



GLOBAL TASK FORCE ON
CHOLERA CONTROL

REVIEW OF THE GTFCC ROADMAP

GTFCC WASH Working Group
Annual meeting
June 17th, 2024

Refresher: the Global Roadmap - Impact

	PRINCIPLES	ENABLING FACTORS	BASLINE (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	

Global Roadmap — Goals

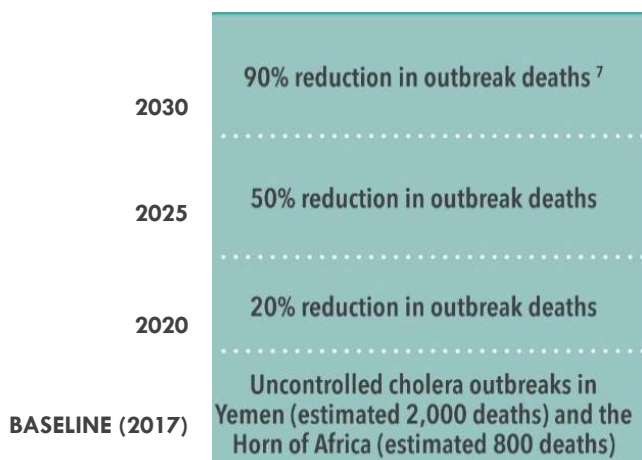
PRINCIPLES	ENABLING FACTORS	BASELINE (2017)	TARGETS			INDICATORS	OBJECTIVES	GOALS	IMPACT
GOALS	AXIS 1 Countries detect outbreaks early and respond immediately to contain them		AXIS 2 Countries prevent disease occurrence by targeting multi-sectoral interventions in cholera hotspots			AXIS 3 Technical support, resource mobilization, and partnership are coordinated at local and global levels			
	(Outbreak response)		(Prevention)			(Coordination, support and funding)			

AXIS 1 — EARLY DETECTION AND REPOSE TO CONTAIN OUTBREAKS

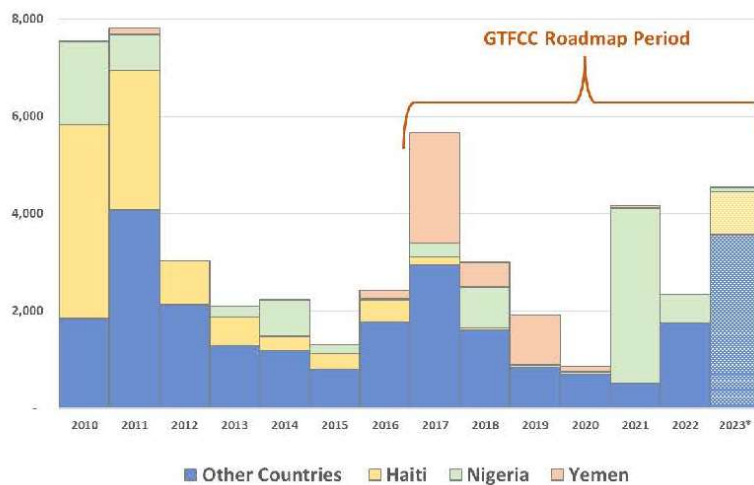
1. **Integrated Early Warning Systems:** Strengthen surveillance systems and laboratory capacities for rapid detection and confirmation of cholera cases.
2. **Essential Supplies Pre-positioning:** Ensure strategic placement of cholera kits, ORS, IV fluids, and other critical supplies.
3. **Health and WaSH Preparedness:** Establish and equip dedicated cholera treatment facilities and train health workers.
4. **Community Engagement:** Promote hygiene practices and involve communities in monitoring and response efforts.
5. **Rapid Response Teams:** Deploy teams for field investigation, risk evaluation, and immediate outbreak response.
6. **Mass Vaccination Campaigns:** Implement reactive OCV campaigns promptly upon case confirmation for maximum impact.



GTFCC Axis 1 targets



Cholera deaths reported to WHO*



AXIS 1 – OUTBREAK RESPONSE



2017 – 2023: reduction in deaths : - 26%

2017 – 2020: reduction in deaths: - 90%

2020 - 2023: increase in deaths: +50%

*Cholera deaths reported to WHO between 2010 and 2023

AXIS 1 – OUTBREAK RESPONSE



METRICS & ACHIEVEMENTS

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

OCV Reactive campaigns: 28 reactive campaigns in 2023 in 12 countries (34 million people targeted). 8 reactive campaigns in 7 countries at of June 2024 (10 million people targeted)

Case management advances (innovative treatments, antibiotic use strategy, inclusion of elderly, mainstreaming of malnutrition, etc.)

CHALLENGES

Global context – 11/24 countries (46%) affected by cholera in 2024 are impacted by acute or protracted conflict.

Data sharing – Stigma and/or lack of surveillance/laboratory capacities prevent swift communication of data to international partners.

Limited availability of OCV doses:

- EuBiologics sole supplier with prequalified vaccines – one dose regimen
- Promising trends for 2024 with objective to reach 50 million doses (2 million doses produced in 2013)

AXIS 2 — PREVENTION

1. **Targeted Interventions:** Identify cholera PAMIs/hotspots for prioritized action using accurate morbidity, mortality, and environmental data.
2. **Enhanced Surveillance:** Strengthen epidemiological surveillance and laboratory capacity to detect and monitor outbreaks early.
3. **Sustainable WASH Solutions:** Implement long-term water, sanitation, and hygiene (WASH) interventions to provide safe water and sanitation.
4. **Health System Strengthening:** Build capacity for cholera response, including resource pre-positioning and staff training.
5. **OCV Campaigns and WASH:** Combine preventive Oral Cholera Vaccine (OCV) use with WASH interventions for sustainable impact.
6. **Community Engagement:** Promote hygiene, risk communication, and social mobilization for robust community participation.

AXIS 2 – PREVENTION



*Laboratory diagnostic capacities assessment –
Democratic Republic of Congo*

METRICS & ACHIEVEMENTS

Increased surveillance/laboratory capacities:

- 19 countries identified their PAMIs (6 countries in the process)
- Guidelines developed: metadata sets, laboratory testing, environmental surveillance (with WaSH WG), job aid and fact sheet in culture of VC, laboratory referral form, AST, use of RDT, guidance for minimum laboratory capacity standards, etc.
- Training package and ToT delivered on laboratory topics.

CHALLENGES

- **OCV** – No preventive vaccination campaigns since 2022
- **Surveillance** – Under reporting
- **Laboratory**: rapid turnover of laboratory personnel and loss of capacities ; lack of resources for lab supplies (RDTs, reagents) and equipment.
- **HR gaps** - Quality processes for surveillance, CM, etc.
- **Climate change integration into cholera response plans** – cyclones (Mozambique, Malawi), floods (Nigeria, Pakistan, Bangladesh) and drought (Horn of Africa)
- **Insufficient multisectoral integration** – WaSH, RCCE, Education, etc.

AXIS 3 — COORDINATION, SUPPORT AND FUNDING

1. **National Cholera Control Programs:** Establish and strengthen multi-sectoral programs led by national governments, with GTFCC support.
2. **Cross-Sectoral Coordination:** Develop policy frameworks and coordination mechanisms across government levels and sectors.
3. **Technical Support and Guidance:** Utilize GTFCC Technical Working Groups to provide expertise and develop tools for cholera control.
4. **Advocacy and Communication:** Enhance visibility and advocacy for cholera control through coordinated efforts.
5. **Resource Mobilization:** Facilitate fundraising and efficient resource allocation for cholera control activities.
6. **Country Support Group:** Deploy seconded staff and resources to support national efforts in outbreak response and cholera elimination.

AXIS 3 — COORDINATION, SUPPORT & FUNDING



METRICS & ACHIEVEMENTS

- Sustained advocacy since the establishment of a dedicated Task Team (9 advocacy events)
- High-level political engagements (GTFCC champion HE President Hichilema, Participation of Dr Tedros, Dr Ryan Jagan Chapagain, Ted Chaiban, and 9 ministers of health to the last two WHA side events)
- **Increased global awareness and political commitments** (France)

CHALLENGES

- **Funding shortfalls at:**
 - National level (NCPs)
 - Global level (WHO appeal not funded due to competing crises, donor fatigue, etc.)
 - GTFCC level (WGs)
- **Funding challenges results on coordination challenges:**
 - Limited deployment capacities
 - No funding to support WG meetings organization.
 - Challenges to sustain advocacy engagements (e.g. Hichilema).
 - Secretariat capacities (monitoring and evaluation)

Thank you

Together we can
#endcholera



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