



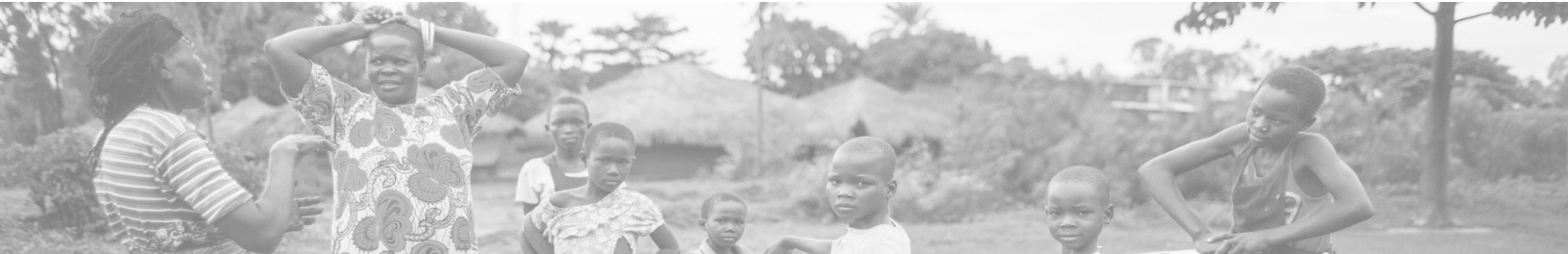
GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**



## **GLOBAL TASK FORCE ON CHOLERA CONTROL**

### *EXECUTIVE SUMMARY - EN*

**19-21 JUNE 2024 | VEYRIER-DU-LAC - FRANCE**



The 11<sup>th</sup> Annual GTFCC Meeting was held on June 19-21, 2024, with participants gathering both in person at *Les Pensières* Conference Centre in Annecy, France and online through virtual access provided by the hosts, *Fondation Mérieux*. The meeting brought together key stakeholders in the work of the Global Task Force on Cholera Control (GTFCC) to discuss ongoing challenges to cholera control and prevention, and to assess progress and challenges in achieving the goals of the Global Roadmap to Ending Cholera in 2030 (referred to as “the Roadmap”).



100 + participants



13 countries



25 partners

The 7<sup>th</sup> cholera pandemic has continued to intensify since 2021, with an increasing number of outbreaks reported in vulnerable settings, but also in areas that have not reported cases in decades - or ever. Over 620 000 cases have been reported in 29 countries between June 2023 and May 2024 in 29 countries – concerning data that must be understood as an underrepresentation of the reality due to surveillance challenges. Sixteen countries currently have case fatality rates (CFR) above 1%, reflecting unacceptable levels of deaths. These negative trends are accelerated by access constraints to hard-to-reach areas, security, climate, socioeconomic, and political challenges and are compounded by major operational challenges. These include limited funding for coordination and response activities, supply chain disruptions affecting laboratory and case management work. Despite recent progress, the production of oral cholera vaccine (OCV) remains insufficient to cover reactive needs, and no preventive campaign has been carried out since 2022.

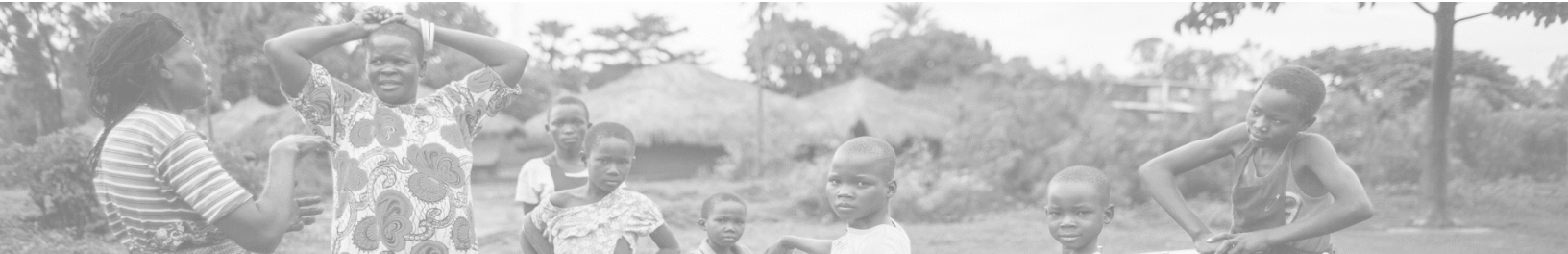


**“Efforts to eliminate cholera will be more effective through global solidarity and empathy, rather than fear and travel embargoes.”**

*Honourable Minister of Health and Family, Dr Sultana  
(Bangladesh)*

But this bleak picture should not overshadow the tangible results obtained by partners. The GTFCC has supported the development of 10 national cholera plans (NCPs) and secured a permanent presence through the Country Support Platform (CSP) in four country hubs : Zambia hub (covering Zambia, Malawi and Mozambique). Bangladesh hub (Bangladesh and Nepal), Nigeria and DRC hub (covering DRC, Burundi





and Cameroon). Additional technical support is provided on an ad hoc basis by the CSP and the GTFCC Secretariat, through time-bound field missions and remote work.

The OCV working group supported 21 reactive vaccination campaigns in the past 12 months, resulting in over 30 million people vaccinated in 14 countries. Three requests for preventive OCV campaigns were also facilitated in coordination with the CSP.

In the past 12 months, the GTFCC has published and disseminated 29 technical documents, all translated in up to 4 languages (Arabic, English, French and Portuguese). These include laboratory fact sheets, job aids and forms for frontliners. Additionally, the Laboratory WG developed a training package on cholera diagnostics and implemented training of trainers in targeted countries.

In surveillance, recent months have seen the publication of various guidance, tools and forms on Priority Areas for Multisectoral Interventions (PAMIs) and public health surveillance for cholera. Other major outputs include the publication of the GTFCC fixed ORP interim guidance and planning documents, as well as guidance for integrating community engagement into NCPs and the ICG-reviewed country guidance on the reactive use of OCV. The WASH WG has worked on the development of a water quality monitoring framework – in progress.

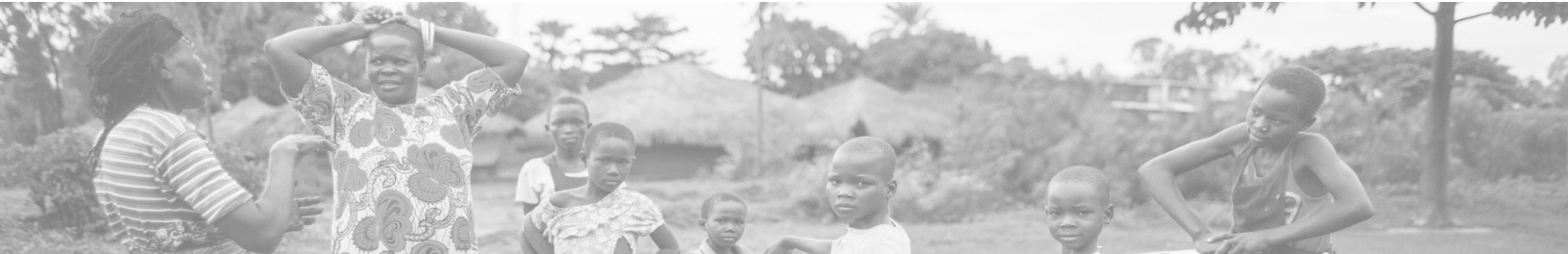
Since the last annual meeting, the GTFCC research community has connected via a new series of webinars and through dedicated research sessions at the annual meeting. The CSP team supported research workshops in the DRC and Zambia, where researchers working in the countries convened to discuss the value of evidence for the NCPs. An evidence review of progress on the 2021 GTFCC Research Agenda has also been initiated, and the development of a database and research uptake mechanism for the PNECHOL team in the DRC is in progress.

**“Every GTFCC member is a champion in the fight against cholera, charged with the duty to act at all levels - globally, nationally and locally. With five years remaining to the end of the current Roadmap, urgent action is needed from everyone.”**



*Dr Frew Benson (Chair of the GTFCC)*

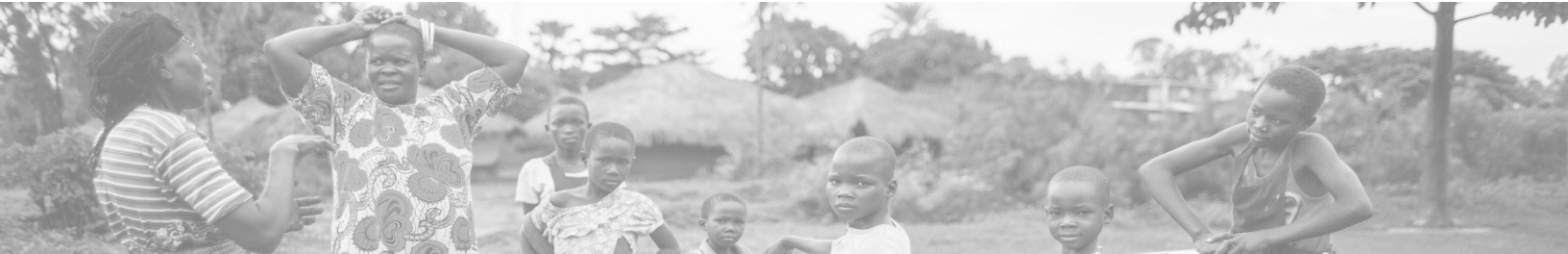
Recent public engagement included 4 key events in the past 12 months, starting with participation in the 3<sup>rd</sup> International Conference on Public Health in Africa (CPHIA) in November 2023. The GTFCC also led a cholera panel discussion at the COP28 in December 2023. Following an exhibition secured during the 77<sup>th</sup> World Health Assembly, at the Palais des Nations, a cholera side event meeting was organized on May 29. This high-level event was reinforced by the participation of Dr. Mike Ryan (WHO Deputy Director-General and Executive Director), Ted Chaiban (Deputy Executive Director of UNICEF), Jagan Chapagain (IFRC Secretary General), and Dr. Jean Kaseya (Africa CDC Director-General). Ministers of Health from Lebanon, Nepal and Mozambique attended this pivotal gathering.



To achieve the 2030 Roadmap objectives, GTFCC partners are invited to deepen and broaden their cooperation, aiming to maximize operational, normative, and policy impact. The opening speech of Honourable Minister Sultana (Bangladesh MoHF) at this year's GTFCC annual meeting specifically called for renewed investment from donors, partners and the GTFCC in four critical areas: water, sanitation and hygiene (WASH) infrastructure; production of oral cholera vaccine (OCV), especially in Africa and Asia; strengthening quick detection and rapid response to cholera outbreaks; and promoting reporting of cholera cases from hotspot areas.

### Key measures identified for 2024-2025:

- **The scaling-up of country support.** Requests were made by countries to the GTFCC Secretariat and CSP to increase their field presence through staff based in targeted countries or ad hoc technical assistance missions. Efforts are required for the development and implementation of NCPs, the CSP providing support for the development of adequate templates for French and English-speaking users.
- **12 countries are developing or planning to start the elaboration of their National Cholera Plans.** Specific support is requested to operationalize existing ones and reinforce multisectoral integration.
- **12 countries are also planning or already in the process of identifying their PAMIs** (23 countries already finalized this process using GTFCC methodology). Enhanced multisectoral integration will be pursued by GTFCC technical working groups (e.g., OCV and WaSH).
- **Acute funding constraints for partners mean the GTFCC must increase its capacities to engage in humanitarian and development forums.** Beyond immediate funding needs expressed by countries for the implementation of their NCPs, the integration of cholera in global/multisectoral frameworks remains critical to addressing the determinants of cholera (water quality and sanitation, health and hygiene education, community engagement, security, nutrition, etc.). Funding is critical for the GTFCC community to continue coordinating support towards the implementation of the Global Roadmap
- **The completion of the Roadmap midterm review, as instructed by the GTFCC Steering Committee.** The external independent evaluation of the GTFCC is conducted jointly by WHO and UNICEF and delivered by Cambridge Economic Policy Associates (CEPA). The review has been designed to improve and adapt working methods for greater effectiveness in the global landscape, collect evidence to determine the strategic and operational future of the GTFCC, and generate recommendations to improve the Roadmap considering current operational and epidemiological challenges. Countries will be invited to take part in the midterm review and 6 case studies will be conducted.
- **The review of the Roadmap M&E plan by the Secretariat.** Assessment of the current processes and practices on M&E of the Roadmap and exchanges with country representatives and partners.
- **Expanding Advocacy Task Team activities** with a yearly plan. In the short term, the GTFCC Secretariat will solicit "official" interest in the task team and revitalize the group's functional capacities, including convening members, co-creating a task team workplan, revising advocacy and communications objectives, identifying priority global events, etc.



- **The GTFCC will continue to build a cholera research community** and work with partners in academia and civil society to influence the global research agenda. The GTFCC will monitor progress of the research agenda and update the agenda as new gaps arise, including for vulnerable population groups, such as pregnant women. Through the CSP programme, support for research uptake and evidence use in the NCPs will continue, with country and regional workshops.
- **The GTFCC technical working groups will develop, review and finalize essential analysis, tools and guidelines.** This includes tools for setting up and managing oral rehydration points (ORPs), analyses and recommendations for high-risk populations such as children with severe acute malnutrition (SAM). The working groups will also address the use of antibiotics; develop additional tools for identifying and monitoring PAMIs; create a formal protocol for recognizing cholera-free status in areas where elimination is effective; review and update the laboratory manual for cholera testing; and provide guidance on cholera genomics. The groups will work on resuming preventive OCV, developing a standardized monitoring and evaluation (M&E) approach for following up vaccination campaigns, and enhancing WASH in NCPs. The working groups will also continue supporting the PAMI identification process and MYPOA elaboration. These outputs will require substantial collaboration with suppliers, operational staff, and partners, including providing necessary training.
- **The GTFCC is invited to renew external and internal communication efforts** to ensure the maximum impact of its messages and the widest possible dissemination of GTFCC resources. Communication measures identified during the annual meeting include a review of the GTFCC website, increased presence on social media, engagement of partners and external stakeholders, and translation of GTFCC resources beyond English and French.