



GLOBAL TASK FORCE ON
CHOLERA CONTROL



PROGRESS REPORT

JANUARY 2022- DECEMBER 2024 | GTFCC SECRETARIAT

Acronyms

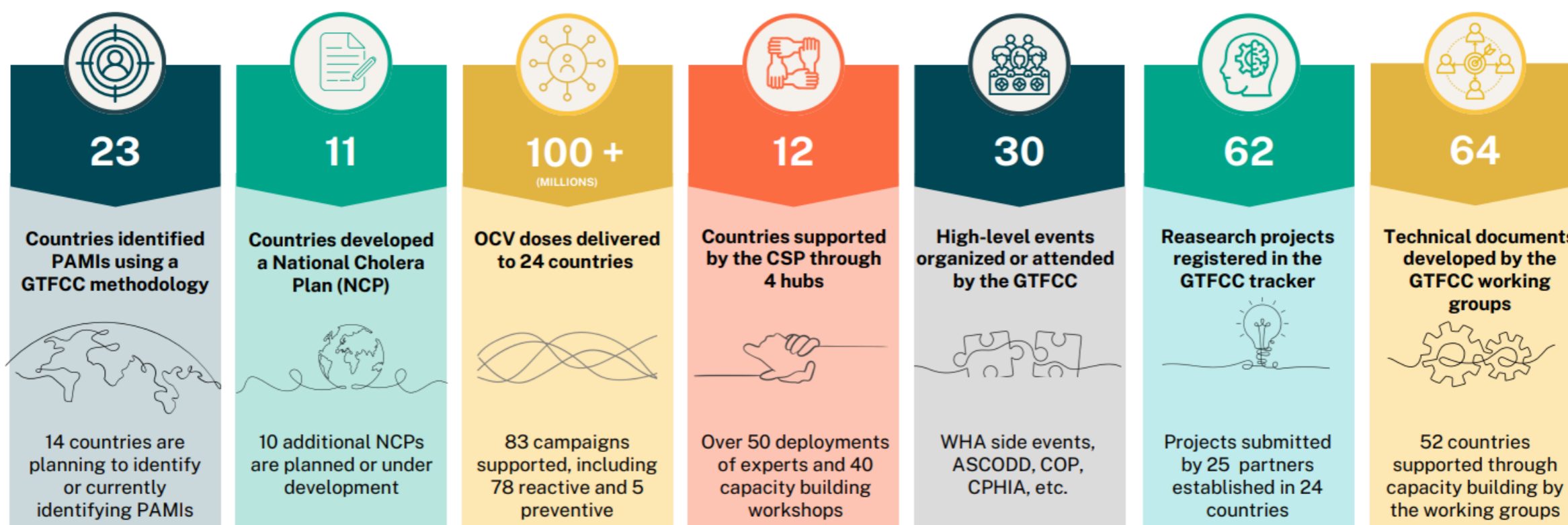
AFRO	World Health Organization Regional Office for Africa
ATT	Advocacy Task Team
AST	Antimicrobial Susceptibility Testing
AVMA	African Vaccine Manufacturing Accelerator
BMGF	Bill & Melinda Gates Foundation
CATI	Case Area Targeted Interventions
CDC	Centers for Disease Control and Prevention
CFR	Case Fatality Rate
CSP	Country Support Platform
DRC	Democratic Republic of the Congo
EPI	Expanded Program on Immunization
Gavi	Global Alliance for Vaccines and Immunization
GTFCC	Global Task Force on Cholera Control
ICG	International Coordinating Group on Vaccine Provision
IFRC	International Federation of Red Cross and Red Crescent Societies
IRP	Independent Review Panel
MCEP	Multisectoral Cholera Elimination Plan
MoH	Ministry of Health
MSF	Médecins Sans Frontières (Doctors Without Borders)
MYPOA	Multi-Year Plan of Action
NCP	National Cholera Plan
NIH	National Institute of Health
OCV	Oral Cholera Vaccine
ORP	Oral Rehydration Point
ORS	Oral Rehydration Solution
PAMIs	Priority Areas for Multisectoral Interventions
PCR	Polymerase Chain Reaction
pOCV	Preventive Oral Cholera Vaccination
RCCE	Risk Communication and Community Engagement
RDTs	Rapid Diagnostic Tests
SAM	Severe Acute Malnutrition
SOPs	Standard Operating Procedures
ToRs	Terms of Reference
TPP	Target Product Profile
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WaSH	Water, Sanitation, and Hygiene
WHA	World Health Assembly
WQM	Water Quality Monitoring

Contents

Acronyms	2
Contents.....	3
Executive Summary	5
GTFFCC Secretariat update.....	7
Steering Committee	7
Membership.....	9
Advocacy and communication	10
Establishment of the Advocacy Task Team	10
Key Advocacy Events	10
WHA Cholera Side Events	11
Communication.....	12
Research.....	16
Country Progress	18
Country Support Platform	18
Operationalizing the 2030 Roadmap and translating guidance into local realities	18
Achievements	18
Challenges.....	19
Building on momentum and towards 2030	20
Key documents developed/published	20
Global trends.....	20
NCPs and PAMI Mapping.....	21
Vaccination	24
GTFFCC Technical Working groups	30
Case Management	30
Surveillance Pillar	34
Epidemiology	34
Laboratory.....	38
Oral Cholera Vaccine (OCV)	41
Water, Sanitation and Hygiene (WaSH)	45
Annex 1 – List of events led or attended.....	48
Annex 2 – GTFFCC Organigram.....	50

AT A GLANCE...

PROGRESS & CHALLENGES - JAN. 2022 TO DEC. 2024



- PAMIs <5 years with GTFCC methodology
- PAMIs <5 years or not developed with GTFCC methodology
- ↑ NCPs developed with GTFCC methodology

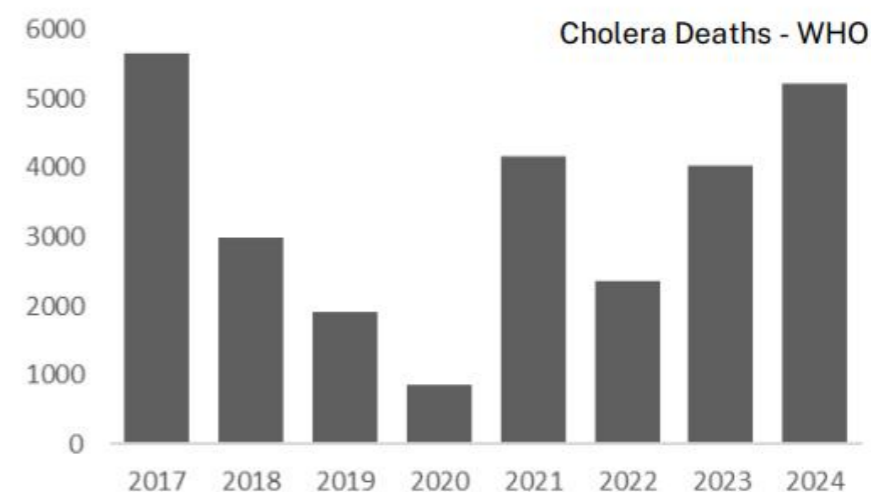
CHOLERA BURDEN

PAST ACHIEVEMENTS AT RISK

In the past three years---

+ 59 % cases reported (- 38 % since 2017)

Deaths X 2 (- 8% since 2017)



2024 figures are provisional and subject to adjustments

Executive Summary

High-Level Political Engagement - Since 2022, significant milestones have been achieved, beginning with President Hakainde Hichilema of Zambia's commitment to serve as a global champion for cholera control. His leadership, alongside the active engagement of global health leaders such as Dr Tedros Adhanom Ghebreyesus (WHO Director-General), Dr Mike Ryan (WHO Deputy Director-General and Executive Director), Ted Chaiban (UNICEF Deputy Executive Director), Jagan Chapagain (IFRC Secretary General), and Dr Jean Kaseya (Africa CDC Director-General), has bolstered global commitment to cholera control.



This momentum was echoed at the national level, with Ministers of Health from Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Kenya, Lebanon, Nigeria, Mozambique, Nepal, Somalia, Zambia, and Zanzibar participating in GTFCC side events during the 75th and 77th World Health Assemblies (WHA). The GTFCC Secretariat has sustained proactive engagement with diplomatic, donor, and civil society stakeholders, while the Country Support Platform (CSP) has provided targeted assistance to Bangladesh, DRC, Mozambique, Nigeria, and Zambia. Furthermore, ad-hoc support has been extended to Ethiopia, Tanzania, Malaysia, and Jordan, with long-term technical collaborations underway in Cameroon, Kenya, and Nepal, and initial discussions initiated with Malawi and Burundi.

The Advocacy Task Team (ATT), established in 2021, has worked to enhance investments in cholera control at global, regional, and national levels. A strategic workplan developed in 2022 focused on securing funding for the full implementation of the 2030 Roadmap, supporting countries in developing fully costed National Cholera Plans (NCPs), prioritizing WaSH interventions, and addressing Oral Cholera Vaccine (OCV) supply challenges. Between 2022 and 2024, the ATT played a pivotal role through nine high-profile advocacy events, including two WHA side events, the United Nations Water Conference, and the International Conference on Public Health in Africa. These forums resulted in high-level dialogues on cholera, WaSH investments, and climate change impacts. Despite progress, sustaining political momentum amid competing health crises remains a challenge, necessitating increased funding for GTFCC coordination bodies and NCP implementation.

Country Support and Progress - The GTFCC Secretariat, alongside the CSP and WHO Africa Regional Office (AFRO), provided assistance to countries to develop their National Cholera Plans. By December 2024, 11 countries had finalized NCPs¹, with 10 more in progress². Continuous technical assistance was provided by the Secretariat, CSP, and Technical Working Groups (TWGs) across key areas, including case management, WaSH, OCV, laboratory diagnostics, and epidemiology. With support from the Mérieux Foundation and partners, annual meetings involving 20 countries were convened to address progress, challenges, and operational needs for achieving the 2030 Roadmap targets. As of September 2024, 23 countries had identified Priority Areas for Multisectoral Interventions (PAMIs) using GTFCC-recommended methods.

Vaccination Efforts - Over 100 million doses have been shipped since 2022, as a result of combined efforts led by Gavi and Unicef with IVI and suppliers. Production will continue increasing through targeted initiatives (e.g., African Vaccine Manufacturing Accelerator - AVMA). During this period, the OCV TWG has been instrumental in developing guidance, supporting campaign planning, conducting training, and improving the quality of OCV requests and implementation.

¹ Post 2030 Roadmap adoption: Bangladesh, DRC, Ethiopia, Kenya, Sierra Leone, Somalia, Tanzania, Zambia, Zanzibar, Zimbabwe

² Benin, Cameroon, Malawi, Mali, Mozambique, Niger, Nigeria (ongoing IRP review), Senegal, South Sudan, Sudan, Yemen.

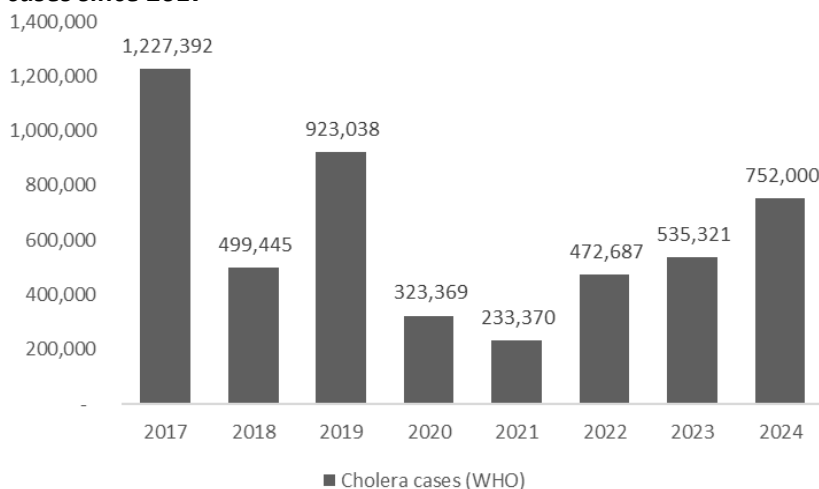
Research and Digital Tools – Efforts to increase awareness and application of cholera-related research have advanced through the launch of the Cholera Research Tracker in 2021. This searchable database includes 62 projects from 24 countries as of December 2024 and supports monitoring progress against the 2030 Roadmap Research Agenda. Research priorities from 2022–2024 include identifying cholera mortality risk factors, evaluating antibiotic use, and developing innovative treatment and prevention strategies. Additional knowledge-sharing initiatives, such as the GTFCC Operational Research Meeting in Mombasa in October 2024, have fostered collaboration among researchers and policymakers.

Coordination and Technical Working Groups - The GTFCC Secretariat and its Technical Working Groups (TWGs) made substantial progress in advancing global cholera control efforts. Since 2023, key resources on case management, epidemiology, laboratory practices, OCV, WaSH, and research were downloaded over 16 000 times from the GTFCC website, underscoring their relevance and authority. Despite funding challenges, particularly for WaSH and Case Management, the resources produced by TWGs have become central to cholera control and elimination initiatives. The addition of an additional staff in May 2024 expanded the Secretariat's capacities. The CSP provided support to 12 countries in total through permanent, regular, or ad hoc presence (over 50 expert deployments).

Communication - The GTFCC has enhanced its digital tools and resources to support global cholera control efforts. The GTFCC Cholera App, launched in 2020, provides offline access to practical guidance in five languages and is actively used in 159 countries, with over 5,000 active users as of September 2024. Its translation into Arabic, Ukrainian, and Russian is expected to further increase visibility and utility. The GTFCC website, managed by the Mériex Foundation, has attracted over 25 000 unique users since January 2022. While direct and search engine traffic has been robust, social media visibility remains an area for improvement.

Challenges and Priorities - Cholera outbreaks have increased in the past few years, both in endemic countries and in previously unaffected regions, resulting in an average annual increase in cases of 52% between 2021 and 2024. Priorities moving forward include PAMI identification in target countries, NCP development, sensitizing health actors on the need for multisectoral actions, and enhancing community engagement. Achieving the 2030 Roadmap objectives —reducing cholera deaths by 90% and eliminating the disease in 20 countries— will also require addressing vaccine shortages, securing sustainable funding, and maintaining partner engagement amid competing global health crises.

Figure 1 – Cholera cases since 2017



2024 figures are provisional and subject to adjustments

GTFCC Secretariat update

The GTFCC is a partnership created in 1992, counting more than 50 institutions, including NGOs, academic institutions, civil society stakeholders and UN agencies. GTFCC members share a vision that collective action can stop cholera transmission and end cholera deaths. The purpose of the GTFCC is to support increased implementation of evidence-based strategies to control cholera. This will notably be done by raising the visibility of cholera as a global public health issue, disseminate current and emerging evidence on cholera control, and coordinate integrated control efforts as part of 2030 Roadmap, which targets a 90% reduction in cholera deaths and cholera elimination in 20 countries.

During the reporting period, the **GTFCC secretariat** provided critical supports for:

- The establishment, dissemination and upholding of norms and standards for cholera control efforts, through the GTFCC Secretariat and 5 TWGs on 1) Case management, 2) Epidemiology, 3) Laboratory, 4) OCV, and 5) WaSH. A total of 64 technical documents have been developed as of December 2024 and translated in up to 4 languages.
- The structuration of the GTFCC advocacy efforts, through the ATT establishment in 2021 and the planning of related activities, resulting in the participation of the GTFCC in 9 events for advocacy purposes.
- The organization of the GTFCC meetings (organization of >30 meetings between January 2022 and December 2024). This includes Annual meetings, steering committee meetings, TWG meetings, WHA bi-annual side events, advocacy events, etc.
- The elaboration of institutional reports, communication materials and coordination at global level with key health actors engaged in the fight against cholera. This includes fundraising efforts, through the drafting and submission of technical proposals, as well as donor engagement.
- The development of an M&E working group, following the decision of the GTFCC General Assembly held in June 2024. The initial sessions held by this TWG during the second half of 2024 aimed at refining indicators, tools, roles, and responsibilities. A draft M&E Plan and report were submitted in December 2024.

Steering Committee

The Steering Committee provides direction, leadership, and oversight for all GTFCC activities. During the reporting period, the GTFCC Steering Committee made significant strides in addressing critical issues related to cholera control and the supply and demand of vaccines.

Key topics discussed during the reporting period:

- **Progress Towards 2030 Roadmap Targets:** Over the past two years, the committee continually evaluated the progress made toward the 2030 Roadmap targets, focusing on reducing cholera deaths and the NCP implementation. This involved regularly revisiting milestones and adjusting strategies to overcome emerging challenges, including outbreak responses and supply issues.
- **Community Engagement:** Recognizing the importance of community involvement in cholera control, the Steering Committee, in December 2022, prioritized the enhancement of community engagement

strategies. Although no formal structure has been established due to funding limitations, the GTFCC Secretariat, in collaboration with the IFRC has worked to ensure that best practices in community engagement are integrated into NCPs.

- **Membership Rotation and New Members:** The Steering Committee witnessed changes in membership during this period, including the addition of Zambia and Pakistan as new members, these changes reflect the ongoing efforts to ensure broad representation and engagement from cholera-affected countries, enhancing the committee's collective expertise and capacity.
- **Cholera-free Status:** A part of the key discussions held by the Committee focused on the interim framework for recognizing and maintaining cholera-free status among nations that was developed by the GTFCC Surveillance TWG.
- **OCV:** The committee focused extensively on OCV-related issues, particularly the challenges associated with the vaccine supply shortage. As part of this, the establishment of the OCV Commission was proposed to address both supply and demand concerns. The Secretariat developed ToRs endorsed by the Steering Committee, and the work of the Commission was chaired by Francis Bwalya, Cholera expert for Zambia and John Clemens, Cholera expert from the International Vaccine Institute. This commission aimed to streamline processes, improve allocation mechanisms, and respond quickly to urgent vaccine needs in outbreak situations. Results of the works were presented by the Chair of the Commission during the 2023 SC meeting of the General Assembly.
- **OCV Supply Shortage:** A critical issue discussed throughout the period was the ongoing OCV supply shortage. The Steering Committee emphasized the need for a balanced approach to supply and demand management, recognizing the detrimental effects of a single supplier reliance. Gavi's market shaping efforts were acknowledged as crucial in encouraging new manufacturers to enter the market, ensuring greater predictability and availability of vaccines in the future.
- **Outbreak Crisis:** Several major cholera outbreaks occurred during this period, prompting urgent discussions around crisis management and resource allocation. In a context of increasing cholera outbreaks, the need for effective crisis response mechanisms and strategic meetings to prioritize cholera control in high-risk areas was another key topic of discussion. An Incident Management System was established by WHO to provide a framework for enhanced global outbreak coordination. The primary objective of this mechanism is to improve the global response to cholera outbreaks and optimize resource utilization among GTFCC partner.
- **Data:** the importance of accurate documentation and transparent reporting was highlighted to ensure accountability and the effectiveness of global cholera control initiatives
- **Strategic Planning for the GTFCC and Secretariat Support:** As the workload for the GTFCC bodies increased and as resources to support the Secretariat and the CSP have dwindled, the Steering Committee acknowledged the need for more focused prioritization in strategic planning. A crisis committee was established in September 2024 to identify operational priorities and associated resources for the coming years. A total of 4 meetings chaired by MSF were held by the crisis committee and conclusions presented to the Steering Committee on 17 December 2024.
- **CSP Scope of Work:** The CSP continued to be a vital player in supporting countries develop and implement NCPs. Given current resource constraints, the SC in December 2023 recommended a controlled expansion for the CSP, continuing to focus on initial CSP countries and expand to additional countries as per available resource and within epidemiological basins. Cholera affected countries have requested for the CSP to play a larger role in transitioning from outbreak response back to preparedness and prevention mode, ensuring ongoing engagement of partners and integrating lessons learnt into national cholera strategies.
- **Independent Review Panel:** The Steering Committee noted that the Independent Review Panel (IRP) faced challenges in reviewing NCPs due to limited capacity, creating an additional piece of work to be managed by the Secretariat. To overcome this, the Secretariat proposed expanding the panel and pre-screening submissions to enhance the review process. CSP started pre-screening in 2024. The expansion of the panel is schedule for early 2025.

- **Mid-term Review of the GTFCC:** During the 2023 General Assembly, the GTFCC Steering Committee instructed an external independent evaluation of the GTFCC, coordinated by WHO and UNICEF and delivered by Cambridge Economic Policy Associates (CEPA). The mid-term 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 2030 Roadmap considering current operational and epidemiological challenges. Countries were invited to take part in the midterm review and 6 case studies were conducted. The mid-term review started in May 2024.

Membership

The GTFCC Secretariat led a process to renew the GTFCC and reaffirm the commitment of member organizations and institutions to support cholera control and prevention efforts. This recommitment process aimed to align partner resources and expertise with country-level and regional priorities for cholera control.

A total of 47 members have participated in the exercise, which includes recommitment to membership, partner mapping, establishing principles for collaboration, and signing the Declaration to End Cholera. The GTFCC continued to register new members in 2024 with the UN's Sanitation and Hygiene Fund as well as CARE. Additional contacts have been established with private sanitations stakeholders.



Advocacy and communication

Establishment of the Advocacy Task Team

The Advocacy Task team (ATT) was created in response to a formal recommendation from the Annual meeting in 2021 to further advocate to invest in cholera control at global, regional, and country levels. The ATT includes the GTFCC Secretariat, CSP and key partners³, with the first in-person meeting held in March 2022 in London, leading to the development of a joint workplan. The following objectives were agreed during at the first ATT meeting:

1. Secure funding for the GTFCC mechanism for the full implementation period of the 2030 Roadmap.
2. Support at least 12 countries to create fully costed NCPs and to secure donor funding for implementation.
3. Support increased political prioritization and financing of WaSH for cholera control.
4. Work towards a more balanced supply and demand of OCV.
5. Develop an effective intra-partnership communications strategy to ensure that information is shared in a prompt and efficient way between partners.
6. A country prioritization exercise was conducted which identified a list of eight countries to prioritize for strengthening advocacy and communications efforts. The following countries were prioritized in descending order: Mozambique, Democratic Republic of the Congo, Zambia, Bangladesh, Nigeria, Ethiopia, Nepal, Kenya.

The ATT met again in April 2022 in Geneva to assess progress against the workplan and advance key areas of the advocacy strategy, including organizing advocacy events such as the 2022 World Health Assembly (WHA) cholera side event. To maximize efficiency in 2023, the ATT organized into small sub-committees to focus on key areas of the workplan and advocacy efforts specific to the WaSH and OCV pillars. The ATT met on a regular basis in virtual meetings as well as through an in-person meeting held in Geneva in April 2023, with discussions focusing on the review of the ATT workplan and perspectives. The ATT finally met during the 2024 General Assembly.

Key Advocacy Events

GTFCC, represented by the Secretariat and/or CSP, took part in nine key advocacy events:

- **May 2022, the GTFCC held a side event in observance of the 75th World Health Assembly (WHA).** See details below.
- **February 2023 Climate Crisis and Cholera Virtual Event:** Titled 'Integrating Data and Research to Inform Decision Making,' co-organized by Wellcome.

³ GHV, WaterAid, Fondation Mérieux, Wellcome, Bill and Melinda Gates Foundation, US CDC, MM Global Health consulting. Gavi, the Vaccine Alliance

- **March 2023 United Nations Water Conference - WaSH Plenary Session:** Led by WHO, UNICEF, WaterAid, London School of Hygiene and Tropical Medicine, Global Water Security and Sanitation Partnership (GWSP), and World Bank, with member states including India, Ethiopia, and France in attendance. GTFCC Head of Secretariat, Dr Philippe Barboza, delivered a Call to Action.
- **March 2023 United Nations Water Conference - Solidarités International Cholera Side Event:** Titled "Reaffirming the Importance of Ending Cholera to Achieve SDG 6." Dr Barboza was part of a panel with speakers from the French Embassy in Washington, Médecins Sans Frontières, Johns Hopkins Center for Humanitarian Health, Global WaSH Cluster, Veolia Foundation, Action Against Hunger, and SDC.
- **May 2023, cholera exhibition led by the GTFCC and WHO cholera program during the 76th World Health Assembly.** At the Palais des Nations.
- **November 2023 3rd International Conference on Public Health in Africa (CPHIA):** Hosted by the Zambian Ministry of Health in Lusaka under the theme "Breaking Barriers: Repositioning Africa in the Global Health Architecture", the GTFCC CSP provided funding and technical support to an "End Cholera Symposium," with participation from key speakers Hon. Sylvia Masebo, Zambia's Minister of Health, Dr Ifedayo Adetifa, Director General of Nigeria CDC, and Prof Roma Chilengi, Director General of ZNPHI. Other partners supporting the event include UNICEF, African Union, WaterAid and UK Health Security Agency.
- **December 2023 COP28 Health Pavilion - Virtual Cholera Panel Discussion:** Titled "Rising Tides, Resilient Health: Navigating the 7th Cholera Pandemic and Beyond with the GTFCC," organized by WHO and Wellcome Trust. The panel consisted of Dr Barboza, and representatives from IFRC, Instituto Nacional Saude, Mozambique, and icddr. Panelists emphasized the paramount importance of investment in long-term sustainable WaSH infrastructure and practices.
- **May 2024, the GTFCC held its bi-annual side event in observance of the 75th World Health Assembly (WHA).** See details below.
- **May 2024, cholera exhibition led by the GTFCC and WHO cholera program during the 76th World Health Assembly.** At the Palais des Nations.

At the occasion of the fifth anniversary of the 2030 Roadmap, countries, partners, and donors recommitted to cholera and took part in activities to raise the profile of the GTFCC. This was developed into a [Steering Committee statement](#) which was co-signed by all steering committee members to affirm support and serve as a global "Call to action".

WHA Cholera Side Events

On 25 May 2022, the GTFCC held its bi-annual side event in observance of the 75th World Health Assembly (WHA). The side event, coordinated by the GTFCC Secretariat and titled "*Commitments and Re-commitments: Leveraging Partnership and Collaboration to End Cholera*", showcased high-level political commitment with the participation of ten countries, including six Ministers of Health. Notable attendees included the WHO's Director-General, Dr Tedros Adhanom Ghebreyesus, and the IFRC's Secretary General, Jagan Chapagain.

President Hakainde Hichilema of Zambia agreed to become a global cholera champion, recommitting Zambia to combating cholera and urging other nations and partners to take similar actions. Additionally, the Ministers of Health from Ethiopia and Kenya launched their NCPs during the event.

The event featured three dialogue sessions with government officials, partners, and high-level speakers. These sessions emphasized the flexibility in global approaches to end cholera, the use of data and information for cholera control and prevention, and the importance of flexible commitments to global cholera efforts.

Dr Tedros called for urgent collective action in three key areas:

- Technical and financial assistance from partners and donors for the development and implementation NCPs.
- Investments by countries and partners in life-saving tools and surveillance improvements, along with full community engagement in prevention and response efforts.
- Investments by countries and partners in WaSH systems, particularly in health facilities and underserved communities.

Over 120 participants attended the event, which was also covered on Twitter.

On 29 May 2024, the International Federation of Red Cross, and Red Crescent Societies (IFRC), the United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO), in partnership with the GTFCC, co-hosted the GTFCC’s biannual cholera side event. This event, titled *"Uniting Against the Global Cholera Emergency: Empowering Communities, Facilitating Multisectoral Actions, and Galvanizing Resources,"* took place at the IFRC Office in Geneva, Switzerland. It was co-chaired by Jagan Chapagain (IFRC), Dr Michael Ryan (WHO), and Ted Chaiban (UNICEF). High-level speakers highlighted the deteriorating global cholera situation and advocated for greater integration of cholera control and prevention strategies within existing budgets. The event also emphasized the critical role of multisectoral action and the impact of climate change on cholera transmission.

His Excellency Dr Jean Kaseya, Director-General of the Africa Centers for Disease Control and Prevention, was present, emphasizing the importance of local vaccine manufacturing in Africa and ongoing political support from African leaders.

The side event saw participation from representatives of seven countries, including three ministers of health. Key partners were also present, including representatives from Gavi, Médecins Sans Frontières, the Bill & Melinda Gates Foundation, the Swiss Agency for Development and Cooperation, the US Centers for Disease Control and Prevention and Wellcome.

Major announcements included:

- The reaffirmed commitment of France vis-à-vis cholera control, to be reiterated at an event scheduled in Paris on 20 June 2024. The GTFCC Secretariat engagement, via WHO, with French authorities in the past two years facilitated the release of EUR 4 million, as announced during the 77th WHA by the French Representative H.E. Jérôme Bonnafont, to support cholera response in affected countries. The GTFCC via WHO continues discussions with France authorities to this date on the details as to how this amount, and specifically the EUR 2 million identified to support the WHO appeal will be allocated.
- Specifics on Gavi’s ongoing support to cholera vaccine initiatives, particularly in Africa, through the African Vaccine Manufacturing Accelerator (AVMA) and the upcoming 2026-2030 Gavi replenishment.

Over 100 participants attended the event, while 270 people connected online to follow discussions remotely. Additional information can be found in the event press release.

Communication

A series of communication materials have been developed on key messaging and shared with the GTFCC partnership for technical and advocacy support:

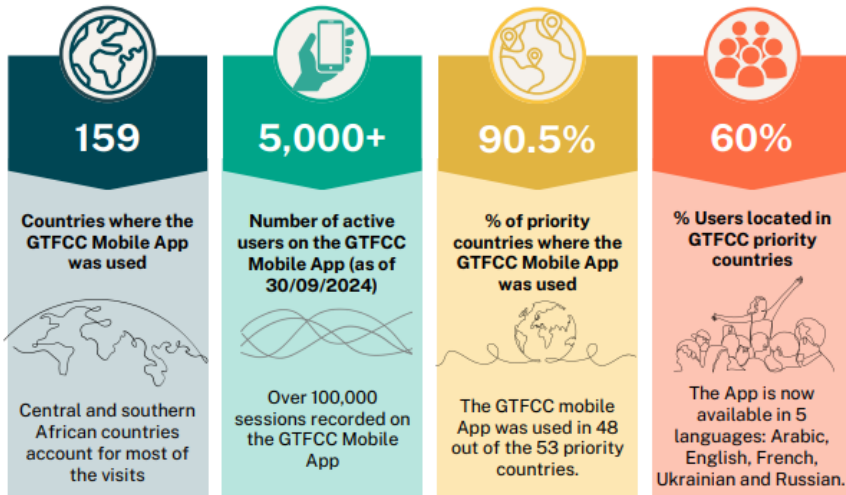
- Updated WaSH-specific messaging for all GTFCC resources and used key global, regional, and national moments and events to drive WaSH-specific "calls to action." This included a [high-level WaSH statement](#) co-signed by H.E. Hakainde Hichilema, Dr Christopher Elias (BMGF), Dr Frew Benson (GTFCC Chair), Dr Howard Zucker (US CDC), Dr Seth Berkley (Gavi), Dr Tahmeed Ahmed (icddr,b), Dr Jagan Chapagain (IFRC), Dr Christos Christou (MSF), Catherin Russell (UNICEF), and Dr Tedros Adhanom Ghebreyesus (WHO).
- Narrative stories, case studies, high-level champion building, op-eds, and social media engagement at global, regional, and national levels.
- A digitized version of the [NCP Guiding Document](#) – a user-friendly tool to support countries in developing and monitoring their NCPs has been created and disseminated to countries and technical partners. The document is aligned with the recommendations of the 2030 Roadmap and the criteria of the GTFCC Independent Review Panel to review NCPs. The Guiding Document will help countries in prioritizing activities, developing operational plans and budgets, and conducting monitoring and evaluation to track progress along a set of indicators. As a next step, the guiding document could be developed into an [online evolving](#) tool to address country-level needs more effectively.
- The [GTFCC Cholera Outbreak Field manual](#) provides an overview of the cholera outbreak response and guidance on improving prevention, preparedness, and prompt response to cholera outbreaks. The manual is accessible online in four languages and includes downloadable and modifiable tools that can be used in the field. It can be accessed via <https://www.gtfcc.org/resources/> or directly at: <https://choleraoutbreak.org/>
- Key GTFCC documents such as guidelines, technical notes and the 2030 Roadmap have been translated into French and are now available on the [French version of the GTFCC website](#). These documents and guidelines are being translated to other languages based on needs and availability of resources.

The GTFCC Cholera App was launched in January 2020 and can be downloaded from the [GTFCC Website \(and from Google Play & Apple App Store\)](#). This is an accessible phone-based app which provides field workers with immediate access to practical tools and guidance for all cholera control pillars. The App is regularly updated based on user experience and has an offline functionality. The GTFCC App has been included in multiple training curricula including multi-country, multi-partner cholera preparedness and response trainings in AFRO and trainings for OCV coordinators. It is currently available in 5 languages (Arabic, English, French, Russian and Ukrainian) and counted over 5000 active users as of September 2024. The translation of the Cholera App to Ukrainian and Russian was requested and funded by the country, which positively highlights the need and benefit of the App for country-level use.

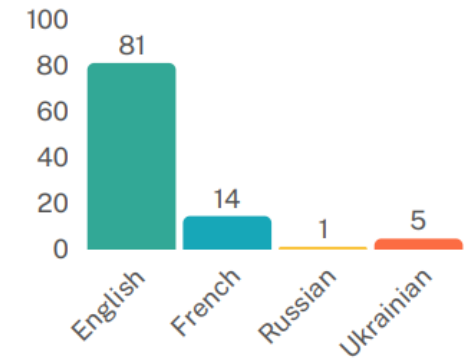
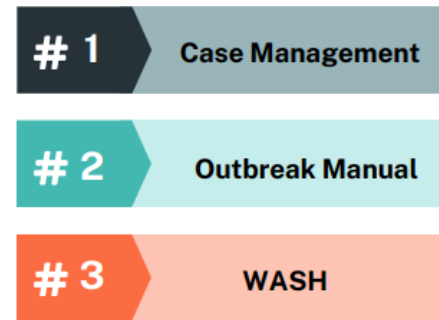
The GTFCC website – managed by the Mérieux Foundation - gained significant visibility. An average of 10 000 unique users visited the domain since 01 January 2022 and until December 2024. Most visitors (89%) directly come to the GTFCC website, indicating a strong and growing recognition of the site and its content. The GTFCC presence in search engines results (google, Bing, Safari, etc.) stays robust, bringing a steady stream of new visitors through search queries. A consistent flow of visitors referred by other websites highlight the relevance and authority of our content. The visibility of the GTFCC website from social media is still insufficient with less than 50 visits recorded since January 2022.

GTFCC Mobile App

Trends from October 2023 to September 2024

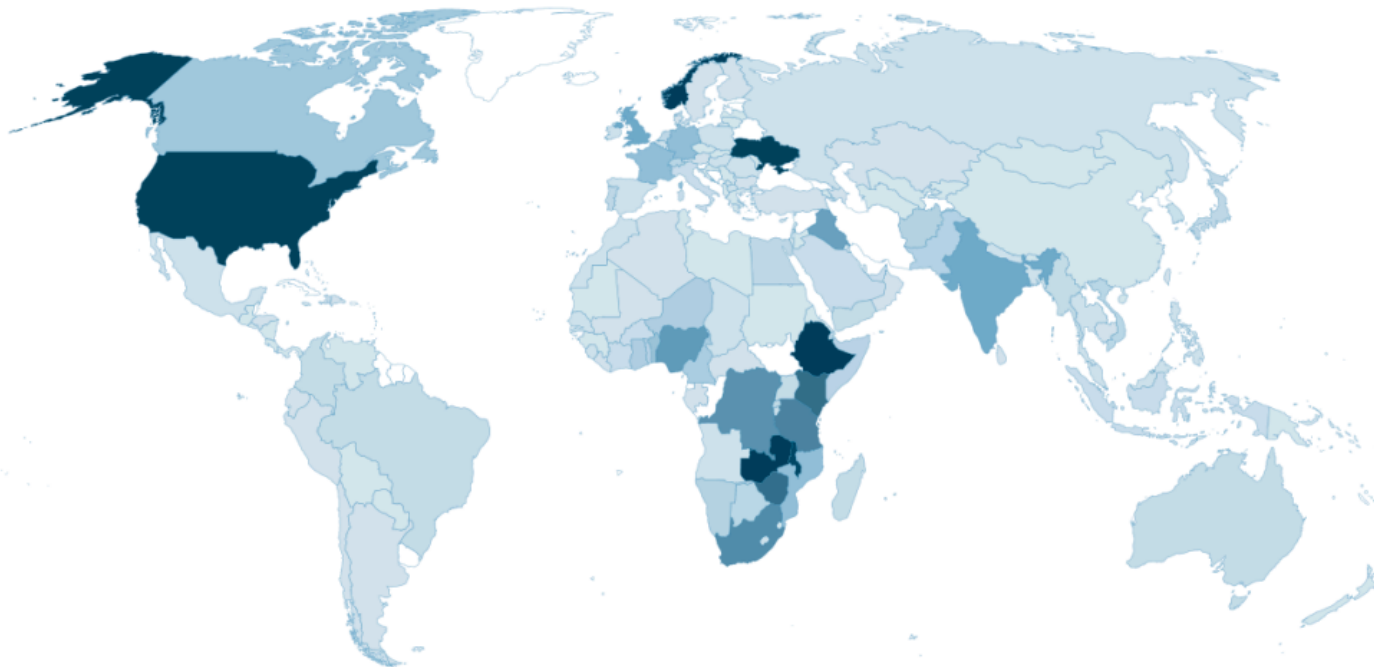


Most consulted sections



Language prevalence (%)

Active users

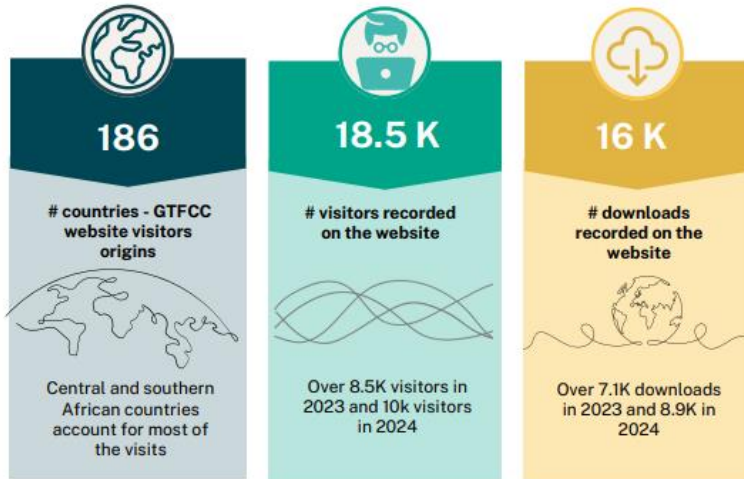


TOP 5 USERS AMONG PRIORITY COUNTRIES

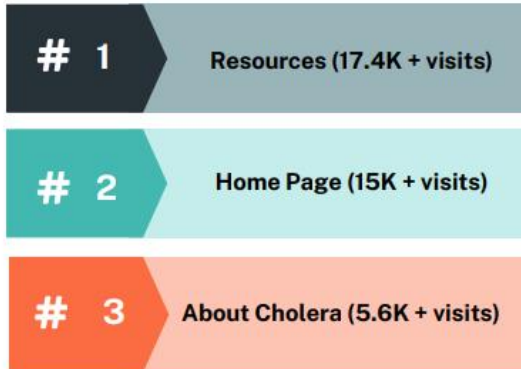


GTFCC Website

Trends from March 2023 to December 2024

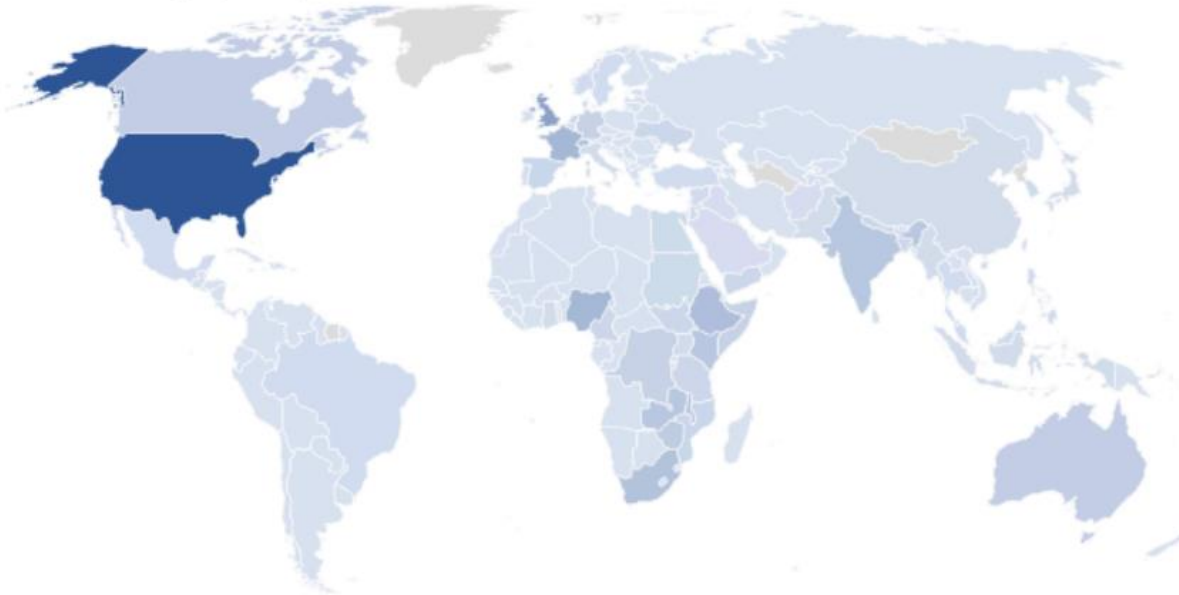


Most consulted sections



	2023	2024
RESOURCES	9,456	8,006
HOME	6,633	8,410
ABOUT CHOLERA	2,660	3,133
ROADMAP 2023	2,563	2,816
COUNTRY PROGRESS	1,453	1,488

visitors - Geographic split



TOP 5 WEBSITE TRAFFIC ORIGINS

- UNITED STATES **#1**
- UNITED KINGDOM
- FRANCE
- NIGERIA
- ETHIOPIA

Research

Research focus – The GTFCC research workstream was set up in June 2023 and is funded by a grant from Wellcome Trust until May 2026. The objectives of this workstream are the following:

- Enable countries to access to and use the best available research evidence as they develop their NCPs.
- Support countries to identify and articulate specific research needs.
- Create an enabling environment for countries to incorporate research into their operational plans.
- Strengthen the cholera research ecosystem by fostering collaboration, active sharing of research findings between countries and data sharing.

Research Priorities (June 2023 – Dec 2024):

- **Research agenda**
 - What cholera research is happening globally but not connected with the GTFCC or field implementers?
 - What national research is being done that is not connected with global research and policy community?
 - Who are the stakeholders we want to engage with?
- **Knowledge translation**
 - What happens after research is published?
 - How can we track publications and ensure evidence is informing policies, globally and nationally?
 - How can we evaluate operational activities to ensure the most effective approaches are used?
- **Connecting cholera research community**
 - How can we facilitate opportunities to share research findings and learning?
 - What is the best way to build a community that encourages knowledge sharing and translation?

Update on main work streams

Achievements (June 2023 – December 2024):

Research agenda

- **Global** – A scoping review was initiated to track progress against the global research agenda published in 2021. A consultant was appointed to extract and analyze data (12 000 articles published since 2017 were screened, with a total of 572 included). The report was completed late 2024 and will be published in 2025. A poster presenting the main findings was awarded a poster prize at the 17th Asian Scientific Conference on Diarrheal Diseases and Nutrition (ASCODD) held in Kathmandu in December 2024. A set of policy briefs summarizing existing evidence for the 20 research priorities will be published in Q1 2025, helping to align global strategies for cholera prevention. Next steps for updating the agenda for the period 2025-2030 are to be discussed in 2025.
- **Countries** - A workshop was held in Zambia during December 2023 to discuss and refine cholera research priorities as part of the MCEP work. In addition, a specific scoping review for DRC was supported to identify existing evidence and research gaps. The results were presented in a workshop as part of the Kinshasa Scientific Days in September 2024.

Knowledge Translation

- **Global** - Cross-cutting research online seminar series initiated with online seminars held on 25 April 2024 (case management innovations), 11th June (Case Areas Targeted Interventions), and 18th December (Rapid Diagnostic tests). The next one on OCV research will be held early 2025. In addition, the GTFCC research focal point attended three international cholera research meetings to represent the GTFCC (CPHIA in Zambia, ASCODD in Nepal, and NIH cholera meeting in Japan). The GTFCC also worked with the Wellcome Trust to undertake a social listening exercise and understand how cholera is being discussed by technical and high-profile audiences on Twitter (findings shared with GTFCC / WHO and CSP teams). Finally, the research focal point provided ad hoc support and updates to GTFCC TWGs on research topics.
- **Countries** - As part of the abovementioned research consultancy secured to DRC, the GTFCC supports the development of a research database and mechanism for evidence to be incorporated into PNECHOL activities (ongoing). The research focal point also provided support to the interdisciplinary conference on cholera in Maputo on 29 and 30 July 2024 to share lessons learned from cholera responses across the Southern Africa region and identify opportunities for research. The GTFCC also continues to support Zambia with a national rollout of CATI following a CATI pilot in the Central Province, through a consultancy (ongoing).

Connecting cholera research community

A GTFCC Operational Research Meeting was held in Mombasa on 1-2 October 2024, bringing together researchers, policymakers, donors, and implementers to harness research approaches for cholera control. This meeting included global perspectives on research for cholera and other infectious diseases; strategies for effectively operationalizing research; capacity building; advocacy and resource mobilization for cholera research. Attendees included researchers, policymakers, and partner organizations.

The research side event planned during the GTFCC 11th Annual Meeting provided the GTFCC with inputs from country representatives and partners on how the GTFCC can help to build the cholera research community and facilitate knowledge sharing.

Challenges (June 2023 – December 2024):

- The new workstream has required time to explore needs of the GTFCC community and CSP countries before developing and implementing the workplan. These issues have been resolved and the research workstream is being successfully implemented through 2024.

Challenges for 2025:

- There are still many challenges in understanding cholera, including its epidemiology, how it spreads, the development and extent of antibiotic resistance, and the broader impact of climate change on outbreaks (even though the link between climate change and cholera is widely recognized). Other challenges involve prevention, such as determining how effective one-dose vaccination campaigns are (a question raised by the SAGE), the impact of spacing vaccine doses, and the role of vaccination in outbreak responses. In treatment, there are difficulties in adapting current protocols for specific groups, such as malnourished children or patients with comorbidities, and in designing strategies for decentralized care. As highlighted in the Mombasa meeting, challenges also extend beyond science. They include setting research priorities for cholera, addressing the limited diversity of funding sources, improving mutual understanding between researchers and decision makers, and ensuring fairness in research partnerships.

Country Progress

Country Support Platform

Operationalizing the 2030 Roadmap and translating guidance into local realities

Aligned with the 2030 Roadmap's objectives, the CSP provides targeted support in priority countries, with a focus on fostering collaboration between global health actors, national governments, partners, and communities. The CSP plays a vital role in supporting countries to translate global GTFCC standards into actionable strategies tailored to local contexts. The main objectives of this approach are for countries to:

1. Develop and implement NCPs through a multisectoral coordination mechanism.

In collaboration with national governments, the CSP fosters political endorsement of NCPs, using a robust multisectoral approach. The team also facilitates implementation of NCP activities and supports monitoring and evaluation.

2. Mobilize resources towards their NCPs.

The CSP guides investment in WaSH and health systems to improve access for communities at the highest risk of cholera. Using the GTFCC approach of identifying priority areas for multisectoral interventions (PAMIs), the CSP advocates for investments via national governments and proactively engages donors and implementing partners to support NCP-defined activities targeting investment towards PAMIs.

3. Receive multisectoral technical support and capacity building

The CSP technical support includes:

- i) identifying and prioritizing PAMIs,
- ii) building a multi-sectoral coordination and community to develop and endorse a country NCP and
- iii) submitting reactive and preventative applications for OCV to Gavi, the Vaccine Alliance.
- iv) Ad-hoc technical support and co-facilitation of trainings, according to needs identified by countries and the GTFCC partnership.
- v) Dedicated research support, ensuring that NCPs incorporate the most up-to-date evidence and capitalize on opportunities to undertake operational research.

Achievements

Serving as dynamic catalysts within countries, CSP Regional Managers drive stakeholders towards effective action, both in emergency response and long-term cholera control efforts. The field team is backed up by the global team to ensure cross-regional coordination and exchange, linkage with the global community and to reduce the need for replication of specific technical expertise within each country.

With a growing record of success, the CSP has:

- Supported 12 countries in total and **7 countries** in the development of NCPs (Bangladesh, Cameroon, DRC, Mozambique, Nepal, Nigeria, and Zambia)

- Supported the identification of Priority Areas for Multisectoral Interventions (PAMIs) in **6 countries** (Bangladesh, Cameroon, DRC, Kenya, Nepal, Mozambique), with support planned for additional countries in 2024.
- Facilitated OCV initiatives in **8 countries** (Bangladesh, Cameroon, DRC, Ethiopia, Kenya, Nigeria, Mozambique, and Zambia). This includes support in the successful submissions of preventive OCV multi-year plan of action (MYPoA) to Gavi in both Bangladesh (with approval of the 100M doses requested and including 45 million USD operational funds for implementation) and the DRC (with approval for 40M doses requested and 22 million USD operational funds for implementation).
- Engaged more than **50 technical experts** to support governments in developing and implementing cholera control strategies aligned with GTFCC global standards.
- Led or supported more than **40 workshops, trainings, and events** to ensure multisectoral engagement and foster targeted capacity building among national stakeholders.
- Provided ad-hoc technical support in **additional countries**, with a vision to expand in depth CSP report to 16 countries by the end of 2016.
- Developed and **launched an NCP 'Pre-IRP Submission Review'** process to assess NCPs and determine their readiness for submission to the GTFCC's Independent Review Panel.
- Developed an **NCP Template**, based on lessons from NCP work in CSP priority countries and with input from GTFCC TWG focal persons, to guide future country NCP development.
- Developed a comprehensive country-specific **communications package for 2 countries** (Zambia and Bangladesh) with support from advocacy partner – GHV.
- Developed and produced a **GTFCC CSP Nigeria cholera documentary** together with the Nigeria Centre for Disease Control (NCDC) and IFRC Abuja office, to provide government and decision makers with compelling evidence of the need to make greater investment in cholera prevention and control.
- Initiated engagement with UK Foreign, Commonwealth and Development Office (FCDO), resulting in **funding of more than GBP 3.5 million towards country & regional outbreak response and preparedness in Zambia**, with GBP 441,000 earmarked towards the CSP.
- Advocated for **funds on WaSH investment to be targeted towards country identified PAMIs**, promoting the inclusion of PAMIs in general investment strategies.

Challenges

The CSP has faced and will continue to face unavoidable challenges as it works to maintain support in current priority countries and expand to other countries requesting CSP support. External factors such as changes in government and political leadership, climate change, conflicts, and humanitarian crises are impacting the ongoing momentum built by CSP Regional Managers, as national priorities shift towards competing crises and the rise of cholera outbreaks.

Long-standing issues, such as insufficient funding for country NCP implementation, lack of evidence-based prioritization in WaSH investment, and the lack of integration of private health sector surveillance, case management, and reporting into national systems, remain hurdles. Addressing these challenges requires the CSP to maintain its existing coordination mechanisms, build on key achievements, and secure further financial support from GTFCC partners.

In addition to the initial 3-year seed-funding amounting to USD 8.8 Million received from the Bill and Melinda Gates Foundation (BMGF), the Swiss Agency for Development and Cooperation (SDC), and Wellcome, further financial support is crucial for sustaining progress and preventing loss of progress. The current funding situation does not allow for adequate planning of sustainable strategies towards the 2030 Roadmap goals, slowing down progress and leading to missed opportunities to work with momentum and

trust built in countries. Currently, the CSP faces funding cuts, whereas the ask from countries is to expand its reach.

Building on momentum and towards 2030

The CSP's goal is to expand to 16 countries by the end of 2026. Future expansion plans propose to regionalize the CSP approach, comprising Regional Managers alongside National Implementation Officers, enabling continuation of in-country support, alongside regional initiatives such as cross-border surveillance workshops and peer-to-peer knowledge sharing.

The CSP – if funded – will leverage its positive experiences and learning from the initial priority countries to drive this growth. By supporting the establishment of strong regional coordination, the CSP aims to create a more effective and unified approach to cholera control. Some of the priorities in the coming years include:

- Launching and implementing comprehensive NCPs in CSP countries.
- Exploring wider opportunities with GTFCC partners, regional partners, development WaSH stakeholders and sub-national WaSH stakeholders to enhance the relevance and impact of NCPs on long-term WaSH investments and outcomes in PAMIs.
- Exploring options for donor engagement at the country level, agreeing on resource mobilization strategies, and capacitating countries to advocate for resources.
- Exploring new funding opportunities and submitting RFPs.
- Further building on collaboration with the GTFCC Secretariat to determine useful country-level support to the 2030 Roadmap, improving reporting against its objectives, and identifying how the CSP team could link into the global cholera IMST and coordinate on outbreak responses.

Key documents developed/published

- NCP Template
- WaSH Costing Tool for NCP Development
- NCP Scoring forms (not public)
- Pillar specific ToRs to develop NCPs (not public, available on request)

Global trends

In recent years, the world has witnessed a resurgence in cholera outbreaks. In 2022, 44 countries reported cholera cases, a 25% increase from the 35 countries that reported cases in 2021. This trend continued into 2023 and 2024.

Between 01 January and 23 May 2024, 24 countries reported a total of 168 400 cases and 1 900 deaths. This is a stark underrepresentation of the actual cholera burden, as detection and reporting capacities are hampered by inadequate access to conflict-affected areas, limited surveillance capacities, stigma, etc.

A particular area of concern is the high Case Fatality Rate (CFR), which currently exceeds the 1% threshold in several areas (maximal acceptable level). Seven nations – including Comoros, DRC, Ethiopia, Haiti, Somalia, Yemen, and Zimbabwe – are currently facing acute crises. Outbreaks are also re-emerging in

regions not affected for decades or at all, such as Syria, Lebanon, South Africa, Eswatini, as well as the French department of Mayotte. The urgency required to address and contain these outbreaks cannot be overstated, with 1 billion people at risk of cholera infection.

Yet, this bleak picture should be tempered by the significant advances made by affected countries in the development of NCPs and hotspot mapping process. Additional efforts will be required to follow up on the proper implementation of these plans, thereby securing adequate resources (HR, supplies, funding, vaccines) and multisectoral coordination (WaSH, RCCE, Education, etc.) to maximize immediate and sustainable impacts.

NCPs and PAMI Mapping

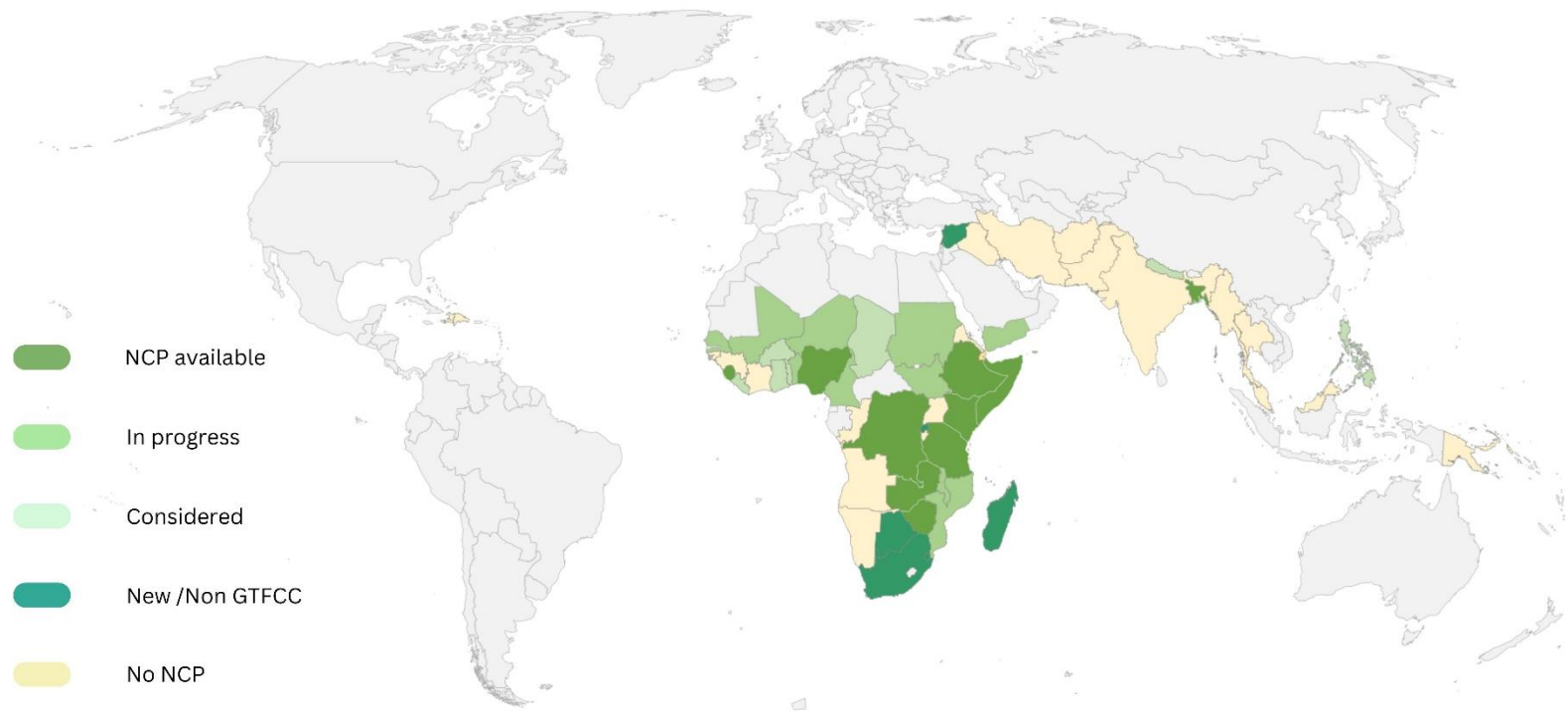
Since the launch of the GTFCC and its 2030 Roadmap, the number of countries with a finalized NCP has significantly increased. The countries with an available NCP are now 11, including Bangladesh, Democratic Republic of Congo, Ethiopia, Kenya, Nigeria, Sierra Leone, Somalia, Tanzania, Zambia, Zanzibar, and Zimbabwe.

Additionally, the number of countries with an NCP in progress has increased to 10. These countries include Benin, Cameroon, Malawi, Mali, Mozambique, Niger, Senegal, South Sudan, Sudan, and Yemen. Notably, DRC and Nigeria NCP have been reviewed by a GTFCC independent panel of experts for endorsement.

Furthermore, several countries are in the consideration phase for developing an NCP. These countries are Burkina Faso, Chad, Ghana, Liberia, Nepal, Philippines, and Togo. 21 countries are yet to engage into the development of their NCPs while 9 countries have developed plans that are not based on the GTFCC methodology.

As of December 2024, the number of countries with a finalized Hotspot/PAMI identification performed following a GTFCC recommended method reached 23 (Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Ghana, Liberia, Kenya, Madagascar, Mali, Malawi, Mozambique, Nepal, Niger, South Africa, South Sudan, Sudan, Yemen, Zambia, and Zimbabwe). Six countries have PAMIs that are outdated and/or not based on a GTFCC recommended method (Angola, Côte d'Ivoire, Guinea, Guinea Bissau, Somalia, Tanzania).

Figure 2 – NCP situation as of December 2024



- NCP available
- In progress
- Considered
- New /Non GTFCC
- No NCP

54 Priority countries

28 with NCPs available or in progress

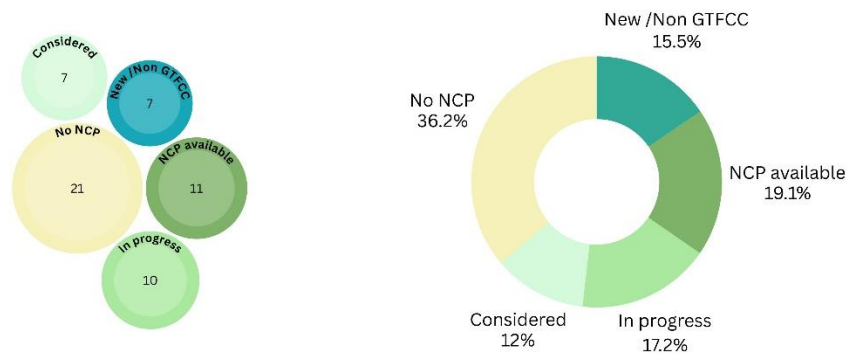
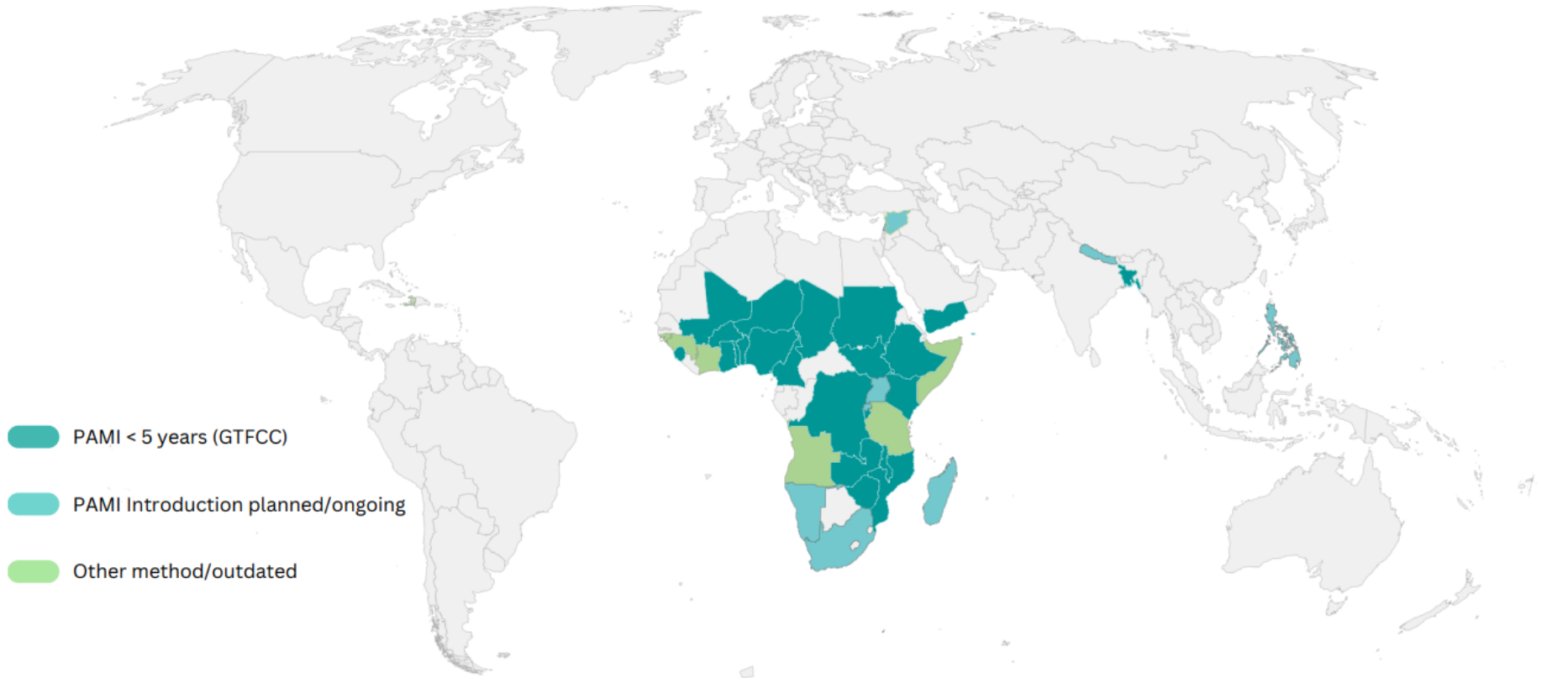
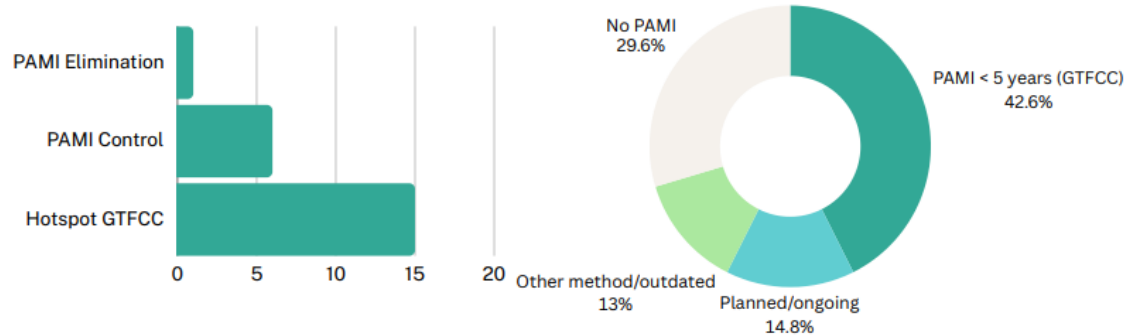


Figure 3 – PAMI identification process as of December 2024



- PAMI < 5 years (GTFCC)
- PAMI Introduction planned/ongoing
- Other method/outdated

23 Priority countries
 identified PAMIs with a GTFCC methodology



Vaccination

The GTFCC OCV TWG developed cholera-specific normative and programmatic guidance to countries and stakeholders to support the planning, implementation, and monitoring of OCV activities in accordance with the 2030 Roadmap.

In 2022, 30 million doses of OCV were produced as part of the OCV Global Stockpile. Thirteen countries requested OCV doses for emergency (12) and preventive use (1) and 34 million OCV doses were shipped. 16 countries effectively rolled out planned campaigns: Bangladesh, Cameroon (3 campaigns), Haiti, Lebanon (2), Malawi (2), Nepal (2), Nigeria (preventive), Pakistan (4), Somalia, South Sudan (preventive), Syria, Yemen (preventive), Zambia (preventive). Four countries introduced OCV in 2022 for the first time since 2019 (Lebanon, Kenya, Pakistan, Syria), increasing the number of countries that have introduced the vaccine by 18% (from 22 to 26).

A strained global supply of cholera vaccines has pushed the International Coordinating Group (ICG) on Vaccine Provision to temporarily suspend the standard two-dose vaccination regimen in cholera outbreak response campaigns in October 2022⁴, using instead a single-dose approach, automatically increasing the number of people benefiting from vaccine protection. Eighteen out of the twenty-one requests approved in 2022 for reactive campaigns were implemented with a single-dose regimen. Preventive vaccination campaigns were de facto postponed.

In 2023, 36 million doses of OCV were produced as part of the OCV Global Stockpile. Twelve countries requested OCV doses exclusively for emergency use in outbreak response efforts. 35 million doses were successfully shipped, surpassing the previous year's record, and highlighting the enhanced production capacity of vaccine manufacturers. Vaccination campaigns were conducted in 12 countries: Cameroon (two campaigns), the Dominican Republic, the Democratic Republic of Congo (two campaigns), Ethiopia (six), Haiti (one), Kenya (three), Malawi, Mozambique (four), Somalia (two), Sudan (three), Syria (two), and Zambia. Notably, in 2023, OCV was introduced in the Dominican Republic for the first time.

The suspension of the two-dose strategy by the International Coordinating Group (ICG) remained in effect throughout 2023. In October, Shantha Biotechnics, one of the two producers, ceased production of its vaccine, Shanchol™, leaving EuBiologics as the sole supplier to the global stockpile with its vaccine, Euvichol-Plus®. In 2023, Shantha Biotechnics accounted for 13% of global OCV production, compared to 12% in 2022.

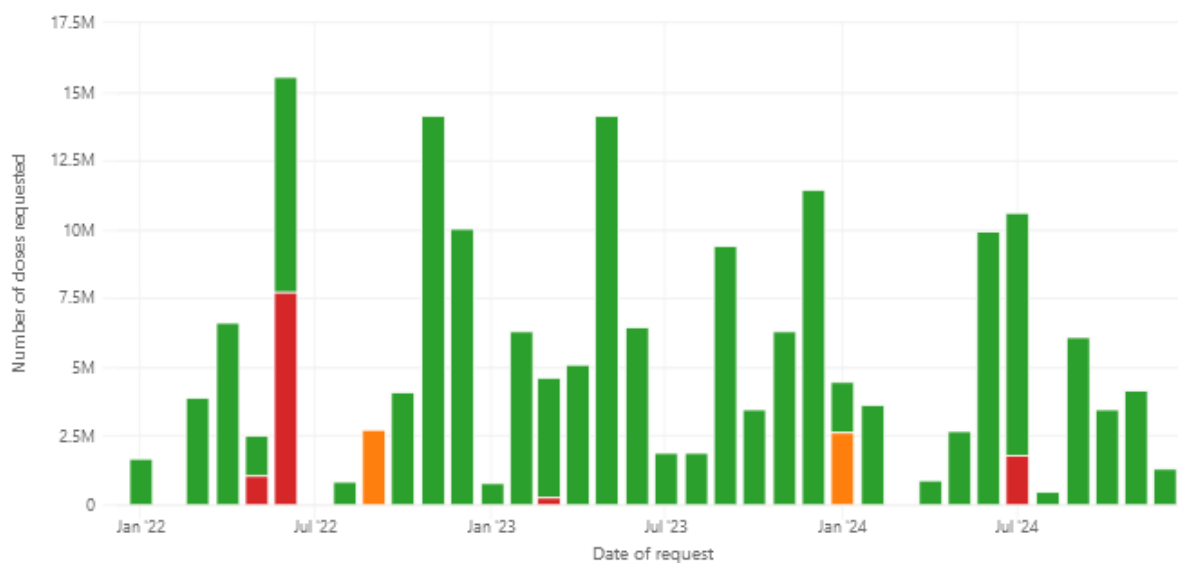
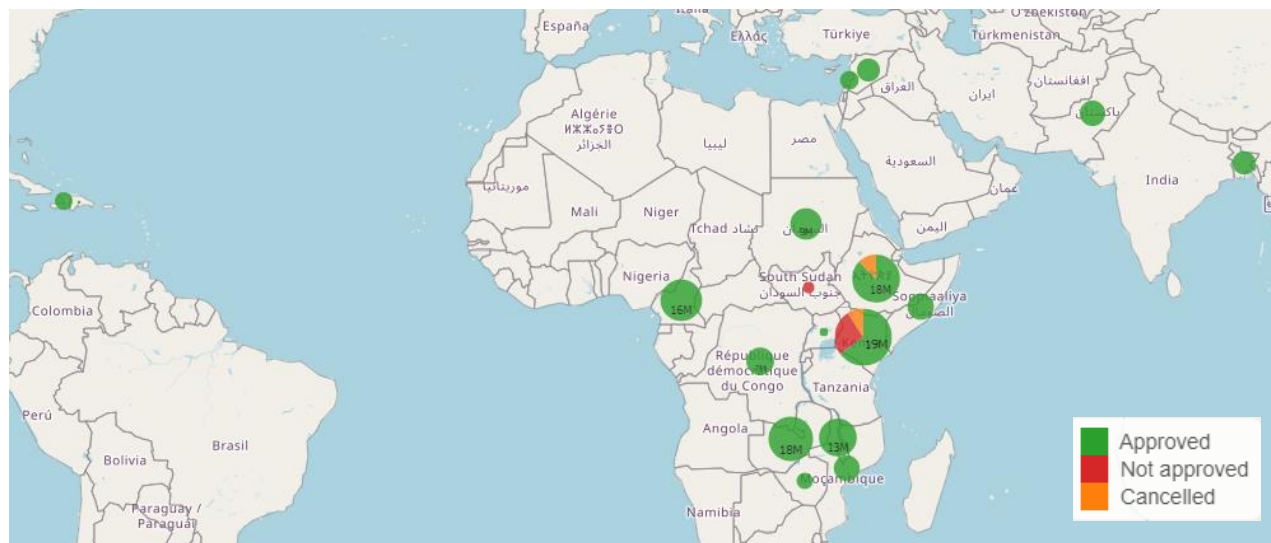
In 2024, 49 million doses of OCV were produced for the OCV Global Stockpile. As of the time of this report, 16 countries had requested OCV doses exclusively for emergency use in outbreak response, with over 37 million doses shipped. Three countries—Comoros, Ghana, and Myanmar—introduced OCV in 2024, bringing the total number of countries to introduce the vaccine from the global stockpile to 30. Vaccination campaigns were conducted in 13 countries during 2024: Comoros, Ethiopia (four campaigns), Ghana (three), Mozambique (three), Myanmar (two), Niger (two), Nigeria, Somalia, South Sudan (three), Sudan (five), Zambia (two), and Zimbabwe (two).

In April 2024, the World Health Organization (WHO) prequalified a new vaccine, Euvichol-S, developed by the sole remaining producer, EuBiologics. Euvichol-S demonstrates similar efficacy to existing vaccines but features a simplified formulation and inactivation process, creating opportunities to significantly expand production capacity. The first production batch became available in September 2024. The suspension of

⁴ <https://www.who.int/news/item/19-10-2022-shortage-of-cholera-vaccines-leads-to-temporary-suspension-of-two-dose-strategy--as-cases-rise-worldwide>

the two-dose strategy by the International Coordinating Group (ICG) remained in effect throughout the year.

Figure 4 – Number of OCV doses requested by countries and distribution by ICG decision from January 2022 to December 2024 (extract from GTFCC OCV dashboard)



* Data for December 2024 are not fully reflected in this chart

Planned preventive campaigns

In 2022, preventive campaigns in three countries were suspended due to a shortage of available OCV doses: South Sudan (application from 2019), Ethiopia (application from 2021), and Nigeria (application from 2022). This suspension affected a total of 16 million doses. Among these, only Nigeria received 880,000 doses for a single round of vaccination before the decision by ICG members in 2022.

In 2023, a new application process for preventive campaigns was introduced. Under this revised framework, all submissions for preventive campaigns are now managed through Gavi’s program, with the GTFCC serving as the primary technical advisor. The Independent Review Committee (IRC) review

applications. During this year, three countries—Bangladesh, the Democratic Republic of Congo (DRC), and Mozambique—submitted applications through the Gavi mechanism, with approvals granted for Bangladesh and the DRC.

In 2024, the GTFCC and the CSP assisted countries in developing multi-year plans of action (MYPOA) and submitting applications to Gavi. Kenya and Cameroon completed their plans; however, due to budget constraints, neither country’s plans were submitted to the IRC. Kenya formally submitted its request in September 2024, while Cameroon plans to submit in January 2025. Mozambique resubmitted its application in 2024, which was subsequently approved.

Additionally, in 2024, the GTFCC, the CSP, and Gavi began supporting Malawi and Zambia in preparing their applications for submission in 2025.

Table 4 – Approved applications for preventive OCV campaigns

	# Of PAMIs	Campaign Phases	Target Population	% Of population	Total Doses Required (2 rounds)
<i>DRC</i>	62	2024-2026	19,763,360	16%	39,526,720
<i>MOZAMBIQUE</i>	41	2024-2026	9,936,097	30%	19,872,193
<i>BANGLADESH</i>	144	2024-2028	50,446,090	30%	100,892,181

Campaigns per country are represented in the table below.

Table 5 – Summary of 2022 vaccination campaigns

<i>Countries</i>	Type	Target population	Round 1	Round 2
<i>South Sudan</i>	Preventive	1 207 463	Jan-22 to Sep-22	March-22 to Sep-22
<i>DRC</i>	Preventive	2 016 512	Dec-21	Mar-22
<i>Zambia</i>	Preventive	1 469 559	Feb-22	Mar-22
<i>Yemen</i>	Preventive	760 758	Dec-21	Feb-22
<i>Niger</i>	Reactive	1 986 171	Nov-21	May-22
<i>Nepal</i>	Reactive	252 363	Nov-21	Mar-22
	Reactive	351 539	May-22	Jun-22
<i>Ethiopia</i>	Reactive	1 038 979	Dec-21	Mar-22
	Reactive	86 910	Jan-22	One-dose regimen
<i>Cameroon</i>	Reactive	204 766	Feb-22	Aug-22
	Reactive	842 046	Apr-22	Aug-22
	Reactive	2 142 703	2022	One-dose regimen
	Reactive	1 565 113	Feb-23	One-dose regimen
<i>Malawi</i>	Reactive	1 947 695	May-22	One-dose regimen
	Reactive	2 893 998	Nov-22	One-dose regimen

<i>Bangladesh</i>	Reactive	2 374 976	Jun-22	Aug-22
<i>Somalia</i>	Reactive	934 511	Jun-22	Aug-22
	Reactive	995 886	Jan-23	One-dose regimen
<i>Pakistan</i>	Reactive	754 784	Jul-22	One-dose regimen
	Reactive	590 878	Aug-22	One-dose regimen
	Reactive	1 200 916	Aug-22	One-dose regimen
	Reactive	433 195	Oct-22	One-dose regimen
<i>Nigeria</i>	Preventive	880 681	Dec-22	Implemented
<i>Lebanon</i>	Reactive	600 000	Nov-22	One-dose regimen
	Reactive	1 803 600	Dec-22	One-dose regimen
<i>Syria</i>	Reactive	2 000 000	Dec-22	One-dose regimen
<i>Haiti</i>	Reactive	1 170 800	Dec-22	One-dose regimen
<i>Kenya</i>	Reactive	2 213 943	Feb-23	One-dose regimen
Total		34 720 745		

Table 6 – Summary of 2023 vaccination campaigns

Countries	type	Target Population	Round 1	Round 2
<i>Cameroon</i>	Reactive	1,565,113	Feb-23	One-dose regimen
	Reactive	1,825,075	Aug-23	One-dose regimen
<i>Dominican Republic</i>	Reactive	85,000	Jan-23	One-dose regimen
<i>DR Congo</i>	Reactive	364,137	Jan-23	One-dose regimen
	Reactive	5,011,828	Dec-23	One-dose regimen
<i>Ethiopia</i>	Reactive	86,910	Jan-23	One-dose regimen
	Reactive	1,910,416	May-23	One-dose regimen
	Reactive	2,230,038	Aug-23	One-dose regimen
	Reactive	1,917,914	Sep-23	One-dose regimen
	Reactive	862,352	Nov-23	One-dose regimen
	Reactive	1,522,495	Nov-23	One-dose regimen
<i>Haiti</i>	Reactive	995,912	May-23	One-dose regimen
<i>Kenya</i>	Reactive	2,213,943	Feb-23	One-dose regimen
	Reactive	1,533,199	Aug-23	One-dose regimen
	Reactive	175,575	Aug-23	One-dose regimen
<i>Malawi</i>	Reactive	1,415,497	Apr-23	One-dose regimen
<i>Mozambique</i>	Reactive	719,240	Feb-23	One-dose regimen
	Reactive	1,358,682	Mar-23	One-dose regimen
	Reactive	410,629	Mar-23	One-dose regimen
	Reactive	513,827	Oct-23	One-dose regimen
<i>Somalia</i>	Reactive	995,886	Jan-23	One-dose regimen
	Reactive	590,803	Aug-23	One-dose regimen
<i>Sudan</i>	Reactive	651,635	Nov-23	One-dose regimen
	Reactive	692,710	Nov-23	One-dose regimen

	Reactive	1,576,448	Nov-23	One-dose regimen
<i>Syria</i>	Reactive	1,702,383	Mar-23	One-dose regimen
	Reactive	1,119,799	Jun-23	One-dose regimen
<i>Zambia</i>	Reactive	628,226	Jun-23	One-dose regimen
Total		34,298,899		

Table 7 – Summary of 2024 vaccination campaigns (December 2024 data not consolidated)

Countries	type	Target Population	Round 1	Round 2
<i>Comoros</i>	Reactive	872,300	Jun-24	One-dose regimen
<i>Ethiopia</i>	Reactive	1,223,254	Jan-24	One-dose regimen
	Reactive	288,000	Mar-24	One-dose regimen
	Reactive	1,670,550	Aug-24	One-dose regimen
	Reactive	222,250	Oct-24	One-dose regimen
<i>Ghana</i>	Reactive	623,600	Nov-2024	One-dose regimen
	Reactive	158,500	Dec-2024	One-dose regimen
<i>Mozambique</i>	Reactive	2,271,136	Jan-24	One-dose regimen
	Reactive	107,500	Jul-2024	One-dose regimen
	Reactive	200,000	Dec-2024	One-dose regimen
<i>Myanmar</i>	Reactive	2,451,850	Sept-2024	One-dose regimen
<i>Niger</i>	Reactive	1,069,600	Nov-2024	One-dose regimen
	Reactive	79,850	Dec-2024	One-dose regimen
<i>Nigeria</i>	Reactive	4,472,355	Sept-2024	One-dose regimen
<i>Somalia</i>	Reactive	1,399,391	Apr-24	One-dose regimen
<i>South Sudan</i>	Reactive	151,250	Dec-2024	One-dose regimen
	Reactive	130,950	Dec-2024	One-dose regimen
	Reactive	1,104,850	Dec-2024	One-dose regimen
<i>Sudan</i>	Reactive	1,661,038	Feb-24	One-dose regimen
	Reactive	404,100	Sept-2024	One-dose regimen
	Reactive	1,407,200	Oct-2024	One-dose regimen
	Reactive	1,180,350	Nov-2024	One-dose regimen
	Reactive	541,100	Dec-2024	One-dose regimen
<i>Yemen</i>	Reactive	3,837,800	Dec-2024	One-dose regimen
<i>Zambia</i>	Reactive	1,701,112	Jan-24	One-dose regimen
	Reactive	335,260	Jun-24	One-dose regimen
<i>Zimbabwe</i>	Reactive	2,303,248	Jan-24	One-dose regimen
		213,600	Jul-24	One-dose regimen
Total		32,081,994		



Mother and children wait a vaccination against cholera during a campaign at Kahda IDP camp in Mogadishu, Somalia on January 26, 2023.

GTFCC Technical Working groups



Case Management

Technical Working Group focus – The principal objective of the Case Management TWG is to contribute to the goals of the 2030 Roadmap, through two operational objectives: 1) improving clinical management of patients with cholera and 2) improving access to care for patients with cholera.

GTFCC Secretariat focal point: Kathryn Alberti

Chair Organization: Dr Iza Ciglenecki, Médecins Sans Frontières

TWG Priorities (January 2022 – December 2024):

- **Complete and share the Scoping review on risk factors for cholera deaths**
- **Improve timely access to treatment** through the review of community treatment models (community health workers, community volunteers, national or Red Cross/Red Crescent national societies, pharmacies, home treatment). The objective is to look at existing mechanisms that can be leveraged to treat suspected cholera in the community and build on them to improve access to treatment.
- **Improve data collection related to the treatment of cholera.** The scoping review highlighted the need to enhance data collection procedures during cholera outbreaks. Collaborative efforts with the Surveillance Working Group are planned to enhance both guidance regarding data collection and analysis, particularly within outbreak scenarios. Examples include data on place of death as well as improving data collection for individual patients.
- **Improve the clinical management of cholera.** Additionally, the scoping review reaffirmed the importance of enhancing clinical care for patients. This encompasses multiple areas including the use of antibiotics, treatment of specific groups including children with severe acute malnutrition (SAM) and the elderly

Update on main work streams

Achievements (Jan 2022 – December 2024):

Scoping review on cholera mortality risk factors: The scoping review was published, and the results presented to the WG in an online seminar. The results of the completed scoping review, which contribute to both priority foci above, presents a framework for work to be conducted over the next years; a manuscript has been submitted for peer-reviewed publication.

Clinical management of cholera:

- **New treatments for cholera.** Impressive progress has been made by 3 groups working on novel, out of the box tools for the treatment or prevention of cholera; updates have been shared specifically with the Case Management TWG, and through wider GTFCC research online seminars. These innovations have the potential to reduce antibiotic use in the treatment of cholera.
- **Recognizing elderly individuals as a high-risk cohort in cholera management.** The GTFCC guidance on antibiotic use in cholera treatment now includes elderly individuals as a high-risk population.
- **Antibiotic use review and research.** Ongoing reviews on antibiotic utilization in cholera control include partner projects focusing on modelling expanded antibiotic usage, clinical trials on prophylactic antibiotic use in children, and integration of antibiotics in Case Area Targeted Interventions (CATI). Monitoring antibiotic resistance is a pivotal component across these studies.
- **Development of tools to augment cholera case management.** A set of job aids/posters have been published in to support clinicians treating cholera in affected countries. This includes tools for assessment and treatment algorithms. With the support of the US CDC, training resources for healthcare providers are in the final stages of development and should be made available soon.
- **Enhancing data collection.** To improve guidance on clinical management for cholera, additional patient data is needed, including information on pre-existing conditions (e.g., diabetes, heart conditions) and clinical parameters (e.g., glucose, sodium, potassium, creatinine). A dedicated case report form for cholera has been developed to collect consistent enhanced clinical data. The form has been piloted in the field, and work with additional partners is in progress to collect and record additional clinical data.
- **Literature review initiated on rehydration in children with Severe Acute Malnutrition (SAM).** Under the leadership of UNICEF, this review is expected to lead to revisions in the GTFCC [job aid on the treatment of cholera in children with SAM](#). The results of this review were shared and discussed with the TWG on 03 December 2024.

Improving access to ORS in the community interventions

- **To support decentralization of treatment and facilitate the set up of oral rehydration points (ORPs)** in emergencies, the TWG developed and published the GTFCC interim guidance and resources for the development of fixed ORPs.
- **Increasing access to ORS in communities is critical to reducing cholera deaths in communities.** Building on discussions held during an in-person TWG meeting, a consultant was hired, and a report entitled Integrated community approaches to improve access to oral rehydration solution (ORS) for cholera was published in December 2024.

Improving data collection

- **Enhancing clinical data collection.** To improve guidance on clinical management for cholera, additional patient data is needed including information on pre-existing conditions e.g., diabetes, heart conditions) and clinical parameters e.g., glucose, sodium, potassium, creatinine). A dedicated Case Report Form for cholera has been developed to enhance data collection, to collect consistent enhanced clinical data to guide potential revisions to treatment recommendations. The form has been piloted in the field and work with additional partners is in progress to collect and record additional clinical data.
- **Contributing to the recommendations published in the GTFCC Public Health Surveillance for Cholera and implementation supported.** This refers specifically to the recommendations on how to report

cholera deaths (community and facility reported separately). This will help identify areas for priority interventions during outbreaks.

Challenges (Jan 2022 – Dec 2024):

- **Sustaining Partner Engagement amidst Resource Constraints.** Limited resources make it challenging to maintain partner engagement, advance projects and sustain momentum. Despite various partners contributing to diverse projects, many of the TWG members work on outbreak response and finding a balance between immediate outbreak responses and long-term initiatives remains challenging.
- **Impact of COVID-19 on research.** some field research activities were stopped or delayed during the pandemic. For example, studies on treatment of dehydration in children with Severe Acute Malnutrition were suspended and inclusions in the study only completed in 2024.
- **Upholding TWG dynamics.** A face-to-face meeting in September 2023 provided a good space for discussion on priorities and recreate a group dynamic. While most work continues with webinars, punctual face to face meetings are appreciated. This requires minimal resources, as simple descriptive research projects that are yet to be funded.

Key documents published

Scoping review:

- Manuscript for peer reviewed publication on the Scoping Review on cholera mortality risk factors (under review)

Clinical management:

- **Clinical job aids:**
 - Assessing the patient's level of dehydration and admission criteria
 - Cholera patient treatment flowchart
 - Treatment of patients with no signs of dehydration (Plan A)
 - Treatment of patients with some signs of dehydration (Plan B)
 - Maintain hydration for patients with some signs of dehydration (Plan B)
 - Treatment of patients with severe dehydration (Plan C)
 - Maintain hydration for patients with severe dehydration (Plan C)
 - Cholera fluids quick reference chart
 - Treatment of hypoglycaemia in adults and children
 - Discharge assessment
- Minor revisions to the job aid on treatment of children with cholera and Severe Acute Malnutrition (SAM). The revisions, based on feedback from the field, were conducted with the WHO Nutrition team, improve clarity of guidance around breastfeeding.
- [The GTFCC guidance on antibiotic use in cholera treatment now includes elderly individuals as a high-risk population.](#)

Improving access to ORS at community level

- [Integrated community approaches to improve access to Oral Rehydration Solution \(ORS\) for cholera](#)
- [The scoping review on risk factors for cholera deaths which provides the framework for the TWG priorities.](#)

- Based on needs identified in the field, guidance for the set-up and management of oral rehydration points was developed. This guidance includes tools such as daily checklists for the functioning of ORPs, supervisor checklist, a poster on how to make ORS and a sample referral form.

2025 priorities:

- **Improving timely access to treatment: Follow-up on the report published on improving access to ORS in the community:** The implementation of this work in the field is a key priority for long term interventions (including NCP development) and outbreak response.
- **Treatment of cholera in children with SAM:** Based on the literature review, develop recommendations for the field (job aids, etc.),
- **ORPs:** develop additional tools to support the setup and management of ORPs including a training package.
- **Clinical management of cholera:** The scoping review demonstrated the need to improve data collection during cholera outbreaks. The overall objectives were published in the GTFCC Public Health Surveillance for Cholera recommendations and implementation supported.
- **Enhanced clinical data collection:** Expanding on the pilot studies that have been conducted in the field to increase clinical knowledge to improve clinical management of patients.
- **Use of antibiotics:** Continue work on use of antibiotics including potential impact on cholera transmission and the effectiveness of chemoprophylaxis in children. All studies must also take into consideration potential antimicrobial resistance because of the intervention.



Surveillance Pillar Epidemiology

Technical Working Group focus – The Epidemiology TWG focuses on developing technical recommendations, guidance, and tools to strengthen cholera surveillance and improve the use of surveillance outcomes for data driven cholera control and prevention strategies.

GTFCC Secretariat focal point: Dr Morgane Dominguez

Chair Organization: Dr Flavio Finger, Epicentre

TWG Priorities (January 2022 – December 2024):

- **Country level surveillance:** support the uptake of the GTFCC surveillance guidance, including by developing information products and online training modules.
- **Identification of priority areas for multisectoral interventions (PAMIs):** support the identification of PAMIs in accordance with GTFCC methods, including by developing online training modules and performing GTFCC PAMI reviews.
- **Regional and global surveillance:** Update recommendations for reporting cholera to the regional and global levels.
- **Cholera-free status:** Pilot operational mechanisms and technical requirements to formalize the recognition (and maintenance) of cholera-free status by the GTFCC.

Update on main work streams

Achievements (January 2022 – December 2024):

Country level surveillance:

- **An interim guidance for public health surveillance for cholera was published in February 2023** to provide interim recommendations for strengthening surveillance in-country in the context of the numerous cholera outbreaks in 2022/2023.
- **A comprehensive guidance for public health surveillance for cholera was developed and published in 2024** in four languages (Arabic, French, English, Portuguese). It enriches and supersedes the 2023 interim guidance. It includes updated case and outbreak definitions, minimum case-based data to be reported by health facility-based surveillance, standard aggregate data to be reported by community-based surveillance, and guidance to adapt surveillance and testing strategies depending on the cholera situation at local level (“adaptive cholera surveillance”). Strengthening cholera surveillance in accordance with this guidance aims to better inform timely and targeted multisectoral interventions to limit the spread of cholera and reduce morbidity and mortality.
- **A standard method for countries to self-assess their cholera surveillance system/strategies against the 2024 GTFCC surveillance recommendations was developed** and published in four languages (Arabic, French, English, Portuguese). This method aims to support countries in identifying in a

systematic manner areas for improvement to strengthen their surveillance for cholera. Such self-assessments should be conducted at a minimum when countries develop or update their NCP.

Identification of priority areas for multisectoral interventions (PAMIs):

- The identification of PAMIs (formerly referred to as ‘hotspots’) is among the first steps for a cholera-affected country to develop or revise an NCP for cholera control or cholera elimination.
- **A new method for the identification of PAMIs for the development of an NCP to control cholera was developed and published in 2023** in four languages (Arabic, French, English, Portuguese). This PAMI identification method is for countries with high to moderate cholera transmission. It relies on the assessment of a numeric cholera priority index which represents multiple dimensions of cholera burden. This method comes along with an Excel-based tool automatizing the calculations, a step-by-step user guide, training datasets, a template report, and video tutorials – all available in four languages (Arabic, French, English, Portuguese).
- **A new method was also developed for the identification of PAMIs for the development of an NCP to eliminate cholera and published in 2023** in four languages (Arabic, French, English, Portuguese). This PAMI identification method is for countries with limited to no cholera transmission. It relies on the assessment of a numeric cholera vulnerability index which represents multiple dimensions of vulnerabilities to the (re)emergence of cholera. This method also comes along with an Excel-based tool automatizing the calculations, a step-by-step user guide, training datasets, a template report, and video tutorials – all available in four languages (Arabic, French, English, Portuguese).
- To support countries in identifying PAMIs in accordance with the 2023 GTFCC methods, **information products on the purpose of PAMI identification and the methods to identify PAMIs, including a FAQ and infographics, were developed**, and published in 2024 in four languages (Arabic, French, English, Portuguese).
- PAMI identification is crucial for countries to target effective strategies against cholera. To provide countries with independent technical feedback on their PAMIs, **mechanisms and internal SOPs were developed for a roster of members of the Epidemiology Working Group to conduct reviews of PAMI identifications (“GTFCC PAMI reviews”)**. GTFCC PAMI reviews were formally launched in May 2024, and five reviews have been completed.

Regional and Global surveillance:

- Cholera surveillance at the regional and global levels were strengthened in the context of the global cholera situation, including through activities implemented by the WHO cholera IMSTs. The Epidemiology Working Group supported the strengthening of regional and global surveillance by publishing in 2023 interim recommendations on standard data and metadata sets for cholera reporting to the regional and global levels along with an Excel reporting tool.

Challenges (January 2022 – December 2024):

For the outcomes of the Working Group to effectively translate into the strengthening of cholera surveillance to better inform cholera prevention and control strategies, considerations should be given to the expansion of GTFCC mechanisms to promote and support the implementation of GTFCC technical recommendations, including by leveraging on regional networks, the CSP and the broader GTFCC network.

Key documents published (January 2022 – December 2024):

Country level surveillance

- [Public health surveillance for cholera, interim guidance \(2023\)](#) (*outdated*)
- [Public health surveillance for cholera, guidance \(2024\)](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Excel tool automatizing the calculation of baseline incidence thresholds based on time series for the detection of the deterioration of a cholera outbreak](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Template cholera case report form](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Template cholera line list](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Template community-based reporting form](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Template case investigation form](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Template local situation report](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Template national situation report](#) (also available in [Arabic](#), [French](#), [Portuguese](#))

Assessment of cholera surveillance

- [Standard method for countries to self-assess their cholera surveillance system/strategies](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Editable template for use in-country](#) (also available in [Arabic](#), [French](#), [Portuguese](#))

Identification of priority areas for multisectoral interventions (PAMIs)

- [FAQ](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Introduction to PAMI identification - Overview](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [GTFCC PAMI reviews](#) (also available in [Arabic](#), [French](#), [Portuguese](#))

Identification of priority areas for multisectoral interventions (PAMIs) to develop an NCP for cholera control

- [Introduction to PAMIs for cholera control - Overview](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [GTFCC PAMI method](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [PAMI Excel tool](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [User guide](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Data model template](#) (also available in [French](#))
- [Template PAMI report](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- Video tutorials: [Video tutorial 1](#), [Video Tutorial 2](#), [Video Tutorial 3](#)
- Training datasets: [Training dataset 1](#), [Training dataset 2](#), [Training dataset 3](#) (also available in French: [Training dataset 1](#), [Training dataset 2](#), [Training dataset 3](#))

Identification of priority areas for multisectoral interventions (PAMIs) to develop an NCP cholera elimination

- [Introduction to PAMIs for cholera elimination - Overview](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [GTFCC PAMI method](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [PAMI Excel tool](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [User guide](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- [Data model template](#) (also available in [French](#))

- [Template PAMI report](#) (also available in [Arabic](#), [French](#), [Portuguese](#))
- Video tutorials: [Video tutorial 1](#), [Video Tutorial 2](#), [Video Tutorial 3](#)
- [Training dataset](#) (also available in [French](#))

Regional and Global surveillance

- [GTFCC interim technical recommendations on standard data and metadata sets for cholera reporting to the regional and global levels](#)
- [GTFCC interim Excel-based template for reporting of cholera data and metadata to the regional and global levels](#)

2024-2025 priorities:

Country level surveillance:

- Create online Training Modules on 2024 Surveillance Guidance directed to health authorities
- Create online Training Modules on 2024 Surveillance Guidance directed to health facility workers
- Create information products for health facility staff and health authorities to support 2024 surveillance guidance implementation
- Publish a paper highlighting the importance of cholera surveillance and 2024 Surveillance Guidance
- Align existing GTFCC Resources (e.g., app, manual) with 2024 Surveillance Guidance.

Identification of priority areas for multisectoral interventions (PAMIs)

- Conduct GTFCC PAMI reviews upon country request
- Create online Training Modules on PAMI Identification purpose and process
- Create online Training Modules on PAMI Identification for cholera control
- Create online Training Modules on PAMI Identification for cholera elimination
- Publish the outcomes of PAMI identification in country (dependent on countries individual consent for public release)

Regional and Global surveillance

- Update technical recommendations on cholera reporting to the regional and global levels.

Cholera-free status

- Provided a pilot country is identified, pilot operational mechanisms and technical requirements to formalize the recognition (and maintenance) of cholera-free status by the GTFCC.



Surveillance Pillar Laboratory

Technical Working Group focus – The Laboratory TWG, in coordination with the Epidemiology Working Group, supports the objectives of the 2030 Roadmap for global cholera control, through the strengthening of surveillance. Increasing laboratory capacities and reinforcing cohesion and coordination between laboratories – including through the development of an adapted long-term surveillance strategy – are essential for early outbreak detection and implementation of appropriate prevention and control measures to drive progress toward cholera elimination. The Laboratory TWG continues to assess how best to technically support countries and develop practical ways to address gaps and needs.

GTFCC Secretariat focal point: Dr Nadia Wauquier

Chair Organization: Dr Marie-Laure Quilici, Institut Pasteur

TWG Priorities (January 2022 – December 2024):

- **Laboratory testing strategy:** finalize the development of a draft framework for an adaptive testing strategy, integrating the use of Rapid Diagnostic Tests (RDTs), culture and Polymerase Chain Reaction (PCR) diagnostic tools and considering the different epidemiological contexts.
- **Environmental Surveillance Technical Note:** finalize the GTFCC recommendations on the testing of environmental samples and drinking water.
- **Diagnostics training for cholera:** develop a comprehensive training plan and package, for training of trainers (ToT) on diagnostics for cholera; develop associated online training modules and execute ToT with WHO in at least 4 priority countries.
- **Laboratory job aids and fact sheets:** finalize identified tools for laboratories performing cholera diagnostics. These include the job aid on stool specimen collection, fact sheet on antimicrobial susceptibility testing, laboratory referral form, laboratory reporting form, and the form to accompany shipment of isolates. Assess the need for additional guidance.
- **Minimum laboratory capacity standards and laboratory capacity assessments:** finalize and publish recommendations for minimum laboratory capacity standards; refine the capacity assessment tools considering feedback received following first piloting of the tools in countries and resume execution of assessments in at least 4 priority countries.
- **Target product profiles for cholera diagnostic tests and evaluation protocol:** support the work of WHO, Gavi and others to strengthen diagnostics through the review of the target product profile (TPP) for RDT, the development of TPP for cholera molecular diagnostics and the development of an evaluation protocol for cholera molecular diagnostics.
- **General technical guidance for PCR:** develop guidance for use of PCR in parallel of the development of TPP for cholera molecular diagnostics.

Update on main work streams

Achievements (January 2022 – December 2024):

As a general observation, considerable progress has been made, and efforts are still ongoing to translate all the finalized Laboratory TWG documents into additional languages, including Portuguese and Arabic.

- **Laboratory testing strategy:** Interim surveillance guidelines for cholera were published in February 2023 and updated in February 2024. These guidelines account for different epidemiological settings and include a testing strategy that combines the strategic use of RDTs, culture, and PCR for outbreak detection and monitoring.
- **Environmental Surveillance Technical Note:** A Technical Note on Environmental Surveillance of *Vibrio cholerae* was finalized in coordination with the Laboratory and WaSH TWGs (published in French and English).
- **Laboratory job aids and fact sheets:** Over 10 documents have been published (see list below).
- **Minimum laboratory capacity standards and laboratory capacity assessments:** A CDC-funded project was developed and initiated in May 2023 with the recruitment of a consultant dedicated to the development of necessary tools and associated guidance. Assessments were piloted in 3 priority countries (Democratic Republic of the Congo, Cameroon, and Mozambique) and reports were in development or delivered to the country as of December 2024.
- **Diagnostics training for cholera:** A CDC-funded project was initiated in July 2023 with the recruitment of a consultant dedicated to the development of a comprehensive training package for ToT on laboratory diagnostics for cholera in priority countries. A training course (power point and script) on Sample collection and use of RDT for cholera for health care workers was finalized and published on the GTFCC website. A training course (power point and script) on the fundamentals of cholera diagnostics for laboratory workers is in development. ToT events were organized in 5 high priority countries (Comoros, Lebanon, Somalia, South Sudan, and Sudan). Training reports are delivered to the countries.
- **Target product profiles for cholera diagnostic tests and evaluation protocol:** The Laboratory TWG supported the work of WHO, Gavi and others to strengthen diagnostics through the review of the TPP for RDT, the development of TPP for cholera molecular diagnostics and the development of an evaluation protocol for cholera molecular diagnostics (in progress). The revision of the technical guidance for PCR is on hold due to competing priorities and will resume after completion of an independent evaluation of performance of available commercial kits for cholera PCR.

Challenges (January 2022 – December 2024):

- Towards the end of 2022 and early 2023, the steady worsening of the global context of cholera outbreaks led the Laboratory TWG to focus efforts on high-priority activities such as the updating of the surveillance guidelines and the testing strategy for cholera. Timelines for publication of priority documents were drastically shortened, bringing other activities to a near halt.
- Additionally, new challenges in laboratory confirmation of cholera were identified. To address these challenges the LWG plans to develop comprehensive training materials for cholera diagnostics to serve in several training of trainer activities.

Key documents published (January 2022 – December 2024):

- [Public Health Surveillance Guidelines for Cholera](#)
- [Technical Note: Environmental Surveillance for Cholera Control](#) (also available in [French](#))

- [Updated Job aid Use of RDT](#) (also available in [French](#) and [Portuguese](#))
- [Job aid Antimicrobial Susceptibility Testing](#) (also available in [French](#))
- [Fact sheet Antimicrobial Susceptibility Testing](#) (also available in [French](#))
- [Job aid Isolation and Presumptive Identification of Vibrio cholerae O1/O139 from fecal specimens](#) (also available in [French](#) and [Portuguese](#))
- [Fact sheet Isolation and Presumptive Identification of Vibrio cholerae O1/O139 from faecal specimens](#) (also available in [French](#) and [Portuguese](#))
- [Laboratory referral form for cholera suspected case](#) (also available in [French](#))
- [Laboratory reporting form for cholera suspected case](#) (also available in [French](#))
- [Isolate submission form](#) (also available in [French](#))
- Quick reference to [Available guidance for cholera laboratories](#) (also available in [French](#))
- Training course: [Sample collection and testing with Rapid Diagnostic Tests for cholera for health care workers](#)
- [Target Product Profiles for RDT for cholera surveillance](#)
- [Target Product Profile for molecular kits for cholera surveillance](#)

2025 priorities:

- **Laboratory testing for cholera (laboratory manual):** Develop and publish a laboratory manual on testing for cholera.
- **Revise guidance for genomics and cholera:** Review and update existing guidance on genomics and cholera testing.
- **Laboratory capacity assessments:** Refine the capacity assessment tools considering feedback received following first piloting of the tools in countries and resume execution of assessments in priority countries.
- **Diagnostics training for cholera:**
 - Finalize and disseminate a comprehensive training plan and package, for ToT on diagnostics for cholera.
 - Develop associated online training modules.
 - Execute ToT with WHO in priority countries.
- **Target product profiles for cholera diagnostic tests and evaluation protocol:** Support the work of WHO, Gavi and partners to strengthen diagnostics through the development of an evaluation protocol for cholera molecular diagnostics.
- **Laboratory job aids and fact sheets:** Finalize identified tools for laboratories performing cholera diagnostics: job aid Stool Specimen Collection and job aid Preservation of Isolates of Vibrio cholerae.



Oral Cholera Vaccine (OCV)

Technical Working Group focus – The role of the OCV TWG is to develop cholera-specific normative and programmatic guidance to countries and stakeholders to support the planning, implementation, and monitoring of OCV activities in accordance with the 2030 Roadmap. Since January 2023, the requests for preventive use of OCV are submitted by countries to Gavi. The OCV TWG also identifies research needs around OCV and supports the development of the GTFCC research agenda. The TWG defines its priorities and develops its workplan at the beginning of each year and then meets every two months to review progress against planned activities.

GTFCC Secretariat focal point: Malika Bouhenia

Chair Organization: Dr Lucy Breakwell, US CDC

TWG Priorities (January 2022 – December 2024):

- **Review of OCV use 2013-2023:** Document OCV deployments and campaigns, making this information accessible to all partners.
- **Strengthen support to OCV campaigns:** The TWG aimed to support three priority countries—Democratic Republic of the Congo (DRC), Mozambique, and Bangladesh—in developing Multi-Year Plan of Action (MYPOA) during 2023. The TWG aimed to support the application of Cameroon and Kenya in 2024 and aimed to support Zambia and Malawi for application in 2025. The TWG also worked on the development of support tools for multi-year planning, including the prioritization of PAMIs.
- **Guidelines for supply allocation framework:** The TWG aimed to develop guidance on how to allocate OCV supplies between countries for preventative campaigns in situations where supply is constrained. This guidance covers allocation criteria and a decision-making map. The aim is to ensure efficient utilization of OCV doses, following principles of fairness and equity. The guideline and its tool are endorsed in December 2024.
- **Address issue of quality of OCV requests and campaigns:** The TWG aimed to conduct training for country representatives with endemic cholera and CSP consultants on OCV request preparation, campaign planning, implementation, and monitoring. The development of tools and performance indicators was also targeted for countries to improve the quality of the vaccination efforts (campaign readiness, report, M&E). Additionally, the TWG collaborated with the CSP to develop a pool of potential OCV flying officers to assist in application development.
- **Support the revision of ICG country guidance on the reactive use of OCV.**
- **Develop an online seminar to raise awareness of the new OCV request process through Gavi.**
- **Support to the research agenda.**

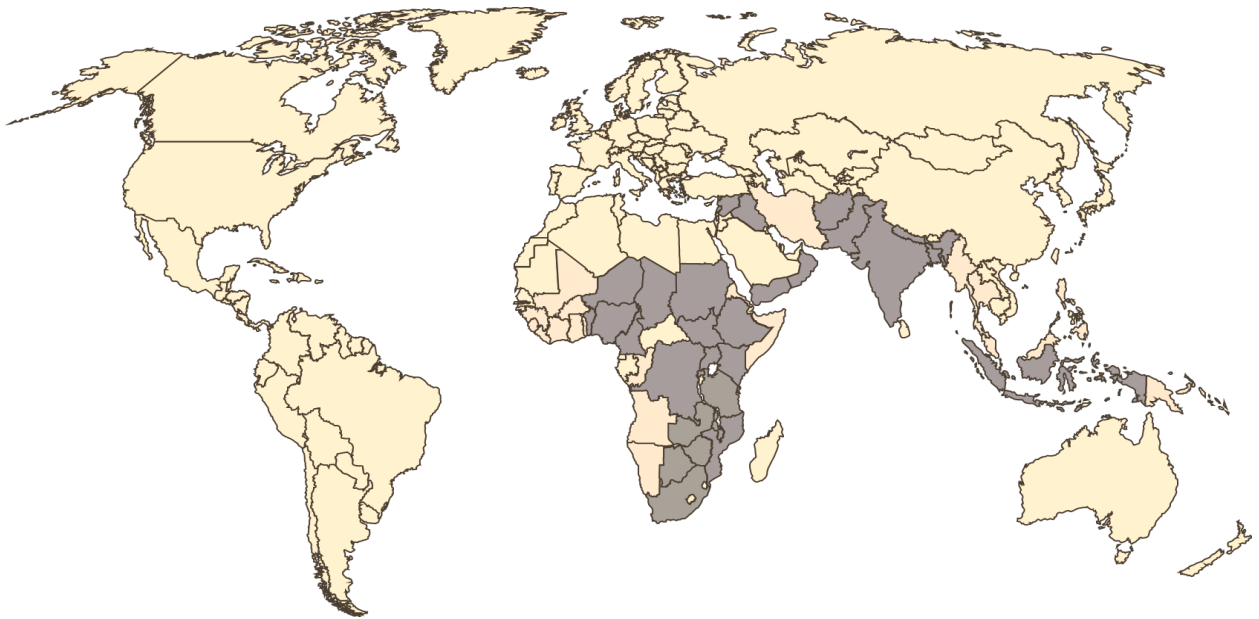
Update on main work streams

Achievements and progress (January 2022 – December 2024):

- **Strengthen support to OCV campaigns (pOCV):** A CSP consultant was deployed to support Bangladesh, DRC, Cameroon, and Mozambique. DRC submitted their application in April, but it was rejected. Partners are collaborating closely to address the feedback and provide the necessary support. This experience has offered many learning opportunities, which are being documented and incorporated into the support provided to the other countries. Subsequently, DRC and Bangladesh had their requests approved, but Mozambique's request was rejected. In 2024, the CSP and GTFCC (Surveillance and OCV Working Groups) supported three countries with their pOCV applications: Cameroon, Kenya, and the resubmission for Mozambique. Mozambique's application was approved in June 2024, and Cameroon and Kenya are scheduled to submit their applications in September 2024. Finally, Cameroon is scheduled for January 2025 while Kenya submitted and application in September that was approved by IRC.
- **Guidelines for supply allocation framework:** A sub-working group has been set up and started to develop the guidelines. The framework was endorsed in December 2024.
- **Address issue of mediocre quality OCV requests and campaigns:** Materials and practical exercises were developed for the 5-day workshop. Three regional workshops were completed in Africa and South-East Asia, resulting in the training of representatives from 16 countries. Attendees included personnel from Ministries of Health (expanded program on immunization [EPI] and national cholera/surveillance programs), WHO country offices, EPI, and emergencies (WHE) program representatives, CSP consultants, and partners (IFRC, CSP, Gavi, US CDC, UNICEF, MSF, WHO). The GTFCC has noted an improvement in the quality of submitted applications among workshop attendees. National-level training materials are being developed and were piloted in Ethiopia in Q4 2022. In 2024, MOH and WHO country office staff from 17 cholera affected countries in EMRO (Afghanistan, Iraq, Lebanon, Oman, NW Syria, Pakistan, Sudan, Syria, Yemen) and Southern Africa (Botswana, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, Zimbabwe) were trained on OCV requests and campaigns. In addition, three workshops (DRC, Cameroon, and Kenya) were held to support pOCV application. As a result, five countries (Mozambique, Cameroon, DRC, Bangladesh, Kenya) submitted pOCV applications after participating in these workshops.
- **Support revision of ICG country guidance on reactive use of OCV:** Current country guidance is 10 years old and does not reflect current practices. Countries requested clearer guidance and support on determining where to target OCV for outbreak control during the 2022 OCV annual meeting. There is a need for evidence to inform the update. Gavi has provided funding to the Vaccine Impact Modeling Consortium (VIMC) to analyze available outbreak data to address questions about the timeliness and targeting of OCV for outbreak response. The OCV Working Group is collaborating with VIMC partners to develop the analysis proposal. A consultant was recruited for s, and a first draft of the updated guidance was finalized in October 2024
- **Document OCV deployment/campaigns and make this information available to all partners:** An interactive dashboard to document OCV deployment and campaign indicators has been developed and is currently in the pilot phase. A country profile for OCV use by district is also in progress. Many partners and researchers are utilizing this dashboard.
- **Develop technical documents to support MoH of endemic countries with multi-year planning for OCV campaigns:** Prioritization of PAMIs for OCV (part of the Multi-Year Plan): The Sub-Working Group developed guidance and a tool to help countries select cholera PAMIs for OCV use and prioritize these selected PAMIs over a multi-year plan. The tool was piloted in the DRC and during a workshop in Nepal. It was subsequently piloted in Cameroon and Kenya and is still under development.
- **Develop tools for countries to improve campaign quality (report, M&E, campaign readiness):** Partners have been supporting this area independently. A consultant was recruited at HQ to review guidance on implementation of campaigns document, package of training of trainers

- **Review of OCV use 2013-2023:** article in development describing OCV use during 2013-2023.

Figure 6 – 25 affected countries trained on OCV as of December 2024



Challenges (January 2022 – December 2024):

OCV serves as a vital tool alongside WaSH interventions, timely case management, and community mobilization in controlling and preventing cholera outbreaks, particularly in low- and middle-income countries. However, challenges persist in ensuring the effective and impactful utilization of OCV. Since the establishment of the stockpile in 2013, over 200 million doses have been deployed across 30 countries. In 2023, 36 million doses were produced, while the need for a one-dose strategy registered 72 million doses. The severe gap in the number of available vaccine doses compared to the current need puts unprecedented pressure on the global vaccine stockpile. Between 2021 and 2023, more doses were requested for outbreak response than in the entire previous decade. Nigeria and Ethiopia have submitted preventive OCV requests since December 2021, prompting engagement with five countries (DRC, Mozambique, Kenya, Bangladesh, Cameroon) in 2023 to develop their preventive OCV strategies. Additionally, OCV was introduced in several countries between 2022 and 2024: Lebanon and Syria in 2022, the Dominican Republic in 2023, and Comoros, Ghana, and Myanmar in 2024.

Several significant challenges impact OCV deployment, such as the limited vaccine stockpile resulting in the temporary provision of one dose instead of two for outbreak responses. Delays in emergency campaign implementation and insufficient involvement from the Expanded Program on Immunization (EPI) pose further challenges. The restricted availability of OCV continues to impede cholera outbreak responses and the commencement of preventive programs. However, it is anticipated that OCV supply will gradually increase within the next years, addressing some of the current limitations in deploying OCV effectively.

In 2023, Shanchol production stopped, leaving only one manufacturer, EuBiologics, currently producing vaccines. The doses produced in 2024 was 49.5 million. In April 2024, WHO prequalified a new vaccine, Euvichol-S, produced by EuBiologics. Euvichol-S has similar efficacy to existing vaccines but a simplified formulation, allowing opportunities to rapidly increase production capacity. The first production batch was released in September 2024.

Key documents published (January 2022 – December 2024):

- Guidance on process to review multi-year plan of action (OCV MY-POAs).
- Prioritizing cholera PAMIs for OCV use as part of the OCV multi-year plan of action (OCV MY-POAs). (In progress)
- Dashboard: <https://apps.epicentre-msf.org/public/app/gtfcc>

2024-2025 priorities:

- Support countries on the pathway to implement the OCV component of their NCP (preventive campaigns). Target for this period are Zambia, Malawi, and Nepal.
- Develop tools and guidance documents, where needed, to ensure standardized M&E of OCV campaigns and to improve campaign quality.
- Continue to support more countries to determine their 2024-2026 OCV forecast.
- Support studies on OCV planned for 2024-2026.
- Continue to support countries with emergency requests and their implementations.
- Improve the dashboard including a country profile page.
- Publication of the article on OCV use 2013-2023.



Water, Sanitation and Hygiene (WaSH)

Technical Working Group focus – The WaSH TWG is dedicated to advancing water, sanitation, and hygiene interventions as part of the global effort to eliminate cholera. Its responsibilities include:

- Provide a forum for exchanging best practices, sharing experiences, and establishing a reference group in the field of WaSH and cholera.
- Strengthen and systematize coordination among WaSH actors and stakeholders involved in cholera response at all levels (global, regional, national, local).
- Identify needs/gaps and translate them into an annual workplan, prioritizing actions based on the capacities of the group and resource availability.
- Develop cholera-specific normative and programmatic guidance for WaSH actors, countries, and stakeholders to support the implementation of WaSH interventions as part of the 2030.
- Strengthen knowledge management within the WaSH community and the working group through the dissemination of key products, the development of standardized training materials, and capacity building initiatives for stakeholders.

GTFCC Secretariat focal point: Laurent Sax

Chair Organization: Pierre-Yves Oger (UNICEF), since September 2023
Dr Nurullah (WaterAid), until March 2023, Arielle Nylander (WaterAid) A.I. from April to September 2023

TWG Priorities (January 2022 – December 2024):

In 2022, the WaSH TWG conducted a scoping review to identify key needs and defined ten workstreams. During the 8th WaSH TWG Annual Meeting, held in New York in March 2023, members decided to streamline their focus by consolidating themes such as advocacy, case studies, and research, and prioritizing topics like WaSH data management, water quality monitoring (WQM), and WaSH integration in National Cholera Plans (NCPs).

Ahead of the 9th WaSH TWG Annual Meeting in June 2024, a reflection process was undertaken to define a revised work plan. The objective was to align the plan with the 2030 Roadmap vision, taking into account available financial resources and the group's capacity to execute the identified priority activities. This reflection culminated in a work plan, validated by the group in September 2024, covering a two-year period (2024–2026). The plan includes 16 activities, of which nine were prioritized based on financial feasibility and active member involvement. The remaining seven activities will be initiated as resources and capacities become available.

Update on main activities:

- **Water quality monitoring (WQM) operational tool:** The objective is to provide a step-by-step tool (pdf and online) for the roll-out and monitoring of water quality interventions in cholera-affected areas. A preliminary version has been drafted and will be shared early 2025 for internal review.

- **Guidance on WaSH response during a cholera outbreak:** The objective is to provide WaSH stakeholders with a basic WaSH guidance for cholera outbreak response. Several meetings were held in December 2024 to review existing guidance and define the content and modalities to develop the new technical product. Meetings will be organized in 2025 with a broader number of members to start the drafting process.
- **WaSH and IPC in cholera treatment structures:** The product aims to update an existing technical note from 2019, integrating latest evidence-based recommendation and research. ToRs were developed in December 2024. The TWG will start the development process in 2025.
- **WaSH and OCV:** The objective is to develop a technical note listing potential interaction activities between WaSH and OCV partners during vaccination campaigns. An initial round of meetings was organized in December 2024 to define the scope of work. This is a cross-pillar activity planned with the OCV TWG.
- **Caring of the dead:** The aim is to provide updated guidance for WaSH/IPC and clinical management partners involved in the caring of the dead in the context of cholera. A documentation review and a preliminary draft were developed in December 2024. The document is a joint effort between Case Management and WaSH TWGs.
- **WaSH and data:** The objective is to define a methodology, tools, and indicators to help partners with local collection of WaSH data in PAMIs and translation into targeted WaSH costed plans. Further work is needed to better define the final deliverables.
- In addition to the 6 technical products listed above, **3 management products have been identified as key priorities in the workplan:** dedicated ToRs for the WaSH TWG, a strategy and, a plan to enhance the inclusivity of the TWG through the integration of expertise from the field to ensure that our vision, workplan activities are aligned with the specific needs of local contexts. ToRs have been drafted and will be shared with the TWG in January 2025 for review and validation, while the strategic document and the inclusivity strategy are at an early stage of development.

Achievements (January 2022 – December 2024):

Technical Products:

- Publication of the Environmental Surveillance technical guideline in coordination with the Laboratory TWG (in English and French)
- WaSH and cholera field training jointly organized by WaSH TWG partners.
- Dissemination of WaSH and cholera products through dedicated webinars at global, regional, and national level.

Strategic Engagements:

- Co-hosting a joint side event with the UN Water Conference, resulting on a Call to Action.
- Increased visibility of WaSH at the AU high-level emergency ministerial meeting on cholera epidemics

Evidence and collaboration:

- Enhanced the evidence base on WaSH for cholera control through collaborative action research.

Operational Improvements:

- Validation of a concise and realistic work plan for 2024-2026.
- Integration of new members from the development and donor sectors (recent achievement, end of 2024).

Challenges (January 2022 – December 2024):

For WaSH, the main challenges during the 2022-2024 reporting period are the following:

- **Underrepresentation of key sectors in the TWG** (development actors, donors, national stakeholders, etc.).
- **Lack of funding** to organize core events, such as the WaSH TWG annual meeting (key event where decisions are taken, particularly regarding priorities, direction, and vision). Without funding, it is not possible to invite key partners, particularly local actors, resulting on limited visibility for field needs.
- **Chair situation:** The position was weakened until 2023, when the new WaSH focal point assumed duties. Despite improvements and a regained momentum, funding for the WaSH chair position is ending early 2025. This unexpected development puts at risk the TWG workplans.

Key documents published (January 2022 – June 2024):

- [Technical Note: Environmental Surveillance for Cholera Control](#) (also available in [French](#))

2025 priorities:

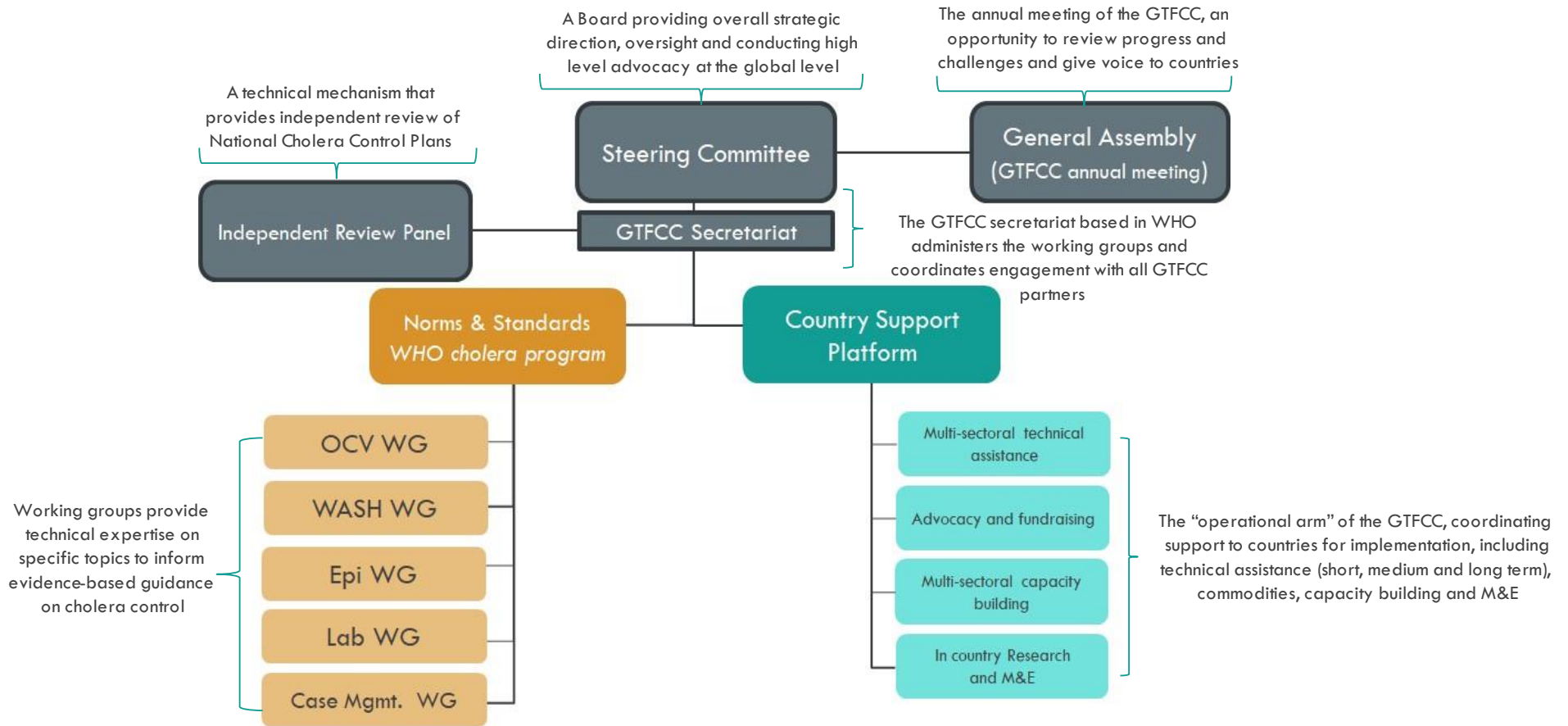
- **Workplan implementation:** Ensure the publication of validated technical products, dissemination through webinar and pilot initiatives are implemented at field level.
- **Management consolidation:** Finalize ToRs and develop strategic and inclusivity plans.
- **Sustainability:** Secure long-term funding for the WaSH focal point.
- **Fundraising:** Secure funding the annual WWG meeting.
- **Advocacy:** Ensure that national governments and development donors prioritize cholera PAMIs in WaSH high level agendas
- **Interaction with other TWG:** Reinforce the cross-pilar collaboration with other TWG within Annual Meetings and the development of technical products.

Annex 1 – List of events led or attended

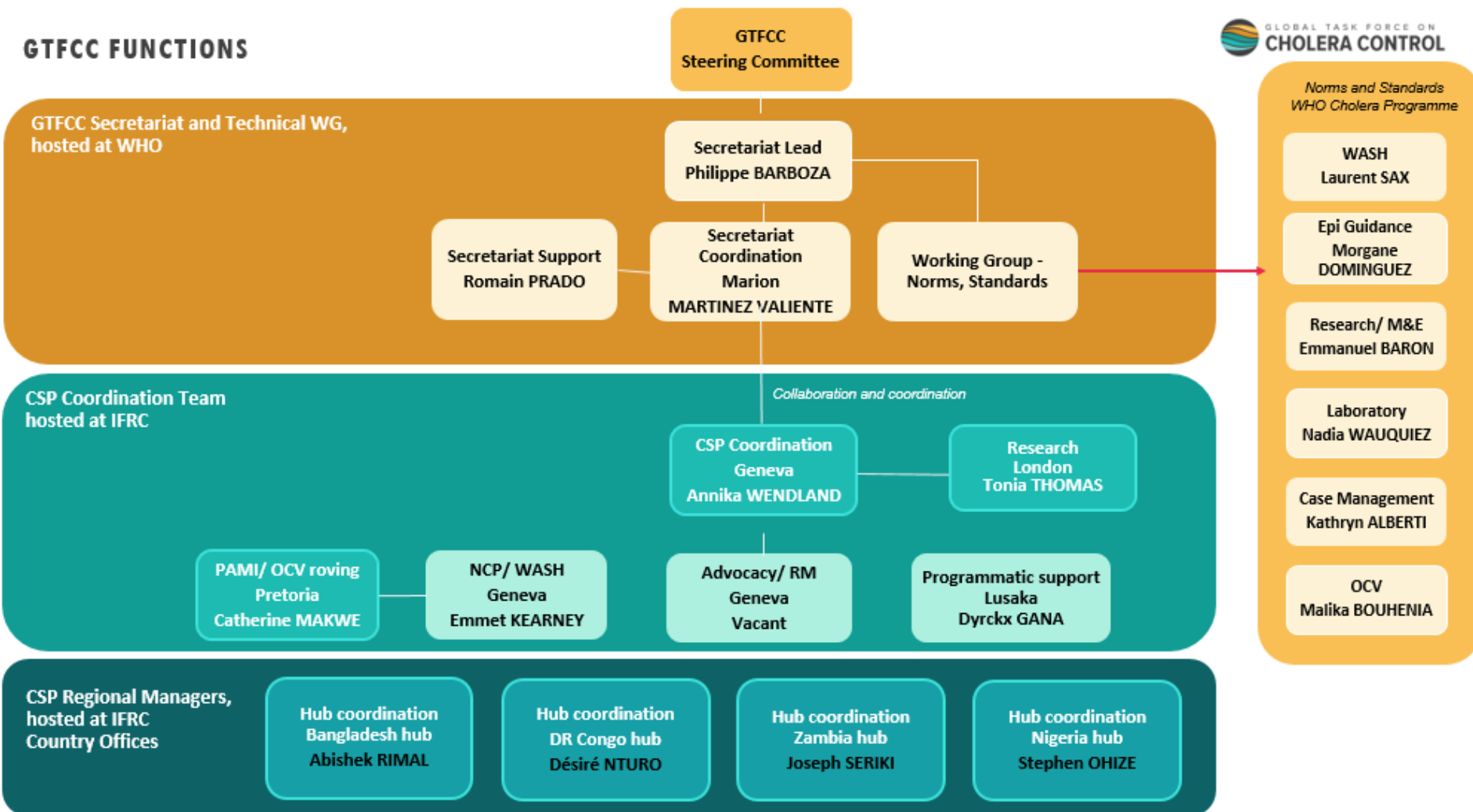
Event name	Year	Date	Location
Ad Hoc SC meeting on OCV	2022	02 February	Virtual
7th Meeting of the GTFCC Working Group on WaSH	2022	09-10 March	Hybrid event – Virtual & Les Pensières, France
7th hybrid meeting of the Global Task Force on Cholera Control (GTFCC) Working Group on Surveillance (Epidemiology and Laboratory)	2022	20-21 April	Hybrid event – Virtual & Les Pensières, France
GTFCC bi-annual side event in observance of the 75th World Health Assembly (WHA).	2022	25 May	IFRC Geneva offices
6 th SC meeting	2022	28 June	Les Pensières, France
9 th Annual meeting of the Global Task Force on Cholera Control	2022	27-29 June	Hybrid event – Virtual & Les Pensières, France
9 th meeting of the GTFCC Working Group on Oral Cholera Vaccine	2022	11-12 October	Les Pensières, France
Global Cholera briefing and Call to Action	2022	08 November	Virtual meeting
DRC NCP endorsement and validation with ministers	2022	16-17 November	Kinshasa, DRC
7 th Steering Committee	2022	12 December	Virtual
8th Meeting of the Global Task Force for Cholera Control (GTFCC) - WaSH Working	2023	20-21 March	New York, USA (in observance of UN Water Conference)
Advocacy Task Team meeting	2023	27-28 April	Geneva
8th Meeting of the Global Task Force for Cholera Control (GTFCC) – Surveillance Working Group (Epidemiology & Laboratory)	2023	02-05 May	Mozambique
10 th Global Task Force on Cholera Control (GTFCC) Annual Meeting	2023	26 – 28 June	Hybrid - Les Pensières, France
8 th Steering Committee Meeting	2023	27 June	Hybrid - Les Pensières, France

7th Meeting of the Global Task Force for Cholera Control (GTFCC) – Case Management Working Group	2023	26 – 27 September	Les Pensières, France
10th Meeting of the Global Task Force for Cholera Control (GTFCC) – Working Group on Oral Cholera Vaccine	2023	12-13 October	IVI, Seoul, South Korea
DRC meeting – NCP launch with ministers of Plan and Health	2023	26 October	Kinshasa, DRC
CPHIA side event – strategies for achieving cholera elimination	2023	29 November	Lusaka, Zambia
Advocacy and donors meeting NCP DRC	2024	26 March	Kinshasa, DRC
Advocacy meetings with Provincial Ministers of Health and private sector donors for investment in key PAMIs	2024	18-19 April	Lubumbashi and Kolwezi, DRC
GTFCC bi-annual side event in observance of the 77th World Health Assembly (WHA).	2024	29 May	IFRC Geneva offices
9th Meeting of the Global Task Force for Cholera Control (GTFCC) – Surveillance Working Group (Epidemiology & Laboratory)	2024	21-23 May	Cairo, Egypt
9th Meeting of the Global Task Force for Cholera Control (GTFCC) - WaSH Working	2024	17-18 June	IFRC HQ Geneva Offices
Steering Committee Meeting	2024	18 June	WHO HQ
Operational research Meeting	2024	11-12 June	Les Pensières, France
SATFCC inaugural meeting, SADC ReTACC meeting and ministerial diner with SADC ministers and Health and DG Africa CDC	2024	25-28 June	Lusaka, Zambia
1st international Conference on Transdisciplinarity in Cholera Elimination	2024	29-30 July	Maputo, Mozambique
10th Meeting of the Global Task Force for Cholera Control (GTFCC) – Working Group on Oral Cholera Vaccine	2024	7 - 8 October	Mombasa, Kenya
17th Asian Conference on Diarrheal Disease and Nutrition (ASCODD)	2024	8 – 10 December	Kathmandu, Nepal

Annex 2 – GTFCC Organigram



GTFCC FUNCTIONS





GLOBAL TASK FORCE ON
CHOLERA CONTROL