



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

### ***11<sup>th</sup> ANNUAL MEETING REPORT***

# Foreword

Esteemed colleagues,

I am proud to present this report on behalf of the GTFCC Secretariat, a result of the collaborative effort and insights shared during the 11th Annual GTFCC Meeting, which was held at Les Pensières in Annecy, France, from June 19-21, 2024. This meeting echoed the sentiments of the WHA cholera side event on May 29 and provided clear guidance on the next steps cholera partners should take.

I would like to express our sincere gratitude to all participants of the GTFCC for their invaluable contributions and steadfast dedication to the ongoing battle against cholera. Special recognition is extended to the Honourable State Minister of the People's Republic of Bangladesh, Dr. Rokeya Sultana, for her inspiring words; the esteemed members of the GTFCC Steering Committee; and the dedicated country representatives from Bangladesh, Benin, Burundi, Cameroon, the Democratic Republic of Congo, Ethiopia, Haiti, Kenya, Malawi, Mozambique, Nigeria, Sudan, and Zambia for their outstanding commitment to our shared cause.

Our deep appreciation goes to the Fondation Mérieux for their unwavering support, and to the exceptional team at Les Pensières for their outstanding hospitality and invaluable assistance, which contributed significantly to the seamless execution of this event. I also acknowledge the diligent efforts of the translators, whose skilled work facilitated effective communication and understanding among our diverse group of participants.

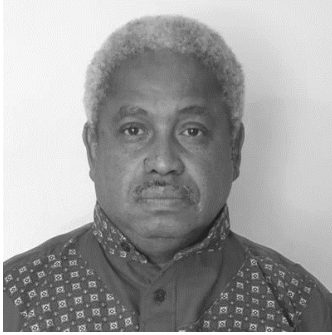
Heartfelt thanks go to all donors and organizations who continue to support the GTFCC, providing vital resources that underpin our collective efforts to combat cholera on a global scale. Special recognition is also given to the dedicated teams of the GTFCC Secretariat and the CSP for their relentless commitment to advancing the GTFCC's mission.

The meeting ended with a call to action. Every GTFCC member is an ambassador for cholera, charged with the duty to take the fight forward at all levels - globally, nationally, and locally. With five years remaining to the end of the current Roadmap, urgent action is needed from everyone.

Let us stand united in combating cholera outbreaks and work towards achieving the 2030 Roadmap goals, a crucial step towards a healthier future.









Yours faithfully

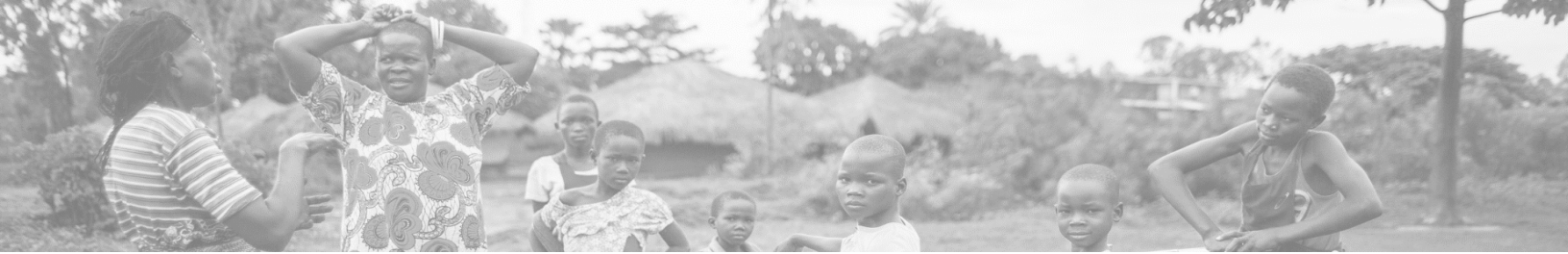
**Dr Frew Benson, Chairman of the GTFCC**





# GTFCC – 2030 Roadmap

IMPLEMENTING THE GLOBAL ROADMAP					
IMPACT	90% Reduction in Cholera Deaths by 2030			Accelerated Achievement of the Sustainable Development Goals Especially 2, 3, 6 & 10	
	 20 Countries Eliminate Cholera by 2030	 No More Uncontrolled Outbreaks			
GOALS	<b>AXIS 1</b> Countries detect outbreaks early and respond immediately to contain them	<b>AXIS 2</b> Countries prevent disease occurrence by targeting multi-sectoral interventions in cholera hotspots	<b>AXIS 3</b> Technical support, resource mobilization, and partnership are coordinated at local and global levels		
OBJECTIVES	<b>Cholera-affected Countries:</b> 1a. Implement an early warning surveillance system in all hotspots 1b. Ensure and maintain workforce capacities to detect, confirm, and respond to outbreaks 1c. Stock and pre-position essential supplies; plan for contingencies 1d. Establish WASH and Health Rapid Response Teams 1e. In the event of a cholera alert, immediately implement emergency WASH, health, and community-based interventions to prevent disease spread, including large scale OCV campaigns.	<b>Cholera-affected Countries:</b> 2a. Identify and prioritize cholera hotspots 2b. Implement adapted long-term sustainable WASH interventions 2c. Utilize OCV effectively at scale in conjunction with other long-term strategies 2d. Implement hygiene promotion, risk communication and social mobilization strategies for strong community engagement 2e. Collaborate across borders to implement a strong sub-regional control strategy	<b>The GTFCC:</b> 3a. Establishes and maintains an effective coordination mechanism (including a steering committee, operative platforms and funding mechanism) that: 3b. Galvanizes political commitment to cholera control and raises the profile of cholera as a public health threat 3c. Coordinates technical support and guidance to countries 3d. Harmonizes a research agenda 3e. Supports the financing of Roadmap implementation in countries		
INDICATORS	Reduction in cholera deaths in large uncontrolled outbreaks	Number of currently endemic countries that have eliminated cholera; Countries achieving at least 80% WASH coverage in all hot spots	Number of countries implementing a fully funded multi-sectoral cholera control plan aligned to the Global Roadmap		
TARGETS	2030 90% reduction in outbreak deaths <sup>7</sup>	20 countries have eliminated cholera; 41 countries have achieved 80% WASH coverage in cholera hotspots <sup>8</sup>	All 47 countries with cholera hotspots are implementing fully-funded multi-sectoral cholera control plans <sup>9</sup>		
	2025 50% reduction in outbreak deaths	4 countries have eliminated cholera, 25 countries have achieved 80% WASH coverage in hotspots	37 countries are implementing fully funded plans		
	2020 20% reduction in outbreak deaths	1 country has eliminated cholera	12 countries are implementing fully funded plans		
	BASELINE (2017) Uncontrolled cholera outbreaks in Yemen (estimated 2,000 deaths) and the Horn of Africa (estimated 800 deaths)	47 countries remain affected by cholera	Not applicable		
ENABLING FACTORS	Strong ongoing commitment from countries, partners, and donors New and existing health and WASH resources are aligned to the Global Roadmap Sufficient global supply of Oral Cholera Vaccines				
PRINCIPLES	 Country-driven	 Multi-sectoral & Coordinated	 Bridging Emergency & Development	 Targeted to Most-affected Population	 Community Engagement



## Executive summary

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

The 7th cholera pandemic has continued to intensify since 2021, with an increasing number of outbreaks reported in vulnerable settings, and also in areas that have not reported cases in decades - or at all. Sixteen countries currently have case fatality rates (CFR) above 1%, unacceptable levels of deaths. These negative trends are accelerated by access, security, and climate factors and compounded by major operational constraints, such as limited funding for coordination and response activities, supply chain disruptions that affecting laboratory and case management work, and insufficient production of oral cholera vaccine (OCV).

But this bleak picture should not overshadow tangible results obtained by partners. The GTFCC has supported development of 11 national cholera plans (NCPs) and secured a permanent presence through the Country Support Platform (CSP) in five countries so far: Bangladesh, DRC, Nigeria, Mozambique and Zambia. Additional technical support is provided on ad hoc by the CSP and the GTFCC Secretariat, through time-bound field missions and remote work. Up-to-date standards have been developed by the Secretariat on XXXXXXX. High level advocacy meetings have been organized XXXXX.

The achievement of the 2030 Roadmap objectives will only be possible with an intensification of the cholera response. GTFCC partners are invited to deepen and broaden their cooperation, with a view to maximizing operational, normative and policy impact.

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

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

The Honourable Minister Dr Sultana inaugurated the annual meeting in person. Her opening speech called for renewed investment from donors, partners and the GTFCC in four critical areas: water, sanitation and hygiene (WASH) infrastructure; production of oral cholera vaccine (OCV), especially in

Africa and Asia; strengthening quick detection and rapid response to cholera outbreaks; and promoting reporting of cholera cases from hotspot areas.

Key measures identified for 2024-2025 are as follows:

- **The completion of the Roadmap midterm review, currently implemented under the supervision of the GTFCC Steering Committee.** This will provide a detailed assessment of the GTFCC trajectory towards the Roadmap objectives. The review has been designed to improve and adapt working methods for greater effectiveness in the global landscape; collect evidence to determine the strategic and operational future of the GTFCC; and generate recommendations to improve the Roadmap in light of current operational and epidemiological challenges. Six countries will be invited to take part in the midterm review as case studies.
- **The review of the roadmap M&E plan by the Secretariat.** This will provide clear metrics to confront the Roadmap midterm review conclusions against latest trends.
- **Acute funding constraints for partners mean the GTFCC must increase its global capacities to engage in humanitarian and development forums, in Geneva and beyond.** Beyond immediate funding needs expressed by countries for the implementation of their NCPs, the integration of cholera in global/multisectoral frameworks remains critical to addressing the determinants of cholera (water quality, health and hygiene education, community engagement, security and nutrition).
- **The scaling-up of normative and operational country support.** A number of countries require an increased full-time presence and Secretariat field support. Specific efforts are required for the development of multisectoral components in national NCPs and identification of priority areas for multisectoral interventions (PAMIs).
- **Developing Advocacy Task Team activities with a yearly plan.** The objective will be to influence the definition of national and global policy and standards while advocating to mainstream cholera response imperatives into multisectoral plans.
- **The GTFCC will continue working with partners in civil society and academia to influence the global research agenda and cover gaps identified for vulnerable population groups** such as the elderly and pregnant women.
- **The GTFCC technical working groups will develop, review and finalize essential analysis, tools and guidelines.** This includes tools for setting up and managing oral rehydration points (ORPs), analyses, and recommendations for high-risk populations such as children with severe acute malnutrition (SAM). The working groups will also address the use of antibiotics; develop additional tools for identifying and monitoring PAMIs; create a formal protocol for recognizing cholera-free status in areas where elimination is effective; review and update the laboratory manual for cholera testing; and provide guidance on cholera genomics. The groups will work on resuming preventive OCV, developing a standardized monitoring and evaluation (M&E) approach for following up vaccination campaigns, and enhancing WASH in NCPs. These outputs will require substantial collaboration with suppliers, operational staff, and partners, including providing necessary training.
- **The Secretariat will need to renew external and internal communication efforts** to ensure the maximum impact of its messages and the widest possible dissemination of GTFCC resources. Communication measures identified during the annual meeting include a review of the GTFCC website, increased presence on social media, engagement of partners and external stakeholders, and translation of GTFCC resources beyond English and French.

**“Every GTFCC member is an ambassador for cholera, charged with the duty to take the fight forward at all levels - globally, nationally and locally. With five years remaining to the end of the current Roadmap, urgent action is needed from everyone.”**

*Dr Frew Benson (Chair of the GTFCC)*

### The GTFCC annual meeting in numbers

- 19-21 June 2024
- Over 100 participants
- 13 countries present
- 25 partners present



# Acronyms and abbreviations

AMR	antimicrobial resistance
AST	antimicrobial susceptibility testing
AWD	acute watery diarrhoea
CATI	case-area targeted intervention
CFR	case fatality rate
CPHIA	Conference on Public Health in Africa
CSP	GTFCC Country Support Platform
DRC	Democratic Republic of Congo
EPI	Expanded Programme on Immunization
EWARS	Early Warning and Response System
GTFCC	Global Task Force on Cholera Control
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
ICG	International Coordinating Group on Vaccine Provision
IDSR	integrated disease surveillance and response
IEC	information, education and communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IGAD	East African Intergovernmental Authority on Development
IHR (2005)	International Health Regulations (2005)
IMS	Incident Management System
IMST	WHO Incident Management Support Team
IPC	infection prevention and control
IRP	Independent Review Panel
IVI	International Vaccine Institute
M&E	monitoring and evaluation
MCEP	multisectoral cholera elimination plan
MSF	Médécins Sans Frontières
MYP	multiyear (preventive vaccination) plan
NAPHS	national action plan for health security
NCCP	national cholera control plan
NCP	national cholera plan
NIH	National Institutes of Health
OCV	oral cholera vaccine
ORP	oral rehydration point
ORS	oral rehydration solution/salts
ORT	oral rehydration treatment
PAMI	priority area for multisectoral interventions
PCR	polymerase chain reaction
PHEM	public health emergency management
PHEMC	Public Health Emergency Management Committee
PNECHOL	National Programme for the Elimination of Cholera and the Control of Other Diarrheal Diseases
PQ	WHO prequalification
QA	quality assurance
RCCE	risk communication and community engagement
RCT	randomized controlled trial



RDT	rapid diagnostic test
RRT	rapid response team
SAM	severe acute malnutrition
SDGs	Sustainable Development Goals
SOP	standard operating procedure
TPP	target product profile
UNICEF	United Nations Children’s Fund
UNOCHA	United Nation Office for the Coordination of Humanitarian Affairs
US CDC	United States of America Centers for Disease Control and Prevention
VIMC	Vaccine Impact Modelling Consortium
WASH	water, sanitation and hygiene
WHO	World Health Organization
WQM	water quality monitoring



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# Opening addresses General outlook

Detailed presentation delivered by **Dr. Barboza**, Head of the GTFCC Secretariat, available on [\[LINK\]](#)

The years immediately following the 2017 launch of the Roadmap (and the public statement of the goal of a 90% reduction in cholera deaths by 2030) saw significant progress in addressing cholera, mainly through strengthening early detection and outbreak response and improving multisectoral approaches to preventing recurrence.

However, the resurgence of the 7th cholera pandemic, compounded by other exacerbating factors including but not limited to climate change, natural disasters, financial crises, a COVID-19 pandemic, conflict and drastic shortages of oral cholera vaccine (OCV) – has resulted in an 50% increase of deaths attributable to cholera between 2020 and 2023.

In 2022, these deteriorating trends led WHO to grade the global resurgence in cholera as a level 3 emergency.

The ongoing global OCV shortage continues to hamper efforts to prevent and control cholera outbreaks, with increased demand for the vaccine (Figure 1) despite recent improvements to production and stock levels, and despite the continuation of a single-dose strategy. WHO reports that 14 countries have requested 79 million doses of OCV since the beginning of 2023 – almost double the 40 million doses effectively available during the same period.

Global cholera situation: 1 June 2023 to 31 May 2024

- 620 000 cases reported since June 2023 (including 195 000 cases in 2024)
- 4100 deaths reported since June 2023 (including 1900 deaths in 2024)
- 29 countries officially reporting cases since June 2023
- Six countries currently in acute crisis (Comoros, Democratic Republic of Congo (DRC), Ethiopia, Haiti, Somalia, and Yemen)
- 16 additional countries with active outbreaks

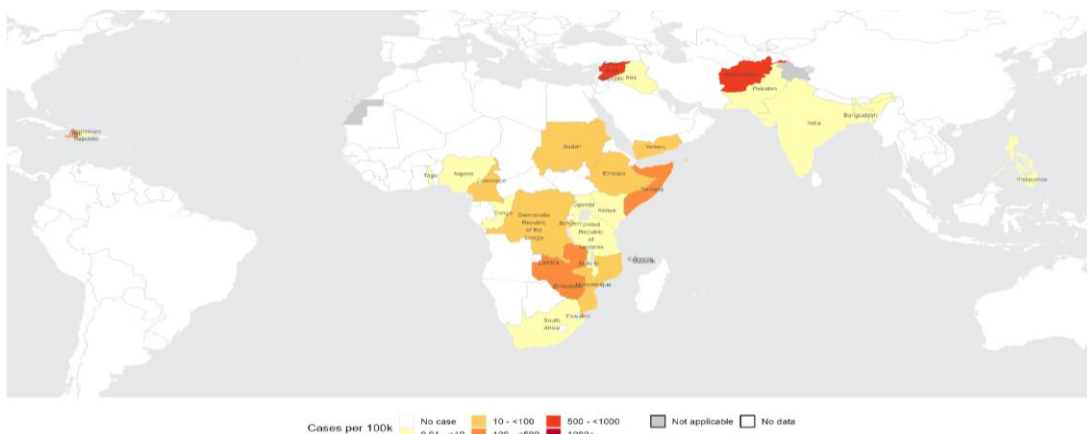


Figure 1: Cholera / AWD cases per 100 000 from June 2023 to May 2024

The Africa region continues to experience a high death rate, with 3000 deaths reported out of 179 000 cases (compared to 600 deaths out of 394 000 cases – the highest case rate – in the Eastern Mediterranean region). The Africa region also leads in the number of countries reporting cases and experiencing a case fatality rate (CFR) above 1% (16 and 13 countries respectively, compared to 7 and 1 in the Eastern Mediterranean Region). A breakdown of figures for each region can be seen below.

#### Africa Region

- 179 000 cases reported since June 2023 (including 92 800 cases in 2024)
- 3000 deaths reported since June 2023 (including 1700 deaths in 2024)
- 16 countries officially reporting cases since June 2023
- 13 countries with overall CFR above 1%

#### Eastern Mediterranean Region

- 394 600 cases reported since June 2023 (including 98 000 cases in 2024)
- 600 deaths reported since June 2023 (including 250 deaths in 2024)
- Seven countries officially reporting cases since June 2023
- One country with overall CFR above 1%

#### Americas Region

- 34 700 cases reported since June 2023 (including 2700 cases in 2024)
- 450 deaths reported since June 2023 (including 13 deaths in 2024)
- Two countries officially reporting cases since June 2023
- One country with overall CFR above 1%

#### South-East Asia Region

- 6 500 cases reported since June 2023 (including 1300 cases in 2024)
- 18 deaths reported since June 2023 (including four deaths in 2024)
- Two countries officially reporting cases since June 2023
- No countries with overall CFR above 1%

#### Western Pacific Region

- 1800 cases reported since June 2023 (no cases in 2024)
- Nine deaths reported since June 2023
- One country officially reporting cases since June 2023
- No countries with overall CFR above 1%

## European Region

- 125 Cases reported since June 2023 (all reported in 2024)
- Two deaths reported since June 2023
- One country officially reporting cases since June 2023
- One country with overall CFR above 1%



## GTFCC progress towards the 2030 Roadmap

The GTFCC Roadmap is structured around three complementary axes: (1) early detection and response to contain outbreaks; (2) multisectoral interventions in cholera hotspots; and (3) technical support, resource mobilization and partnership coordination at country, regional and global levels. Progress versus targets in 2024 for each of these can be summarized as follows.

1. Early detection and response to contain outbreaks	
TARGETS	
<p><b>By 2030:</b> 90% reduction in outbreak deaths</p> <p><b>By 2025:</b> 50% reduction in outbreak deaths</p> <p><b>By 2020:</b> 20% reduction in outbreak deaths</p> <p><b>Baseline (2017):</b> uncontrolled cholera outbreaks in Yemen (estimated 2 000 deaths) and the Horn of Africa (estimated 800 deaths)</p>	
ANALYSIS/TRENDS	
2017 – 2023: reduction in deaths	- 26%
2017 – 2020: reduction in deaths	- 90%
2020 – 2023: increase in deaths	+50%
2. Multisectoral interventions in cholera hotspots	
TARGETS	
<p><b>By 2030:</b> 20 countries have eliminated cholera; 41 countries have achieved 80% WASH coverage in cholera PAMIs</p> <p><b>By 2025:</b> 4 countries have eliminated cholera, 25 countries have achieved 80% WASH coverage in cholera PAMIs</p> <p><b>By 2020:</b> 1 country has eliminated cholera</p> <p><b>Baseline (2017):</b> 47 countries remain affected by cholera</p>	
ANALYSIS/TRENDS	

<p>New countries added to the GTFCC priority list, making 52 in total</p> <p>Three countries identified in the 2017 baseline have not reported cases since 2018 (Djibouti, Guinea Bissau and Namibia)</p> <p>No official announcements to date of cholera elimination</p>
<b>3. Coordination at country, regional and global levels</b>
<p><b>TARGETS</b></p> <p><b>By 2030:</b> All 47 countries with cholera hotspots are implementing fully-funded multisectoral cholera control plans</p> <p><b>By 2025:</b> 37 countries are implementing fully funded plans</p> <p><b>By 2020:</b> 12 countries are implementing fully funded plans</p> <p><b>Baseline (2017):</b> Not applicable</p>
<p><b>ANALYSIS/TRENDS</b></p> <p>10 countries with a finalized NCP</p> <p>11 countries currently developing or planned NCP</p> <p>7 additional countries considering developing an NCP</p>

## Outbreak response challenges

- 46% of countries affected by cholera since January 2024 have also been impacted by acute or protracted conflict.
- Cholera data remains of poor quality – a theme that stretches back across the last few annual meetings. In 2023 it was noted that “addressing [the] ongoing data quality issue is of paramount importance for the effectiveness and efficiency of outbreak responses. Furthermore, the concerning issue of underreporting needs to be addressed.” Little has changed to improve this situation: stigma and weak surveillance and/or laboratory capacity combine in different contexts to make the available data highly incomplete and of very variable quality. There is little uniformity across the data that are reported.
- Demand for OCV continues to outstrip supply (see Figure 2) and is still increasing.

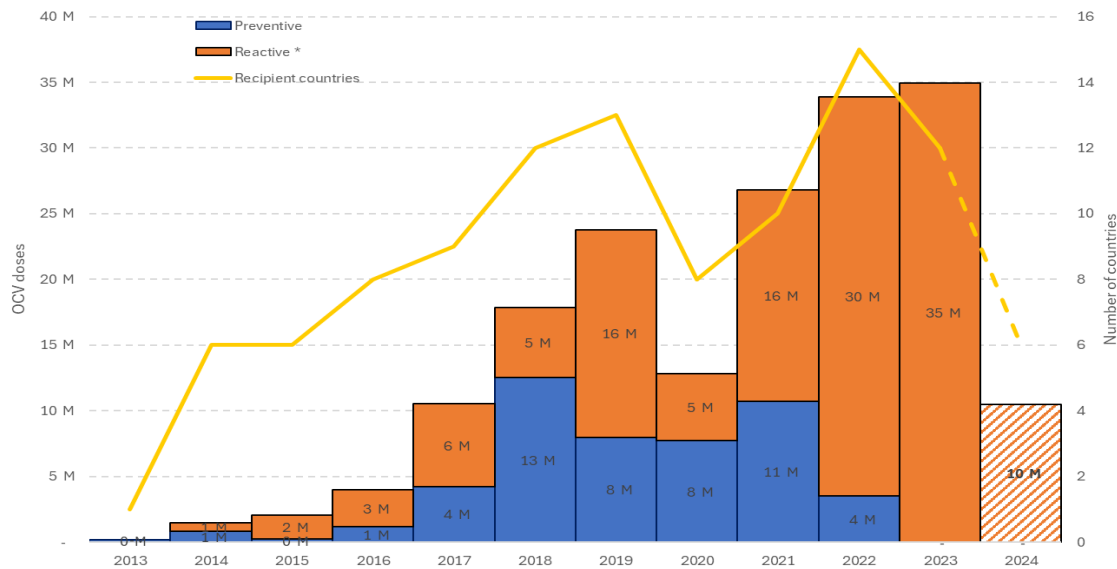


Figure 2: Increasing demand for oral cholera vaccine (OCV) since the creation of the stockpile

## Prevention challenges

- There have been no preventive vaccination campaigns for OCV since December 2022
- Surveillance, underreporting and data quality remain serious issues
- There is a general weakness in laboratory capacity across affected countries, characterized by rapid turnover of laboratory personnel, loss of capacity, and a lack of resources, particularly laboratory supplies and equipment
- Case management is hampered by limited resources
- Integrating the effects of climate change, as well as mitigation and adaptation strategies, into cholera response plans is challenging
- There is insufficient multisectoral integration, particularly between WASH, risk communication and community engagement (RCCE) and cholera/WASH education actors
- An ongoing, widespread lack of investment in sustainable WASH, caused by weak coordination and cooperation across the emergency, humanitarian, development and political sectors, makes the prospect of longer term solutions unlikely without change.

# Global coordination

Coordinating a global cholera response to achieve the Roadmap goals has become increasingly challenging in recent years. Despite the diligent efforts of countries, GTFCC working groups, partners, and the Secretariat, various issues continue to hinder prevention and response efforts, slowing progress toward cholera elimination.

To tackle these challenges, coordination is needed in several key areas:

1. **Advocacy:** Efforts should target not only health and water authorities but also legislative bodies, ensuring broader support and stronger policy frameworks. More capacity is needed to achieve the necessary engagement efforts
2. **Operations:** Streamlining operations to enhance the efficiency and effectiveness of response strategies is crucial. This includes securing community engagement and leadership, as well as decentralizing surveillance, laboratory, and case management capacities to improve local response capabilities.
3. **Multisectoral integration:** Enhanced coordination across various sectors is essential to maximize the impact of interventions. This includes integrating cholera efforts into WASH, education, and community engagement initiatives. Increased support is needed for the development and implementation of NCPs and for the coordination of the global cholera partnership.
4. **Resource mobilization:** Securing sufficient funding and resources is vital to sustain and expand cholera prevention and response activities.

Over the past year, the GTFCC has engaged in several global coordination meetings, including the World Health Assembly, International Water Day, and other key forums. These engagements have been crucial for aligning efforts, sharing best practices, and rallying international support for cholera elimination.

These efforts are complicated by the multitude of intensifying global crises, issues and limitations outlined above. Addressing them demands a unified and coordinated approach that leverages the strengths and resources of all stakeholders involved in the fight against cholera.

By enhancing global coordination and focusing on these critical areas, we can overcome these challenges and make substantial progress toward eliminating cholera, ultimately achieving the goals outlined in the 2030 Roadmap.

## Coordination challenges

- Funding shortfalls at global, GTFCC and national level restrict attempts to implement new coordination initiatives and support existing ones, with negative impacts on areas including:
  - limitation of deployment capacities;
  - lack of funding to support some GTFCC working group meetings;
  - difficulties sustaining advocacy engagements;
  - challenges strengthening or maintaining Secretariat capacities; and
  - the failure to date to create a GTFCC Community Management Working Group.



## Mid-term evaluation of the GTFCC

In this challenging context, and with 2024 the midpoint of the lifespan of the 2017-2030 Roadmap, the GTFCC Steering Committee has dedicated several meetings in 2023-24 to the design of an evaluation of the task force. This evaluation will be done by a company called CEPA, led jointly by CEPA and the GTFCC Secretariat. It will assess Roadmap progress; improve working methods and adapt the GTFCC's activities to changes in the global landscape; collect evidence to determine for the strategic and operational future of GTFCC; and generate recommendations to improve Roadmap in the years to 2030.

The evaluation will be based on a document review, a series of consultations and country case studies, an online survey, a data analysis, and a counterfactual analysis.

GTFCC members and key informants – to include the “internal” structures such as the Secretariat, Steering Committee, Independent Review Panel (IRP), working groups and Country Support Platform (CSP); partners and community representatives; donors and financing partners; research institutions; other potentially important stakeholders not currently engaged with GTFCC and select country stakeholders from non-case study countries – will be engaged in the weeks and months to follow the annual meeting.

## Side Event at the 77th World Health Assembly

On Wednesday, 29 May 2024, seven countries and 10 major health partners affiliated with the GTFCC came together in a powerful show of multisectoral commitment to end the global cholera emergency. This gathering, a side event at the 77th World Health Assembly – took place as cholera continues to ravage communities across the world, with vaccine supplies unable to meet escalating needs.

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 side event, urging immediate collective action with only six years left to meet the GTFCC's 2030 global roadmap goals. Titled *Uniting against the global cholera emergency: empowering communities, facilitating multisectoral actions, and galvanizing resources*, the event took place at IFRC's office in Geneva, Switzerland and included representatives from national governments, international non-governmental organizations, donor and partner organizations, and UN agencies.

Global health leaders focused on the critical need for sustainable funding to advance safe WASH services, strengthen disease surveillance in cholera hotspots and scale up local OCV manufacture. Case management and continuous community engagement for infection prevention were also discussed.

Health ministers and national representatives from Bangladesh, Lebanon, Malawi, Mozambique, Nepal and Zimbabwe, speaking on behalf of cholera-affected countries, underscored the urgency of a coordinated multisectoral approach – particularly given the compounding impacts of climate-related factors, economic insecurity, conflict, urbanization, population growth and population displacement.

# Working group updates

## Case management

The Case Management Working Group has two operational objectives: (1) improving clinical management of patients with cholera; and (2) improving early access to care for patients with cholera.

Achievements (January 2022–June 2024)

### Scoping review on cholera mortality risk factors

The scoping review was published. The results, which were presented to the working group in a webinar, constitute a framework for activities in the next few years. A manuscript has been submitted for peer-reviewed publication.

### Clinical management 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.
- **Engaging with collaborative groups:** Preliminary discussions took place with organizations focusing on enhancing clinical care for the elderly.
- **Antibiotic use review and research:** Ongoing reviews on antibiotic use in cholera control include partner projects on modelling expanded antibiotic usage, clinical trials on prophylactic antibiotic use in children, and integration of antibiotics in CATIs. Monitoring AMR is important in all these studies.
- **Development of tools to augment cholera case management:** Efforts are underway to compile and review tools to improve case management in affected regions, including job aids and training resources for health workers. Partners (US CDC) are supporting development of training materials.
- **Enhancing data collection:** New GTFCC public health surveillance recommendations outline how to report facility and community deaths (separately) and encourage more detailed analysis to identify at-risk groups. A dedicated case report form for cholera has also been developed to enhance consistent clinical data collection to guide potential revisions to treatment recommendations.
- **Literature review on rehydration in children with severe acute malnutrition (SAM):** Under the leadership of UNICEF, a review of literature published since the publication of the [GTFCC job aid on the treatment of cholera in children with SAM](#) is underway. It is expected this review will lead to revisions in the existing job aid.
- **Cultivating partnerships with innovative cholera treatment advocates:** Strategic partnerships have been established with organizations focusing on pioneering treatments for cholera. Webinars highlighting their work have been held with the working group and the broader GTFCC partnership.

### Community interventions

- Development and publication of interim GTFCC guidance and planning on fixed oral rehydration points (ORP).
- **Improving the patient care aspect of CATIs:** A partner study was completed this year, which included antibiotics as part of a package of interventions.

### Upholding working group dynamics

- A face-to-face meeting in September 2023 provided a good space for a dynamic group discussion on priorities. While most work continues with webinars, punctual face to face meetings are welcomed.

#### Challenges (January 2022–June 2024)

- **Sustaining partner engagement with constrained resources:** Limited resources make it hard to maintain partner engagement and sustain momentum. Balancing outbreak responses and long-term initiatives remains difficult.
- **Impact of COVID-19 on field research and project continuity:** Field research activities were hampered during the pandemic, causing disruption and delays in certain areas of work, including treating dehydration in children with SAM.
- **Funding shortfalls in case management initiatives:** Insufficient funding still hampers implementation of effective case management strategies and cholera-related initiatives.

#### Key publications

- [Risk factors of cholera mortality \(February 2022\)](#) – the framework for WG priorities
- [Job aid for treatment of children with cholera and SAM\)](#) – minor revisions, based on feedback from the field, were done with the WHO nutrition team to improve guidance around breastfeeding
- Guided by the results of the scoping review, revisions were made to include the elderly as a high-risk group in the technical note on the use of antibiotics to treat and control cholera
- **Scoping review on cholera mortality risk factors (May 2023):** manuscripts were submitted several times for peer reviewed publication
- [GTFCC guidance on antibiotic use in cholera treatment \(October 2022\)](#) – now includes elderly individuals as a high-risk population
- **Guidance for the set-up and management of ORPs:** Based on needs identified in the field, the guidance includes tools like daily checklists for the functioning of ORPs, a supervisor checklist, a poster on how to make ORS and a sample referral form.

#### Working Group Priorities (2024-2025)

- **Improve early access to treatment** through enhanced care in the community and increasing decentralization of care. A review of existing community models of care is to be carried out by the end of 2024 to understand how these models can be leveraged rapidly during outbreaks.
- **Develop additional tools:** To support the setup and management of ORPs, including a training package.
- **Improve clinical management of cholera:** A concept note will be developed and financial backing sought to implement enhanced data collection in multiple sites and contexts. Work has been initiated on a literature review on rehydration of children with SAM. The review will be completed in the third quarter of 2024.
- **Improving data collection to identify high-risk groups:** Supporting countries to implement and improve application of new public health surveillance recommendations. The WG is currently developing a set of indicators to be used to guide case management.
- **Use of antibiotics:** Continue work on the use of antibiotics, including the potential impact on cholera transmission and the effectiveness of chemoprophylaxis in children. All studies must also take into consideration potential antimicrobial resistance as a result of the intervention.

- **Review of recent outbreak management:** Following recent large cholera outbreaks, many with high reported CFR, multiple evaluations, including after action reviews (AAR), are planned. Results of these reviews and studies will be used to identify bottlenecks and improve guidance for countries.



## Surveillance pillar: Epidemiology

The Epidemiology working group focuses on developing technical recommendations, guidance and tools to strengthen cholera surveillance. These resources help ensure that cholera information is made quickly available at all levels to guide targeted multisectoral cholera prevention and control.

**GTFCC Secretariat focal point:** Morgane Dominguez

**Chair Organization:** Flavio Finger, Epicentre

Achievements (January 2022–June 2024)

### Country level surveillance

Interim guidance for public health surveillance for cholera was published with the aim of boosting cholera surveillance in countries by strengthening timely, targeted multisectoral interventions to limit the spread of cholera and reduce morbidity and mortality – and as an important part of the GTFCC response to the numerous cholera outbreaks in 2022/2023. Key updates included new case and outbreak definitions; guidance on testing, including expanded use of rapid diagnostic tests (RDTs); and guidance on collecting minimum case-based datasets for suspected cases.

Comprehensive guidance for public health surveillance for cholera was also published. This new guidance improved the interim guidance by:

- considering additional transmission settings, building on the principles of “adaptive cholera surveillance” according to the prevailing local epidemiological situation;
- providing additional guidance and tools for data collection, reporting and analysis; and
- providing recommendations for the monitoring and evaluation of surveillance performance.

Finally, a cholera surveillance self-assessment guidance document for countries was published in 2024. These self-assessments should be conducted (at minimum) when a new version of a national cholera plan (NCP) is developed, but periodic assessments are encouraged, in particular if there are significant changes in the cholera situation or in surveillance system strategies or performance.

### Identifying PAMIs

Identifying priority areas for multisectoral interventions, or PAMIs (sometimes referred to as ‘hotspots’), is among the first steps with which a cholera-affected country develops or revises an NCP for cholera control or elimination. Effective PAMI identification is critical to maximizing the potential impact of an NCP.

A GTFCC PAMI coordination group has been launched, and a new method for identifying PAMIs has been published in English, French, Arabic and Portuguese. This method relies on the assessment of a cholera priority index which represents multiple dimensions of cholera burden and is calculated from the sum of four scored indicators: incidence, mortality, persistence, and cholera test positivity.

This new method emphasizes consensus building among country stakeholders, and allows consideration of local contextual knowledge on vulnerability to cholera transmission. It is supported by an Excel-based tool and a step-by-step user guide.

A new methodology was also published for the identification of PAMIs for cholera *elimination*, in Arabic, English, French and Portuguese. This methodology includes user guides, identification tools, template reports and training datasets.

### Regional and global surveillance

Regional and global cholera surveillance have been strengthened over the last year, including through activities implemented by the WHO cholera Incident Management Support Team (IMST). The Epidemiology Working Group supported this effort by publishing interim recommendations on standard data and metadata sets for regional and global cholera reporting.

Challenges (January 2022 – June 2024)

For the outcomes of the working group’s activities to translate into strengthened cholera surveillance and better-informed cholera prevention and control strategies, the GTFCC should consider expanding its mechanisms to promote and support implementation of the technical recommendations developed by the working group, including by leveraging the CSP and the network of GTFCC partners.

Key documents published (January 2022–June 2024)

#### Country level surveillance

- [Public health surveillance for cholera, interim guidance \(2023\)](#)
- [Public health surveillance for cholera, guidance \(2024\)](#)

#### Identification of PAMIs

- [PAMIs for control](#)
- [PAMIs for elimination](#)
- [PAMI review mechanisms](#)
- [Information products on PAMIs](#)

### Regional and global surveillance

- [Cholera reporting to the regional and global levels \(2023\)](#): Interim recommendations
- [GTFCC interim Excel-based template](#): For reporting cholera data and metadata to the regional and global levels

Working Group Priorities (2024-2025)

#### Country-level surveillance

- Publish translated versions of the 2024 surveillance resources
- Translate 2024 surveillance guidance and tools into French, Arabic, and Portuguese
- Align GTFCC resources with the 2024 surveillance guidance
- Update and translate existing resources to align with 2024 surveillance guidance

#### **PAMI identification**

- Create training modules for PAMI identification
- Guide PAMI identification for reemerging countries
- Customize PAMI methods for specific countries
- Develop technical recommendations for countries reemerging after interrupted transmission

#### **Regional and global surveillance**

- Provide technical recommendations to promote regional and global cholera reporting
- This may include technical advice on data sharing agreements, data flows and analysis products

#### **Cholera-free status**

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

#### **Support countries through infographics and online training modules**

- Create online training modules on 2024 surveillance guidance
- Create materials for health facility staff and local health authorities to support 2024 surveillance guidance implementation

#### **Promote key concepts in scientific journals and collaborate on data standards**

- Publish a paper highlighting the importance of cholera surveillance and the 2024 guidance
- Assist WHO surveillance team in developing data standards aligned with 2024 guidance

## Surveillance pillar: Laboratory working group

The Laboratory working group, in coordination with the epidemiology working group, supports the roadmap objectives by strengthening surveillance, increasing laboratory capacities and improving coordination between laboratories – including through the development of an adapted long-term surveillance strategy. The working group continually assesses how best to provide technical support to countries and develop practical ways to address gaps and needs.

**GTFCC Secretariat focal point:** Nadia Wauquier

**Chair Organization:** Dr. Marie-Laure Quillici, Institut Pasteur

Achievements (January 2022–June 2024)

### Laboratory testing strategy

Interim surveillance guidelines for cholera were published in February 2023 and updated in February 2024. These included a testing strategy that covered the strategic and expanded use of RDTs, complemented by culture and PCR for outbreak detection and outbreak monitoring, taking into account different epidemiological settings.

### Environmental surveillance technical note

A technical note on environmental surveillance of vibrio cholerae was finalized with both the laboratory and WASH working groups and published in French and English.

### Laboratory job aids and fact sheets]

Publications have included:

- Job aid and fact sheet for culture of vibrio cholerae
- Fact sheet for antimicrobial susceptibility testing (AST)
- A laboratory reporting form and a laboratory referral form
- A form to accompany the shipment of isolates.
- Updates to the job aid on RDT use
- Updates to the job aid on AS.

A job aid on stool specimen collection and job aid on preservation of isolates of vibrio cholera have been drafted but not yet finalized and published.

### Minimum laboratory capacity standards and laboratory capacity assessments

A US CDC-funded project was initiated in May 2023 with the recruitment of a consultant dedicated to the development of tools and associated guidance. Assessments were piloted in two priority countries (DRC and Cameroon).

### Diagnostics training for cholera

A US CDC-funded project was initiated in July 2023 with the recruitment of a consultant dedicated to developing a comprehensive training package intended for use in training of trainers (ToT) in priority countries on cholera laboratory diagnostics. ToT events were organized in three high-priority countries.

#### **Target product profiles for cholera diagnostic tests and evaluation protocol:**

The working group supported work by WHO, GAVI, and others to review the target product profile (TPP) for RDTs, develop a TPP for cholera molecular diagnostics, and develop an evaluation protocol for cholera molecular diagnostics.

The revision of technical guidance for PCR was put on hold due to competing priorities. This will resume after an independent evaluation of the performance of available commercial kits for cholera PCR is completed.

#### **Challenges (January 2022–June 2024)**

Towards the end of 2022 and early 2023, the steady worsening of the global cholera context led the working group to focus efforts on high-priority activities. These included updating surveillance guidelines and the testing strategy for cholera. Timelines for publishing priority documents were shortened, bringing other activities to a near halt.

Additionally, new challenges in laboratory confirmation of cholera were identified. In response, the working group plans to develop comprehensive training materials for cholera diagnostics for use in several ToT activities.

#### **Key documents published (January 2022–June 2024)**

- [Public health surveillance guidelines for cholera](#)
- [Technical note for environmental surveillance for cholera control](#)
- Updated job aid use of RDT in [English](#) and [French](#)
- Job aid antimicrobial susceptibility testing in [English](#) and [French](#)
- Fact sheet antimicrobial susceptibility testing in [English](#) and [French](#)
- Job aid isolation and presumptive identification of *vibrio cholerae* O1/O139 from fecal specimens in [English](#) and [French](#)
- Fact sheet isolation and presumptive identification of *vibrio cholerae* O1/O139 from fecal specimens in [English](#) and [French](#)
- Laboratory referral form for cholera suspected case
- Laboratory reporting form for cholera suspected case
- Isolate submission form

In collaboration with FIND Dx:

- [Target product profiles for RDT for cholera surveillance](#)
- Target product profile for molecular kits for cholera surveillance

#### **Working Group Priorities (2024-2025)**

#### **Laboratory testing for cholera (laboratory manual)**

- Develop a laboratory manual for testing 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 taking into account feedback received following the first piloting of the tools
- Resume delivery of assessments in priority countries

#### **Diagnostics training for cholera**

- Finalize and disseminate a comprehensive training plan and package for ToT on cholera diagnostics
- Develop associated online training modules
- Execute ToT programmes with WHO in priority countries

#### **Target product profiles for cholera diagnostic tests and evaluation protocols**

- Support the work of WHO, GAVI and partners to strengthen diagnostics by developing an evaluation protocol for molecular cholera diagnostics

#### **Laboratory job aids and fact sheets**

- Finalize tools for laboratories performing cholera diagnostics, namely:
  - the job aid for stool specimen collection; and
  - the job aid for preserving isolates of vibrio cholerae.

## Oral cholera vaccine (OCV)

The OCV working group develops normative and programmatic guidance for countries and stakeholders to support the planning, implementation and monitoring of OCV activities in accordance with the Roadmap. Since January 2023, requests for preventive use of OCV have been submitted by countries to Gavi. The working group also identifies research needs around OCV and supports the development of the GTFCC research agenda.

**GTFCC Secretariat focal point:** Malika Bouhenia

**Chair Organization:** Dr Lucy Breakwell, US CDC

Update on main work streams

*Achievements (January 2022–June 2024)*

### Strengthening support for planned OCV campaigns (pOCV)

A CSP consultant was deployed to support Bangladesh, DRC, Cameroon and Mozambique.

DRC submitted an OCV application in April 2024, but it was rejected. Partners collaborated closely to address the feedback with the rejection and provide the necessary support for re-application. Subsequently, the DRC request was approved.

The DRC experience offered many learning opportunities. These were documented and incorporated into the support provided to other countries. Bangladesh have since also had their requests approved, but Mozambique's request has been rejected.

In 2024, the CSP and the Surveillance and OCV working groups partnered in support of three countries' applications for *preventive* OCV. These were new applications from Cameroon and Kenya, which will be submitted in September 2024, and a resubmission from Mozambique. Mozambique's application was approved in June 2024.

### Developing guidelines for supply allocation framework

A sub-working group has been set up to address this task and has started to develop the guidelines.

### Addressing the issue of poor-quality OCV requests and campaigns

Materials and practical exercises were developed for five-day OCV workshops, and three such regional workshops were completed in Africa and South-East Asia, resulting in the training of representatives from 16 countries. Attendees included CSP consultants and personnel from ministries of health, WHO country offices, the Extended Programme on Immunization (EPI), the WHO emergencies programme, and partners including IFRC, Gavi, US CDC, UNICEF and MSF. The GTFCC has noted an overall improvement in the quality of applications submitted by workshop attendees.

National-level training materials are being developed and were piloted in Ethiopia in the fourth quarter of 2022.

In 2024, the workshop was implemented for countries in the Eastern Mediterranean region, and another is planned in Zambia for July 2024. As a result of training to date, five countries (Mozambique, Cameroon, DRC, Bangladesh and Kenya) have submitted applications for preventive OCV programmes after participating in the workshops.



### **Support revision of ICG country guidance on reactive use of OCV**

Previous country guidance from the International Coordinating Group on Vaccine Provision (ICG) was 10 years old and did not reflect current practices. At the 2022 OCV annual meeting countries requested clearer guidance and support on how to target OCV for outbreak control.

Evidence was needed to inform the update. Gavi provided funding to the Vaccine Impact Modeling Consortium (VIMC) to analyse available outbreak data and address questions about timeliness and targeting of OCV for outbreak response. The OCV working group collaborated with VIMC partners to develop the analysis proposal and a consultant was recruited for six months. The updated guidance was finalized in June 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 that presents data by district is also in progress. This dashboard is currently in use by many partners and researchers.

### **Develop technical documents to support ministries of health in endemic countries with multiyear planning for OCV campaigns**

The sub-working group developed guidance and a tool to help countries select and prioritize cholera PAMIs for OCV and address their needs in a multiyear plan. The tool was piloted in DRC and during a workshop in Nepal. Subsequently, it was piloted again in Cameroon and Kenya, and will be finalized by September 2024.

### **Develop tools for countries to improve campaign quality by strengthening reporting, monitoring and evaluation, and campaign readiness)**

Partners have been supporting this area independently. A consultant was recruited at WHO headquarters to review guidance on the implementation of the campaigns document and the ToT package.

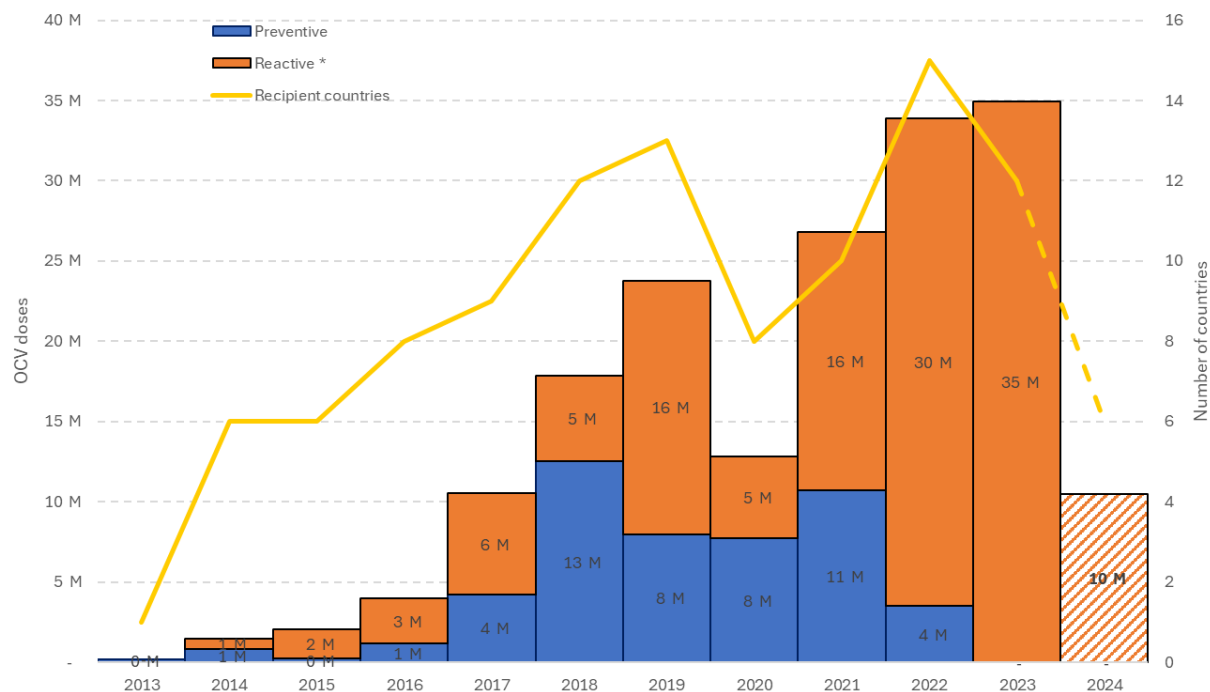
### **Reviewing OCV use 2013–2022**

An article describing OCV use between 2013 and 2023 is in development and due for publication at the end of 2024.

### **Challenges (Jan 2022–June 2024)**

Since the establishment of the OCV stockpile in 2013, over 170 million doses have been deployed across 28 countries. In 2023, 36 million doses were produced, but demand – even using the one-dose strategy – reached 72 million doses.

The severe gap in the number of available vaccine doses compared to demand put – and continues to put – unprecedented pressure on the global vaccine stockpile. The restricted availability of OCV continues to impede cholera outbreak responses and the start of preventive programmes (Figure 3). For instance, between 2021 and 2023, more doses were requested for outbreak response than in the entire previous decade.



*Figure 3: Increasing demand for oral cholera vaccine (OCV) since the creation of the stockpile*

Several significant challenges impact OCV deployment. These include:

- limited production capacity and a limited vaccine stockpile resulting in the temporary provision of one dose instead of two for outbreak responses;
- delays in implementation of emergency campaigns; and
- insufficient EPI involvement.

In 2023, Shanchol production stopped, leaving only a single manufacturer, South Korea's EuBiologics, currently producing vaccines. The expected total availability of doses in 2024 is projected to be 50 million.

In April 2024 WHO prequalified a new oral cholera vaccine, Euvichol-S, also produced by EuBiologics. Euvichol-S has similar efficacy to existing vaccines but a simplified formulation that means production capacity can be rapidly increased. The first production batch is expected to be released in September 2024.

Despite these challenges, OCV supply is anticipated to increase gradually over the next 12–24 months.

Using the new supply allocation framework requires a forecast, meaning that countries cannot consider preventive campaigns in isolation. There are concerns about comparing data across countries due to differences in quality of surveillance and under/over-reporting.

#### Key documents published (January 2022–June 2024)

- Guidance on the process to review oral cholera vaccine multiyear plans of action (OCV MYPOA)
- Dashboard: <https://apps.epicentre-msf.org/public/app/gtfcc>

A document on prioritizing cholera PAMIs for OCV use as part of an OCV MY-POA is in progress.

#### Working group priorities (2024-2025)

- Support countries on the pathway to implementing the OCV component of their NCPs (preventive campaigns). The target countries for this period are Zambia, Malawi and Nepal
- Develop tools and guidance documents where needed to ensure standardized monitoring and evaluation (M&E) of OCV campaigns, and to improve campaign quality
- Continue to support more countries as they determine 2024-2026 OCV demand forecasts
- Support studies on OCV planned for 2024-2026
- Continue to support countries with emergency requests and their implementation
- Improve the dashboard, including by adding country profile pages
- Publish an article on OCV use 2013–2023.

## Water, sanitation & hygiene (WASH)

The responsibilities of the WASH working group include:

- offering a platform for technical exchange and showcasing innovation and ongoing research on WASH-related work in cholera-affected settings;
- developing WASH-specific normative and programmatic directives for countries and stakeholders to support work to achieve Roadmap objectives; and
- identifying WASH-specific requirements of comprehensive initiatives that encompass research, advocacy, training, and collaboration with other pillars (e.g. integrating WASH with OCV campaigns or collaborating with the laboratory working group on environmental surveillance initiatives).

**GTFCC Secretariat focal point:** Laurent SAX

**Chair Organization:** Pierre-Yves Oger (UNICEF) since September 2023; previously Dr Nurullah Awal & Arielle Nylander (WaterAid)

### Achievements (January 2022 – June 2024)

- Publication of environmental surveillance technical guidelines in English and French (in collaboration with the laboratory working group)
- Co-hosting a joint side event at the UN Water Conference featuring a call to action
- Increasing visibility of WASH at the African Union high-level emergency ministerial meeting on cholera epidemics
- Providing partner resources on testing and treatment strategies in varied settings
- Enhancing the evidence base for WASH for cholera control through collaborative research
- Devising a structure and framework as an initial stage in the development of guidance on water quality monitoring.

In addition, work to develop an accessible WASH resource to support NCP development is ongoing.

### Challenges (January 2022 – June 2024)

- There has been a noticeable decline in partner engagement with the working group, necessitating revitalization and expansion of membership with a focus on donors and development actors.
- Climate change is having increasing influence on cholera and WASH strategies.
- There are notable discrepancies between stated political commitment to WASH and actual allocation of funds for WASH initiatives in many countries.
- There is a lack of alignment between emergency response strategies and long-term development methods among partners, governments and donors.
- Scarcity of funds makes it challenging to organize even basic events like the annual meeting of the WASH working group.

### Key documents published (January 2022–June 2024)

- [Technical note: Environmental surveillance for cholera control \(English\)](#)

- [Technical note: Environmental surveillance for cholera control \(French\)](#)

#### Working Group Priorities (2024-2025)

These priorities focus on three workstreams and will integrate climate change, evidence and research needs, advocacy, and interaction with other pillars. External factors, such as finances and human resources, will be highlighted for new priorities.

##### **WASH data**

A WASH data repository is to be established and fed with new and existing data, with assessments leading to a strong evidence base. This will help prioritize activities in cholera hotspots according to WASH conditions.

##### **WASH in NCPs**

New methodologies and tools will be developed and tested to support development of the WASH pillars of NCPs (including NCPs' M&E frameworks).

Standard operating procedures (SOPs) will be developed for selecting context-appropriate WASH interventions.

##### **Water quality management and water safety planning**

Work will be done to identify gaps and adapt existing guidance for cholera control during outbreaks.

## Recent developments & future priorities in cholera research

The GTFCC research workstream was established in June 2023 and is funded by a grant from the Wellcome Trust until May 2026. Its objectives are to:

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

**Research Lead:** Tonia Thomas, Senior Research Officer (seconded from the British Red Cross)

### Research Priorities (June 2023–December 2024)

#### Research agenda

- Establish what cholera-related research is happening globally but is not connected with the GTFCC or field implementers.
- Scope all national research that is being done but which is not connected with the global research and policy communities.
- Map the stakeholders with whom the GTFCC should engage.

#### Knowledge translation

- Map what is happening after research is published.
- Establish methods to track publications and ensure evidence is informing policy, both globally and in countries.
- Establish methods to evaluate operational activities and ensure the most effective approaches are used.
- Improve connection and collaboration within the cholera research community.
- Facilitate opportunities to share research findings and learning.
- Establish the best ways to build a community that encourages knowledge sharing and translation.

### Achievements (June 2023 – June 2024)

#### Global research agenda

Some time ago a scoping review was initiated to track progress against the global research agenda. This was published in 2021. A consultant has since been appointed and data extraction is ongoing. As of June 2024, 12 000 articles published since 2017 had been screened, with a total of 587 included in the review. The review is due to be finalized and published in summer 2024.

## **Country level research agenda**

A workshop was held in Zambia in December 2023 to discuss and refine cholera research priorities as part work on the national multisectoral cholera elimination plan (NMCEP).

The working group supported a further scoping review specific to DRC with the goal of identifying evidence and research gaps. The results are due to be presented in a workshop in Kinshasa in September 2024.

## **Global knowledge translation**

A cross-cutting research webinar series was initiated, with one webinar held on 25 April 2024 (on case management innovation) and another on 11 June (on CATIs). Two more webinars are planned for later in 2024, one on diagnostics and the other on OCV research updates.

The GTFCC research focal point attended two international cholera research meetings to represent the task force (the Conference on Public Health in Africa in Zambia and the National Institute on Allergies and Infectious Diseases cholera meeting in Japan).

The GTFCC worked with Wellcome on a social listening exercise to understand how cholera is being discussed by technical and high-profile audiences on Twitter/X. Findings were shared with GTFCC, WHO and CSP teams.

The research focal point has provided ad hoc research support and updates to GTFCC technical working groups.

## **Country level knowledge translation**

As part of the above-mentioned DRC research consultancy, the GTFCC is providing ongoing support for the development of a research database and mechanism for evidence to be incorporated into activities of the National Programme for the Elimination of Cholera and the Control of Other Diarrheal Diseases.

The research focal point will be supporting a conference scheduled to take place in Maputo on 29 and 30 July 2024 to share the lessons of cholera responses across the southern Africa region and to identify opportunities for further research.

The GTFCC is supporting Zambia with a CATI pilot in Central Province, and with the ongoing development of a strategy for targeted identification of and response to cholera.

Finally, in Mozambique, the GTFCC supported a conference in Maputo to share the lessons of cholera responses across the southern Africa region and to identify opportunities for further research.

## **Connecting the cholera research community**



The GTFCC website now hosts the Cholera Research Tracker, an interactive, searchable online database featuring past and current research projects relevant to cholera prevention and control programmes. The tracker supports collaboration between countries and highlights trends, knowledge and funding gaps so that resources can be used more effectively to achieve the Roadmap goals. Searches can be done by pillar, keyword and country.

At the time of the annual meeting the platform held information on 62 research projects involving 25 institutions across 24 countries, addressing topics including but not limited to case management, community engagement, epidemiology, laboratory, vaccines and WASH research.

The Cholera Research Tracker will also help monitor progress against the Cholera Roadmap Research Agenda and enable analysis of research trends to identify knowledge, activity and funding gaps. Combined with the global and country-level connections and insights provided by the CSP, the tracker will be a useful tool for furthering collaborations and alignment across complimentary research projects.

The GTFCC research focal point is planning an operational research meeting in Mombasa between 7 and 8 October 2024. This meeting will address global perspectives on research for cholera and other infectious diseases; strategies for operationalising research; capacity building; and advocacy and resource mobilization for cholera research. The meeting will be attended by include researchers, policymakers and partner organisations (including research donors).

### **Operation research for cholera control**

A side event during the meeting gathered input from country representatives and partners on how the GTFCC can help build the cholera research community and facilitate knowledge sharing. It produced the following conclusions.

#### Assessing the progress of the research agenda

Preliminary findings from an ongoing literature review of progress against the research agenda suggest that geographical distribution of studies is broad, with Bangladesh undertaking more studies than any other country. Most research is on surveillance, with cross-cutting studies the next most common. There are far fewer studies on case management and WASH.

Ongoing promotion of co-learning and capacity development is critical (with the International Centre for Diarrhoeal Disease Research in Bangladesh, or icddr,b, presenting a possible model). Promoting region-specific funding initiatives and collaboration will be essential. It will also be important to leverage the unique roles, abilities and contextual knowledge of local NGOs and civil society to improve future cholera research, and the translation thereof into policy and action.

Further data extraction and analysis will continue through June 2024, with finalization and dissemination of the report in July 2024.

#### Monitoring & evaluation

There appeared to be consensus on the need to update the research agenda and advocate for better use of evidence from research, and for further operational research on how best to use existing tools in different settings. More broadly, new and different focus areas, such as climate change, need to be addressed. Specific demands for new approaches and support include establishment of an advisory group and agreed methodologies; creation of an easier survey; and a validation exercise for new priorities.

Further conclusions from the session included the point that with countries needs to be more supportive and encouraging for research, particularly AROUND data sharing policy and ethical approval. The GTFCC could play an important role as a mediator in discussions, and in the promotion of the value of cooperative research. This point reflects a wider need for country-level sensitization for cholera research that includes training, connecting with government, and strengthening relevant government capacity.

Specific demands for support included:

- Development of clearer, standardized research tools
- Technical and financial support for local research
- Advocacy for research in and by low and middle-income countries
- Establishment of fairer research partnerships that empower countries
- Promotion of research in emergency-affected countries, where research is a low priority
- Enhanced country access to the GTFCC, with more GTFCC presence in countries
- Expanded CSP coverage.

For partners, the session concluded that current key barriers include funding and advocacy both globally and at country level. This can be offset by improved knowledge sharing among different sectors. More support is needed for countries to prioritize key research questions.

### Challenges (June 2023–June 2024)

The new research workstream needed time to explore needs of the GTFCC community and CSP countries before developing and implementing its workplan. This has been done and the research workstream is being implemented through 2024.

### 2024-2025 research priorities

- Enable countries to access the best available research evidence to inform their NCPs
- Support countries in identifying and communicating specific research needs
- Create an enabling environment for countries to incorporate research studies into operational plans
- Strengthen the cholera research ecosystem by fostering collaboration and active sharing of research findings between countries.

# Country support platform (CSP)

The GTFCC Country Support Platform, or CSP, is the task force's operational arm. Housed within the IFRC, it has three main goals – helping countries develop and implement NCPs, helping countries mobilize resources to fund the NCPs, and providing countries with multisectoral technical support and capacity building – and is currently established in five priority countries: Bangladesh, DRC, Nigeria, Mozambique and Zambia. Additionally, four countries have received ad hoc technical support (Ethiopia, Tanzania, Malaysia and Jordan) and five further countries are receiving technical support with a vision for longer term assistance (Cameroon, Kenya and Nepal at present, and early discussions ongoing with Burundi and Malawi).

## Achievements

Achievements to date include the following:

- Building national capacity
  - Supporting PAMI identification in Bangladesh, Cameroon, DRC, Kenya, Nepal and Mozambique
  - Engaging over 50 consultants to support countries with NCPs
  - Supporting over 40 country workshops, events and training programmes
  - Supporting seven countries (Bangladesh, Cameroon, DRC, Mozambique, Nepal, Nigeria and Zambia) develop and implement their NCPs
- OCV interventions
  - Supporting eight countries (Bangladesh, Cameroon, DRC, Ethiopia, Kenya, Nigeria, Mozambique and Zambia) with OCV submissions and with planning programmes
  - Supporting OCV-focussed training in DRC, Ethiopia, Nepal, Nigeria and Oman
- Multisectoral coordination
  - Stakeholder mapping and engagement to integrate the CSP in target countries
  - Fostering cross-border cholera control collaboration and contributing to regional cholera task forces
  - Engaging development actors like the World Bank to align WASH investments with NCPs
- Advocacy and resource mobilization
  - Mobilizing private sector resources in PAMIs in DRC
  - Working with the World Bank to redirect resources to cholera control and WASH in PAMIs in Zambia
  - Mobilizing funding from the UK Foreign, Commonwealth & Development Office (FCDO) to help the Zambia CSP strengthen national and regional outbreak preparedness, readiness and response capabilities.

Work to increase coordination with and within the wider GTFCC community has included helping to develop and finalize GTFCC guidance and then disseminating it in countries; working to advance the GTFCC research agenda; supporting national OCV applications; developing and initiating a pre-Independent Review Panel (IRP) review process for NCPs based on direct consultation with Panel members and including development of SOPs and a dedicated a scoring mechanism; helping organize the World Health Assembly side event mentioned in the introduction; and leading at regional advocacy events like CPHIA and COP28.

## Challenges

The CSP's work is broad-ranging and stretches from the highest levels of political buy in down to the detail of planning and implementing cholera response and prevention interventions. As such, this work is subject to disruption by a range of issues. Over the last few years these have included external factors such as changes in governments and political leadership in partner countries; shifts in national priorities; the natural tensions of trying to balance emergency needs against the imperatives of longer term planning and development; struggling to meet very high levels of demand for support from countries; and severe difficulties forecasting needs and doing the CSP's own long-term planning, given the uncertainty of the funding landscape.

Particular challenges at country level that were highlighted during discussions about how the CSP might be able to offer more or better help included:

- gaps and weaknesses in national surveillance systems;
- over-centralized capacities;
- the need to adapt to changes hotspots caused by climate change and humanitarian crises; and
- obtaining funding for preparedness and sustained initiatives beyond immediate outbreak responses.

## Recommendations and requests for the CSP

A side event at the meeting provided an opportunity for country representatives and partners to discuss their experiences working with the CSP and explore their future needs from the platform. There was a consensus from countries that the support of the CSP has generally helped strengthen national cholera coordination, particularly by helping engage broader groups of governmental actors. This broader – and in some cases, such as that of Bangladesh, consistent – engagement has ensured the involvement of more government departments during outbreaks, creating stronger responses. After inputs from countries including Bangladesh, Benin, Burundi, Cameroon Mozambique, Nigeria and Zambia, the following requests emerged:

- CSP programme managers should focus more on development and implementation of NCPs and should not provide direct support to outbreak response
- While the CSP's direct involvement in outbreak response is not wanted, several countries expressed interest in the CSP helping to leverage resources and experiences from outbreak response to strengthen for long term cholera control (including through research and increased funding).
- There were requests for a more regional approach (for example, grouping countries around Lake Tanganika)
- More countries would like CSP support. Suggestions for support models included having partners already in countries provide the equivalent of GTFCC support.
- Countries also requested enhanced field support from the CSP.
- Other suggestions included:
  - integration of outbreak and research efforts with efforts to improve data quality;
  - including of WASH and Health Clusters in CSP coordination mechanisms; and
  - helping secure funding for OCV and long-term water access initiatives.

## Future CSP activities

Areas for strengthening in future will include:

- Working with countries on NCP Monitoring & Evaluation
- Supporting cross-border initiatives
- Refining the CSP's roles in emergency responses, using lessons of past work to inform preparedness. This will include particular focus on how best to play a bridging role from emergency response to sustainable preparedness and prevention
- Expand geographically to supporting up to 16 priorities countries by the end of 2026
- Working to garner support from donors to support the CSP expansion plans
- Working to ensure long-term support to current CSP countries, leveraging momentum and achievements to date
- Supporting additional countries and replicating successful models of support
- Exploring options for secondments to CSP to support expansion
- Increasing the scope and depth of existing partnerships.

# Country progress

## Introduction

The GTFCC supports countries as they develop NCPs to manage and reduce cholera outbreaks. The Roadmap goal is to see a 90% reduction in deaths and complete elimination of cholera in 20 countries. This support includes policy guidance, capacity building, research, fundraising and resource mobilization.

The 11th Annual Meeting was attended by representatives from Bangladesh, Benin, Burundi, Cameroon, DRC, Ethiopia, Haiti, Kenya, Malawi, Mozambique, Nigeria, Sudan, Zambia and Zimbabwe. Representatives from Pakistan, Togo and Uganda also took part online. Each representative presented a comprehensive overview of their country's achievements, challenges, needs and upcoming objectives regarding cholera prevention, detection, and response. Country reports are reproduced in full in Annex 3.

Key overall highlights of the reporting exercise are as follows.

- There is evident push towards stronger multisectoral efforts: 80% of reporting countries say they have a multisectoral cholera task force – but continued effort is needed, especially around WASH and community engagement.
- There has been noticeable political uptake of cholera, with Presidential offices involved in five of the multisectoral cholera task forces and Prime Ministers' offices in a further three.
- A range of gaps and needs emerged as broad themes:
  - There is insufficient funding for NCP implementation and/or cholera-related operations, indicating a need for more and enhanced advocacy and engagement on cholera. Countries that report less funding challenging leverage national investments with donor support.
  - Regional coordination needs to be strengthened in order to build on lessons from neighbouring countries and to mitigate cross border transmission risks (e.g. in the region around Lake Tanganyika).
  - There is widespread need for further operational support, including human resources, technical assistance, capacity building for local workforces and cholera supplies (e.g. laboratory reagents)
  - There has been a number of requests for support with decentralization (e.g. through developing regional laboratories and strengthening subnational surveillance and case management capacities)
  - Community engagement efforts need to be strengthened: only around 50% of countries have developed plans and/or initiatives in this area, and the other half have requested technical assistance to develop and implement RCCE and related plans.

## Achievements and challenges since the 2023 Annual Meeting

### *NCP development and implementation*

**Achievements:** To date, countries have finalized their NCPs and 11 countries are developing or planning NCP at the time of the meeting. Seven additional countries are considering developing an NCP.

**Challenges:** Many countries face challenges with NCP implementation. In DRC, for instance, while there are able community teams and agile CATI responders in place, it can be difficult to handle multiple epidemics (such cholera alongside outbreaks of measles and/or mpox). In Mozambique, while funding is available to respond to outbreaks, there is nothing for preparedness and readiness. Elsewhere, in Burundi – which does not yet have CSP support (though discussions have begun) – an NCP is not yet finalized, and in Nigeria, climate change and humanitarian crises are causing hotspots to shift constantly. For Benin<sup>1</sup>, coordination with WASH and water supplies challenging.

#### *Response coordination*

**Achievements:** The establishment of dedicated national and subnational teams and systems for outbreak response has helped countries strengthen their cholera responses. For instance, in Uganda, District Cholera Task Forces have been pivotal in coordinating cholera alerts and outbreak responses in five cholera-affected districts, and Sudan has activated a national cholera taskforce to coordinate its response.

**Challenges:** Weak coordination was theme that emerged from the country reports, with Malawi describing it as inadequate in terms of numbers, knowledge and skills; Zambia describing it as inconsistent, with line ministries outside the outbreak response delaying otherwise achievable prevention activities; and Pakistan describing it weak, often due to poor coordination with other stakeholders. In terms of specific challenges, Haiti pointed to insufficient resources for rapid cholera diagnosis and Cameroon pointed to leadership conflicts.

#### *Surveillance*

**Achievements:** While political, security/access, staff and data collection challenges prevent adequate surveillance in targeted hotspots, surveillance measures are improving across the board, resulting in earlier detection of outbreaks. In Pakistan, for example, the capacity to identify cholera trends has improved through the strengthening of sentinel sites for acute watery diarrhoea (AWD)/cholera surveillance. In Malawi, improved surveillance is facilitating quicker outbreak investigations, and Cameroon is currently setting up a case based surveillance form in DHIS2. According to the country reports reproduced in Annex 3 and based on the GTFCC trackers, PAMIs have been identified in 19 countries in the past 5 years: Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, Chad, DRC, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger,, Sierra Leone, South-Sudan, Sudan, and Yemen. Additional PAMis update are ongoing in 6 countries (Lebanon, Namibia, Nepal, South Africa, Syria and Zambia) and planned in six countries (Botswana, Nigeria, Rwanda, Togo, Uganda, Zimbabwe).

**Challenges:** Countries emphasized the need for work needs to improve and standardize surveillance activities. For Bangladesh and Mozambique, availability of appropriately trained resources was a challenge (at a subnational level in particular for Mozambique). For Cameroon and Uganda, there is a need to address delays in outbreak detection. And for Zambia and Malawi, data was an issue, with Malawi citing the lack of a national surveillance strategy as a reason for inadequate data management (e.g. siloed reporting structures) and Zambia expressing difficulties generating complete line lists from district data. Some countries – Sudan, for example – also reported difficulties applying the PAMI identification methodology, a problem that in some cases has also made effective OCV campaigns more difficult to



implement. It was also mentioned that external factors including climate change have been causing PAMIs to shift, resulting in a need to adapt the PAMI identification process accordingly.

### *Laboratory*

**Achievements:** Progress strengthening laboratory capacities varies widely from country to country. DRC highlighted an expansion of its technical diagnostic platform, Cameroon pointed to the updating of its diagnosis algorithm, and Zambia has launched enteric disease surveillance in five cholera hotspot districts.

**Challenges:** Decentralizing laboratory capabilities was highlighted as a challenge for a number of countries. For DRC, the decentralization of biological analyses in certain priority provinces was lacking; Bangladesh noted that all cholera cultures are done at national level; and Mozambique and Cameroon pointed to issues with capacities for diagnosis and testing at local and district levels. Pakistan cited a shortage of personnel for laboratory services in some of its districts, and Haiti said that inadequate communication between strategic levels was a hindrance.

### *Case management*

**Achievements:** Headway has been made with expanding case management capabilities and awareness. For example, in Pakistan, guidelines for cholera case management were printed and distributed to health facilities. Nigeria has been supporting states with case management commodities, and Mozambique has adopted a combined strategy to reduce its case fatality rate. Provision of workshops, training and advocacy exercises were a strong theme across reporting countries, underlining the increasing understanding of the importance of case management in cholera control and addressing particular areas of concern in different contexts (e.g. misuse of antibiotics in Bangladesh). That understanding has been followed up by action – for example, a full case management review across cholera facilities in Kenya. In Sudan, through the national taskforce, almost USD 2 million of cholera funding has been secured from the Ministry of Finance for case management, home chlorination and food safety.

**Challenges:** For case management, a shortage of adequately trained and skilled personnel emerged as a clear theme. For example, Uganda reported that cholera case management knowledge was poor in districts that do not regularly report cholera cases, Nigeria reported that personnel trained in case management at State level were not fit for purpose, Pakistan reported inadequately trained clinicians managing cholera cases at all levels, and Mozambique reported a lack of skilled personnel to treat cases with comorbidities such as pregnancy and malnutrition, as well as low overall numbers of personnel trained in case management.

### *Vaccination*

**Achievements:** There have been some laudable achievements in this critical area. Bangladesh, has submitted its OCV Multiyear Plan of Action to GAVI, with the aim of vaccinating 50 million people in the next five years. Zambia, too, has made inroads with reactive campaigns, successfully vaccinating over 600 000 people in reactive campaigns in 2023 and 2 million during outbreaks in 2023/2024.

Countries	Type	Target Population	Round 1	Round 2
Cameroon	reactive	1,565,113	Feb-23	one-dose regimen
	reactive	1,825,075	Aug-23	one-dose regimen
Dominican Republic	reactive	85,000	Jan-23	one-dose regimen
DR Congo	reactive	364,137	Feb-23	one-dose regimen
	reactive	5,011,828	Dec-23	one-dose regimen
Ethiopia	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
Haiti	reactive	995,912	May-23	one-dose regimen
Kenya	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
Malawi	reactive	1,415,497	Apr-23	one-dose regimen
Mozambique	reactive	719,240	Feb-23	one-dose regimen
	reactive	1,358,682	Mar-23	one-dose regimen
	reactive	410,697	Aug-23	one-dose regimen
	reactive	513,827	Oct-23	one-dose regimen
Somalia	reactive	995,886	Jan-23	one-dose regimen
	reactive	590,803	Aug-23	one-dose regimen
Sudan	reactive	651,635	Nov-23	one-dose regimen
	reactive	692,710	Nov-23	one-dose regimen
Syria	reactive	1,576,448	May-23	one-dose regimen
Zambia	reactive	1,702,383	Apr-23	one-dose regimen
	reactive	1,119,799	Jun-23	one-dose regimen
	reactive	628,226	Jun-23	one-dose regimen
				<b>Total: 34,298,899</b>

Countries	Type	Target Population	Round 1	Round 2
Comoros	reactive	872,301	Jun-24	one-dose regimen
Ethiopia	reactive	1,223,254	Jan-24	one-dose regimen
	reactive	766,180	Mar-24	one-dose regimen
Mozambique	reactive	2,271,136	Jan-24	one-dose regimen
Somalia	reactive	1,399,391	Apr-24	one-dose regimen
Sudan	reactive	1,661,038	Feb-24	one-dose regimen
Zambia	reactive	1,701,112	Jan-24	one-dose regimen
Zimbabwe	reactive	2,303,248	Jan-24	one-dose regimen
				Total: 10,062,431

**Challenges:** Vaccination remains a major barrier for all countries, with supply issues, poor funding, resource constraints, community fears and structural problems emerging as key challenges. Pakistan, Bangladesh, Nigeria and Malawi all unsurprisingly highlighted the poor availability of OCV. In addition, Malawi and Pakistan both referenced community resistance fuelled by misconceptions and myths related to vaccines, and Pakistan, Nigeria and Cameroon said that insufficient funding was a major issue, hampering plans to deliver regular OCV implementation activities, campaigns and workshops.

#### WASH

**Achievements:** Most countries reported WASH improvements. Achievements include establishing a technical working group in Pakistan, training more supervisors and hygienists in Haiti, and finalizing a WASH plan and budget targeting cholera elimination by 2030 in Mozambique. Although funding for WASH was generally problematic, a wide range of interventions have been reported by countries. In Bangladesh, for example, a campaign of advocacy to WASH partners has promoted the use of PAMIs to guide WASH investment, an initiative backed up by resources such as a new Water Quality Surveillance Dashboard. In DRC, WASH surveys, assessments and mapping have strengthened the foundation for future action, and WASH interventions have been an important part of outbreak responses. In Kenya, WASH coordinating has been strengthened with the inauguration of a WASH-Cholera Coordination Working Group to coordinate WASH pillar activities during outbreaks. Even in the highly demanding circumstances of the humanitarian crisis in Sudan, it has been possible to implement effective WASH interventions in coordination with humanitarian actors during the ongoing crisis. Because promoting safe hygiene practices and proper waste management is critical in conflict areas, there has been work to strengthen collaboration with communities.

**Challenges:** There was widespread consensus that inadequate WASH is a significant challenge for cholera detection and control, with most countries describing their facilities and services as inadequate. For Uganda, this was a particular challenge in some hotspot areas. For Malawi, issues with water resources have caused a lack of water supply and sanitation in communities that has impacted provision of high-quality WASH services. For Nigeria and Cameroon, a lack of potable water in communities has compounded cholera problems. Malawi also highlighted a lack of major investment in long-term WASH infrastructure, a problem echoed by Mozambique, which said that it needed more funding for infrastructure and to rebuild damaged systems.

#### *Funding of cholera response*

**Achievements:** Fundamental to so much of the work that goes into tackling cholera, the funding situation has seen only modest achievements. Countries noted that funding are at best inconsistent, while Nigeria said that it had experienced only periodic funding for health emergency preparedness and response. Sudan, through the new national taskforce, has seen the equivalent of almost USD 2 million released for specific cholera activities, and Zambia has succeeded in mobilizing both domestic and international funding, including from the World Bank, Gavi, the Global Fund and GIZ. USD 10 000 000 were released from national coffers during the peak of the outbreak in December 2023/January 2024. An economic evaluation is planned to build evidence for investing reserves in WASH to prevent future outbreaks.

**Challenges:** “Limited,” “insufficient,” “inconsistent” and “paucity” were all key words used in country descriptions of the funding challenges they experience. Mozambique noted the lack of a long-term approach to funding as a key issue, Nigeria noted that lack of funding impacted its ability to develop and implement preparedness and response plans, and Zambia said that because most MCEP funding was in the health sector, investment was more focused on response than prevention and control.

#### *Research*

**Achievements:** Appreciative of the pivotal role research plays in tackling cholera, most countries demonstrated activity in this area. Pakistan drew attention to a survey entitled *Cholera outbreak and its resistant pattern in Balochistan*, Nigeria cited ongoing research on the epidemiology and ecology of cholera in Africa, and DRC revealed that a research consultant is helping identify areas in which the country can best capitalize on current research.

**Challenges:** Despite research being a critical component in effective targeting of cholera prevention and control, countries are struggling to commit to research investment, mainly due to an overall lack of funding (as highlighted by Nigeria, Malawi, Cameroon, Sudan and Mozambique, among others). In terms of country-specific challenges, Bangladesh said that there was insufficient research on appropriate water supply technologies in water-scarce areas, Nigeria pointed to poor coordination between researchers within the cholera ecosystem, and Zambia described most local research as descriptive rather than experimental.

### *RCCE and education*

**Achievements:** From risk communication and community engagement activities being delivered through the distribution of materials, flyers and brochures during outbreaks in Pakistan to the updating, reproduction and deployment of communication materials in Haiti, countries have showcased a range of approaches and achievements relating to RCCE. Uganda and Cameroon pointed to efforts at local level, with the former reporting that village health teams and District Health Inspectors continue to carry out community sensitization on cholera, and the latter noting efforts to engage municipalities in the national cholera response, helping mobilize resources and leadership in community activities on sanitation and communication.

**Challenges:** There were various challenges related to RCCE and education, with Sudan drawing attention to how misinformation is prone to spreading rapidly in fragile settings, impacting community perceptions and behaviours around cholera prevention and treatment; Pakistan describing resources as an issue (for example, there is a lack of technical working groups at national and sub-national level and a shortage of technical and skilled health promotion staff ); and Zambia reported that most of its cholera messaging is reactive, taking place only during outbreaks and otherwise neglected.

# Conclusions

The meeting ended with a brief enumeration of key action points for the GTFCC emerging from the discussions of the previous three days. These were as follows.

While the current cholera pandemic is characterized by multiple outbreaks in multiple settings, the GTFCC is not structured to face them at the same time. Adjustment is needed urgently to correct this.

The likelihood of achieving the Roadmap goals is being severely affected by a shortage of resources just when the pandemic is at its worst. The GTFCC must find a way to address the central issue of resource constraints. Every stakeholder has an important role to play in mobilizing resources – a task distinct from advocacy. This task could be made easier with more focus on what can be achieved for the Roadmap by leveraging other resources and programmes – a noted priority for the GTFCC Steering Committee, which is examining ways in which it can be done nationally and globally.

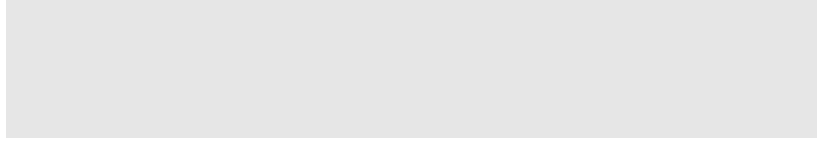
There will be ongoing engagement of GTFCC structures and members with the mid-term review process. In the short term there will be discussion on the selection of six countries to be included in case studies for the review.

Research remains an issue, and the GTFCC will need to work harder not just to define and carry out the necessary research, but also to translate it into policy and then – most importantly – implement that policy. Some research gaps remain, especially with regard to pregnant women. There is a need for the GTFCC to be more effective in getting information on research and research needs to decision-makers.

On NCPs, it remains critically important to ensure multisectoral involvement in NCP development and implementation, with consistent involvement of all necessary partners throughout the process. Communities must be at the forefront of implementation, with permanent and sincere focus on their needs.

On this latter point, it remains clear to everyone that the GTFCC is not doing what it set out to do on community engagement, a clear and glaring gap that must be addressed in the coming year.

The meeting ended with a call to action. Every GTFCC member is an ambassador for cholera charged with the duty to take the fight forward at all levels - globally, nationally and locally. With five years remaining to the end of the current Roadmap, urgent action is needed from everyone.



This report was drafted by the GTFCC Secretariat and the CSP.  
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# Annex 1: Agenda



11th General Assembly of the Global Task Force on Cholera Control (GT FCC)  
19-21 June 2024 [Veyrier-du-Lac, France]

## PROVISIONAL AGENDA

### Day 1 - Wednesday, 19 June 2024

Morning side-meetings [In-Person only]	
9:15-9:45	I. Welcome and introductions of the participants
10:00-12:00	II. Accelerating action and investment in long-term prevention of cholera [Workshop: sustainable Wash]
10:00-12:00	II. GT FCC Mid-term evaluation workshop [Evaluation Steering Group & Evaluation Reference Group members only]
Afternoon Plenary [In-Person and Virtual]	
13:30-13:45	I. Welcome remarks (GT FCC SC Chairperson)
	II. Keynote address from the Honourable State Minister of Bangladesh, Dr Rokeya Sultana
	II. Steering Committee key highlights to be brought to the General Assembly
13:45-14:15	III. Deep dive: status and latest updates on the GT FCC Mid-Term evaluation (Evaluators)
14:15-15:15	IV. The global cholera control effort: Overview of progress made towards the 2030 targets (GT FCC Secretariat)
15:15-15:45	Coffee Break
15:45-17:00	V. Regards Croisés: Looking Across the GT FCC Working Groups
17:00-17:15	VI. Daily Conclusions/Wrap Up

### Day 2 - Thursday, 20 June 2024

Morning side-meetings [In-Person only]	
8:30-10:00	I. OCV Supply allocation Framework: Introduction and hands-on workshops [by invite]
8:30-10:00	II. Networking time
10:00-10:30	Coffee Break
10:30-12:00	II. GT FCC Country Support Platform Side-meeting
Afternoon Plenary [In-Person and Virtual]	
13:30-13:35	I. Welcome back (GT FCC SC Chairperson)
13:35-14:30	II. Operationalization of the Roadmap (GT FCC Country Support Platform)
14:30-15:30	III. Roundtable 1: Managing outbreaks: learning from recent cholera epidemics for practical recommendations to the GT FCC in view of the 2030 targets (Panel of country and partners representatives)
15:30-16:00	Coffee Break
16:00-17:00	IV. Roundtable 2: The use of research and evidence for cholera control (Panel of country and partners representatives)
17:00-17:15	V. Daily Conclusions/Wrap-Up

### Day 3 - Friday, 21 June 2024

Morning side-meetings [In-Person only]	
8:30-10:00	I. Workshop on GT FCC Monitoring and evaluation mechanisms [presentation of an assessment of the current processes and practices on M&E of the Roadmap and exchanges with country representatives and partners]
10:00-10:30	Coffee Break
10:30-12:00	II. Operational Research for Cholera strategy
Lunch	III. Deep dive on GT FCC global advocacy priorities and perspectives
Afternoon Plenary [In-Person and Virtual]	
14:00-14:30	I. Welcome back and summary of key conclusions from the morning side-meetings (GT FCC SC Chairperson)
14:30-15:30	II. Roundtable 3: Discussing challenges to NCP implementation and how to address them (Panel of country and partners representatives)
15:30-16:00	Coffee Break
15:45-16:45	III. Roundtable 4: Community-centered solutions? Key takeaways for the operationalization of the Roadmap (Panel of country and partners representatives)
16:45-17:00	VI. Annual Meeting Conclusions and action points identified (GT FCC SC Chairperson, GT FCC Secretariat Head)
17:00	End of the 2024 Annual Meeting

Version 11.06.2024

## Annex 2: List of participants

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## Annex 3: Side session summaries

### WASH

*Accelerating action & investment in long-term cholera prevention – a political and economic analysis (PEA) at global and national level (WaterAid)*

The workshop objective was to present the global PEA evaluation for feedback on priority targets, to be incorporated before final publication. The presentation included:

- Background and rationale for WaterAid's project “Advocating for global and national WASH solutions for cholera prevention and control”
- A description of the PEA methodology
- Key approaches for overcoming challenges by reframing and repositioning cholera; establishing new actors and partnerships; and improving government leadership
- A session in which participants’ expertise was used to stress test and validate analysis, identify priority targets and pathways of influence, conduct power mapping, and prioritize recommendations

The next steps of the evaluation will be (1) to revise the PEA report based on feedback from the workshop, then (2) develop an advocacy strategy to accelerate action and investment on sustainable WASH in PAMIs.

### OCV supply allocation framework

The objectives of the session were to understand the OCV Supply Allocation Framework (SAF) and its components, and give country representatives opportunities to participate in an exercise running the OCV SAF calculation in a simplified case study. The discussion produced several themes:

- Building the SAF framework alone is not enough: it must be supported by political will
- The framework needs forecasting support and the flexibility necessary to support outbreaks. It cannot address preventive campaigns alone
- The requirements for the choice of areas of risk to be evidence based may be problematic in situations where evidence is not of high quality, or is inconsistent across countries
- Clarification is needed on how emergency doses are taken into consideration, especially during periods of heavy outbreaks
- There are concerns about comparing data across countries due to differences in quality of surveillance and under/over reporting.

The next steps in this project will be to present the outcomes to the wider working group, and to develop the risk communication plan for implementation.

## CSP

Positive discussions involving country representatives from Zambia, Bangladesh, Mozambique, Nigeria, Burundi, Benin and Cameroon produced a number of themes and recommendations, many of which are reflected in the meeting report. Key outcomes were as follows:

- The recommendation that CSP programme managers focus on developing and implementing NCPs and not on direct support to outbreak responses
- Many countries, including Mozambique and Zambia, also suggested that the GTFCC CSP PM, rather than being involved in outbreak responses, should focus on leveraging resources and experiences from outbreak responses for long term control
- The clear message from countries that CSP support has helped strengthen national cholera coordination, and specifically to engage a wider range of governmental actors that ensures the involvement of these departments during outbreaks, and therefore a stronger response
- Requests for action included more support for regional approaches, including for the group of countries around Lake Tanganika
- More countries would like CSP support. One suggestion for how this could be done was for GTFCC partners already present in countries to provide equivalent support.

## Monitoring & evaluation (M&E)

The workshop goals were to share the summary findings of the recent M&E assessment, gather feedback, and generate ideas for addressing any identified challenges. Findings were presented along three themes: (1) roles, responsibilities, and processes; (2) enabling environments; and (3) tools and indicators. Overall, the group agreed with the assessment findings, in particular the need for clarity and simplification of M&E processes and indicators. It is notable that there is no existing single document that outlines the ideal processes and coordination for M&E of the Global Roadmap.

The following suggestions were made:

- Roles, responsibilities, and processes:
  - There is a need to clarify processes: what is the GTFCC asking from countries and what is it providing?
- Enabling environments:
  - Improved data is needed to strengthen advocacy for commitment and resources
  - There is a need to centralize advocacy, leverage partners' existing advocacy, and respond more to countries' actual needs
- Tools and indicators
  - Some requested indicators are not realistically measurable for countries. There is a need to simplify indicators and integrate them with existing mechanisms.
  - High level indicators in the Roadmap Monitoring Framework are insufficiently detailed
  - Countries often find 16 indicators too burdensome

Next steps will be to share the outcomes of the discussion along with presentation materials and the finalized assessment report. A small group of volunteers from the session will continue to work on the suggested recommendations.

## Operational Research

The workshop was divided in two sessions.

### **Research agenda and literature review to assess progress against the research agenda**

The objectives of the research agenda and the development process (completed between 2019-2021) were presented in this session. The main outputs of the Global Research Agenda are a list of the top 20 priority research questions across all five technical pillars, and five top priority research questions for each of the five technical pillars.

Preliminary findings from an ongoing literature review of progress against the research agenda shows that geographical distribution of studies is broad, with Bangladesh undertaking the most studies of any country. Most research is under the surveillance pillar, followed by cross-cutting studies. The least represented pillars in research were case management and WASH.

Preliminary reflections from this work are:

1. The need to promote co-learning and capacity development
2. The need to promotion region-specific funding initiatives and collaboration
3. The need to involve local NGOs in cholera research, especially at the community level.

Next steps include continuing the analysis and drafting the report to be shared with the GTFCC community.

### **Coordination mechanisms for research within the GTFCC community**

Participants were split into groups, which produced the following respective outcomes

#### Group 1: researchers

- There is a need to update the research agenda and advocate for use of evidence
- There is a need for more operational research on how to use existing tools in different settings
- More focus areas need to be addressed, including climate change
- There is a need for an advisory group and agreement on refinements to existing methodologies (e.g. an easier survey, or an exercise to validate the list of new priorities).

#### Group 2: country representatives

- Countries should be more supportive of research, including around data sharing and ethical approval. The GTFCC could help by promote or intermediating, sensitizing countries to cholera research through training, connecting with governments, and strengthening government capacities
- Development of clearer, standardized research tools would help

- Technical and financial support is needed for local research. This could be supported by advocacy for research in low- and middle-income countries.
- Fairer research partnerships are needed to empower countries
- Research should be promoted in emergency-affected countries, where it is currently a low priority
- Enhanced access to the GTFCC is needed, with more country presence and expanded CSP coverage.

#### Group 3: partners

- Funding and advocacy can be barriers both globally and nationally. Knowledge sharing among different sectors would be useful.
- Countries need more support to prioritize key research questions.

The next steps in this work are to publish a progress review; consolidate inputs from these discussions; and share them at the next meeting. There was a call for volunteers to assist.

## Advocacy

During this meeting of the GTFCC Advocacy Task Team, participants shared “big Ideas” for cholera advocacy, including:

- Creating a tool/dashboard to map interventions by various organizations and stakeholders, facilitating stakeholder analysis and decision-making
- Focusing on high-impact events and platforms such as the World Health Assembly. Regional platforms and meetings should also be leveraged to secure and follow up on commitments
- Engaging with development stakeholders and private sector organizations to expand cholera advocacy efforts
- Professionalizing advocacy efforts by hiring advocates and engaging the legislative branch in targeted countries
- Identifying key advocacy messages and determining the best strategies for their dissemination.

All ideas shared in this meeting will be reviewed to determine how they align with the 2030 Roadmap.

## Annex 4: Country updates in full