



GLOBAL TASK FORCE ON
CHOLERA CONTROL



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OVERVIEW OF

ENDING CHOLERA

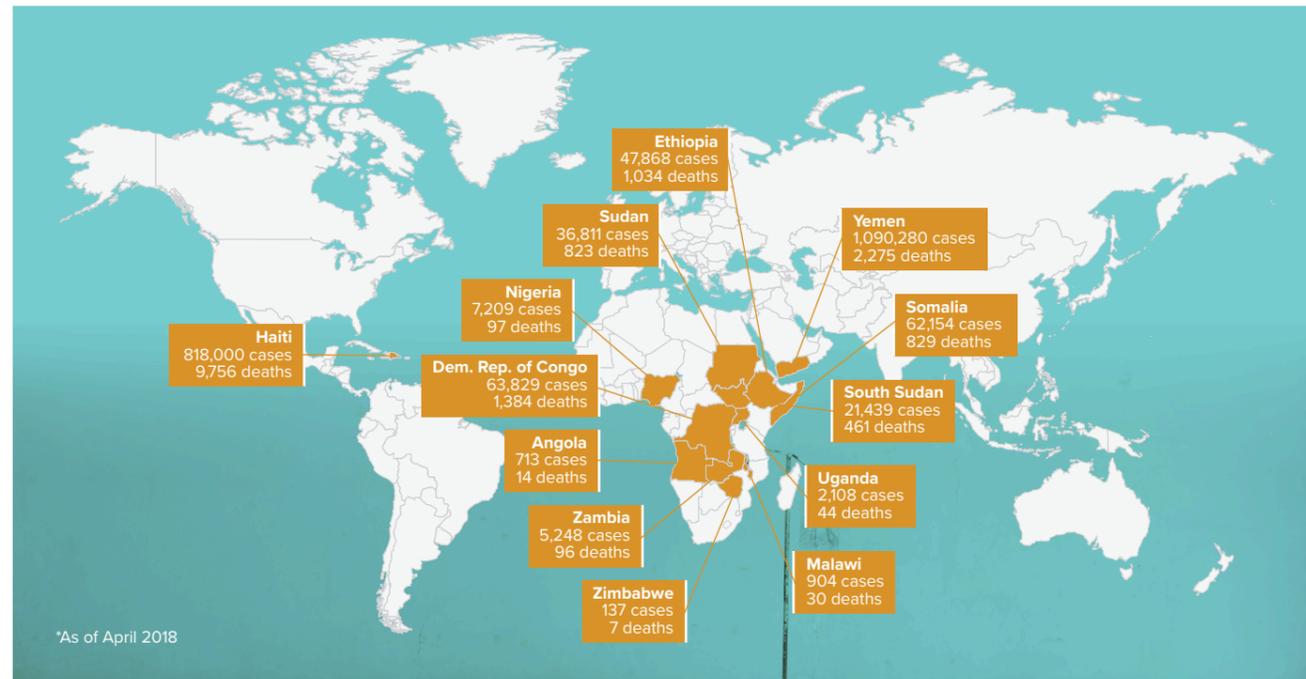
A GLOBAL ROADMAP TO 2030

Ending Cholera—A Global Roadmap to 2030 operationalises the new global strategy for cholera control at the country level and provides a concrete path toward a world in which cholera is no longer a threat to public health. By implementing the strategy between now and 2030, the Global Task Force on Cholera Control (GTFCC) partners will support countries to **reduce cholera deaths by 90 percent**. With the commitment of cholera-affected countries, technical partners, and donors, as many as 20 countries could eliminate disease transmission by 2030.

ENDING CHOLERA—A CALL TO ACTION

Cholera is a disease of inequity—an ancient illness that today sickens and kills only the poorest and most vulnerable people. **The map of cholera is essentially the same as a map of extreme poverty.** Yet every death from cholera is preventable with the tools we have today, putting the goal of ending its public health impact within our reach. Cholera can be controlled with a multi-sectoral approach—including basic water, sanitation, and hygiene (WASH) services, and oral cholera vaccines (OCV). Ending cholera is a moral obligation and an important achievement in its own right, and it is also critical to achieving the Sustainable Development Goals (SDGs). If we fail to act, climate change, urbanization, and population growth will create an increased risk of cholera in the coming years.

Map 1. Major Cholera Outbreaks 2017-2018



In 2017, cholera continued to hit communities already made vulnerable by tragedies such as conflict and famine. Yemen currently faces the world's largest cholera outbreak, with 1,090,280 cases and 2,275 deaths reported between April 2017 and April 2018. Haiti reported nearly 1 million cases and 10,000 deaths since the beginning of the 2010 outbreak. 2017 was an especially bad year for cholera—but unless we act now, it may not be an outlier.

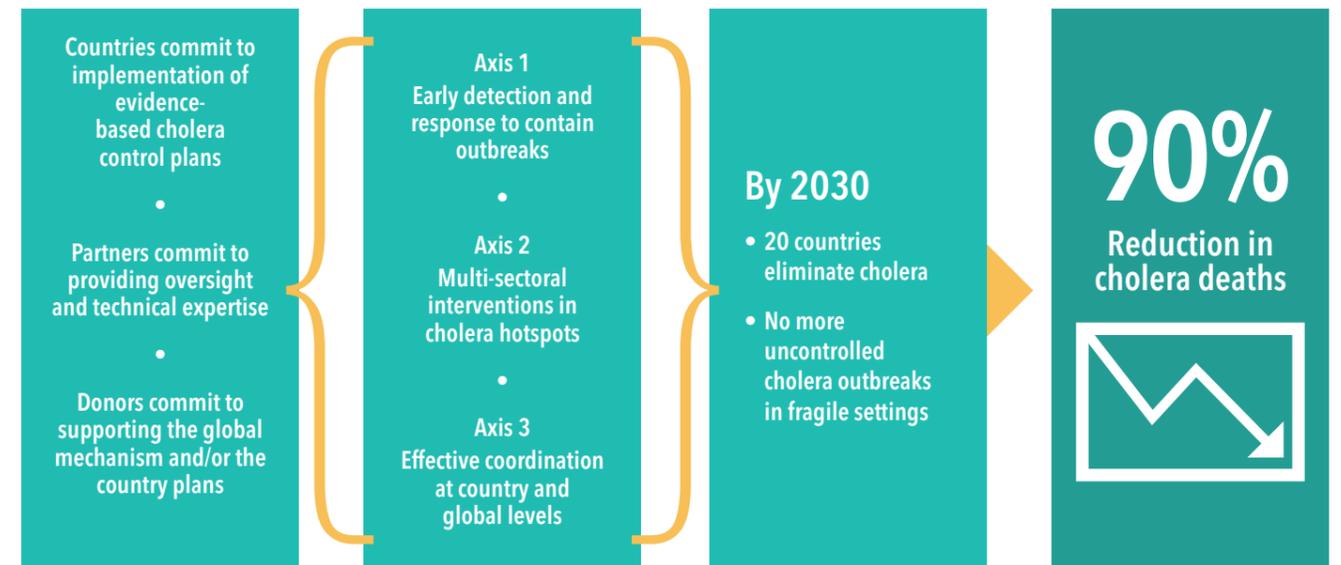
IMPLEMENTING THE GLOBAL ROADMAP

The strategy focuses on the 47 countries affected by cholera today, and consists of multi-sectoral interventions supported by a nimble and effective coordination mechanism. *The Global Roadmap* focuses on three strategic axes:

- 1. Early detection and quick response to contain outbreaks:** The strategy focuses on containing outbreaks—wherever they may occur—through early detection and rapid response, which are critical elements for reducing the global burden of cholera. Through interventions like robust community engagement, strengthening early warning surveillance and laboratory capacities, health systems and supply readiness, and establishing rapid response teams, we can drastically reduce the number of deaths from cholera even in fragile settings.
- 2. A targeted multi-sectoral approach to prevent cholera recurrence:** The strategy also calls on countries and partners to focus on cholera “hotspots”, the relatively small areas most heavily affected by cholera, which experience cases on an ongoing or seasonal basis and play an important role in the spread of cholera to other regions and areas. Cholera transmission can be stopped in these areas through measures including improved WASH and through use of OCV. In Africa alone, 40 to 80 million people live in cholera hotspots.
- 3. An effective mechanism of coordination for technical support, advocacy, resource mobilisation, and partnership at local and global levels:** The GTFCC provides a strong framework to support countries in intensifying efforts to control cholera, building upon country-led cross-sectoral cholera control programs, and supporting them through human, technical, and financial resources. As a global network of organisations, the GTFCC is positioned to bring together partners from across all sectors, and offers an effective country-driven platform to support advocacy and communications, fundraising, inter-sectoral coordination, and technical assistance.



Figure 1: Theory of change of the Global Roadmap



MULTI-SECTORAL INTERVENTIONS IN CHOLERA HOTSPOTS

The *Global Roadmap* calls for cholera hotspots to become the primary targets of a package of effective cholera control measures adapted to the local transmission pattern.

Figure 2: Multi-sectoral interventions to control cholera



INVESTING IN A CHOLERA-FREE WORLD

The Global Roadmap aligns health and WASH resources and targets them to areas most in need, saving lives, enhancing equity, and reducing the significant economic burden of cholera as well as other WASH-related diseases.

GTFFC partners have modelled the costs and benefits of implementing the Global Roadmap in an illustrative urban cholera hotspot¹, similar to many around the world. The model compares taking no new action (“status quo”) which requires continuous emergency response to cholera outbreaks, with implementation of the Global Roadmap—a preventative, multi-sectoral approach to cholera control.

By contrast, the same urban hotspot can be free from cholera within 7 years (a conservative timeframe) through implementation of a multi-sectoral cholera control plan that increases WASH coverage to 80% of the population and includes two OCV campaigns. This future can be realized for just \$21 per person per year on average for safe water, sanitation, and hygiene (including maintenance costs) and less than \$10 per person total for vaccination.

For this illustrative cholera hotspot, implementing a cholera control plan aligned to the Global Roadmap—including WASH, OCV, disease surveillance, and case management—would cost an average of \$5.3 million per year, and over the long term (2018-2040) yield benefits more than four times its cost. Benefits include savings on medical care, time gains due to easier access to water and sanitation facilities, and a dramatically reduced toll of WASH-related diseases. **Every dollar spent on cholera control will provide social and economic gains worth more than four dollars directly to communities that have been left behind in the course of global development.**

Not fully captured in this figure are the transformative effects of WASH on maternal and child health, malnutrition, access to education, poverty, and inequality. **Controlling cholera in hotspots represents a significant step toward the achievement of the SDGs for the world’s poorest people and toward a world free from the threat of cholera.**

¹ Based on data from an average urban cholera hotspot of 200,000 people with 25% access to safe water, 11% access to sanitation, and an annual incidence of cholera of 0.85%, representing 1700 cases and 30 deaths.

Figure 3: Investing in the Global Roadmap vs Status Quo in an Illustrative Urban Hotspot

The model provides a troubling view of a future in which no new action is taken: cholera cases and deaths will continue to rise, more than doubling in the next 20 years.

