

First Day: Thursday 3rd of May

In order to facilitate the discussion, the subject was divided in four main items:

- Approaches to Cholera.
- Cholera interventions in Asia.
- Cholera interventions in rural settings.
- Cholera interventions in urban settings.

Groups of presentations were discussed during the first day of the forum. At the end of each round of presentations, there was a panel discussion. Highlights of these discussions are summarized below:

Approaches to Cholera

- Fear of travel and trade sanctions is still vivid and consequently many countries are reluctant to report their cases. However, past experience shows that transparency is the best strategy (e.g., South Africa). It indeed allows the International Community to give the necessary support to affected countries and helps to avoid or limit the effect of stigmatization.
- The new International Health Regulations coming into force this year include giving the authority to WHO to be able to declare cholera in certain circumstances, but it is still to be unclear whether this power will be used when in politically sensitive situations. The important thing even over declaration is that the response is appropriate, however at least one recent example of non declaration have shown that the non-declaration does have impacts.
- Sustained capacity at community level: The long-term involvement of communities and volunteers is of great importance to achieve a real change in behaviours and practice of hygiene. The Red Cross network has a clear advantage in this regard, as volunteers are from the community and work for the community. They should be much more trained and engaged in prevention activities and hygiene promotion. The first step is to design and disseminate a "tool kit" for Red Cross volunteers to help them disseminate pertinent messages on cholera, emphasizing on the importance of the participation and involvement of the community.
- The key aspect of Cholera interventions is the need for multidisciplinary approach. Multidisciplinary teams comprising of medical doctors, water and sanitation experts, information and communication specialists as well as community workers and health education workers should be sent to respond to an outbreak in order to ensure a necessary variety of views and expertise. Water and sanitation is one of the main points to be considered to control cholera.
- Vaccines: use of oral cholera vaccines can now be envisaged for mass immunization campaigns. However, the use of vaccines is not always possible and should never replace other prevention and response activities. It should be part of a package of interventions in situations where vaccines bring an added value for populations. Vaccination by itself is not enough. The two-dose regimen of the currently available OCV complicates its use in emergencies. WHO's current recommendation is not to

embark on a mass vaccination campaign once an outbreak has started due to timing, logistics and practical reasons.

- It has been noted by several participants to the forum that scientific and technical knowledge on cholera control and response is slowly fading away, due to the number of years since the last round of major outbreaks even among INGO medical staff. This situation should be reversed, as the number of cholera outbreaks is again globally rising. Knowledge should be strengthened by combining different perspectives and skills, and interactions between the different sectors involved (health, water and sanitation, infrastructures, etc.) should be promoted.
- Natural immunity: it is still unclear whether natural immunity to cholera is primarily linked to individual specificities or to the environment. More research is needed on this question.
- The issue of climate changes was raised: seemingly, global warming could influence the spread of cholera worldwide, and increase the number of environmental reservoirs. For instance, the effect of El Niño on cholera in Africa, although not fully researched yet, has been empirically observed.
- Knowledge sharing: Activities such as this forum are a suitable platform. More specialized discussions on strategies and priorities among agencies will be needed – the division of task should be defined to avoid unnecessary duplications.
- Preparedness is of utmost importance to be ready to respond when needed. Participants stressed the importance of innovative tools to complement already existing measures.

Donors' attention: could be obtained by stressing the importance of multidisciplinary approach, in particular by ensuring that the link between environmental health and cholera is sufficiently recognized.

Cholera Interventions in Asia + Cholera interventions in Rural Settings

- At the beginning of the outbreak off the shelf hygiene promotion materials were used, but as soon as possible the messages were re-packaged (involving consultation with communities, design, testing with the communities & implementation).
- The epidemiological pattern of AWD / cholera in Ethiopia is unknown; there have been large outbreaks before but not for the past few years. However with the current outbreak the AWD has re-occurred again in the same area at the same time of year and hence it may become seasonal.
- It is not clear why the pattern of outbreak in one of the regions was different to the other regions (it did not have the same large epidemiological peak): this particular region did use the local media (before it was used on a larger scale and nationally) and this regional Government has some particular capabilities and made some good efforts in its response which could have contributed but the full reason is not clear.
- For cholera which returns each year on a “seasonal” basis: the community should be involved as much as possible with shared responsibility with other actors for the response.
- Cholera and nutrition: malnutrition increases the risk of suffering from severe cholera, but in the case of Ethiopia because of the immense challenges the scale of the

outbreak posed and the speed with which it spread, it is not realistic to consider that nutrition could be responded to on such a scale reduce the severity of effects of the AWD.

- All actors should respond to cholera in the same way and with the same urgency as AWD.
- Follow up / monitoring of actions was only undertaken in certain areas and when good results were identified those strategies were implemented in other places. One of the challenges for evaluating the AWD response in Ethiopia is the question of transparency.

Cholera interventions in urban settings

- Data validation: it is an important point; the main difficulty is related to lack of transparency from governmental institutions.
- Benefits using “short” methodology: there was a benefit (Uganda case), the simplification of the methodology was tailor-made and facilitates response from the community. The key rule is to focus on simple but important things, such as the hand washing..
- Wasting time trying to approach the community: due to the Red Cross pre- presence in the field it was not difficult to approach the community, therefore there was no waste of time. Point raised: The involvement of the community is important in order to get commitment, respect and support from them.
- Logistics – critical point for response.
- Important point – to approach the community through different points (e.g. churches, Angola case)
- Economical factors also affected the response regarding Cholera (e.g. water price)
- There is still no preparation for future Cholera outbreak in Angola.
- General feeling on the importance of Cholera: at government level there is still lack of conscience about this issue, other issues are in the governmental agenda, Cholera is no a priority.
- “Local government is always one step behind the community” – This statement refers to the limited capacity of response from local governmental institutions.
- Sanitation & Hygiene should be discussed together, the “soft” part (behaviour) should always be considered in cholera interventions.
- The importance of community involvement in Hygiene promotion was raised in several presentations, the highlighted point was the importance given to this factor in the CLUSTER project.
- At the general level, the identification of source of infection: there is no clear answer. Some reasons could be considered:
 - Variables of sanitation:
 - Climate change.
 - Movement of people.
- Cause of few partners available for implementing action / intervention: Main highlighted point commitment, organizations are not always willing to cooperate. Partnership should be considered as process.