



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

**GTFCC WASH WORKING GROUP ANNUAL MEETING 2024**  
**SESSION 1: GLOBAL CHOLERA SITUATION OVERVIEW &**  
**PAMI AND NCP UPDATE**

**GTFCC WASH Working Group**  
**Annual meeting**  
**June 17<sup>th</sup>, 2024**

# Global Cholera Situation

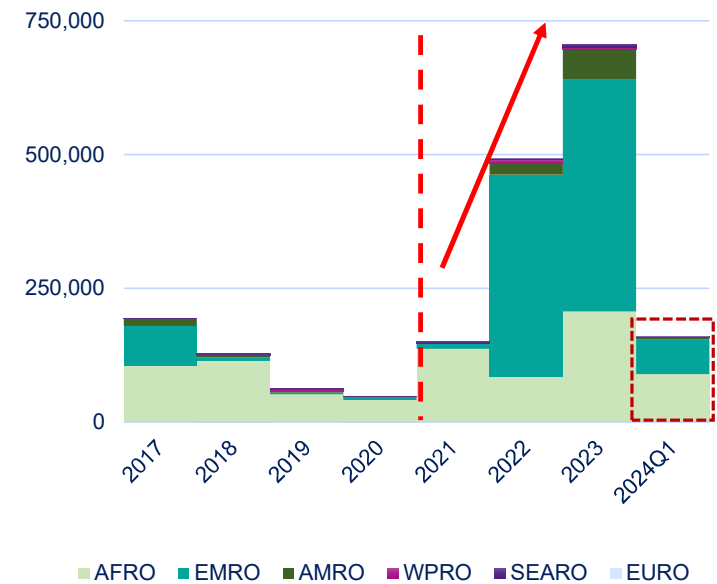
A situation worsening since 2021

- 1 billion people at risk
- Re-emergence of outbreaks in countries that were cholera-free
- Extremely high CFR
- Large under-reporting
- Lack of long-term WaSH investments
- Acute global shortage of Oral Cholera Vaccines
- Climate change & conflicts contributing to larger, longer, more frequent outbreaks.

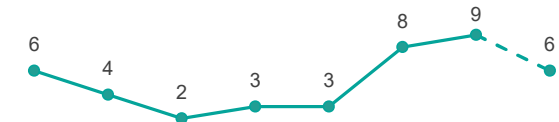
**GRADE 3 EMERGENCY DECLARED IN JANUARY 2023**



Cholera cases reported to WHO 2017-22\* (WER) and preliminary data\*\* 2023-24 \*\*\*



Number of countries with over 10k cases of autochthonous cases



\* Source WER (Yemen Excluded) + Haiti data 2022

\*\* Source IMST HQ

\*\*\* Yemen excluded

# Global Cholera Situation

1 January to 31 December 2023

**708 200** Cases reported in 2023

**4 300** Deaths reported in 2023

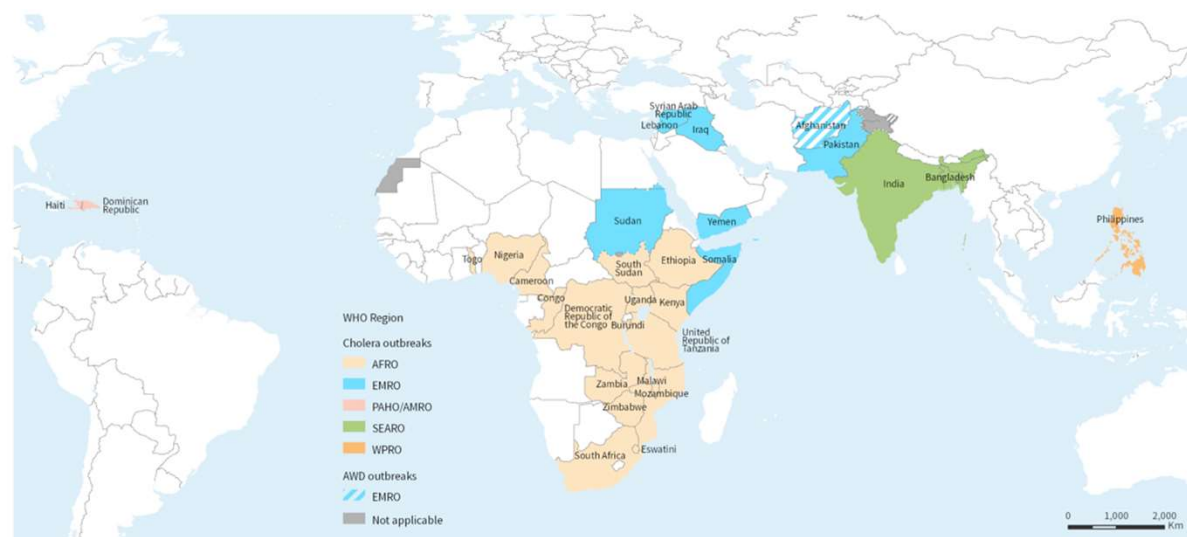
**30** Countries officially reporting cases in 2023

**9** Countries currently in “Acute Crisis”  
DRC, Ethiopia, Mozambique, Somalia, Sudan, Syria, Tanzania, Zambia, Zimbabwe

**21** Additional countries with active outbreaks

## Countries which reported cholera / AWD in 2023

(as of 31 December 2023)



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  
Map Production: WHO Health Emergencies Programme  
Map Date: 19 January 2024

World Health Organization  
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1. 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.
2. 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.
3. The global case fatality rate (CFR) for cholera warrants a prudent examination as it is heavily influenced by variations in surveillance methodologies.
4. In this document, the term 'cholera cases' encompasses both suspected and confirmed cases, unless otherwise delineated in the context of specific countries.

# Global Cholera Situation

1 January to 6 June 2024

**190 500** Cases reported since 2024

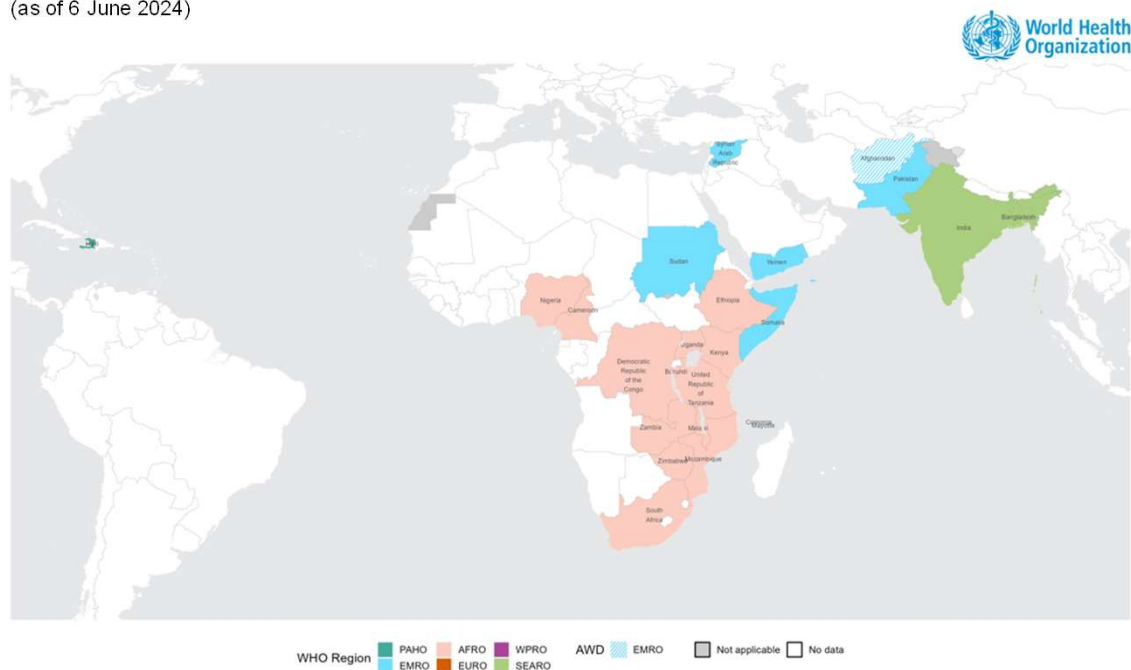
**2 000** Deaths reported since 2024

**24** Countries officially reporting cases since 2024

**6** Countries currently in “Acute Crisis”  
Comoros, DRC, Ethiopia, Haiti, Somalia, Yemen

**17** Additional countries with active outbreaks

**Countries which reported cholera / AWD since 2024**  
(as of 6 June 2024)



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# Global Cholera Situation: Key Indicators and Trends

1 January to 6 June 2024

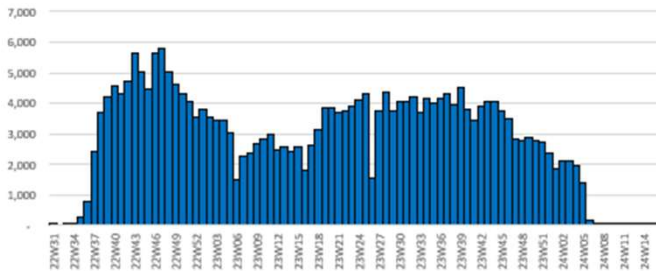
Country	Category	Cases 2024	Deaths 2024	Cases per 100k	CFR%	Cases (28 days)	Deaths (28 days)	CFR% (28 days)	Monthly cases % change	Monthly deaths % change
Mayotte	Active	122	2	-	1.6	96	2	2.1	269	-
Burundi	Active	521	2	4	0.4	276	2	0.7	121	-
Afghanistan	Active	51664	26	158	0.1	15731	8	0.1	68	60
Yemen	Acute Crisis	8767	57	26	0.7	4353	33	0.8	39	94
Ethiopia	Acute Crisis	16163	166	22	1.0	2886	25	0.9	26	-17
Somalia	Acute Crisis	13814	122	84	0.9	3167	20	0.6	4	-5
United Republic of Tanzania	Active	3032	48	5	1.6	359	10	2.8	-8	25
Comoros	Acute Crisis	7600	124	925	1.6	3034	32	1.1	-18	-54
Democratic Republic of the Congo	Acute Crisis	17391	298	15	1.7	2030	12	0.6	-25	-80
Mozambique	Active	7870	17	27	0.2	451	4	0.9	-39	300
Malawi	Active	248	1	1	0.4	11	0	0	-48	-
Sudan	Active	2368	63	6	2.7	22	1	4.5	-60	-
Zimbabwe	Acute Crisis	19887	396	131	2.0	837	7	0.8	-63	-78
Zambia	Active	20124	638	103	3.2	71	1	1.4	-87	-92
Bangladesh	Active	6	0	1	0.0	-	-	-	-	-
Cameroon	Active	49	0	0	0.0	-	-	-	-	-
Haiti	Acute Crisis	2672	13	23	0.5	-	-	-	-	-
India	Active	1182	2	0	0.2	-	-	-	-	-
Kenya	Active	372	3	1	0.8	59	1	1.7	-	-
Nigeria	Active	815	14	0	1.7	-	-	-	-	-
Pakistan	Active	3472	0	1	0.0	-	-	-	-	-
South Africa	Active	11	0	0	0.0	-	-	-	-	-
Syrian Arab Republic	Active	9820	0	44	0.0	-	-	-	-	-
Uganda	Preparedness	32	1	0	3.1	-	-	-	-	-

# Eastern Mediterranean Region

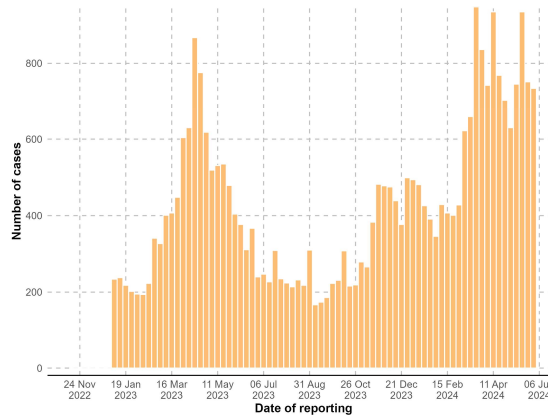
1 January 2023 to 6 June 2024

- **Afghanistan** and **Syria** have reported since 2023 over 500,000 cases of acute watery diarrhea (AWD), with Afghanistan currently experiencing a resurgence of cases.
- **Somalia, Sudan, and Yemen** also reported large outbreaks (>10,000 cases), highlighting the widespread nature of the emergency in the region.
- The situation in the Region highlights how humanitarian crises driven by conflict and political instability, combined with long-term inadequate infrastructure and climate factors, can exacerbate cholera transmission.

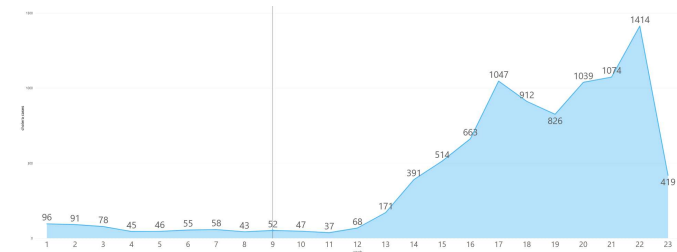
Suspected AWD / cholera cases in Syria, Aug 2022 to 21 Apr 2024



Suspected cholera cases in Somalia, 1 Jan to 2 Jun 2024



Suspected AWD / cholera cases in south Yemen, 1 Jan to 6 Jun 2024

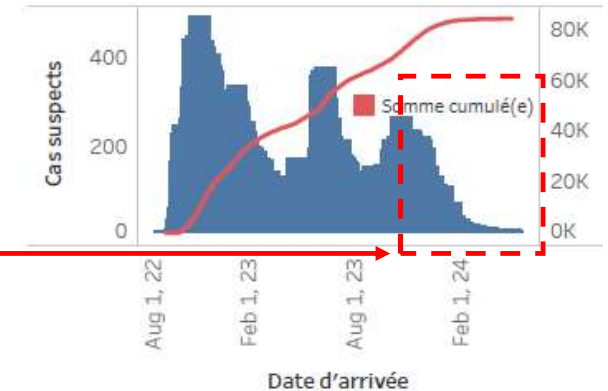


## Region of the Americas

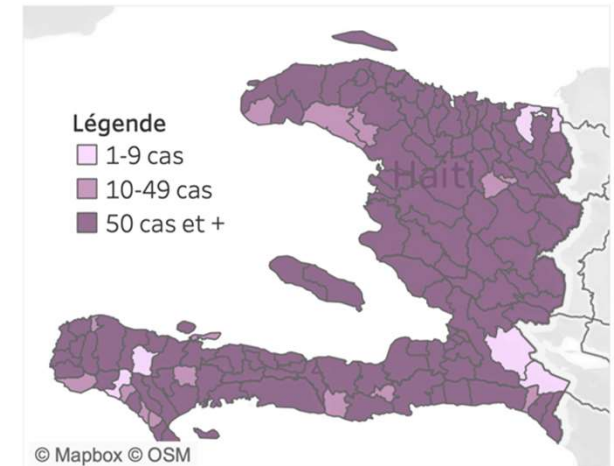
1 January 2023 to 6 June 2024

- **Haiti** has been reporting cholera outbreaks nationwide since January 2023.
- The decline in suspected cases observed since late 2023 may indicate underreporting due to the ongoing humanitarian crisis, which affects healthcare access and infrastructure rather than reflecting an actual improvement in the cholera situation.
- The upcoming rainy season and dense living conditions in displacement camps increase the potential for new outbreaks in Haiti.
- These conditions, along with the occurrence of cholera cases near border areas, pose a significant risk of cross-border transmission to the **Dominican Republic**.

Daily number of suspected cases in Haiti,  
1 Jan 2022 to 30 Apr 2024



Daily number of suspected cases in Haiti, 1 Jan  
2022 to 30 Apr 2024



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## Conclusions

1. **Escalating Outbreaks:** Significant rise in the frequency and duration of cholera outbreaks since 2021, with re-emergence in previously clear countries.
2. **Infrastructure and Climate Challenges:** Poor WASH infrastructure, extreme weather events, and sociopolitical instability are major drivers of cholera spread, especially in urban areas.
3. **Regional Emergencies:** Africa reports most of the global cases and deaths, with multiple countries in crisis. However, large outbreaks are also being reported in the Eastern Mediterranean Region and the Region of the Americas, with many instances of cross-border spread.
4. **Resource Gaps:** Inadequate surveillance data, acute OCV shortage, and insufficient investments in WASH infrastructure are critical issues affecting the cholera response.
5. **Future Directions:** There is a need to strengthen surveillance systems, increase investments in WASH and healthcare infrastructure, enhance vaccine availability, and promote cross-border collaboration to manage and mitigate cholera spread.



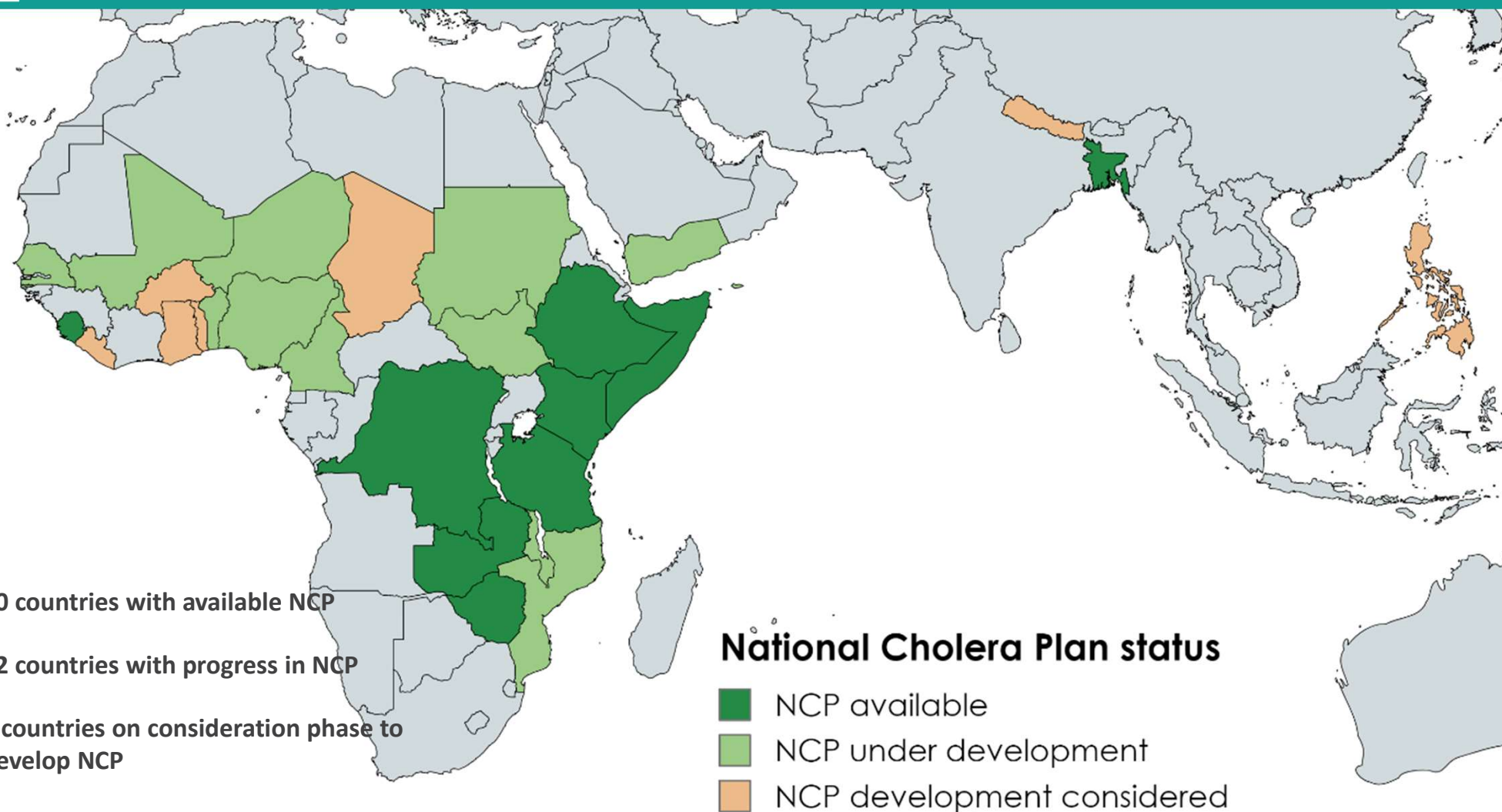


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NCP AND PAMI STATUS UPDATE



## National Cholera Plans status, 2018-2024



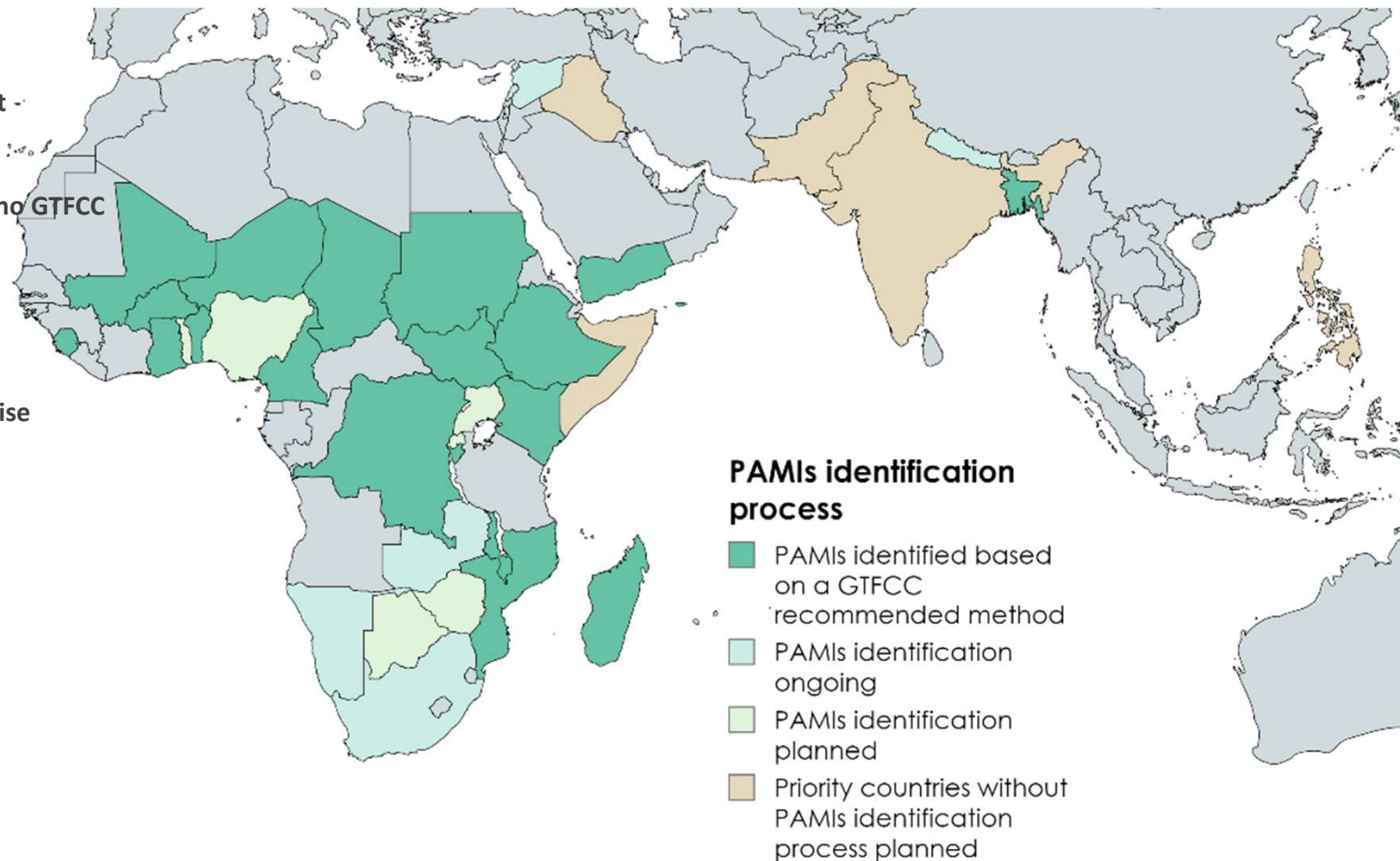


# Priority Areas for Multisectoral Interventions (PAMIs)\*

\* Using GTFCC tool (2018-2024)

As June 2024:

- 19 countries performed PAMI/Hotspot identification
- 2 countries with PAMI/hotspots with no GTFCC method used
- 6 countries currently updating their PAMI/hotspot
- 6 countries planning to start the exercise





# PAMI tracker

GTFCC PAMIs Tracker		Search for tools, help, and more (Alt + Q)			
File	Home	Insert	Share	Page Layout	Formulas
Data	Review	View	Help	Draw	Table Design
12 12 A AFRO					
	A	B	C	D	E
1	Country	Region	UNICEF	State of play	Follow up points
3	Angola	AFRO	ESA	PAMIs outdated	
4	Bangladesh	SEARO	ROSA	PAMIs identified (<5 years ago with a GTFCC method)	
5	Benin	AFRO	WCA	PAMIs identified (<5 years ago with a GTFCC method)	
6	Botswana	AFRO	ESA	Planned	Identification of PAMIs for elimination planned (timelines TBC)
7	Burkina Faso	AFRO	WCA	PAMIs identified (<5 years ago with a GTFCC method)	
8	Burundi	AFRO	ESA	PAMIs identified (<5 years ago with a GTFCC method)	2024 update may be completed through CSP but no for yet
9	Cameroon	AFRO	WCA	PAMIs identified (<5 years ago with a GTFCC method)	Completed Dec 2023 PAMI review performed
10	Chad	AFRO	WCA	PAMIs identified (<5 years ago with a GTFCC method)	Lome hub
12	Côte d'Ivoire	AFRO	WCA	PAMIs outdated	
13	Democratic Republic of the Congo	AFRO	WCA	PAMIs identified (<5 years ago with a GTFCC method)	
18	Ethiopia	AFRO	ESA	PAMIs identified (<5 years ago with a GTFCC method)	
19	Ghana	AFRO	WCA	PAMIs identified (<5 years ago with a GTFCC method)	Lome hub
20	Guinea	AFRO	WCA	PAMIs outdated	
21	Guinea-Bissau	AFRO	WCA	PAMIs outdated	

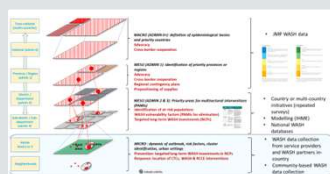


# WASH Working Group of the GTFCC



- GTFCC secretariat: WHO
- Chair of the WASH WG: UNICEF (since 09/2023)
- 25+ WASH partners

## WASH data sub-working group



- The WASH sector needs locally acquired data. How can we help with local collection – through tools, indicators, methodology?
- Potential collection of data in hotspots through WASH service providers / WASH partners but also through community-based organizations
- Focus on admin 3 and lower levels in priority countries where NCPs are being developed or potentially reviewed

## WASH in NCPs sub-working group



- Review of NCP Template and RCCE guidance
- Identification of WASH gaps and needs in NCPs through interview with in-country with existing NCP and willing to develop NCP
- WASH Costing tools for PAMIs

## Water Quality Monitoring sub-working group

- Compilation of relevant WQM documentation
- Water quality monitoring guidance for cholera prevention and response



# Thank you

Together we can  
**#endcholera**



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