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

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HEALTH CLUSTER

WASH Cluster
Water Sanitation Hygiene

CONTENTS

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Acronyms

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

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)**[10] **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
[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. 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
[8] Some Hotspot Mapping reports can be found at https://plateformecholera.info/index.php/regional-roadmap/step-1-cholera-hotspots and https://plateformecholera.info/index.php/cholera-in-wca/cholera-hotspots
[9] Evaluation of the Unicef Level 3 Response to the Cholera Epidemic in Yemen, 2018 and Cholera in Yemen: A Case Study of Epidemic Preparedness and Response. John Hopkins, 2018
[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 responses **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[11]. 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[12], 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[13]. 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[14], 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,

[11] Cluster Coordination Reference Module, IASC, 2015
[12] Or UNHCR in refugee contexts
[13] IASC Cluster Coordination Reference Module 2015 https://www.who.int/health-cluster/about/cluster-system/cluster-coordination-reference-module-2015.pdf
[14] In the rest of the document, the term 'cluster' will be used to indicate clusters or sectors

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.

Cluster Core Functions	Description of Cluster Core Functions
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[15] 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
	  ○ 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
	  ○ 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
	  ○ 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
	  ○ 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:
	  ○ Be **one** integrated multi-sector plan
	  ○ Have clear areas of **integrated collaboration** and **roles and responsibilities**
	  ○ 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:
	  ○ **Combined** integration in *Integrated Case Investigation Teams, Integrated Response Teams; Joint Analysis of Cholera Data, Integrated Simulations, Identification and Targeting of Hotspots*
	  ○ **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
	  ○ 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

[15] 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***.

Levels of Integration	Description	Examples of Operational Integration
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.

The Joint Operational Framework (JOF)

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**

Image 1 – Phase and Components of the Joint Operational Framework

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:**

1. Prevention **2. Preparedness** **3. Response** (see image below).

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.

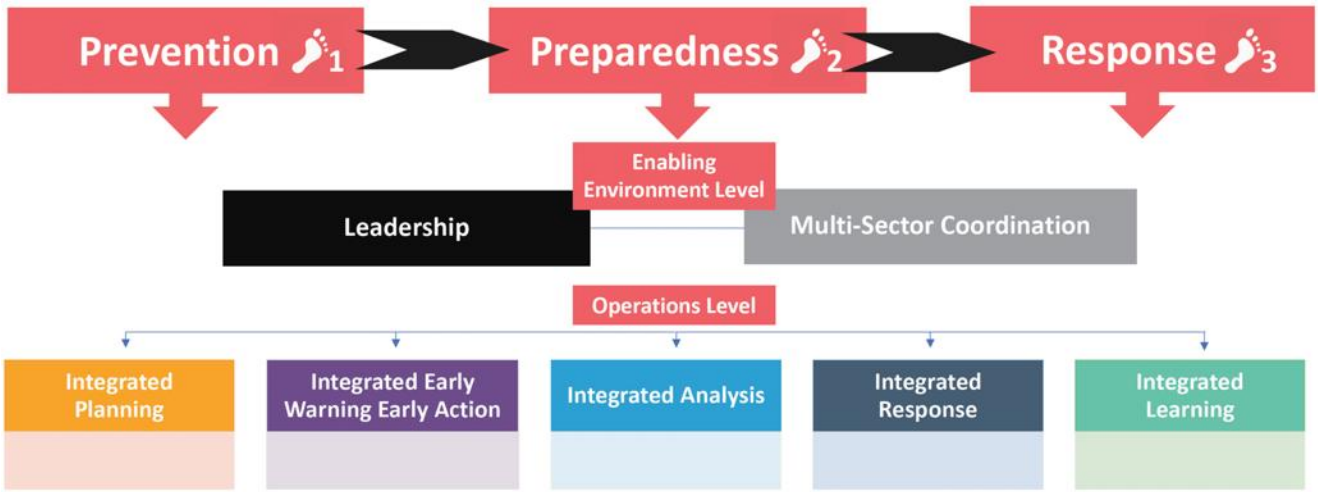


Image 2 – Structure and Components of the Joint Operational Framework

30. Table 4 describes the seven components that make up the Enabling Environment and Operational Levels:

Enabling Environment Level	
Leadership	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.
Multi-Sector Coordination	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&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.
Operational Level	
Integrated Planning	Planning provides a substantial contribution to timely, effective P&R to cholera. It facilitates an integrated (multi-sector, multi-disciplinary) collaboration between all stakeholders. It supports the development of collaborative cholera P&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.
Integrated Early Warning and Early Action	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.
Integrated Analysis	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.
Integrated Response	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.
Integrated Learning	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&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.

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[16] or Global WASH Cluster webpage[17].

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.***

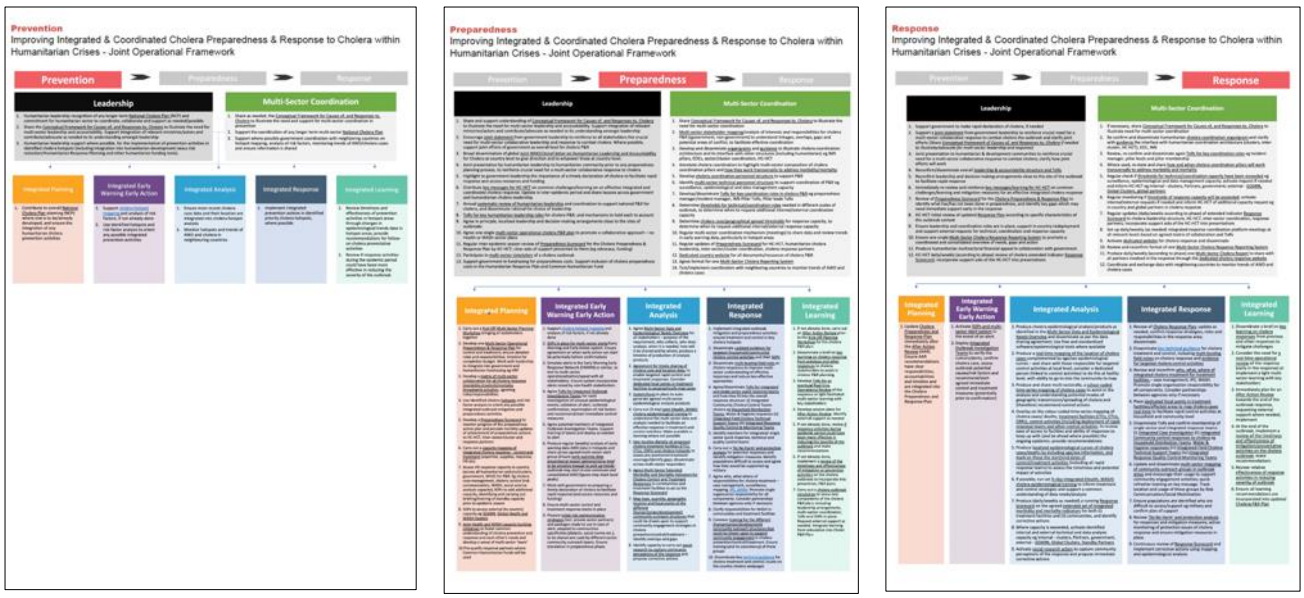
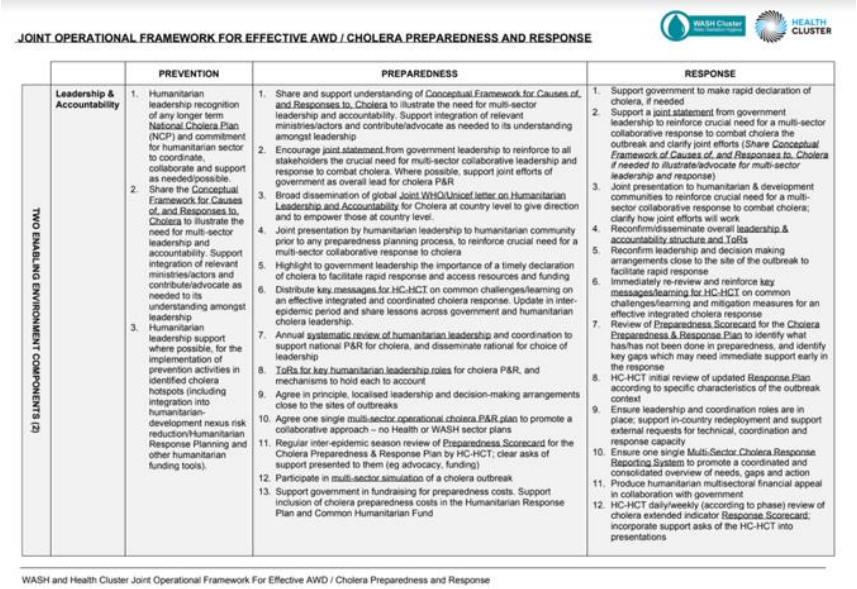


Image 3 – Print Thumbnails of the three elements of the Joint Operational Framework

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



JOINT OPERATIONAL FRAMEWORK FOR EFFECTIVE AWD / CHOLERA PREPAREDNESS AND RESPONSE

		PREVENTION	PREPAREDNESS	RESPONSE
TWO ENABLING ENVIRONMENT COMPONENTS (2)	Leadership & Accountability	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).	1. Share and support understanding of 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 2. Encourage joint statement from government leadership to reinforce to all stakeholders the crucial need for multi-sector collaborative 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 and to empower those at country level. 4. Joint presentation by humanitarian leadership to humanitarian community prior to 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 response and access resources and funding 6. Distribute key messages for HC-HCT on common challenges/learning on an effective integrated and coordinated cholera response. Update in inter-epidemic period and share lessons across government and humanitarian cholera leadership. 7. Annual systematic review of humanitarian leadership and coordination to support national P&R for cholera, and disseminate rational for choice of leadership 8. ToRs 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 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-HCT; clear asks of support presented to them (eg advocacy, funding) 12. Participate in multi-sector simulation of a cholera outbreak 13. Support government in fundraising for preparedness costs. Support inclusion of cholera preparedness costs in the Humanitarian Response Plan and Common Humanitarian Fund	1. Support government to make rapid declaration of cholera, if needed 2. Support a joint statement from government leadership to reinforce crucial need for a multi-sector collaborative response to combat cholera the outbreak and clarify joint efforts (*Share Conceptual Framework of Causes of, and Responses to, Cholera if needed to illustrate/advocate for multi-sector leadership and response*) 3. Joint presentation to humanitarian & development communities to reinforce crucial need for a multi-sector collaborative response to combat cholera; clarify how joint efforts will work 4. Reconfirm/disseminate overall leadership & accountability structure and ToRs 5. Reconfirm leadership and decision making arrangements close to the site of the outbreak to facilitate rapid response 6. Immediately re-review and reinforce key messages/learning for HC-HCT on common challenges/learning and mitigation measures for an effective integrated cholera response 7. Review of Preparedness Scorecard for the Cholera Preparedness & Response Plan to identify what has/has not been done in preparedness, and identify key gaps which may need immediate support early in the response 8. HC-HCT initial review of updated Response Plan according to specific characteristics of the outbreak context 9. Ensure leadership and coordination roles are in place; support in-country redeployment and support external requests for technical, coordination and response capacity 10. Ensure one single Multi-Sector Cholera Response Reporting System to promote a coordinated and consolidated overview of needs, gaps and action 11. Produce humanitarian multisectoral financial appeal in collaboration with government 12. HC-HCT daily/weekly (according to phase) review of cholera extended indicator Response Scorecard, incorporate support asks of the HC-HCT into presentations

WASH and Health Cluster Joint Operational Framework For Effective AWD / Cholera Preparedness and Response

Image 4 – Print Thumbnail for the Joint Operational Framework, Organised by the 7 Components

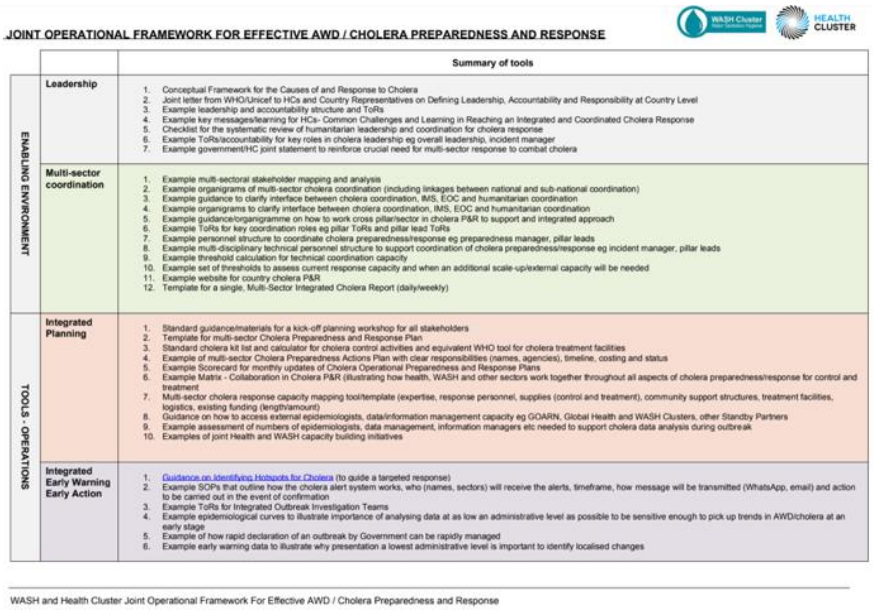
Tools

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 separate 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.***



JOINT OPERATIONAL FRAMEWORK FOR EFFECTIVE AWD / CHOLERA PREPAREDNESS AND RESPONSE

		Summary of tools
ENABLING ENVIRONMENT	Leadership	1. Conceptual Framework for the Causes of and Response to Cholera 2. Joint letter from WHO/Unicef to HCs and Country Representatives on Defining Leadership, Accountability and Responsibility at Country Level 3. Example leadership and accountability structure and ToRs 4. Example key messages/learning for HCs- Common Challenges and Learning in Reaching an Integrated and Coordinated Cholera Response 5. Checklist for the systematic review of humanitarian leadership and coordination for cholera response 6. Example ToRs/accountability for key roles in cholera leadership eg overall leadership, incident manager 7. Example government/HC joint statement to reinforce crucial need for multi-sector response to combat cholera
	Multi-sector coordination	1. Example multi-sectoral stakeholder mapping and analysis 2. Example organigrams of multi-sector cholera coordination (including linkages between national and sub-national coordination) 3. Example guidance to clarify interface between cholera coordination, IMS, EOC and humanitarian coordination 4. Example organigrams to clarify interface between cholera coordination, IMS, EOC and humanitarian coordination 5. Example guidance/organigramme on how to work cross pillar/sector in cholera P&R to support and integrated approach 6. Example ToRs for key coordination roles eg pillar ToRs and pillar lead ToRs 7. Example personnel structure to coordinate cholera preparedness/response eg preparedness manager, pillar leads 8. Example multi-disciplinary technical personnel structure to support coordination of cholera preparedness/response eg incident manager, pillar leads 9. Example threshold calculation for technical coordination capacity 10. Example set of thresholds to assess current response capacity and when an additional scale-up/external capacity will be needed 11. Example website for country cholera P&R 12. Template for a single, Multi-Sector Integrated Cholera Report (daily/weekly)
TOOLS - OPERATIONS	Integrated Planning	1. Standard guidance/materials for a kick-off planning workshop for all stakeholders 2. Template for multi-sector Cholera Preparedness and Response Plan 3. Standard cholera kit list and calculator for cholera control activities and equivalent WHO tool for cholera treatment facilities 4. Example of multi-sector Cholera Preparedness Actions Plan with clear responsibilities (names, agencies), timeline, costing and status 5. Example Scorecard for monthly updates of Cholera Operational Preparedness and Response Plans 6. Example Matrix - Collaboration in Cholera P&R (illustrating how health, WASH and other sectors work together throughout all aspects of cholera preparedness/response for control and treatment 7. Multi-sector cholera response capacity mapping tool/template (expertise, response personnel, supplies (control and treatment), community support structures, treatment facilities, logistics, existing funding (length/amount)) 8. Guidance on how to access external epidemiologists, data/information management capacity eg GOARN, Global Health and WASH Clusters, other Standby Partners 9. Example assessment of numbers of epidemiologists, data management, information managers etc needed to support cholera data analysis during outbreak 10. Examples of joint Health and WASH capacity building initiatives
	Integrated Early Warning Early Action	1. Guidance on Identifying Hotspots for Cholera (to guide a targeted response) 2. Example SOPs that outline how the cholera alert system works, who (names, sectors) will receive the alerts, timeframe, how message will be transmitted (WhatsApp, email) and action to be carried out in the event of confirmation 3. Example ToRs for Integrated Outbreak Investigation Teams 4. Example epidemiological curves to illustrate importance of analysing data at as low an administrative level as possible to be sensitive enough to pick up trends in AWD/cholera at an early stage 5. Example of how rapid declaration of an outbreak by Government can be rapidly managed 6. Example early warning data to illustrate why presentation a lowest administrative level is important to identify localised changes

WASH and Health Cluster Joint Operational Framework For Effective AWD / Cholera Preparedness and Response

Image 5 – Print Thumbnail for the Tools of Joint Operational Framework

The 3 Elements of the Joint Operational Framework (JOF)

Prevention

Improving Integrated & Coordinated Cholera Preparedness & Response to Cholera within Humanitarian Crises - Joint Operational Framework

Prevention → Preparedness → Response

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

Preparedness

Improving Integrated & Coordinated Cholera Preparedness & Response to Cholera within Humanitarian Crises - Joint Operational Framework

Prevention → **Preparedness** → Response

Leadership

1. Share and support understanding of 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
2. Encourage joint statement from government leadership to reinforce to all stakeholders the crucial need for multi-sector collaborative 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 and to empower those at country level.
4. Joint presentation by humanitarian leadership to humanitarian community prior to 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 response and access resources and funding
6. Distribute key messages for HC-HCT on common challenges/learning on an effective integrated and coordinated cholera response. Update in inter-epidemic period and share lessons across government and humanitarian cholera leadership.
7. Annual systematic review of humanitarian leadership and coordination to support national P&R for cholera, and disseminate rational for choice of leadership
8. ToRs 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 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-HCT; clear asks of support presented to them (eg advocacy, funding)
12. Participate in multi-sector simulation of a cholera outbreak
13. Support government in fundraising for preparedness costs. Support inclusion of cholera preparedness costs in the Humanitarian Response Plan and Common Humanitarian Fund

Multi-Sector Coordination

1. Share Conceptual Framework for Causes of, and Responses to, Cholera to illustrate the need for multi-sector coordination
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 organigrams and guidance to illustrate cholera coordination architecture and its interface with other structures (including humanitarian) eg IMS pillars, EOCs, sector/cluster coordination, HC-HCT
4. Annotate cholera coordination to highlight multi-sector composition of cholera coordination pillars and how they work transversally to address morbidity/mortality
5. Develop cholera coordination personnel structure to support P&R
6. Identify multi-sector technical personnel structure to support coordination of P&R eg surveillance, epidemiological and data management capacity
7. Develop/disseminate ToRs for key coordination roles in cholera P&R eg preparedness manager/incident manager, IMS Pillar ToRs, Pillar leads ToRs
8. Determine thresholds for technical/coordination roles needed in different scales of outbreak, to determine when to request additional internal/external coordination capacity
9. Determine cholera case/geographical spread thresholds for response capacity, to determine when to request additional internal/external response capacity
10. Regular multi-sector coordination mechanism (meetings) to share data and review trends in early warning data, particularly in hotspot areas
11. Regular updates of Preparedness Scorecard for HC-HCT, humanitarian cholera leadership, inter-sector/cluster coordination, cholera response partners
12. Dedicated country website for all documents/resources of cholera P&R
13. Agree format for one Multi-Sector Cholera Reporting System
14. Test/implement coordination with neighboring countries to monitor trends of AWD and cholera cases

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 control and treatment; ensure detailed roles and responsibilities, timeline for completion budget. Work with leadership to integrate into government and humanitarian fund-raising eg HRP

3.Develop a matrix of multi-sector collaboration for all cholera response (morbidity (control)/mortality (treatment) activities. agreeing roles/responsibilities

4.Use identified cholera hotspots and risk factor analysis to orient any possible integrated outbreak mitigation and preparedness activities

5.Develop a Preparedness Scorecard to monitor progress of the preparedness action plan and provide monthly updates of achievement of preparedness actions to HC-HCT, Inter-sector/cluster and response partners

6.Carry out a capacity mapping of integrated cholera response - control and treatment (expertise, supplies, response, HR etc)

7.Assess 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 of standby capacity prior to epidemic season

8.SOPs to access external (to country) capacity eg GOARN, Global Health and WASH Clusters

9.Joint Health and WASH capacity building initiatives to foster common understanding of cholera prevention and response and each other's needs and develop a sense of multi-sector 'team'

10.Pre-qualify response partners where Common Humanitarian Funds will be used

Integrated Early Warning Early Action

1.Support cholera hotspot mapping and analysis of risk factors, if not already done

2.SOPs in place for multi-sector alerts/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 Network (EWARN) or similar, to test its multi-sector operationalisation/ speed with all stakeholders. Ensure system incorporates alerts raised by non-health stakeholders

4.Agree ToRs for Integrated Outbreak Investigation Teams for rapid investigation of unusual epidemiological events, validation 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 group (Ensure early warning data 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 Analysis

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 case and location data, to enable targeted rapid control and treatment responses. Consider dedicated focal points in treatment facilities to geographically map cases

3.System/tools in place to auto-generate agreed multi-sector epidemiological analysis products

4.Carry out joint (Health, WASH) cholera epidemiological training to understand the multi-sector data and analysis needed to facilitate an effective response in treatment and control activities. Make available e-learning where not possible

5.Geo-localise digitally all proposed cholera treatment facilities (CTCs, CTUs, ORPs) and cholera hotspots to assess pre-positioned treatment coverage/ identify gaps; disseminate across multi-sector responders

6.Agree Multi-Sector Extended Morbidity and Mortality Indicators for Cholera Control and Treatment Responses in communities and treatment facilities to act as the Response Scorecard

7.Map type, quantity, geographic location and focal points of the different (humanitarian/development) community outreach structures that could be drawn upon to support community engagement strategies in cholera prevention/control/treatment – identify overlaps and gaps

8.Identify capacity to carry out social research to capture community perceptions of the response and propose corrective actions

Integrated Response

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 improve multi-sector understanding of effective responses and reduce less effective approaches

4. Agree/disseminate ToRs for integrated and single sector quick response teams and how they fit into the overall response structure: (i) Integrated Community Cholera Control Teams cholera eg Household Disinfection Teams, Water & Hygiene responses (ii) Integrated Field Cholera Technical Support Teams (iii) Integrated Response Quality Control & Monitoring Teams

5. Identify members for integrated/ single sector quick response, technical and quality control 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 eg military

7. Agree who, what where of responsibilities for cholera treatment – case management, surveillance, mapping, IPC, WASH. Promote single organisation responsibility for all components. Consider partnerships between agencies only if necessary

8.Clarify responsibilities for WASH in communities and treatment facilities

9.Common training for the different (humanitarian/development) community outreach structures that could be drawn upon to 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 webpages

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 response from previous and other responses to cholera stakeholders to assist in cholera P&R planning

3.Develop ToRs for an eventual Real-time Operational Review of the response or light facilitated multi-sector learning with key stakeholders

4.Develop session plans for After Action Review. Identify external support as needed

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, ToRs and SOPs in place. Request external support as needed. Integrate learning from simulation into Choler P&R Plan

Response

Improving Integrated & Coordinated Cholera Preparedness & Response to Cholera within Humanitarian Crises - Joint Operational Framework

Prevention → Preparedness → **Response**

Leadership

1. Support government to make rapid declaration of cholera, if needed
2. Support a joint statement from government leadership to reinforce crucial need for a multi-sector collaborative response to combat cholera the outbreak and clarify joint efforts (*Share Conceptual Framework of Causes of, and Responses to, Cholera if needed to illustrate/advocate for multi-sector leadership and response*)
3. Joint presentation to humanitarian & development communities to reinforce crucial need for a multi-sector collaborative response to combat cholera; clarify how joint efforts will work
4. Reconfirm/disseminate overall leadership & accountability structure and ToRs
5. Reconfirm leadership and decision making arrangements close to the site of the outbreak to facilitate rapid response
6. Immediately re-review and reinforce key messages/learning for HC-HCT on common challenges/learning and mitigation measures for an effective integrated cholera response
7. Review of Preparedness Scorecard for the Cholera Preparedness & Response Plan to identify what has/has not been done in preparedness, and identify key gaps which may need immediate support early in the response
8. HC-HCT initial review of updated Response Plan according to specific characteristics of the outbreak context
9. Ensure leadership and coordination roles are in place; support in-country redeployment and support external requests for technical, coordination and response capacity
10. Ensure one single Multi-Sector Cholera Response Reporting System to promote a coordinated and consolidated overview of needs, gaps and action
11. Produce humanitarian multisectoral financial appeal in collaboration with government
12. HC-HCT daily/weekly (according to phase) review of cholera extended indicator Response Scorecard; incorporate support asks of the HC-HCT into presentations

Multi-Sector Coordination

1. If necessary, share Conceptual Framework for Causes of, and Responses to, Cholera to illustrate need for multi-sector coordination
2. Re-confirm and disseminate humanitarian cholera coordination organigram and clarify with guidance the interface with humanitarian coordination architecture (clusters, inter-cluster, HC-HCT), EOC, IMS
3. Review, re-confirm and disseminate again ToRs for key coordination roles eg incident manager, pillar leads and pillar membership
4. Where used, re-state and share how and when cholera coordination pillars will work transversally to address morbidity and mortality
5. Regular check if thresholds for technical/coordination capacity have been exceeded eg surveillance, epidemiological and data management capacity; activate request if needed and inform HC-HCT eg internal - clusters, Partners, government; external - GOARN, Global Clusters, global partners
6. Regular monitoring if thresholds of response capacity will be exceeded; activate internal/external requests if needed and inform HC-HCT of additional capacity request eg in-country and global partners in cholera response
7. Regular updates (daily/weekly according to phase) of extended indicator Response Scorecard to cholera leadership structure, HC-HCT, inter-sector coordination, response partners; incorporate support asks of the HC-HCT into presentations
8. Set-up daily/weekly (as needed) integrated response coordination platform meetings at all relevant levels based on agreed matrix of collaboration and ToRs
9. Activate dedicated website for cholera response and disseminate
10. Review and reconfirm format of one Multi-Sector Cholera Response Reporting System
11. Produce daily/weekly (according to phase) one Multi-Sector Cholera Report to share with all partners involved in the response through the dedicated cholera response website
12. Coordinate and exchange data with neighboring countries to monitor trends of AWD and cholera cases

Integrated Planning

1. Update Cholera Preparedness and Response Plan immediately after the After 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 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; Use free 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 understanding potential modes of geographic transmission/spreading of cholera and (therefore) recommend control actions

4.Overlay on the colour-coded time-series mapping of cholera cases/ deaths, treatment facilities (CTCs, CTUs, ORPs), control activities (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 age/sex 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 ½-day integrated (Health, WASH) cholera epidemiological training to inform treatment and control strategies and support a common understanding of data needs/analysis

7. Produce (daily/weekly as needed) a running Response Scorecard on the agreed extended set of integrated morbidity and mortality indicators for both (i) treatment facilities and (ii) communities, and identify corrective actions

8. Where capacity is exceeded, activate identified internal and external technical and data analysis capacity eg internal - clusters, Partners, government, external - GOARN, Global Clusters, Standby Partners

9. Activate social research action to capture community perceptions of the response and propose immediate corrective actions

Integrated Response

1. Review of Cholera Response Plan; update as needed, confirm response strategies, roles and responsibilities in the response area; disseminate

2. Disseminate key technical guidance for cholera treatment and control, including myth-busting field notes on cholera response and evidence for targeted cholera control activities

3. Review and reconfirm who, what, where of integrated cholera treatment for treatment facilities – case management, IPC, WASH. Promote single organisation responsibility for all components. Consider partnerships between agencies only if necessary

4. Disseminate ToRs and confirm membership of single ector and integrated response teams: (i) Integrated Case Investigation (ii) Integrated Community control responses to cholera eg Household Disinfection Teams, Water & Hygiene responses (iii) Integrated Field Cholera Technical Support Teams (iv) Integrated Response Quality Control Monitoring Teams

5. 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

6. Ensure populations are identified who are difficult to access/support eg military and confirm plan of support

7. Review 'Do No Harm' and protection analysis for responses and mitigation measures; active monitoring of protection issues of cholera response and ensure mitigation measures in place.

8. Continuous review of Response Scorecard and implement corrective actions using mapping and epidemiological analysis

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, requesting 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 activities 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.

HEALTH CLUSTER

WASH Cluster
Water Sanitation Hygiene