

GOAL

CHOLERA PROGRAMME DECISION TREES



ACKNOWLEDGEMENTS

This document was prepared by the GOAL Cholera Technical Working Group to allow each country to decide what activities to integrate into EPRP plans and what to focus on during a Cholera outbreak. The guide draws heavily on GOAL's experiences across affected countries and international standards for Cholera prevention and response. The Cholera Technical Working Group was established in late 2023 with technical Health & WASH representatives from the country programmes, Syria, Ethiopia, Sierra Leone, Sudan, South Sudan and Zimbabwe, the Programme Technical Team (PTT) and the Emergency Response Unit (ERU). This is an internal working document, and any comments or correction to this version may be sent to: gmccrossan@goal.ie or dmuhungura@goal.ie

ACRONYMS

CATI	Case Area Targeted Interventions
CLA	Community Led Action
EPRP	Emergency Preparedness and Response Plan
IPC	Infection Prevention and Control
RCCE	Risk Communication and Community Engagement
SMART	Social Mobilisation based on Research & Training
WHO	World Health Organization



CHOLERA DECISION TREES

Introduction

Since mid-2021, there has been an acute upsurge of the 7th Cholera pandemic characterized by the number, size, and concurrence of multiple outbreaks including the spread to areas free from Cholera for decades and with alarming high mortality rates. As many of GOAL's operating countries were affected an internal Cholera Technical Working Group was established in late 2023 with technical Health & WASH representatives from the country programmes, Syria, Ethiopia, Sierra Leone, Sudan, South Sudan and Zimbabwe, the Programme Technical Team (PTT) and the Emergency Response Unit (ERU) This working group has developed the following decision trees to allow each GOAL country to decide what activities to integrate into EPRP plans and what to focus on during a Cholera outbreak. For the development of the decision trees the World Health Organisation Categories from the WHO Global Preparedness, Readiness and Response Plan April 2023-2024¹ are used as references (See Annex 3).

¹ [Global strategic preparedness, readiness and response plan for cholera \(who.int\)](https://www.who.int/publications/m/item/global-strategic-preparedness-readiness-and-response-plan-for-cholera)

The aim of developing decision trees is to

1. Build expertise and reputation under three strategic areas,
 - A. Coordination,
 - B. Community Protection,
 - C. Safe & Scalable care.
2. In four specific pillars which are,
 - A. Coordination, (Pillar 1)
 - B. Risk Communication and Community, Engagement, (Pillar 2)
 - C. WASH, (Pillar 3)
 - D. Infection Prevention and Control, (Pillar 6) as defined by WHO.
3. Assist country programme to focus on response interventions that have high impact and are feasible.
4. Increase the focus on preparedness by integrating interventions into existing WASH & Health programmes and future programmes.

USING THE DECISION TREES

The decision trees have been coloured coded.

Pillars marked in **GREEN** are the four specific pillars that GOAL will build expertise/competence in across all countries.

Pillars marked in **BLUE** are those that countries can include depending on context and funding.

Pillars marked in **RED** GOAL will not consider except where there is no actor or if GOAL be considered the main actor supporting health facilities where the outbreak is occurring.

In each at risk country, the programme team should review these decision trees for their Cholera preparedness and response planning.

There are two decision trees:

1) Preparedness; and 2) Acute/Active Response.

Start with the pillars marked in **GREEN** and decide which of the pillars your country team can build expertise/competence in. It is preferable to include the coordination pillar both for preparedness and response to increase GOAL's visibility in the Cholera arena.

Then review the activities under the **GREEN** and **BLUE** pillars and decide what activities can be integrated into the country ERPS plan now.

Decide which activities under the **GREEN** pillars you would implement during a response.

When a response is needed, the **BLUE** pillars can be reviewed to see what other activities can be added to the response portfolio.

PREPAREDNESS

LEGEND

Green Pillars - 1st Focus

Blue Pillars - 2nd Focus

Red Pillars - 3rd Focus

Engage with stakeholders gather information, attend cluster or Emergency Response Coordination meetings.
Discuss with ERU & PTT and EPRP team!

WHAT TO CONSIDER

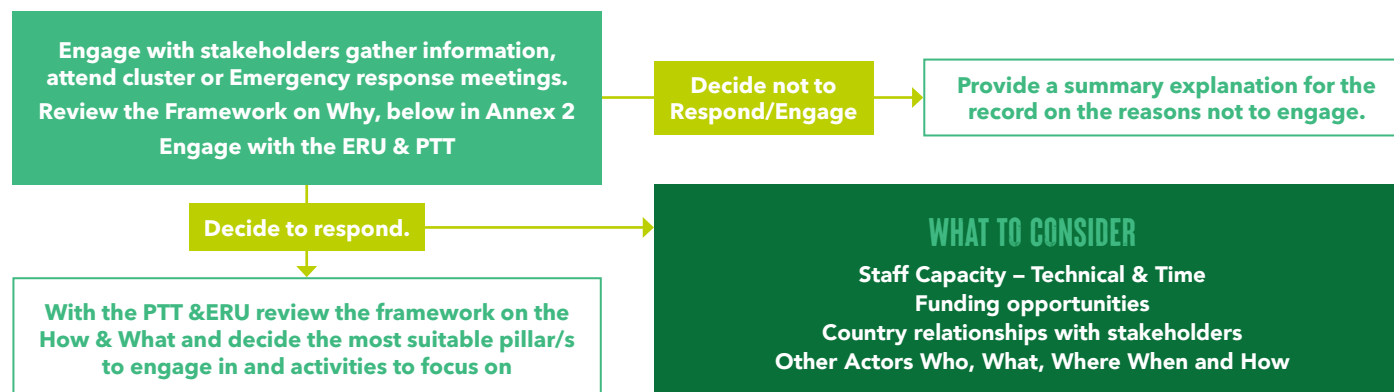
Staff Capacity – Technical & Time
Other Actors (Who, What, Where When and How)

Coordination	Collaborative surveillance		Community Protection			Safe and Scalable care			Countermeasures and research
PILLAR 1 Leadership, coordination, planning and monitoring.	PILLAR 3 Surveillance and outbreak investigation.	PILLAR 5 Laboratory diagnostics and testing Community protection	PILLAR 2 Risk communication and community engagement (RCCE).	PILLAR 4 Water, sanitation, and hygiene (WASH).	PILLAR 10 Vaccination	PILLAR 6 Infection prevention and control	PILLAR 7 Case management.	PILLAR 9 Continuity of essential health and social services Countermeasures and research.	PILLAR 8 Operational support and logistics
Join relevant national/ sub-national level Cholera preparedness/ coordination Support the building of the capacity of national emergency response bodies and district health management teams around ERP Annual training on EPRPs and simulations for stakeholders	Strengthen capacity MOH at the district level on disease surveillance and early warning systems.	Strengthen capacity of the system in preparedness for moving samples from the community to the laboratory	Establish coordination of S. Mobilisation. Use the SMART (Social Mobilisation based on Research & Training) model Training Community Mobiliser in CLA. Media: Conduct a prevention awareness campaign using radios IEC sessions and/or Health media videos Prepare contextual response messages	Assess the Water Supply at health facilities and at-risk communities (Availability/ Quantity & Quality) Prepare a plan for strengthening the water supply if required. Refer to the WASH Fit approach. Support CATI (case area targeted interventions) with CORT (Community Outreach Response teams).	Logistical support for Oral Cholera Vaccine. Strengthen cold chain capacity in terms of ice pack generators and storage of huge quantities of vaccines needed for outreaches.	Strengthen capacity of Health Facilities by using IPC Assessment IPC supplies IPC Mentoring for increased technical capacity. Nominated focal points at each H.F. Strengthen Triage & Isolation systems	Capacity building of Staff on Cholera identification and management Plan and conduct ongoing training on the prevention and management of cholera	Strengthen capacity of Health Facility Emergency Preparedness and Response Plans. WASH FIT Prepositioning of supplies at HF	Training for logistics staff on rapid procurement options in the event of an emergency Framework agreements with medical and WASH suppliers. Prepositioning supplies for use in the initial days following the outbreak before the delivery of more supplies.

ACUTE AND ACTIVE OUTBREAK RESPONSE

LEGEND

Green Pillars - 1st Focus
Blue Pillars - 2nd Focus
Red Pillars - 3rd Focus



Coordination	Collaborative surveillance		Community Protection			Safe and Scalable care			Countermeasures and research
Pillar 1 Leadership, coordination, planning and monitoring.	Pillar 3 Surveillance and outbreak investigation.	Pillar 5 Laboratory diagnostics and testing Community protection	Pillar 2 Risk communication and community engagement (RCCE).	Pillar 4 Water, sanitation, and hygiene (WASH).	Pillar 10 Vaccination	Pillar 6 Infection prevention and control	Pillar 7 Case management.	Pillar 9 Continuity of essential health and social services Countermeasures and research.	Pillar 8 Operational support and logistics
Attend the Clusters or Emergency Coordination & response pillars meetings Consider seconding a person to one of the pillar responses for SOP / guidelines/ protocols/M&E system for the pillars.	Provide technical support at district level for strengthening line listing and rapid response teams and/or Community Engagement using SBC principles for Community Based Event Surveillance.	Activities would be Logistical support to strengthen the delivery of specimens from the community to the laboratory.	Activating SMART including CLA community mobilisers. Start the media campaigns for prevention and response, including support to vaccination campaigns.	Activate CATI (case area targeted interventions) with Community Outreach Response Teams. Re assess the Water Supply and provide rehab/maintenance with an emphasis on quality & availability. Provide Handwashing stations to HH and within communities and public places if required. NFIs (only if markets are not working)	Provide logistical support for vaccination campaigns	At primary care level only IPC Assessment IPC Material support IPC training & mentoring	Activities could include: Community Case Management centres /oral rehydration centres.	Technical guidance and RCCE to strengthen the continuity of services, especially MNCRH. Pillars 2 and Pillars 6 are important to achieve the continuity of services.	CVA where markets are working for WASH NFIs. Medical Supplies and logistical support for vaccination and specimens

ANNEX 1

Documents and Tools

Please click on the links below to access the various approaches named above in the decision trees.

Approaches

[Social Mobilisation based on Research and Training \(SMART\)](#)

[Community Led Action](#)

[WASH EM](#)

[Case Area Targeted Interventions \(CATI\) & CORT](#)

[Water Assessments](#)

[WASH Fit](#)

[GOAL's Infection Prevention & Control approach](#)

[GOAL's CVA approach](#)

Other Resources

[READY Initiative – Augmenting global capacity for outbreak readiness \(ready-initiative.org\)](#)

[WHO Cholera Strategy Preparedness Readiness & Response](#)

[Global Task Force on Cholera Control \(gtfcc.org\)](#)

ANNEX 2

Why GOAL would respond to a Cholera Outbreak

Why

OBJECTIVE

To contribute towards elimination of cholera and to reduce morbidity and mortality associated with Cholera among our communities.

BECAUSE

- Intervening early saves lives & prevents a spread of the outbreak.
- Preparedness contributes towards the response being more effective, improves coordination with other stakeholder and supports district to mobilize an early(immediate) response.
- Strengthens the health system so that the system will not be overloaded and collapse when a large outbreak occurs.
- Protects and supports the affected community, to prevent and mitigate the outbreak.
- As a recurrent disease (annually/cyclically) cholera poses an ongoing challenge to resilience of people.
- Position GOAL within the global health security response and could support countries receiving increased funding.
- Provides a platform for linkages to conduct more focused WASH work on sewage and water infrastructure.
- We have staff that have experience and engaged in the appropriate sectors.

ANNEX 3

WHO Categorisation

Acute crisis

Acute crisis status corresponds to a situation where an epidemic is rapidly growing in space and/or time and threatening to overwhelm public health capacity within a matter of weeks. This category includes countries with new epidemics, or endemic countries where the epidemiological situation is worsening due to internal or external factors, and response capacity is overstretched. These countries should be prioritized for immediate support for the management and control of the outbreak.

Active outbreak

Active outbreak status corresponds to situations with an ongoing but managed cholera outbreak, with no immediate challenge to public health control efforts and sufficient capacity of the local health system to manage the outbreak.

Preparedness/readiness

Preparedness/readiness status corresponds to situations where there is no known active cholera outbreak, but where the risk of large cholera outbreaks is substantial, given previous circulation/outbreaks, proximity to countries with ongoing outbreaks, and given the contextual assessment of health systems.

The 10 pillars of WHO's Global Cholera Strategic Preparedness, Readiness, and Response Plan.

Coordination		Collaborative surveillance		Community Protection		Safe and Scalable care			Countermeasures and research
Pillar 1 Leadership, coordination, planning and monitoring.	Pillar 3 Surveillance and outbreak investigation.	Pillar 5 Laboratory diagnostics and testing Community protection	Pillar 2 Risk communication and community engagement (RCCE).	Pillar 4 Water, sanitation, and hygiene (WASH).	Pillar 10 Vaccination	Pillar 6 Infection prevention and control	Pillar 7 Case management.	Pillar 9 Continuity of essential health and social services Countermeasures and research.	Pillar 8 Operational support and logistics