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# Focus on the current global Cholera situation and coordination mechanism

GTFCC Annual Meeting – 26 June 2023



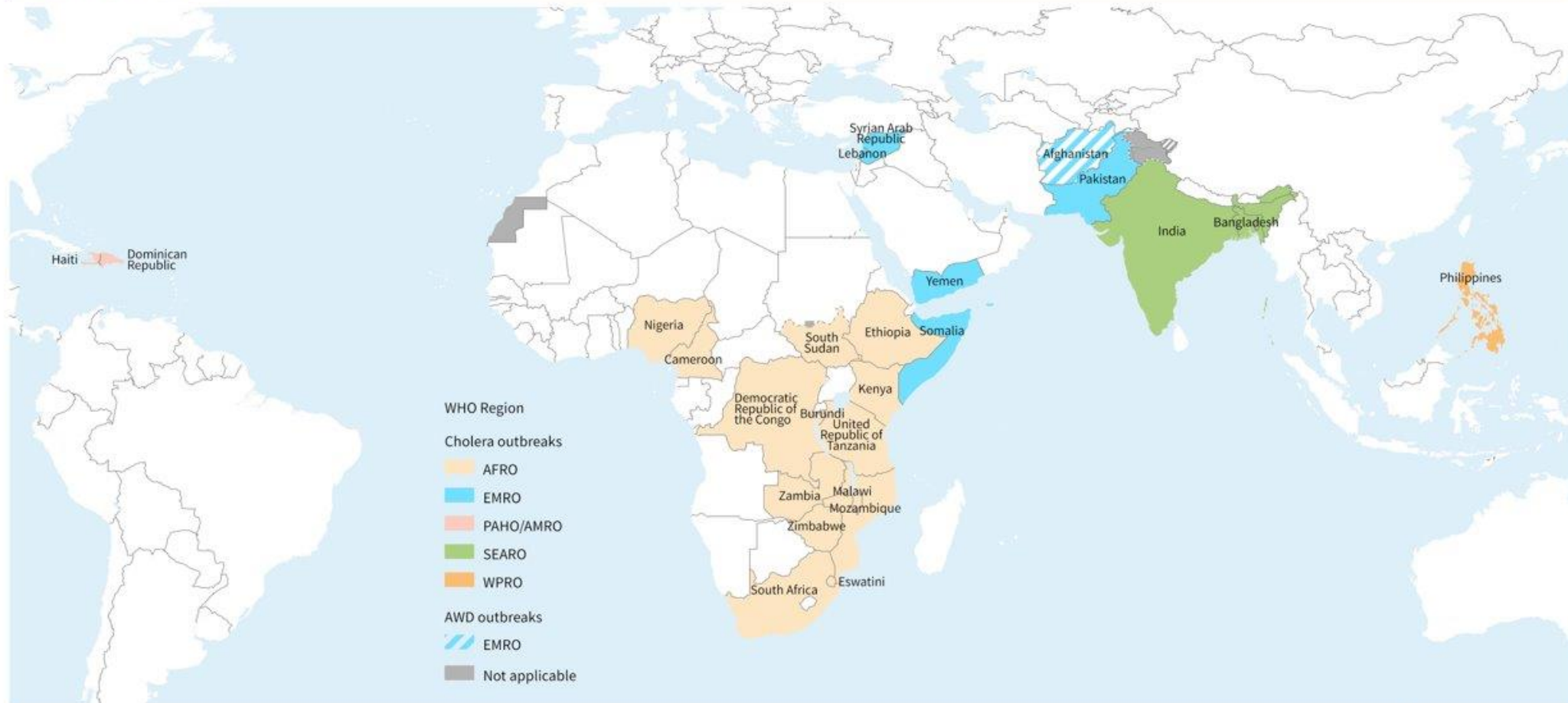
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# Overview of global epidemiological situation and context

## Countries which reported cholera / AWD in 2023

(as of 21 June 2023)



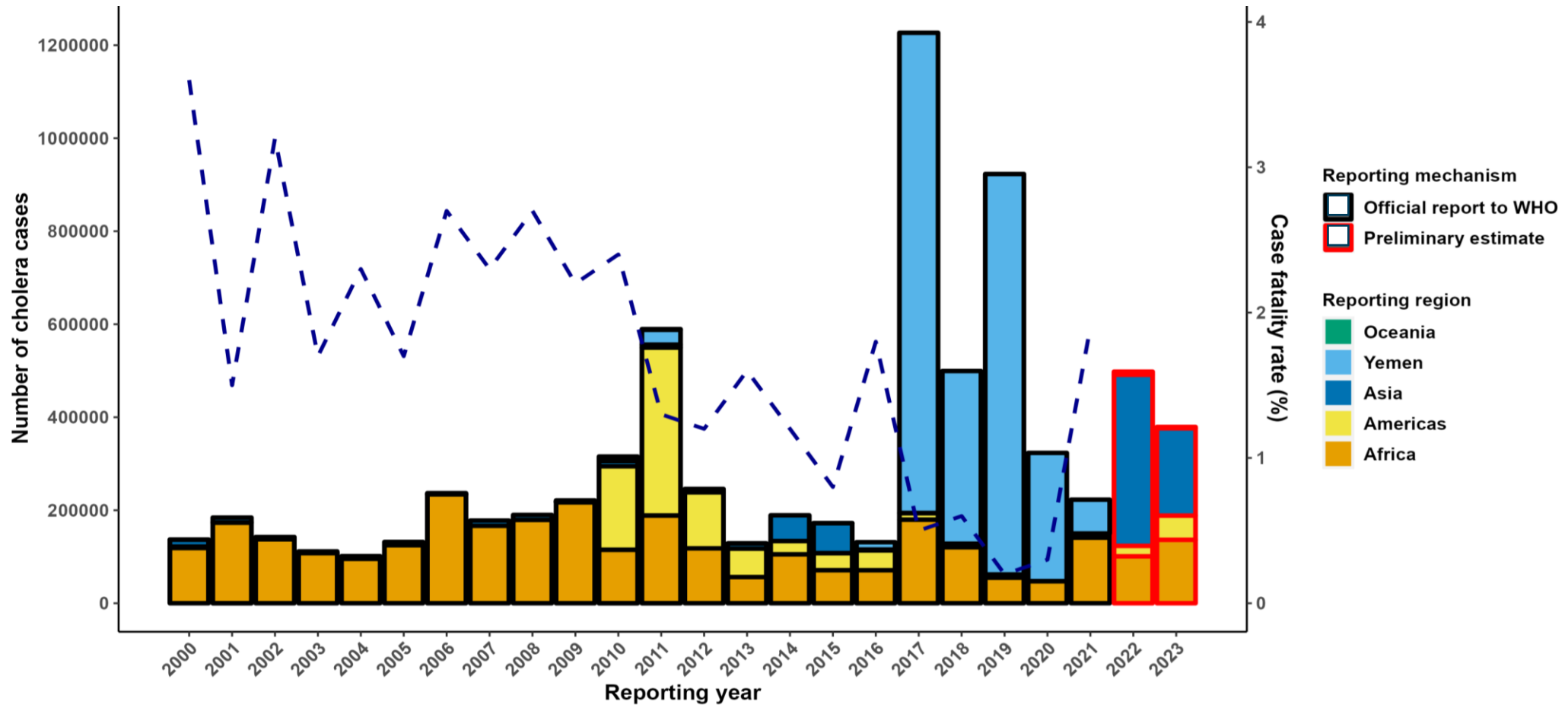
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Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
Map Date: 21 June 2023

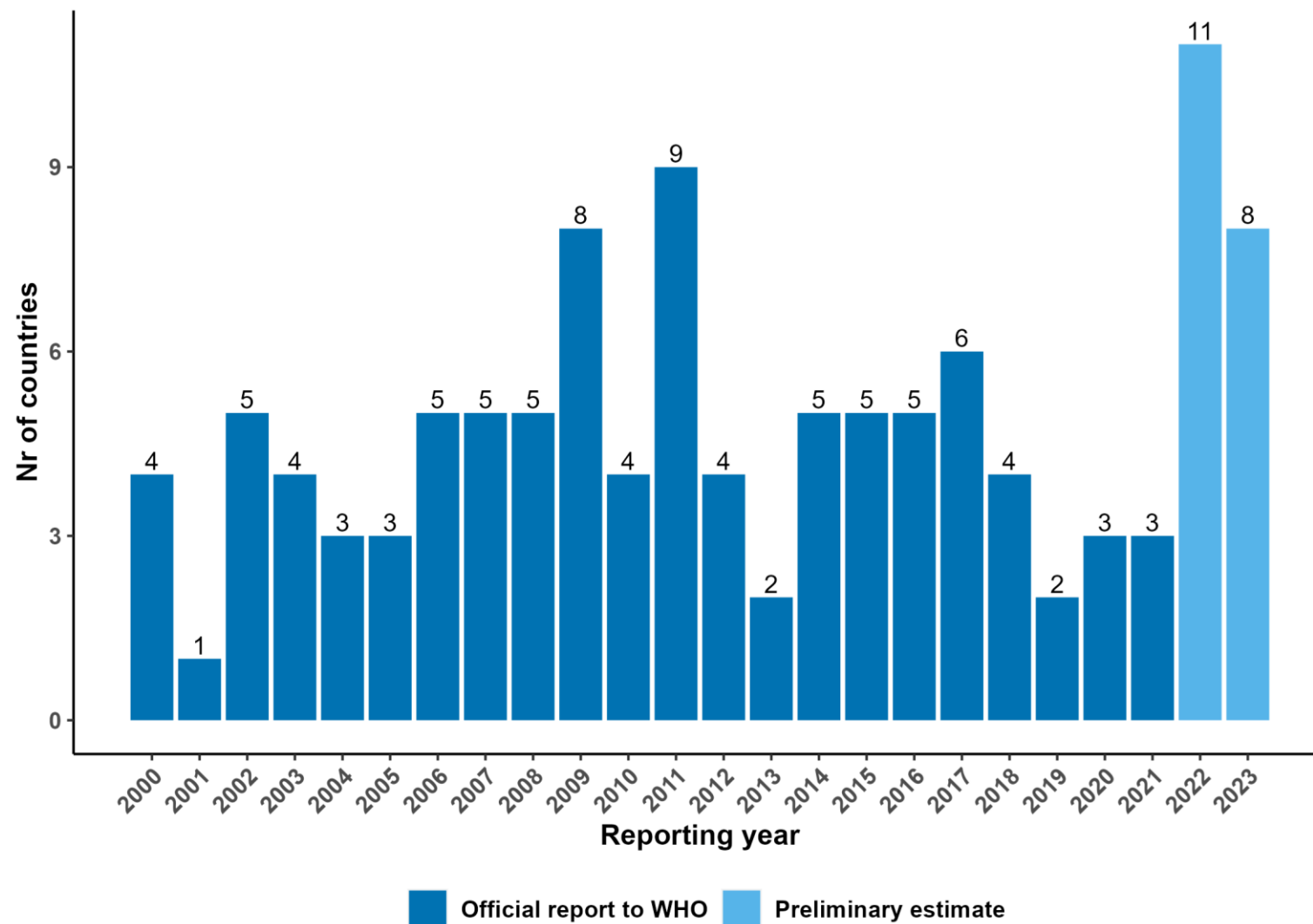
**2023: 25 countries reported cholera cases by June 2023**

**2022: 15 countries reported cholera cases at this time**

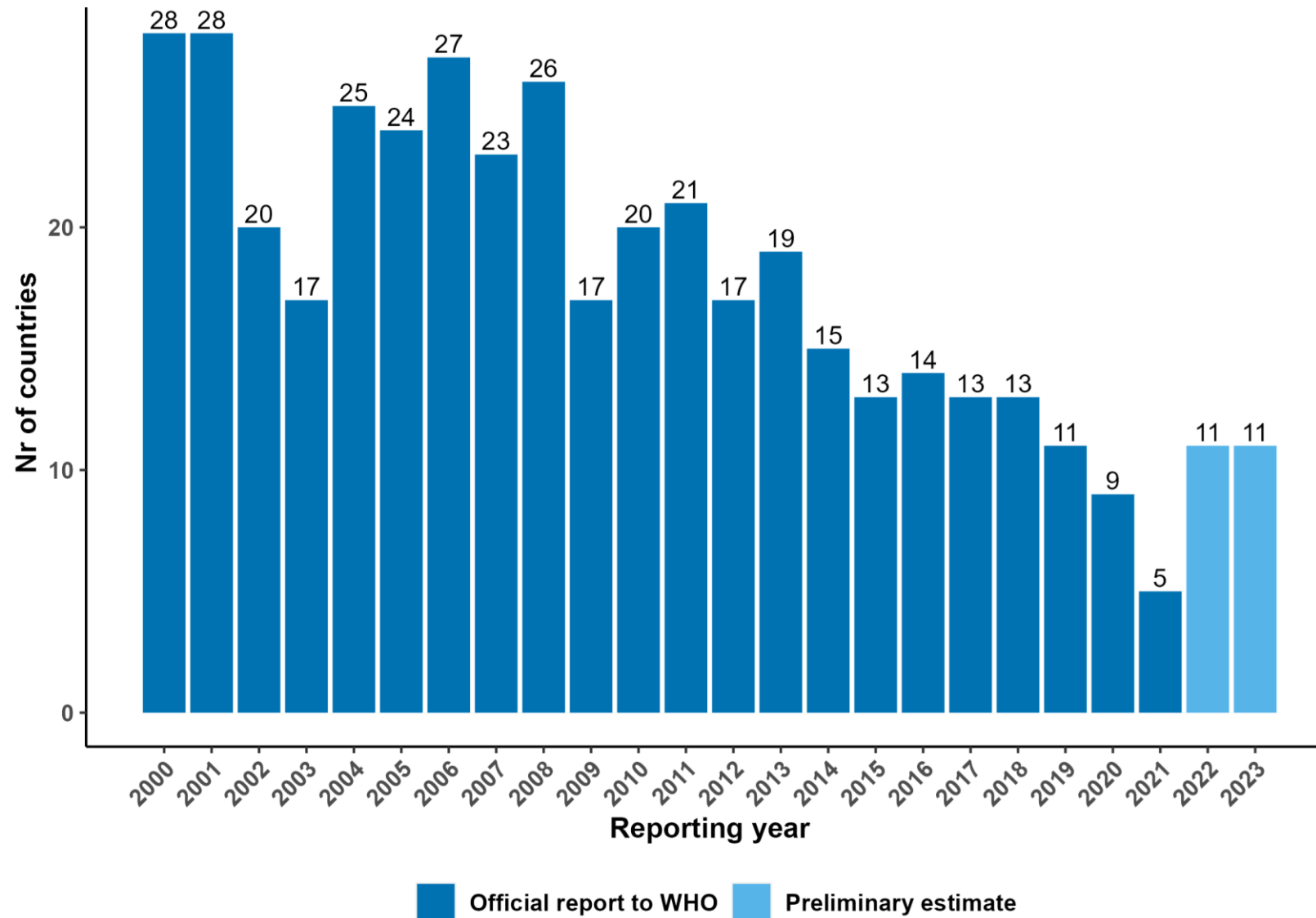
# Number of global autochthonous cholera cases and case fatality rate (CFR) per year (2000-2023)



## Nr of countries with > 10 000 autochthonous cholera cases per year (2000-2023)



## Nr of countries with > 50 autochthonous cholera cases and CFR >1% per year (2000-2023)



# Overall current cholera operational context

## 2022 and early 2023



High **CFR**



Strong **La Nina** effect (over 3 consecutive years)  
Massive **floods, cyclones** and **droughts**



**One-dose OCV** strategy announced in Oct 2022,  
with no OCV available for preventive campaigns



Issues with production scale of **cholera supplies**,  
namely cholera kits



Lack of **financial resources** for cholera outbreak  
response

## 2023



More countries reporting outbreaks in 2023 vs. 2022; and  
high **CFR** remains



**Large outbreaks** in Southern Africa and Horn of Africa,  
compounded by **cyclones** and **droughts/flooding**,  
respectively



Second part of 2023: beginning of **El Nino** – with **no  
neutral phase**



Beginning or upcoming **peak transmission seasons**: Bay of  
Bengal / Central Asia, West Africa, Ukraine, Caribbean



**One-dose OCV** strategy announced in Oct 2022, with no  
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# Global Cholera Rapid Risk Assessment (v3, updated 17 May 2023)

Overall risk
Global
<b>Very High</b>

Confidence in available information
Global
<b>Moderate</b>

Based on the current situation, in particular:

- 1) the continuous increasing number of outbreaks and geographical expansion;
- 2) the complex humanitarian context in many affected countries;
- 3) ongoing risk of further spread;
- 4) lack of vaccines and limited response capacity (supplies, human resources, financial resources),

**Potential risk for human health assessed as very high**

**Risk of geographical spread assessed as very high**

**Risk of insufficient capacities assessed as high**

**The risk at the global level is re-assessed and remains very high.** With that, cholera remains a global threat to public health and an indicator of inequity and lack of social development.



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## **Response to resurgence in Cholera, including Incident Management System**

# Global resurgence in cases leading to grading and response

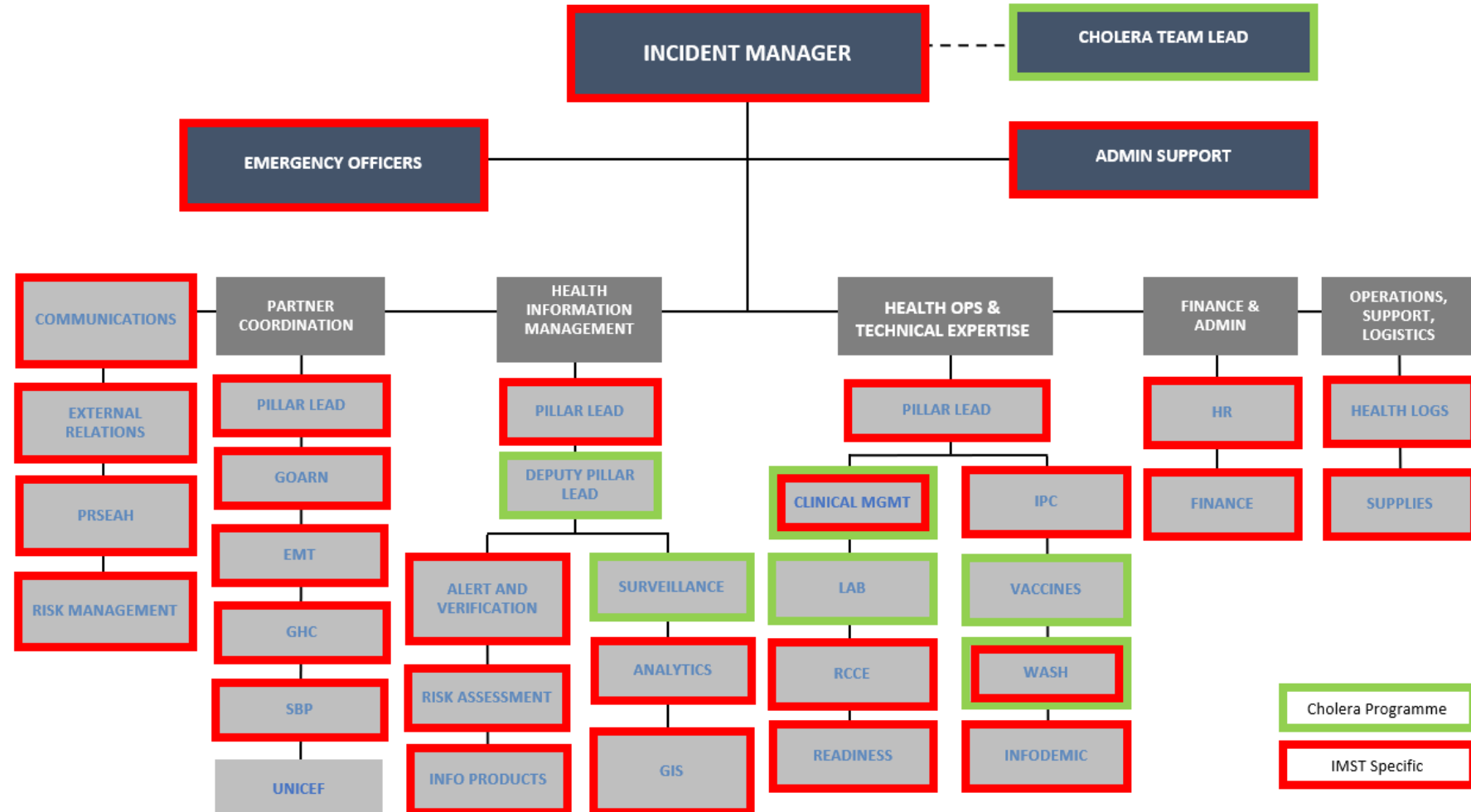
- Global **rapid risk assessments (RRA)**:
  - October 2022: RRA assessed global risk as 'Very High'
  - January 2023: RRA Version 2 assessed global risk as 'Very High'
  - **May 2023**: RRA version 3 assessed **global risk as 'Very High'**
- **Global grading** held on **26 January 2023** – event graded **acute Grade 3**, per WHO's Emergency Response Framework.
  - Subsequently, all existing graded cholera events (country-based) increased to Acute Grade 3.
  - **Review in grading** took place on 18 May 2023 – decision made to **extend acute G3 for additional 3 months**.
    - Subsequent review in grading to take place Aug/Sep 2023, with discussion and decision on outbreak coordination and support structure going forward.
- **HQ IMST** established on **13 January 2023**. Global cholera programme team integrated into HQ IMST, with agreement that response activities support acute response and longer term strengthening of programme.
- **HQ IMST coordinating with IMSTs and/or focal points in ROs and IMSTs in affected countries** via routine touchpoints, and on needs-basis.

Overall risk
Global
Very High

# Response structure at global, regional and country level

## WHO HQ Incident Management Support Team (IMST) - Global Cholera Response 2023

- **HQ IMST** established, with global cholera programme integrated in response. Global cholera programme providing **link between IMST and GTFCC** longer-term activities.
- **IMSTs and/or alternate coordination structures established in regions.** IMSTs established in affected countries, on a needs basis.



Note: Boxes represent functions, and not full time equivalents

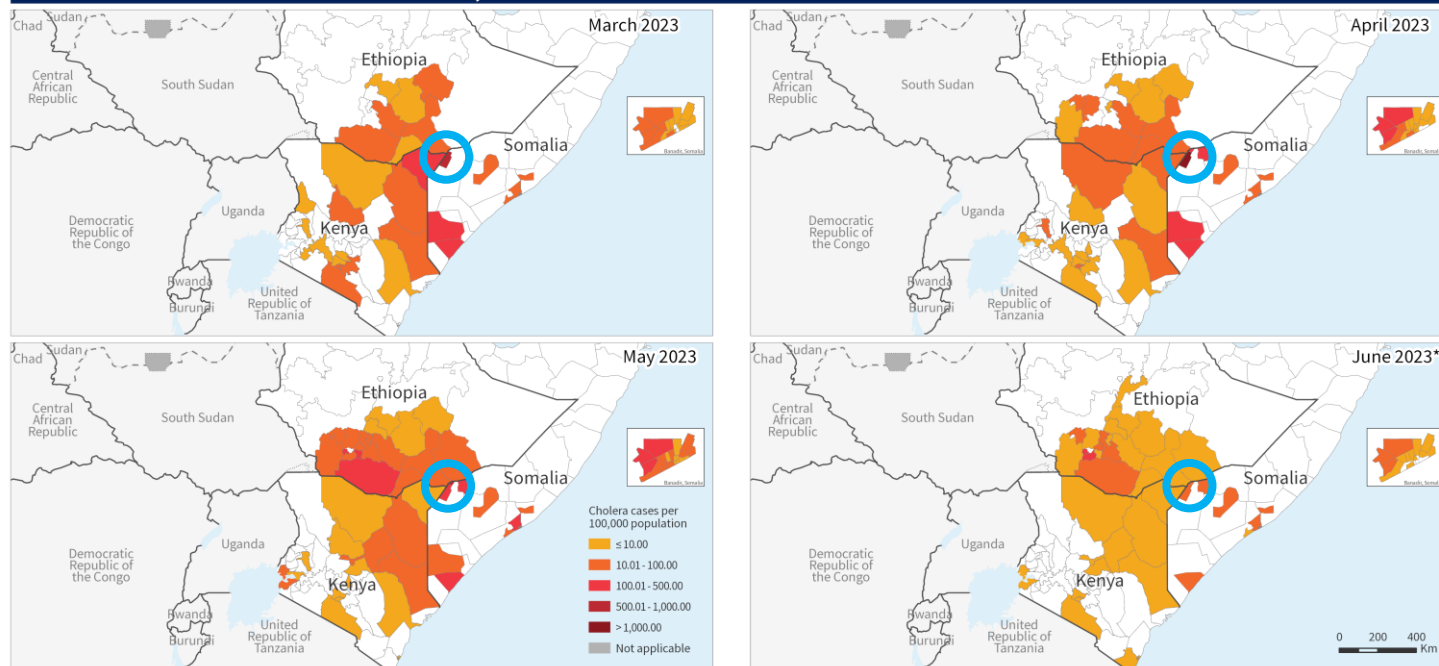
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## Key IMST activities

- Additional epidemiology human resources, allowing for **additional epidemiological analysis and production of key information products**, including weekly data pack, joint UNICEF-WHO prioritization tool and monthly situation report.
- Additional technical human resources, allowing for **analysis of existing and development of novel/improved technical products**, for consultation with GTFCC and other partners.
- Additional resources for **surge deployments** to countries and regions requiring support for outbreak response, including leveraging of partner networks (ie, GOARN, Health Cluster, EMTs, SBPs) and three levels of WHO.
- Development and publication of the **Global Cholera Strategic Preparedness Readiness and Response Plan (SPRRP) for April 2023-April 2024**, and additional tools, to facilitate country-level planning and resource mobilization for acute outbreak response.
- Ongoing close **collaboration and linkages with operational response partners**, facilitating outbreak response and prioritization of scarce resources.
  - Ex: UNICEF embedded in WHO HQ IMST, facilitating sharing of information and coordination, including on global supply situation.
- Coordinated and streamlined access to the WHO's **contingency fund for emergencies (CFE)** to initiate rapid response to cholera outbreaks.

# Global coordination for country-level impact – An example

Horn of Africa attack rate per 100,000 (suspected and confirmed cholera cases per month) between March 2023 - June 2023, as of 18 June 2023\*



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Ethiopia, Kenya, Somalia, and South Sudan  
Map Production: WHO Health Emergencies Programme  
Map Date: 21 June 2023

\*\* Data for the latest month may be incomplete and are subject to any retrospective adjustments.

\* The reporting period differ by country:  
Ethiopia: 15/06/2023  
Kenya: 18/06/2023  
Somalia: 11/06/2023  
Data for Kenya are displayed at the County level

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- Concerning cholera outbreaks in Ethiopia, Somalia and Kenya – with specific focus on the 'Mandera triangle' (in blue).
- Porous borders between the three countries in this area.
- Outbreaks further complicated by high number of IDPs, weak infrastructure and no previous OCV campaigns in Mandera triangle.
- Global Cholera IMST brought together two regions (AFRO, EMRO), two existing non-cholera IMSTs (HoA and Ethiopia) and three countries (Somalia, Ethiopia, Kenya) to:
  - Discuss situation, key gaps and needs for entire region
  - Agree on coordinated regional strategy to account for specificities of area and context (ex: coordinated ICG requests for OCV doses)

# Global Cholera SPRRP Pillars and link with WHO's HEPR



<u>Core Components of effective Health Emergency Preparedness, Response and Resilience</u>	<u>Pillars of the Global Cholera Strategic Preparedness, Readiness and Response Plan</u>
Emergency coordination	Pillar 1 Leadership, coordination, planning and monitoring
Collaborative surveillance	Pillar 3 Surveillance and health information Pillar 5 Laboratory diagnostics and testing
Community protection	Pillar 2 Risk communication and community engagement Pillar 4 Water, sanitation and hygiene Pillar 10 Vaccination
Safe and scalable care	Pillar 6 Infection prevention and control Pillar 7 Case management Pillar 9 Continuity of essential health and social services
Access to countermeasures	Pillar 8 Operational support and logistics

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# Key IMST challenges and constraints

- General **lack of engagement** around cholera and **lack of perceived risk** to global population.
- **Lack of available financial resources** to support scale of response needed for cholera outbreaks, with understanding that resources utilized for acute response are resources not available for long-term cholera prevention activities.
  - Sustainability and financial return issues of acute response to cholera versus prevention.
- Acute **global shortage in oral cholera vaccines**, with inability to meet increased demand.
- **Supply shortage and/or delays in manufacturing** of certain supplies, namely certain WHO pre-qualified pharmaceuticals and kit production.
- **Access to data** remains problematic, with data flow and quality from countries lacking uniformity.
- **Overstretched international and national response capacity** due to number of cholera outbreaks and increasing geographic scope including within countries, combined with parallel large-scale, high-risk outbreaks and other emergencies.





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