

CHOLERA PREVENTION (AXIS 2):

VISION, OBJECTIVES AND ACTIVITIES

GTFCC WASH Working Group Annual meeting June 17th, 2024



Water, Hygiene and Sanitation (WASH) service ladders

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has reported country, regional and global estimates of progress on drinking water, sanitation and hygiene (WASH) since 1990.

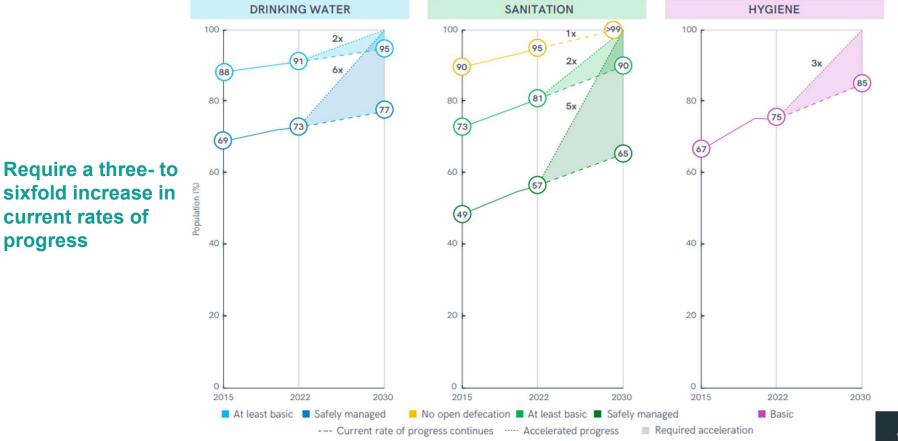


SERVICE LEVEL	DEFINITION	SERVICE LEVEL	DEFINITION	
SAFELY MANAGED	Drinking water from an improved source that is accessible on premises, available when needed and free from faecal and priority chemical contamination	SAFELY MANAGED	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated off-site	
BASIC	Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing	BASIC	Use of improved facilities that are not shared with other households	
LIMITED	Drinking water from an improved source, for which collection time exceeds 30 minutes for a round trip, including queuing	LIMITED	Use of improved facilities that are shared with other households	
UNIMPROVED	Drinking water from an unprotected dug well or unprotected spring	UNIMPROVED	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines	
SURFACE WATER	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal	OPEN DEFECATION	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open places, or with solid waste	

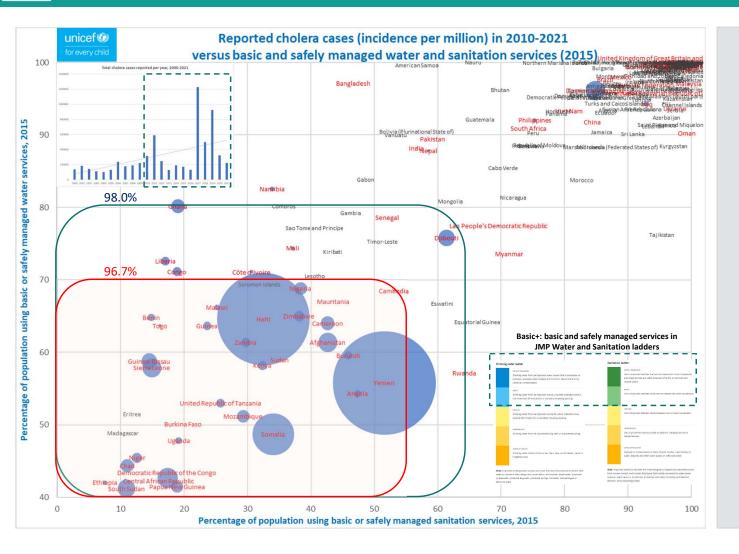
SERVICE LEVEL	DEFINITION		
BASIC	Availability of a handwashing facility with soap and water at home		
LIMITED	Availability of a handwashing facility lacking soap and/or water at home		
NO FACILITY	No handwashing facility at home		



Achieving global SDG targets by 2030



Reported cholera cases (2010-2021) and WASH services levels



Analysis of 4,970,328 cholera cases reported over the period 2010-2021 and WASH services in 234 countries and territories (JMP 2015):

 96.7% of all cases reported come from 31 of the 34 countries with lowest water and sanitation combined service levels ("at least basic" water services below 70% and "basic+ sanitation services less than 55%) Axis 2: A multisectoral approach to prevent cholera in hotspots in endemic countries (1/2)

Achieving universal access to basic WASH services is more realistic (World Bank, 2024)

Achieving universal access to basic WASH services in cholera hotspots is a priority. As explicitly mentioned in the 2030 roadmap, "the basic WASH package [...] is the minimum required to reduce water-related disease risks like cholera" (GTFCC 2017)

The PAMI methodology developed by the GTFCC is a useful basis to implement targeted multisectoral interventions, including for sustainable WASH solutions.

Axis 2: A multisectoral approach to prevent cholera in hotspots in endemic countries (2/2)

Estimating WASH coverage and costing WASH gaps at hotspot level are prerequisites for implementing sustainable WASH services in PAMIs. However, specific methodologies and tools need to be developed to equip governments and partners with the right foundations to do so.

Governments, with the support of their national and international partners, need to ensure that WASH interventions in cholera hotspots are prioritized in national multi-sectoral and WASH development plans, from lower administrative levels up to the national level.



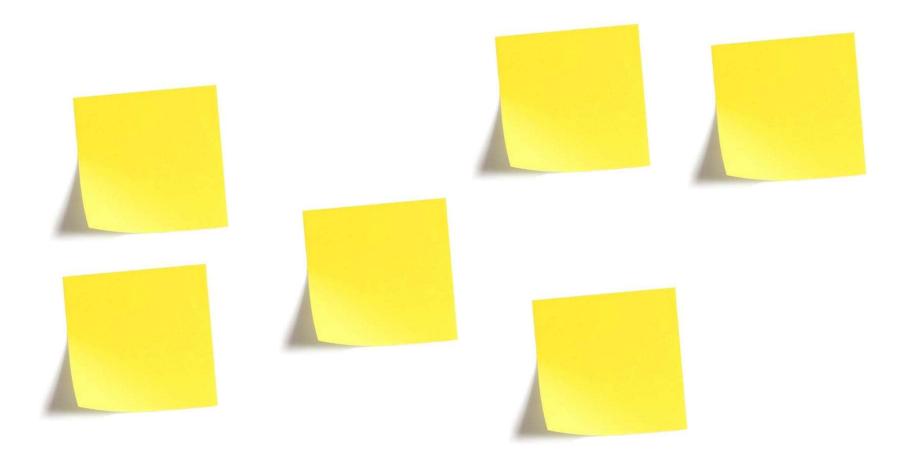
Basic access to water and sanitation services is achieved or planned in all cholera PAMIs and contributes to the elimination of cholera as a Public Health Emergency.

Potential objectives for 2030 (from the pre-reading draft 0)

- □ WASH plans for PAMIs and monitoring framework developed, costed, validated, and approved by health ministry or other relevant national authorities.
- WASH plans for PAMIs and monitoring frameworks integrated in National Cholera Plans prioritized in multisectoral and WASH development plans, from lower administrative levels up to the national level.
- Dedicated budgets from Governments and institutional donors (in line with the National Cholera Plans) allocated to fund WASH interventions in PAMIs identified and available.
- □ WASH data collected and integrated into a multisectoral cholera dashboard.
- □ Water Quality programs supported in PAMIs.
- □ Cholera PAMI prioritized in the post SDG era.
- WASH and Infection Prevention and Control programming in Health Care Facilities prioritized in Cholera PAMIs
- □ Climate-resilient programming / Emergency long term nexus integration?



Potential objectives for 2030 (from the morning session)



THANK YOU!

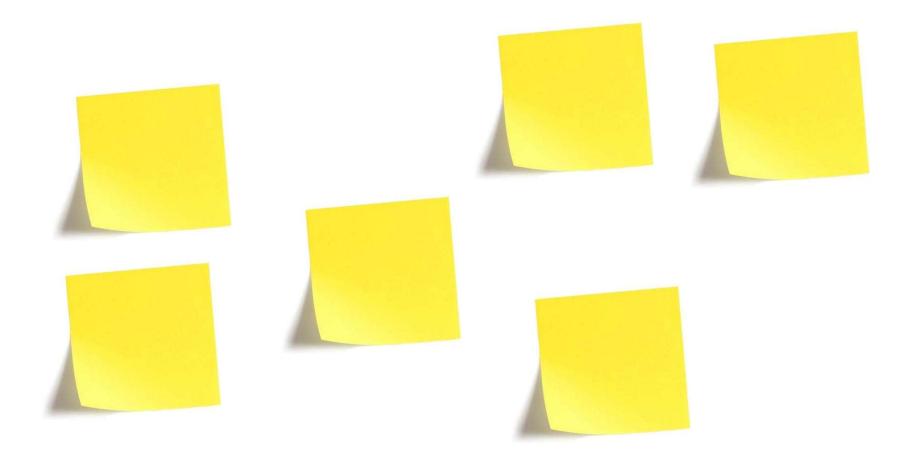


Potential activities for 2026 (from the pre-reading draft 0)

- Evidence-based documentation is published to better demonstrate the role of WASH in preventing cholera outbreaks (geographical and temporal analysis) and can be used as part of the multisectoral GTFCC advocacy strategy.
- □ A tool is available to help GTFCC partners to collect WASH data in PAMIs, and the data collected are available to WASH partners through an existing WASH platform.
- □ Some WASH costing methodologies and tools dedicated to PAMIs are developed and have been field tested by GTFCC WASH partners.
- □ Inclusion of PAMIs in multisectoral and WASH development plans have been achieved in priority countries.
- □ A review of Water Quality Monitoring for prevention of cholera outbreaks has been finalized.
- □ A more discriminative approach of PAMIs' definition is discussed with the GTFCC Surveillance Working Group to support better WASH prioritization.
- □ A review of the WASH strategy during OCV preventive campaigns is conducted with the GTFCC OCV Working Group.



Potential activities for 2026 (from the morning session)



Considering acute needs, feasibility, potential requirements and timeline?