreak investigations. It will also support laboratory sample collection, storage, and transportation. WHO will also support the reinforcement of the laboratory diagnostics allow testing and confirmation of cholera-suspected samples for early declaration of the outbreak and supporting early response. WHO will procure and distribute required laboratory reagents and supplies, including rapid diagnostic tests and supplies for sample collection, transport, and culture. WHO will also disseminate standard recommended guidelines, protocols, and operating procedures for sample collection, transport, and diagnostics. WHO will assess laboratory related needs through the deployment of lab experts, and implement training to local laboratory technicians.

UNICEF will support active cholera and diarrhea case-finding at community level, through its network of partners and volunteers.

Case management – WHO Lead

Critical actions in the next 6 months
Procure and distribute medical supplies, including cholera drug kits, medical equipment, tents and cholera beds in affected areas
Establish cholera treatment structures when needed (ORP, CTC)
Conduct training of health workers on case management SOPs and guidelines, including through training of trainers approach
Ensure community-based cholera case management through community health workers and subsidized volunteers
Train community health workers and volunteers on community-based response, infection prevention and control, detection, referral, and appropriate management of acute watery diarrhea and cholera
Supervise and monitor case management activities.

Cholera cases need to receive adequate treatment in CTCs, or directly in communities for mild cases. Rapid access to quality treatment will reduce preventable morbidity and mortality, keeping the Case Fatality Rate below 1%. WHO will play a major role in case management, investing substantially in critical cholera medications and cholera kits, and assisting in establishing cholera treatment structures: Oral rehydration points (ORPs) at the community level and CTCs for more severe cases. WHO will also set up referral pathways from peripheral health facilities to CTCs and distribute case management guidelines and SOPs in healthcare facilities, conduct health workers training, supervise case management activities, and enhance response capacity by deploying health experts and hiring additional CTC staff.

UNICEF will complement WHO's support by providing medicines, supplies, tents and kits to CTC and ORP; deploying health experts to evaluate and support case management; and providing financial assistance to health authorities to respond to urgent needs.

Water, sanitation and hygiene & Infection prevention and control – Joint Lead (UNICEF WASH, WHO IPC)

Critical actions in the next 6 months
Provide cholera patients and at risk communities with access to safe water in CTCs and at-risk communities.
Construction of toilet blocks and waste management in CTCs; promotion of adequate sanitation and fecal sludge management in communities and public places.
Provide household water treatment and storage material to communities, and foster its adequate use by the population through sensitization and community engagement
Water quality testing and monitoring and provide feedback to the users on water quality monitoring results
Rapid assessments to study the correlation between the use of unsafe water sources and cholera transmission.
Train health workers at CTCs and CTUs on IPC risk assessment to reduce the risk of transmission of cholera to health workers, visitors, and caregivers.
Sensitize CTC visitors and caregivers on cholera isolation protocols and IPC basic measures when caring for cholera patients.
Provide essential IPC material in CTC and Oral Rehydration Points (ORP)
Develop site-specific strategies to maintain standard IPC requirements and quality of care in CTCs, as well as in peripheral healthcare facilities.

Ensuring cholera patients and at-risk populations have access to clean and safe water and sanitation services in both vulnerable areas and healthcare facilities is critical for the prevention of and response to cholera outbreaks. This is closely related to the establishment of IPC measures in cholera treatment centers (CTCs), through application of strict chlorination, isolation and disinfection protocols. UNICEF, as the lead of the WASH pillar, will improve WASH services in CTCs and affected communities through water trucking, quick fixes of water points, water network extensions, water testing and treatment, chlorination, and promotion of safe sanitation and hygiene practices. WHO will complement these WASH activities by conducting rapid assessments on the correlation between WASH and cholera transmission, guiding operational response strategies. When needed, WHO will also provide basic WASH supplies for healthcare facilities.

It is necessary to ensure that measures are in place to reduce the risk of healthcare-associated infections, quality of care for patients, and staff safety within treatment facilities. This will be done through the establishment and reinforcement of IPC standards and site specific strategies, and IPC training of health workers. WHO will ensure the application of national protocols on the flow of cholera patients in CTCs and management of visitors and care givers. When needed, WHO will support the recruitment of additional CTC staff to reinforce IPC measures. UNICEF will also monitor and improve the IPC protocols in CTC when necessary.

Risk Communication and Community Engagement (RCCE) – UNICEF Lead

Critical actions in the next 6 months
Rapid assessments of community knowledge, attitudes, perceptions, behaviors structural barriers, drivers, and levels of trust that could impact AWD/cholera transmission to inform strategic interventions
Distribute risk communication materials and messages through trusted channels (national and community radios, mobile media units, community theatres, etc.), and trusted, influential voices to at-risk communities on preventative, protective and care-seeking behaviours.
Train community and religious leaders and community health workers on cholera prevention, early detection and early actions
Deploy rapid response teams within 48 hours, with WASH cholera items distribution and hygiene promotion ensuring that at least 80% of the cases are responded to in targeted communities
Strengthen two-way community listening and feedback mechanisms and ensure feedback is provided to communities on changes made.
RCCE engages, informs and involves affected and at-risk communities in planning and implementation out outbreak prevention, preparation and response. UNICEF will work through partners and existing networks to disseminate risk communication and cholera prevention messages through trusted channels to encourage the uptake of preventive, protective, and care-seeking behaviors. UNICEF will ensure harmonized messaging on cholera prevention are conveyed by government, community leaders, community organizations, and NGOs. Rapid response teams will ensure case follow-up, cholera kits distribution, and promote hygiene awareness in affected families and communities. RCCE activities are complemented by mobilizing and training local actors, organizing awareness sessions, and providing financial backing for their initiatives. WHO will complement UNICEF’s RCCE activities by deploying anthropologists who will conduct rapid assessments to understand community knowledge, attitudes, perceptions, that could impact AWD/cholera transmission. If needed, WHO will also organize awareness sessions, and provide capacity building opportunities for community leaders, influencers, health workers and community volunteers on the risks of cholera and ways to prevent it.

Vaccination – WHO Lead

Critical actions in the next 6 months
Rapid assessments of community knowledge, attitudes, perceptions, behaviors structural barriers, drivers, and Vaccination transport and warehousing
OCV campaigns as appropriate, including demand-creation among target population, training of staff and volunteers, printing visual materials such as posters and leaflets, post campaign coverage survey and vaccination compliance monitoring
Implement enhanced surveillance activities in districts where OCV has been implemented
Oral Cholera Vaccine (OCV) is part of the activities that needs to be deployed to protect the population from the spread of cholera. Throughout 2023, there have been already four reactive vaccination campaigns in Mozambique. Two vaccination dosis are usually required to protect people during 3 years. However, because of global cholera resurgence and vaccine shortage, only one dosis was provided during the 2023 campaigns in Mozambique.
WHO will continue to support the government for the submission of request to the International Cholera Group (ICG) for securing OCV doses. During campaigns, WHO will provide technical and operational support for planning and implementation of OCV campaigns in consultation with relevant national and provincial stakeholders. UNICEF will actively participate in the campaign, ensuring storage and transportation of the vaccine, and social communication aspects.

Logistics and supplies – UNICEF Lead

Critical actions in the next 6 months
Timely provision of Health, WASH and SBC material to the CTC and cholera affected or at risk communities
Adequate supply, storage and prepositioning of cholera related material
Logistic and programatic material forecasts to ensure constant availability of critical cholera related material.
Continuous update of common stocks and pipelines of cholera related material from main partners.

UNICEF and WHO will ensure supplies, equipment, and lifesaving goods are forecasted, prepositioned and distributed in appropriate quantities and quality to healthcare facilities and at-risk communities. UNICEF and WHO will also support

the logistics of the response by subsidizing transportation for surveillance staff and volunteers (cars, motorbikes, fuel) and/or by providing financial support for the deployment of provincial-level health staff to support the affected districts. In districts on high alert for cholera, UNICEF will implement preparedness actions including the prepositioning of Health and WASH supplies. WHO will support the Ministry of Health in identifying the optimum stock level for all provinces, keeping in mind both cost and efficiency. In addition to prepositioning, WHO will ensure the regular update and dissemination of a database gathering all cholera-related stock and pipeline from the main partners. Stock inventories will be regularly shared with the Ministry of Health and response donors.

Budget

As the cholera outbreak continues to expand, UNICEF and WHO have defined a list of priority activities that needs to be implemented in the next 6 months in the 30 first cholera affected districts. These priorities aim to respond to an estimated 15,000 cholera cases in both CTC and communities, with the main objective of avoiding a massive and uncontrolled nation-wide outbreak with a high case fatality rate.

	UNICEF	WHO
Coordination	\$407,553	\$1,924,590
Epidemiological surveillance	\$123,765	\$1,854,000
Case management	\$607,963	\$1,825,398
Water, sanitation and hygiene / Infection Prevention and Control	\$3,171,463	\$380,000
Risk communication and community engagement	\$1,968,818	\$75,000
Vaccination	\$706,612	\$1,422,623
Logistics and supply	\$3,225,197	\$180,750
Total	\$10,211,282	\$7,662,361