






GLOBAL TASK FORCE ON
CHOLERA CONTROL

THE GLOBAL CHOLERA CONTROL EFFORT: OVERVIEW OF PROGRESS MADE TOWARDS THE 2030 TARGETS

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11th GTFCC General Assembly
19 June 2024

1. GTFCC PROGRESS AND CHALLENGES TOWARDS THE 2030 TARGETS

PRINCIPLES	ENABLING FACTORS	BASELINE (2017)	TARGETS			INDICATORS	OBJECTIVES	GOALS	IMPACT
			2020	2025	2030				

IMPACT	90% Reduction in Cholera Deaths by 2030								
		20 Countries Eliminate Cholera by 2030		No More Uncontrolled Outbreaks		Accelerated Achievement of the Sustainable Development Goals Especially 2, 3, 6 & 10			

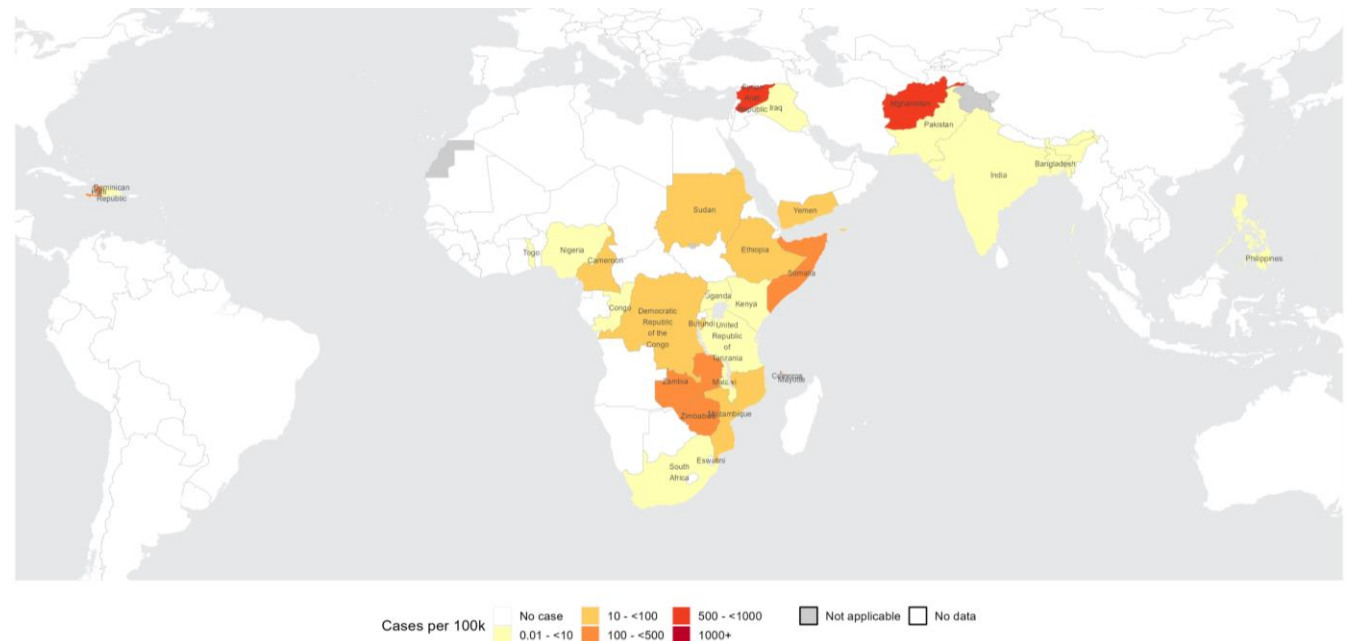
GOALS	AXIS 1			AXIS 2		AXIS 3			
	Countries detect outbreaks early and respond immediately to contain them			Countries prevent disease occurrence by targeting multi-sectoral interventions in cholera hotspots		Technical support, resource mobilization, and partnership are coordinated at local and global levels			

GLOBAL CHOLERA SITUATION

1 June 2023 to 31 May 2024

- ~620 000 Cases reported since June 2023
(incl. ~195 000 cases in 2024)
- 4 100 Deaths reported since June 2023
(incl. 1 900 deaths in 2024)
- 29 Countries officially reporting
cases since June 2023
- 6 Countries currently
in “Acute Crisis”
Comoros, DRC, Ethiopia,
Haiti, Somalia, Yemen
- 16 Additional countries with
active outbreaks

Cholera / AWD cases per 100,000 from June 2023 to May 2024
As of 31 May 2024



Please note that the data presented here should be interpreted with caution due to potential reporting delays. Such delays may affect the timeliness of reports, and consequently, the presented figures might not accurately represent the current situation. Given the diversity in surveillance systems, case definitions, and laboratory capacities across the reporting countries, the cholera case and death statistics presented here require careful consideration and are not directly comparable among countries. The global case fatality rate (CFR) for cholera warrants a prudent examination as it is heavily influenced by variations in surveillance methodologies. In this document, the term 'cholera cases' encompasses both suspected and confirmed cases, unless otherwise delineated in the context of specific countries.

AFRICAN REGION (AFRO)

1 June 2023 to 31 May 2024

179 000 Cases reported since June 2023
(incl. 92 800 cases in 2024)

3 000 Deaths reported since June 2023
(incl. 1 700 deaths in 2024)

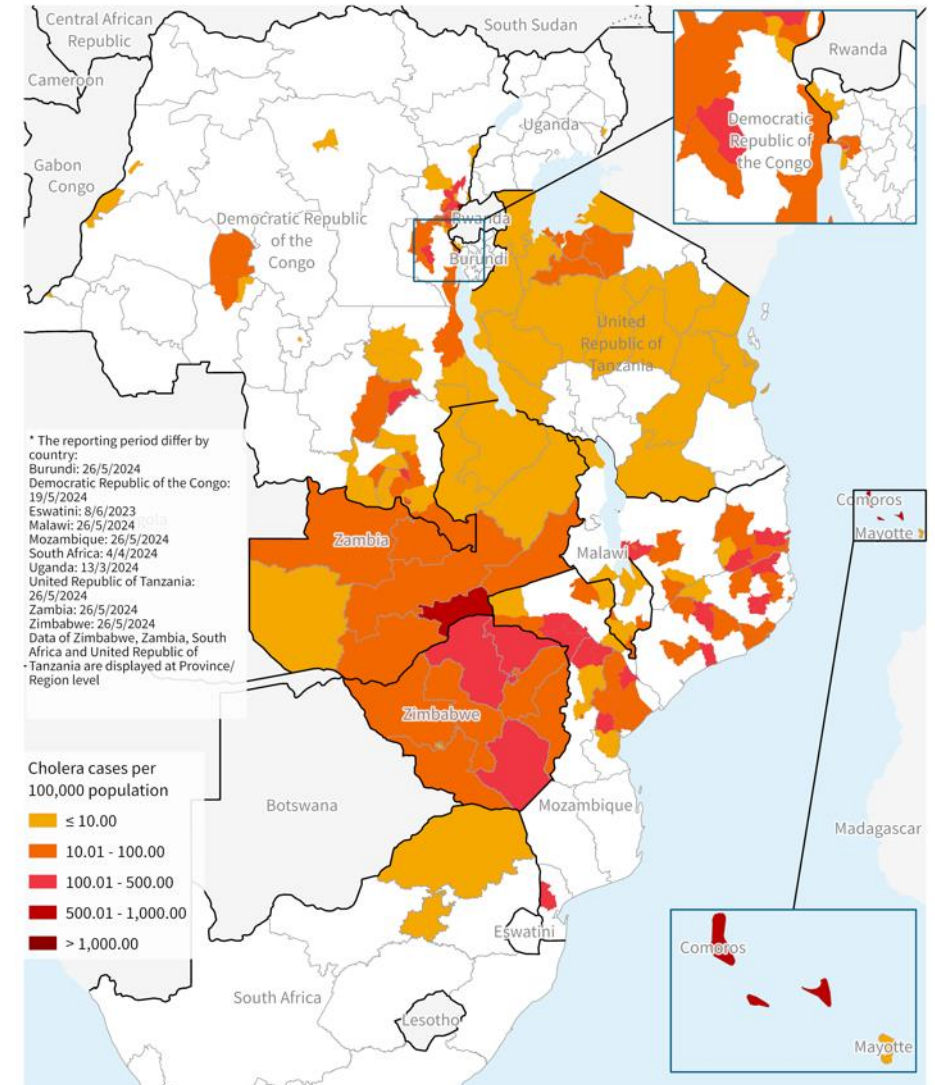
16 Countries officially reporting cases since June 2023

Burundi, Cameroon, Comoros, Congo, DRC, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, Togo, Uganda, Tanzania, Zambia, Zimbabwe

13 Countries with overall CFR above 1%

Cameroon, Comoros, Congo, DRC, Ethiopia, Kenya, Malawi, Nigeria, South Africa, Tanzania, Zambia, Zimbabwe, Uganda

South-East Africa attack rate per 100,000 (suspected and confirmed cholera cases), 1 Jan to 31 May 2024



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, Ministries of Health and Statistics offices of Burundi, Democratic Republic of the Congo, Eswatini, Malawi, Mozambique, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe
Map Production: WHO Health Emergencies Programme
Map Date: 31 May 2024

World Health Organization
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0 150 300 km

EASTERN MEDITERRANEAN REGION (EMRO)

1 June 2023 to 31 May 2024

394 600

Cases reported since June 2023
(incl. 98 000 cases in 2024)

600

Deaths reported since June 2023
(incl. 250 deaths in 2024)

7

Countries officially reporting
cases since June 2023

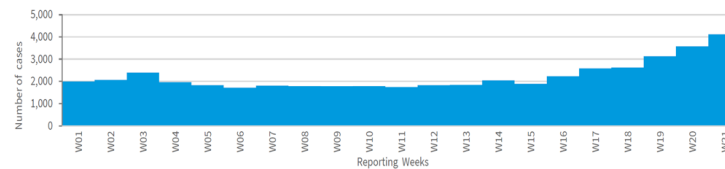
Afghanistan, Iraq, Pakistan,
Somalia, Sudan, Syria, Yemen

1

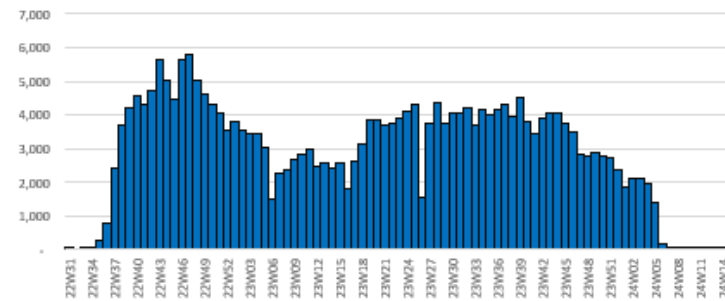
Countries with overall
CFR above 1%

Sudan

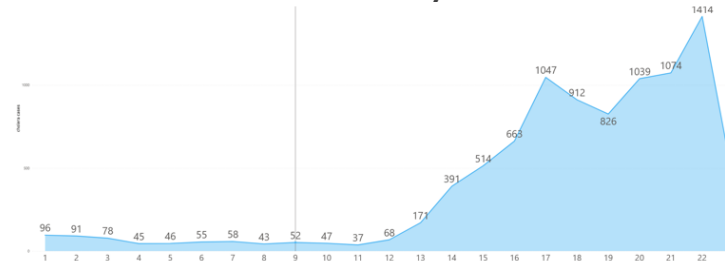
AWD cases in Afghanistan, 1 Jan 2024 – 25 May 2024



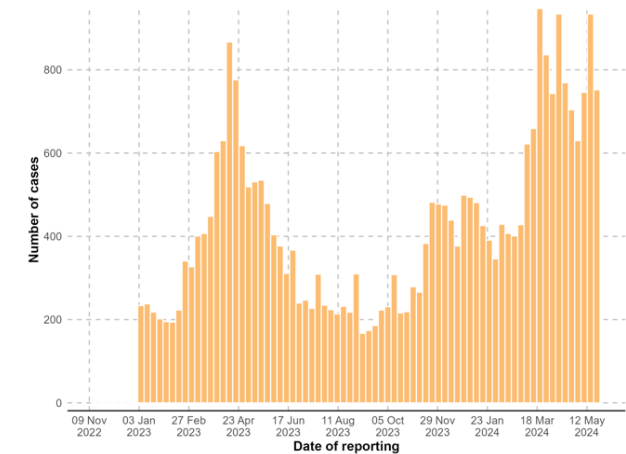
AWD cases in Syria, Aug 2022 – 21 Apr 2024



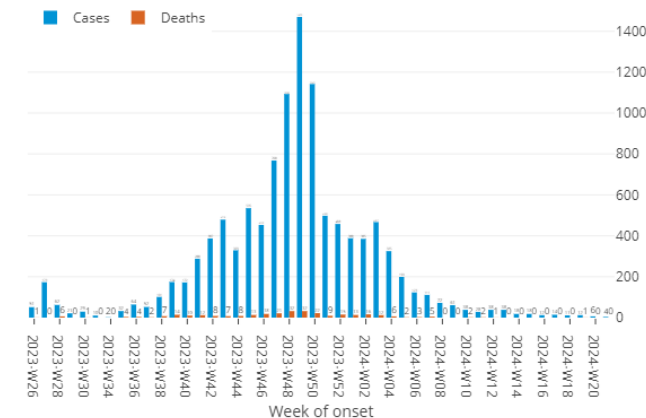
Cholera / AWD cases in South Yemen,
1 Jan – 19 May 2024



Susp. cholera cases in Somalia,
1 Jan 2023 – 26 May 2024



AWD cases in Sudan, as of 30 Apr 2024



REGION OF THE AMERICAS (PAHO)

1 June 2023 to 31 May 2024

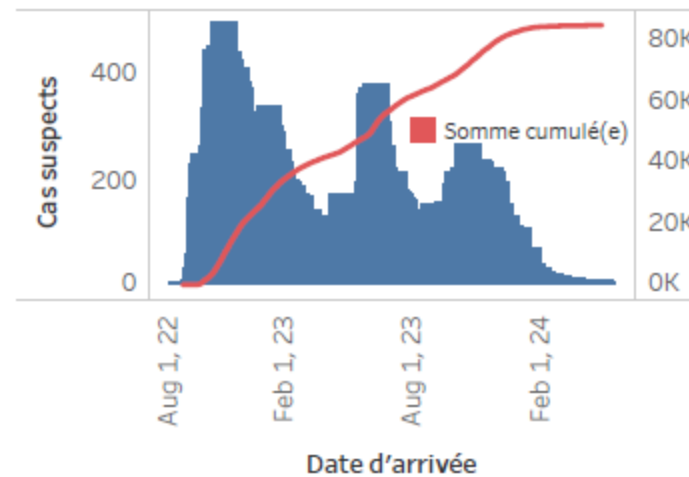
34 700 Cases reported since June 2023
(incl. 2 700 cases in 2024)

450 Deaths reported since June 2023
(incl. 13 deaths in 2024)

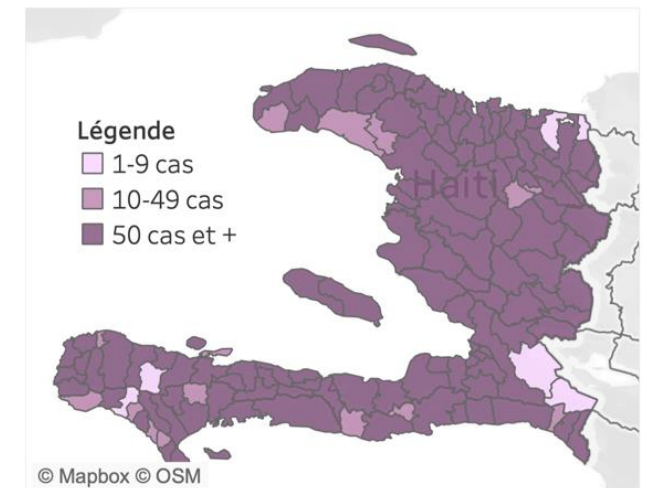
2 Countries officially reporting
cases since June 2023
Dominican Republic, Haiti

1 Countries with overall
CFR above 1%
Haiti

Daily number of suspected cases in Haiti,
as of 30 Apr 2024



Distribution of suspected cases in Haiti,
as of 30 Apr 2024



SOUTH-EAST ASIA (SEARO)

1 June 2023 to 31 May 2024

6 500 Cases reported since June 2023
(incl. 1 300 cases in 2024)

18 Deaths reported since June 2023
(incl. 4 deaths in 2024)

2 Countries officially reporting
cases since June 2023
Bangladesh, India

0 Countries with overall
CFR above 1%

WESTERN PACIFIC (WIPRO)

1 June 2023 to 31 May 2024

1 800 Cases reported since June 2023
(no cases in 2024)

9 Deaths reported since June 2023

1 Countries officially reporting
cases since June 2023
Philippines

0 Countries with overall
CFR above 1%

EUROPEAN REGION (EURO)

1 June 2023 to 31 May 2024

125 Cases reported since June 2023
(all reported in 2024)

2 Deaths reported since June 2023

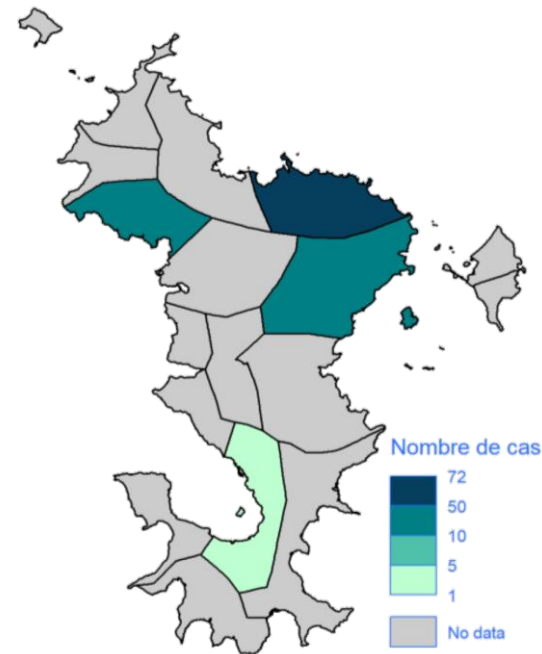
1 Countries officially reporting
cases since June 2023

France (Mayotte)

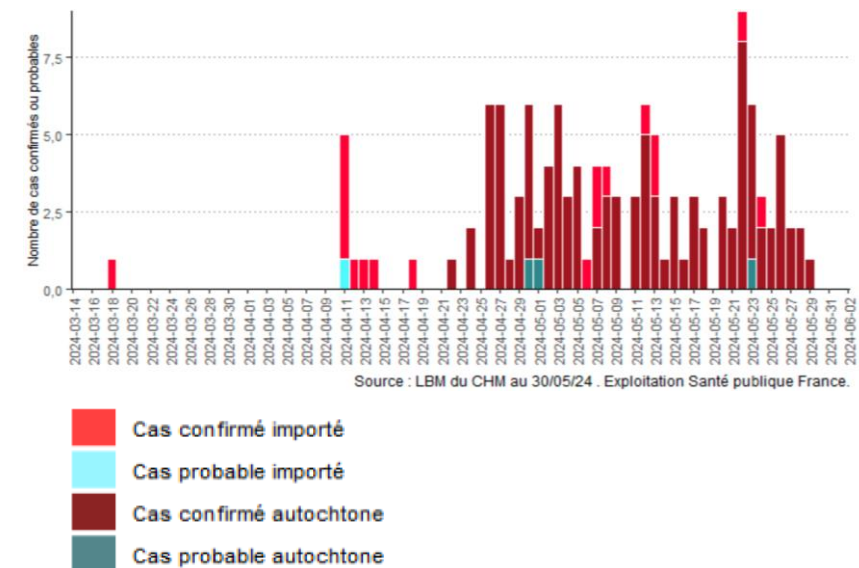
1 Countries with overall
CFR above 1%

France (Mayotte)

**Incidence of autochthonous cases in
Mayotte, 14 Mar – 29 May 2024**



**Daily number of autochthonous cases in
Mayotte, 14 Mar – 29 May 2024**



59 600

Cases reported since Jan 2022
(incl. 240 cases in 2024)

1 800

Deaths reported since Jan 2022
(incl. 1 death in 2024)

339.3

Cumulative cases per
100 000 pop.

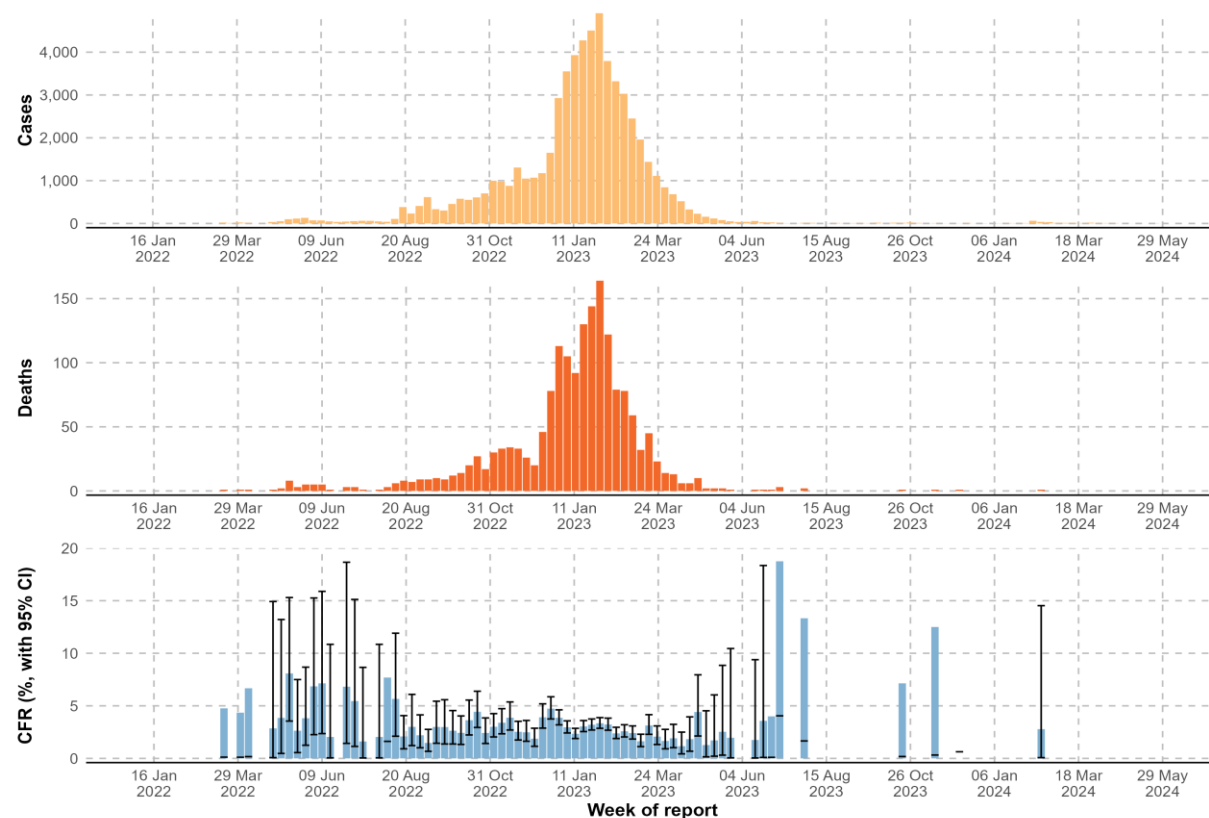
3%

Overall CFR

0.4%

CFR in 2024

Suspected cholera cases, deaths, and CFR, 1 Jan 2022 to 31 May 2024



CONTROLLED OUTBREAKS - MALAWI

1 JAN 2022 TO 31 MAY 2024

23 400

Cases reported since Jan 2022
(incl. 20 100 cases in 2024)

740

Deaths reported since Jan 2022
(incl. 640 deaths in 2024)

119.3

Cumulative cases
per 100 000 pop.

3.2%

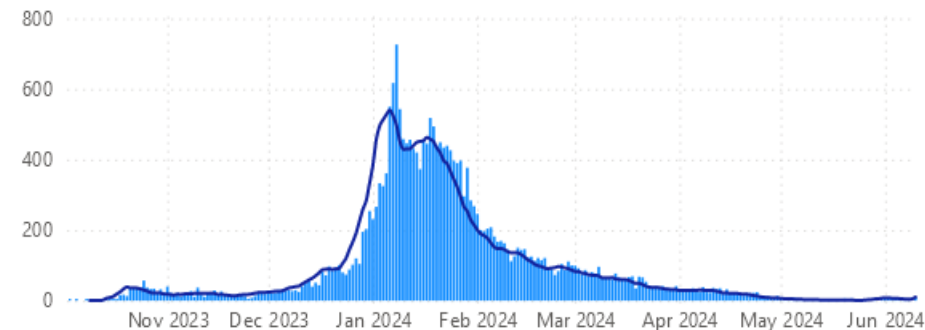
Overall CFR

0.9%

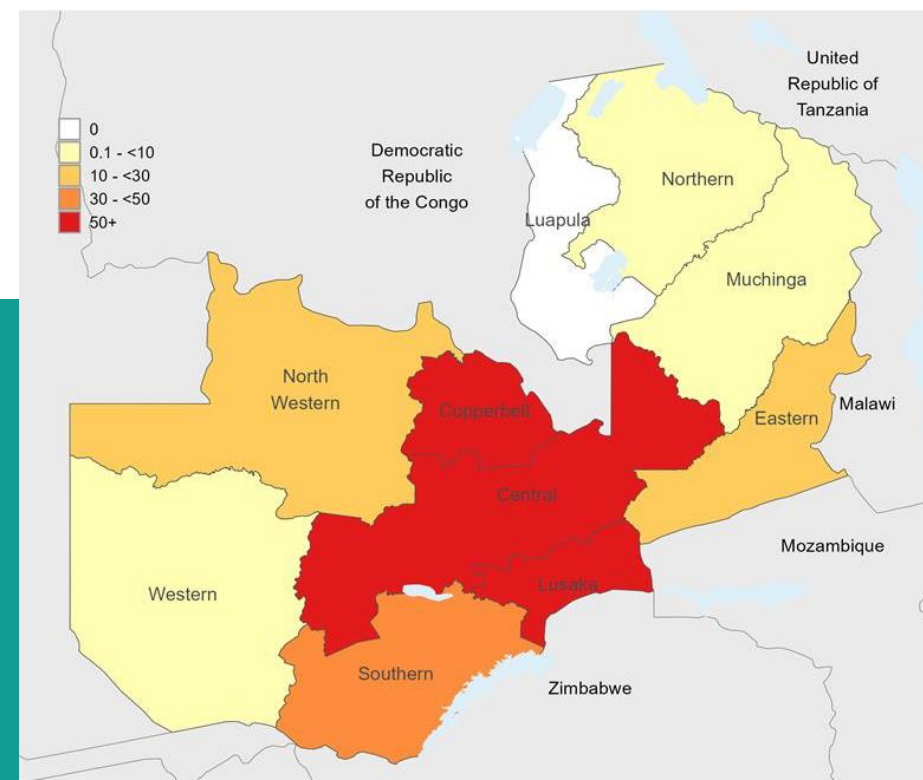
CFR in May 2024

CONTROLLED OUTBREAK - ZAMBIA
1 NOV 2023 TO 31 MAY 2024

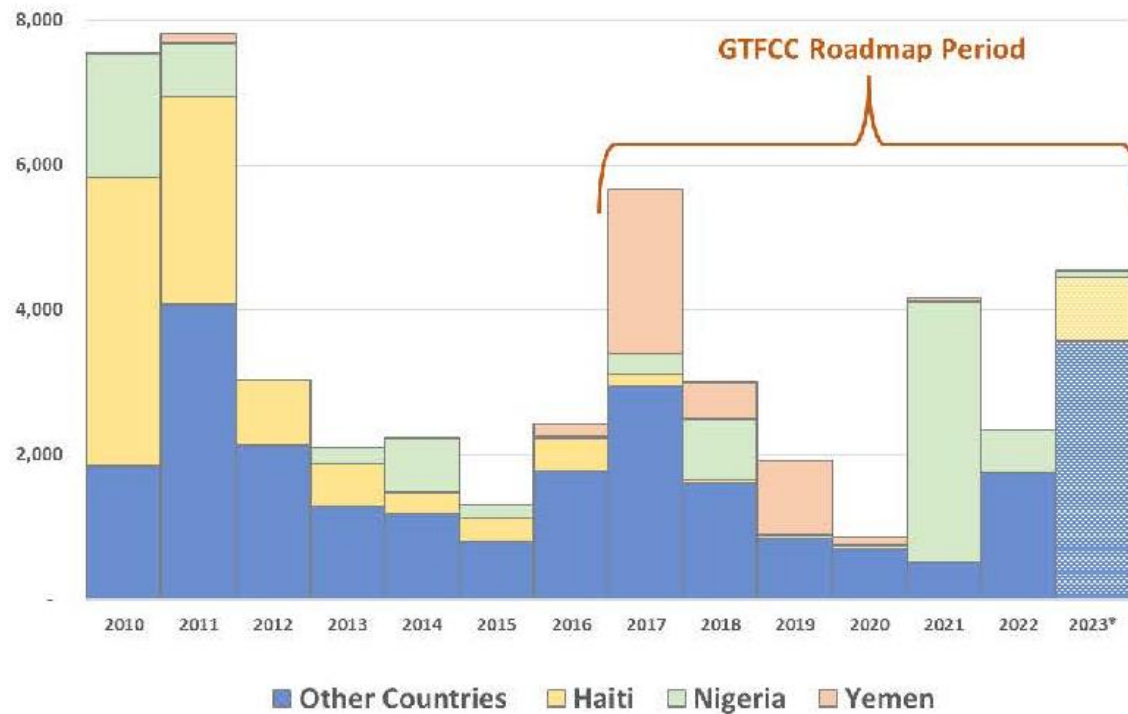
Suspected cholera cases and 7-day moving average,
1 Nov 2023 to 31 May 2024



Cumulative cholera cases per 100 000 pop,
1 Nov 2023 to 31 May 2024



AXIS 1 – EARLY DETECTION AND RESPONSE TO CONTAIN OUTBREAKS [OUTBREAK RESPONSE]



Cholera deaths reported to WHO between 2010 and 2023

TARGETS

By 2030: 90% reduction in outbreak deaths

By 2025: 50% reduction in outbreak deaths

By 2020: 20% reduction in outbreak deaths

Baseline (2017): uncontrolled cholera outbreaks in Yemen (estimated 2 000 deaths) and the Horn of Africa (estimated 800 deaths)

ANALYSIS/TRENDS

2017 – 2023: reduction in deaths **- 26%**

2017 – 2020: reduction in deaths **- 90%**

2020 – 2023: increase in deaths **+50%**

Axis 1 – OUTBREAK RESPONSE



METRICS & ACHIEVEMENTS

Outbreak detection – comprehensive surveillance strategy + Increased RDT use with procurement of 1.3m units (Gavi, UNICEF, WHO)

Outbreak Monitoring and information sharing (WHO)– Comprehensive Monthly Sitreps (Public) and weekly Data-pack (GTFCC and GOARN Operational partners)

OCV Reactive campaigns

- 2023 : 28 reactive campaigns ; 12 countries (Target 34 million people)
- 2024 as of June 8 reactive campaigns; 7 countries; (Target 10 million people)

CHALLENGES

Global context – 11 out of 24 countries (46%) affected by cholera since Jan 2024 also impacted by acute or protracted conflict

Data sharing / Underreporting / Overreporting– Stigma and/or lack of surveillance/laboratory capacities; lack of uniformity in data reported

Progress but still limited supply including OCV doses

- One dose regimen – Single manufacturer EuBiologics
- Ongoing progress (Euvichol-S) with expected increase in 2024 – but demand still exceeds supply available

AXIS 2 — MULTISECTORAL INTERVENTIONS IN CHOLERA HOTSPOTS [PREVENTION]

TARGETS

By 2030: 20 countries have eliminated cholera;
41 countries have achieved 80% WASH
coverage in cholera PAMIs

By 2025: 4 countries have eliminated cholera,
25 countries have achieved 80% WASH
coverage in cholera PAMIs

By 2020: 1 country has eliminated cholera

Baseline (2017): 47 countries remain
affected by cholera

ANALYSIS/TRENDS

5

New countries added to the GTFCC priority
list (52 in total)

3

3 countries identified in the 2017 baseline
have not reported cases since 2018
(Djibouti, Guinea Bissau, and Namibia)

×

No official announcement of cholera
elimination

Axis 2 – PREVENTION



*Laboratory diagnostic capacities assessment –
Democratic Republic of Congo*

METRICS & ACHIEVEMENTS (1/3)

→ Increased surveillance/laboratory capacities

Epidemiology:

- Development and publication of (i) a **comprehensive guidance** for public health surveillance for cholera, (ii) guidance for the identification of **PAMIs** for the development of an NCP for **cholera control and elimination**, (iii) interim technical recommendations on **standard data and metadata** sets for cholera reporting to the regional and global levels
- Launch of a PAMIs coordination group, PAMI review mechanism and Tracker

Laboratory:

- Interim surveillance guidelines for cholera included a testing strategy (strategic and expanded use of RDTs complemented by culture and PCR for outbreak detection and monitoring in different epidemiological settings)
- *Technical Note on Environmental Surveillance of VC*
- A series of laboratory fact sheets and job aids were developed
- Minimum laboratory capacity standards and laboratory capacity assessments: project conducted with the support of the US CDC
- Series of diagnostics training for cholera incl. ToT in 3 high priority countries
- Development of Target product profiles for cholera diagnostic tests and evaluation protocol

Axis 2 – PREVENTION

METRICS & ACHIEVEMENTS (2/3)

OCV:

- Support countries to develop **OCV multiyear plans** (pOCV) – 3 applications approved (DRC, Bangladesh, Mozambique)
- Guidelines for **supply allocation framework** under development
- **Trainings to Improve quality of OCV requests:** 3 regional workshops in Africa and South-East Asia, 1 in EMRO - national-level training materials are being developed and were piloted in Ethiopia in Q4 2022.
- Support revision of **ICG country guidance on reactive** use of OCV Review of OCV use 2013-2022
- Development of an **interactive dashboard** to document OCV deployment and campaign indicators
- Development of guidance/tool to support countries in selecting **PAMIs to target for OCV** use (multiyear plan)
- Development of tools for countries **to improve campaign quality** (report, M&E, campaign readiness)
- A review of the OCV use between 2013-2022 was conducted

AXIS 2 – PREVENTION

METRICS & ACHIEVEMENTS (3/3)

Case management:

- Improving clinical management of cholera (update of GTFCC guidance on antibiotic use in cholera treatment, development of tools to augment cholera case management incl. trainings and job aids)
- Literature Review Initiated on Rehydration in Children with SAM
- Development and publishing of GTFCC fixed **ORP interim guidance** and planning

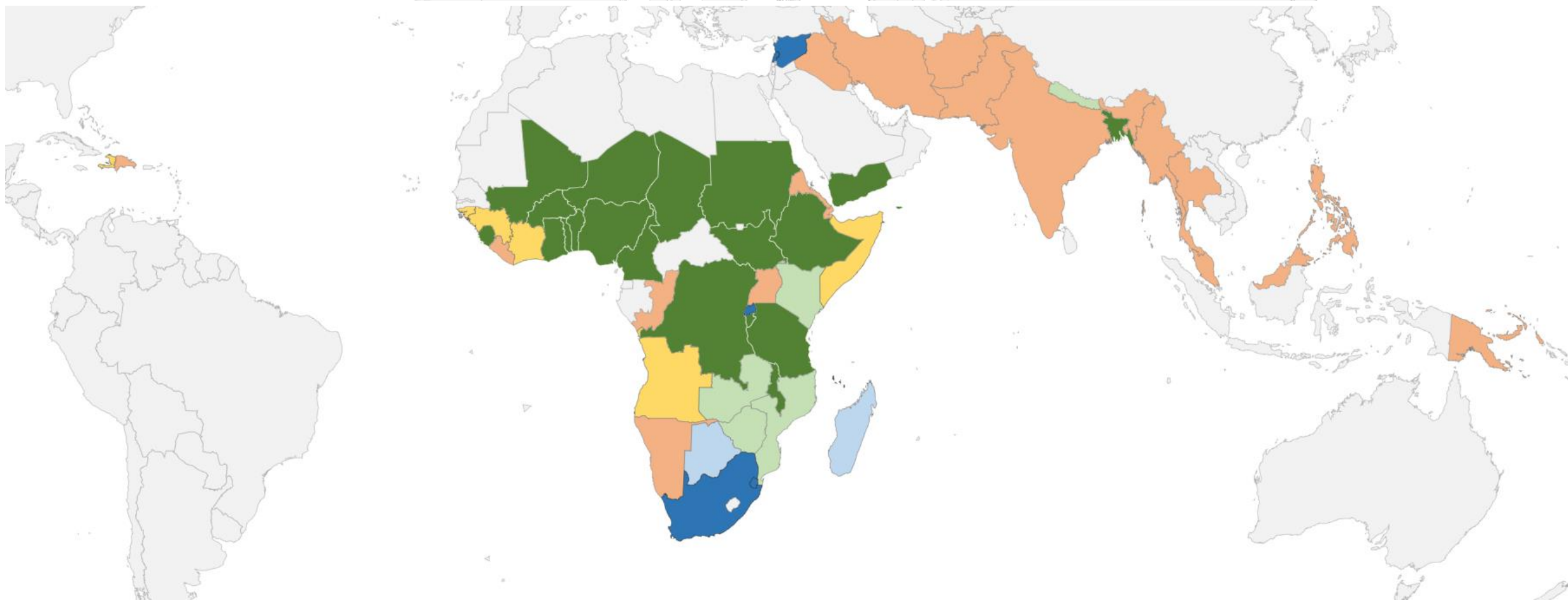
Wash:

- Publication of *Technical Note on Environmental Surveillance of VC* (Lab and Wash WG collaboration)
- Increased visibility: joint side-event during the UN Water Conference and Call to Action; AU High-Level Emergency Ministerial Meeting on Cholera Epidemics
- Provision of partner resources on testing and treatment strategies in varied settings
- Enhanced the evidence base on WASH for cholera control through collaborative action research
- Development of an accessible WASH-oriented resource to support NCP development (ongoing)
- Elaboration of a structure (content, type of document) for the development of a water quality monitoring guidance

Axis 2 — PREVENTION

Identification of Priority Area Multisectoral Intervention (PAMI) using GTFCC tool (2018-2024)*

- | | | |
|------------------------------|---------------------|-------------------------------------|
| ■ PAMI completed | ■ Ongoing/planned | ■ Outdated /other "hotspots" method |
| ■ no identification of PAMIs | ■ PAMI Done/ongoing | ■ Recently re-affected country |



AXIS 2 – PREVENTION

CHALLENGES

- **Worsening global cholera trends on operational challenges**
- **OCV** – No preventive vaccination campaigns since december 2022
- **Surveillance** – Under reporting and issue of data quality
- **Laboratory** – Rapid turnover of laboratory personnel and loss of capacities ; lack of resources for lab supplies (RDTs, reagents) and equipment
- **Case Management** - Limited resources
- **WASH** Lack of investment in Sustainable WaSH Gap Emergency-Development-Political engagement
- **Climate change integration into cholera response plans**
- **Insufficient multisectoral integration** – WaSH, RCCE, Education, etc.

AXIS 3 — EFFECTIVE COORDINATION AT COUNTRY, REGIONAL AND GLOBAL LEVELS [COORDINATION]

TARGETS

By 2030: All 47 countries with cholera hotspots are implementing fully-funded multisectoral cholera control plans

By 2025: 37 countries are implementing fully funded plans

By 2020: 12 countries are implementing fully funded plans

Baseline (2017): Not applicable

ANALYSIS/TRENDS

10

Countries with a finalized NCP

11

Countries currently developing or planned NCP

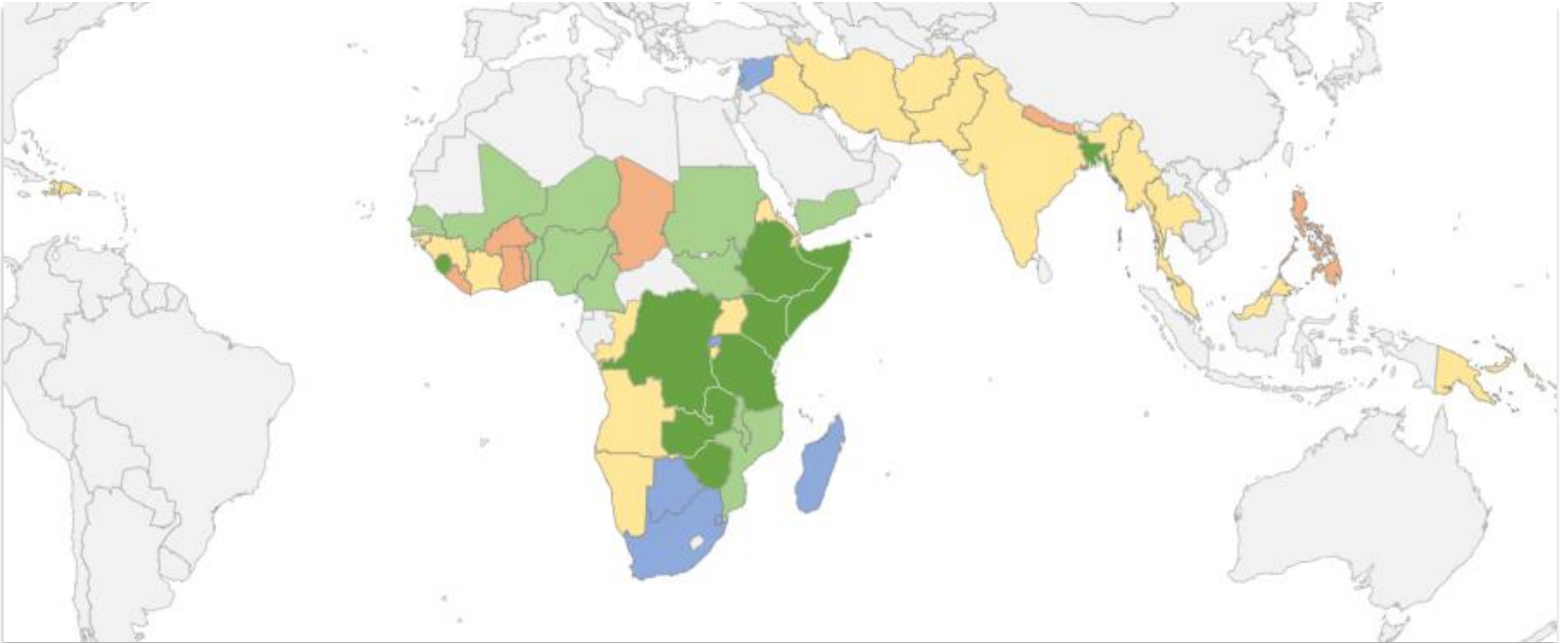
7

Additional countries considering developing an NCP

AXIS 3 — EFFECTIVE COORDINATION

GTFCC NCP status (2018-2024)

■ NCP available ■ In process ■ Considered ■ No NCP ■ New Non GTFCC



Axis 3 – EFFECTIVE COORDINATION



METRICS & ACHIEVEMENTS

- **Coordination** of network of 50+ diverse partner institutions and countries
- Daily work and collaboration between the **Secretariat, TWGs and the CSP**
- Preparation of **SC meetings**, implementation/follow-up of recommendations, communication with SC
- Organization of the **General Assembly** and preparation of associated outputs (progress report, country updates)
- Coordination of **5 IRP review** (Zimbabwe, Kenya, Ethiopia, Benin, DRC) – Nigeria NCP submitted in June 2024, technical guidance provided by FPs to countries as per request (Mali, Cameroon etc.)
- Monitoring of progress of the TWGs and countries to feed global reporting
- Launch of an **assessment of the GTFCC Monitoring and Evaluation processes** and mechanisms to strengthen the reporting exercise towards the 2030 targets (country and global levels)
- **Research** – focal point sitting at the CSP, working in close cooperation with the Secretariat and TWGs
- Sustained **advocacy** (Advocacy Task Team) and **high-level political engagements**
- **Increased global awareness and political commitments**, Resource Mobilization

AXIS 3 – EFFECTIVE COORDINATION

CHALLENGES

- **Funding shortfalls at:**
 - Global level - WHO appeal not funded due to competing public health crises (12 events graded by WHO in 2021 vs. 23 in 2023), donor fatigue, etc.
 - GTFCC level – WGs
 - National level - NCPs
 - **Funding challenges resulting in coordination challenges:**
 - Limited deployment capacities
 - No funding to support some WG meetings organization.
 - Challenges to sustain advocacy engagements (e.g., Global Cholera Champion)
 - Secretariat capacities: as the Task Force grows, the coordination mandate gets also wider.
 - Impossibility to create a WG on community management
- ➔ Solutions: (i) maintaining resources, (ii) choices and prioritization

ANNUAL COUNTRY REPORTING: KEY HIGHLIGHTS

- **Stronger multisectoral efforts** - 80% of reporting countries with a multisectoral cholera task force => Flag that efforts need to be pursued esp. with Wash counterparts
- **Marked political uptake** - Presidential offices involved in 5 of the multisectoral cholera task forces, Prime minister's offices in 3.

Gaps/Needs highlighted:

- **Insufficient funding for NCP implementation and/or cholera-related operations**
=> Need for enhanced advocacy and engagement on cholera.
- **Need for further operational support** : HR/technical assistance, capacity building of local workforce, supplies (e.g. reagents, RDTs, etc.).
- **Request for support to decentralization efforts** (development of regional laboratories, sub-national surveillance and case management capacities)
- **Community engagement efforts need** to step up: approx. 50% of countries have developed plans and/or initiatives – other half: request for technical assistance to develop and implement RCCE and related plans (incl. RCCE, education, communication).

15 reports
shared as of
19 June 2024

Detailed
country
reports to be
included in the
AM report

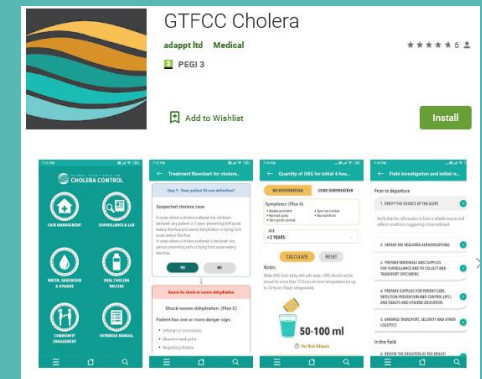
Thank you
& Merci
to all
contributors!

THANK YOU!

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#EndCholera

