



GLOBAL TASK FORCE ON
CHOLERA CONTROL



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11th ANNUAL MEETING REPORT

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

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 GTFCC Annual Meeting, 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 for partners on how to address the upsurge of cholera outbreaks that we are witnessing at global level.

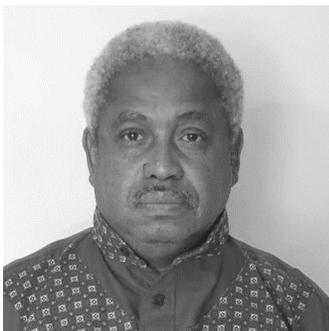
I would like to express our gratitude to all participants for their invaluable contributions and steadfast dedication to the ongoing battle against cholera. Special recognition is extended to the Honourable State Minister of the People's Republic of Bangladesh, Dr. Rokeya Sultana, for her inspiring words; 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.

Our deep appreciation goes to the *Fondation Mérieux* and to the exceptional team at *Les Pensières* for their outstanding hospitality and invaluable assistance, which significantly contributed 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. Their support is needed now more than ever.

Special recognition is also given to the resolute teams of the GTFCC Secretariat and the CSP. This has been also stressed by the Steering Committee members gathered in observance of the General Assembly. The complementary efforts and seamless coordination between the Secretariat and the CSP are also noted.

With five years remaining to the end of the 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

A handwritten signature in black ink, appearing to read 'Frew Benson'.

Dr Frew Benson,
Chairman of the GTFCC



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Acronyms

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
EPI	Expanded Programme on Immunization
EWARS	Early Warning and Response System
GTFCC	Global Task Force on Cholera Control
ICG	International Coordinating Group on Vaccine Provision
IDSR	Integrated disease surveillance and response
IEC	Information, education and communication
IGAD	East African Intergovernmental Authority on Development
IHR (2005)	International Health Regulations (2005)
IMS(T)	Incident Management System (Team)
IPC	Infection prevention and control
IRP	Independent Review Panel
IVI	International Vaccine Institute
M&E	Monitoring and evaluation
MCEP	Multisectoral cholera elimination plan
MYP	Multiyear (preventive vaccination) plan
NAPHS	National action plan for health security
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(C)	public health emergency management (Committee)
PNECHOL	National Programme for the Elimination of Cholera and the Control of Other Diarrheal Diseases
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
VIMC	Vaccine Impact Modelling Consortium
WQM	Water quality monitoring



Executive summary

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



100 + participants



13 countries



25 partners

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



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

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

But this bleak picture should not overshadow the tangible results obtained by partners. The GTFCC has supported the development of 10 national cholera plans (NCPs) and secured a permanent presence through the Country Support Platform (CSP) in four country hubs : Zambia hub (covering Zambia, Malawi and Mozambique). Bangladesh hub (Bangladesh and Nepal), Nigeria and DRC hub (covering DRC, Burundi and Cameroon). Additional technical support is provided on an ad hoc basis by the CSP and the GTFCC Secretariat, through time-bound field missions and remote work.

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

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

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

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

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

Dr Frew Benson (Chair of the GTFCC)



Recent public engagement included 4 key events in the past 12 months, starting with participation in the 3rd International Conference on Public Health in Africa (CPHIA) in November 2023. The GTFCC also led a cholera panel discussion at the COP28 in December 2023. Following an exhibition secured during the 77th World Health Assembly, at the Palais des Nations, a cholera side event meeting was organized on May 29. This high-level event was reinforced by the participation of Dr. Mike Ryan (WHO Deputy Director-General and Executive Director), Ted

Chaiban (Deputy Executive Director of UNICEF), Jagan Chapagain (IFRC Secretary General), and Dr. Jean Kaseya (Africa CDC Director-General). Ministers of Health from Lebanon, Nepal and Mozambique attended this pivotal gathering.

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

Key measures identified for 2024-2025:

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

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



Epidemiological trends

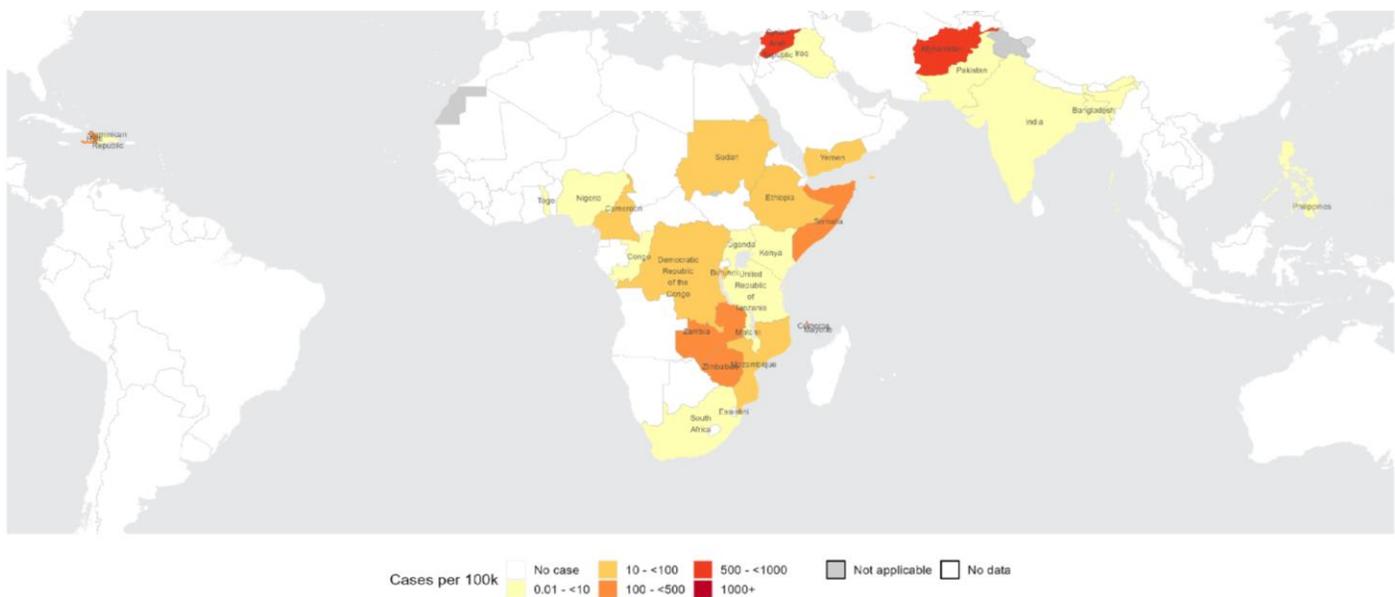
The years following the 2017 launch of the 2030 Roadmap saw considerable progress, mainly through the strengthening of early detection and outbreak response. However, the resurgence of the 7th cholera pandemic, compounded by other exacerbating factors, including but not limited to, climate change, natural disasters, financial crises, the COVID-19 pandemic, conflicts and drastic shortages of oral cholera vaccine (OCV) – has resulted in an 50% increase of deaths attributable to cholera between 2020 and 2023. Such 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 outbreaks, with increased demand for the vaccine (see figure 1) despite recent improvements to production and stock levels, and the continuation of a single-dose regimen. WHO reports that 14 countries have requested 79 million doses of OCV since the beginning of 2023 – almost doubling 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, 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 the highest fatality rate, with 3000 deaths reported out of 179 000 cases (compared to 600 deaths out of 394 000 cases 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).

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%

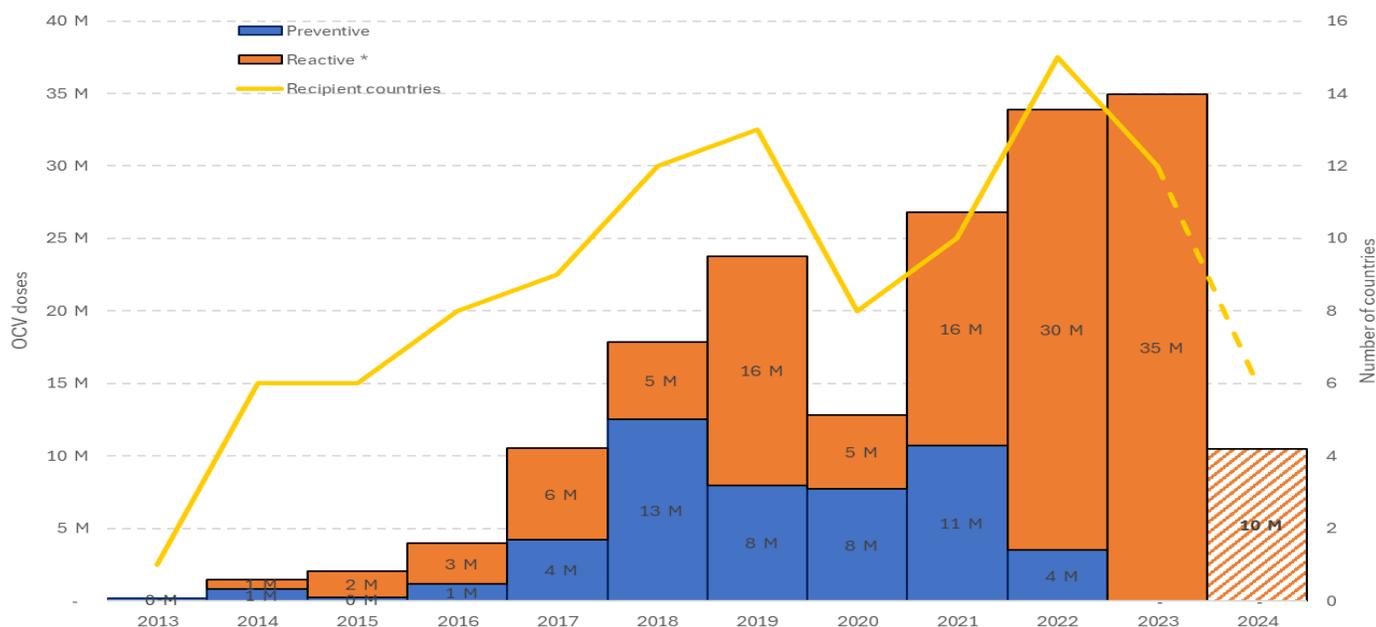
European Region

- 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%

Outbreak prevention, detection and response challenges

- 46% of countries affected by cholera since January 2024 have been impacted by acute or protracted conflict.
- Cholera data remains of inadequate 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 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.
- 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.
- Demand for OCV continues to outstrip supply (see Figure 2) and is still increasing.
- No preventive OCV campaigns conducted since December 2022.
- Integrating the effects of climate change, as well as mitigation and adaptation strategies, into cholera response plans is challenging.
- 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.
- Case management is hampered by limited resources and supply shortages.

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



GTFCC progress towards the 2030 Roadmap

IMPACT	<h2>90% Reduction in Cholera Deaths by 2030</h2>			 <p>Accelerated Achievement of the Sustainable Development Goals Especially 2, 3, 6 & 10</p>	
	 <p>20 Countries Eliminate Cholera by 2030</p>	 <p>No More Uncontrolled Outbreaks</p>			
GOALS	<h3>AXIS 1</h3> <p>Countries detect outbreaks early and respond immediately to contain them</p>	<h3>AXIS 2</h3> <p>Countries prevent disease occurrence by targeting multi-sectoral interventions in cholera hotspots</p>	<h3>AXIS 3</h3> <p>Technical support, resource mobilization, and partnership are coordinated at local and global levels</p>		
OBJECTIVES	<p>Cholera-affected Countries:</p> <ul style="list-style-type: none"> 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. 	<p>Cholera-affected Countries:</p> <ul style="list-style-type: none"> 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 	<p>The GTFCC:</p> <ul style="list-style-type: none"> 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	<p>Reduction in cholera deaths in large uncontrolled outbreaks</p>	<p>Number of currently endemic countries that have eliminated cholera; Countries achieving at least 80% WASH coverage in all hot spots</p>	<p>Number of countries implementing a fully funded multi-sectoral cholera control plan aligned to the Global Roadmap</p>		
TARGETS	2030	90% reduction in outbreak deaths ⁷	20 countries have eliminated cholera; 41 countries have achieved 80% WASH coverage in cholera hotspots ⁸	All 47 countries with cholera hotspots are implementing fully-funded multi-sectoral cholera control plans ⁹	
	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	<p>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</p>				
PRINCIPLES	 Country-driven	 Multi-sectoral & Coordinated	 Bridging Emergency & Development	 Targeted to Most-affected Population	 Community Engagement

Axis 1 - Early detection and response to contain outbreaks

TARGETS

20% reduction in outbreak deaths by 2020

50% reduction in outbreak deaths by 2025

90% reduction in outbreak deaths by 2030

Baseline (2017): uncontrolled cholera outbreaks in Yemen (estimated 2 000 deaths) and the Horn of Africa (estimated 800 deaths)

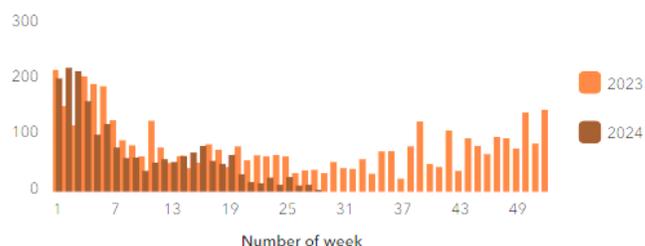
ANALYSIS/TRENDS

- 26% reduction in deaths between 2017 and 2023

- 90% reduction in deaths between 2017 and 2020

+50% increase in deaths between 2020 and 2023

Figure 3 – Death trends between 2023 and 2024



Axis 2 - Multisectoral interventions in cholera hotspots

TARGETS

By 2020 1 country has eliminated cholera

By 2025 4 countries have eliminated cholera
25 countries have achieved 80% WASH coverage in cholera PAMIs
20 countries have eliminated cholera

By 2030 41 countries have achieved 80% WASH coverage in cholera PAMIs

Baseline (2017): 47 countries remain affected by cholera are included in the GTFCC priority list

ANALYSIS/TRENDS

5

new countries added to the GTFCC priority list, making 52 in total

3

countries identified in the 2017 baseline have not reported cases since 2018 (Djibouti, Guinea Bissau and Namibia)

×

No official announcements to date of cholera elimination

Axis 3 - Coordination at country, regional and global levels

TARGETS

12

countries are implementing fully funded multisectoral cholera control plans by 2020

37

countries are implementing fully funded plans by 2025

47

countries are implementing fully funded plans by 2030

ANALYSIS/TRENDS

10

Countries with a finalized NCP as of June 2024 (Bangladesh, Democratic Republic of Congo, Ethiopia, Kenya, Sierra Leone, Somalia, Tanzania, Zambia, Zanzibar, and Zimbabwe)

12

Countries currently developing or planned NCP (Benin, Cameroon, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, South Sudan, Sudan, and Yemen)

7

Additional countries considering developing/reviewing an NCP (Burkina Faso, Chad, Ghana, Liberia, Nepal, Philippines, and Togo)

Country progress

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 participated in the annual reported exercise led by the GTFCC Secretariat to present their country's achievements, challenges, needs and upcoming objectives regarding cholera prevention, detection, and response. Country reports are available in a separate annex.

Overall outlook:

- **Marked push towards stronger multisectoral efforts:** 80% of reporting countries confirmed the establishment of a multisectoral cholera task force – but continued effort is needed, especially around WASH and community engagement.
- **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.
- **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/combine national investments with donor support.
- **Regional coordination needs to be strengthened** to build on lessons from neighbouring countries and to mitigate cross border transmission risks (e.g., in the region around Lake Tanganyika).
- **Widespread need for further operational support**, including human resources, technical assistance, capacity building for local workforces and cholera supplies (e.g., laboratory reagents). A few countries mentioned needs for advocacy support to transit from emergency response to prevention and preparedness, and encourage partners to buy further into the theory of change, moving from a reactive to a preventive approach.
- **Requests for support with decentralization of capacities** (e.g., through developing regional laboratories and strengthening subnational surveillance and case management capacities)
- **Need to develop community engagement efforts** - 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.

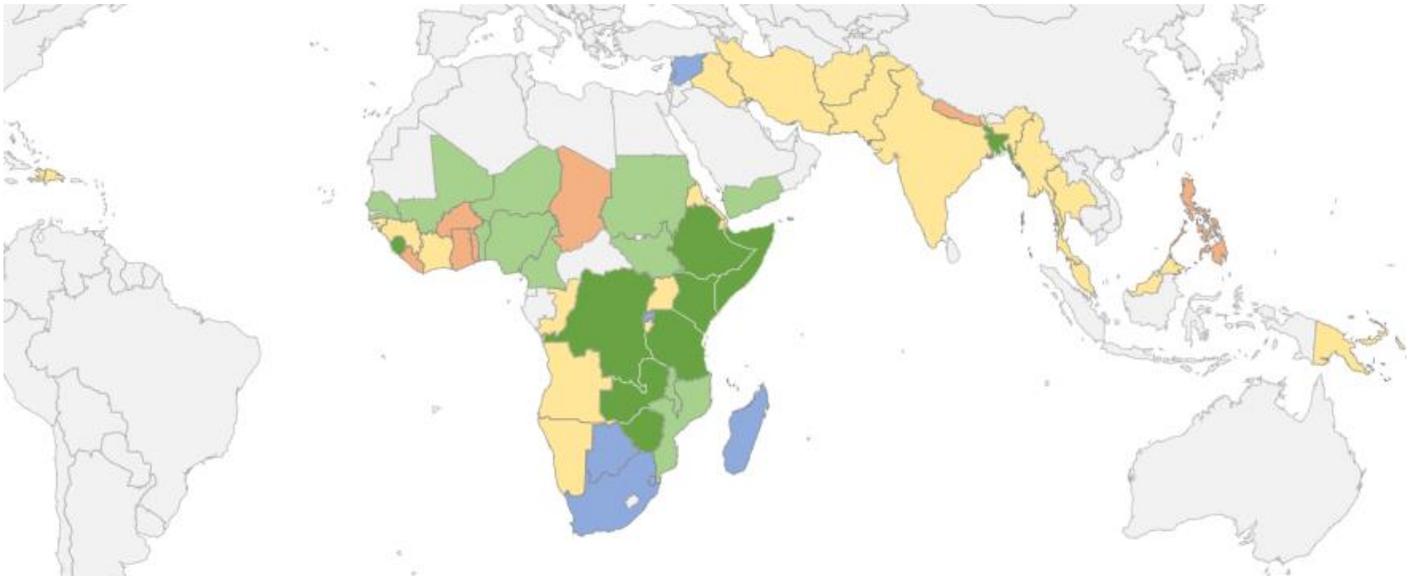
Achievements and challenges since the 2023 Annual Meeting

NCP development and implementation

Achievements - To date, 11 countries have finalized their National Cholera Plans (NCPs), with 11 countries currently developing or planning their NCPs at the time of the meeting. Additionally, seven more countries have expressed interest in developing an NCP.

Challenges - Many countries face significant challenges with NCP implementation. For instance, in the Democratic Republic of Congo (DRC), while there are capable community teams and agile CATI responders in place, managing multiple epidemics simultaneously, such as cholera alongside outbreaks of measles and Mpox, proves difficult. In Mozambique, although funding is available for outbreak response, there is a lack of resources for preparedness and readiness. In Burundi, which does not yet have CSP support (though discussions have begun), the NCP is not yet finalized. In Nigeria, climate change and humanitarian crises are causing hotspots to shift constantly. In Benin, coordination with WASH and water supply efforts remains challenging.

Figure 3 : GTFCC NCP status (2018 – 2024)



■ NCP available ■ In process ■ Considered ■ No NCP ■ New Non GTFCC

Response Coordination

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

Challenges - Weak coordination emerged as a common theme in country reports. Malawi described coordination as inadequate in terms of numbers, knowledge, and skills. Zambia noted inconsistencies, with line ministries outside the outbreak response delaying otherwise achievable prevention activities. Pakistan reported weak coordination, often due to poor collaboration with other stakeholders. Specific challenges included insufficient resources for rapid cholera diagnosis in Haiti and leadership conflicts in Cameroon.

Surveillance

Achievements - Despite political, security/access, staff, and data collection challenges preventing adequate surveillance in targeted hotspots, surveillance measures are improving overall, 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 country reports

reproduced in Annex 3 and based on the GTFCC trackers, PAMIs have been identified in 23 countries over the past five years. Additional PAMI updates are ongoing in six countries, with plans in place for six more countries.

Challenges - Countries emphasized the need to improve and standardize surveillance activities. Bangladesh and Mozambique face challenges with the availability of appropriately trained resources, particularly at the subnational level in Mozambique. Cameroon and Uganda need to address delays in outbreak detection. Zambia and Malawi cited data issues, with Malawi highlighting the lack of a national surveillance strategy leading to inadequate data management and Zambia facing difficulties generating complete line lists from district data. Sudan reported difficulties applying the PAMI identification methodology, complicating the implementation of effective OCV campaigns. External factors, including climate change, have also caused PAMIs to shift, necessitating adaptations in the PAMI identification process.

Laboratory

Achievements - Progress in strengthening laboratory capacities varies widely among countries. The DRC highlighted an expansion of its technical diagnostic platform, Cameroon updated its diagnosis algorithm, and Zambia launched enteric disease surveillance in five cholera hotspot districts.

Challenges - Decentralizing laboratory capabilities remains a challenge for several countries. The DRC lacks decentralization of biological analyses in certain priority provinces. In Bangladesh, all cholera cultures are conducted at the national level. Mozambique and Cameroon face issues with diagnosis and testing capacities at local and district levels. Pakistan reported a shortage of personnel for laboratory services in some districts, and Haiti cited inadequate communication between strategic levels as a hindrance.

Case Management

Achievements - Considerable progress has been made in expanding case management capabilities and awareness. 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. Workshops, training, and advocacy exercises were a strong theme across reporting countries, highlighting the increasing understanding of the importance of case management in cholera control. This understanding has led to actions such as a full case management review across cholera facilities in Kenya. In Sudan, the national taskforce secured nearly USD 2 million from the Ministry of Finance for case management, home chlorination, and food safety.

Challenges - A shortage of adequately trained and skilled personnel emerged as a clear challenge in case management. Uganda reported poor cholera case management knowledge in districts that do not regularly report cholera cases. Nigeria found that personnel trained in case management at the state level were not fit for purpose. Pakistan reported inadequately trained clinicians managing cholera cases at all levels. Mozambique highlighted 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 - Laudable initiatives have been reported 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.

2023	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
				Total: 34,298,899

2024	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 - Major barriers remain 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 improvements in Water, Sanitation, and Hygiene (WASH). Notable achievements include establishing a technical working group in Pakistan, training more supervisors and hygienists in Haiti, and finalizing a WASH plan and budget in Mozambique targeting cholera elimination by 2030. Although funding for WASH remains generally problematic, a wide range of interventions have been reported. In Bangladesh, an advocacy campaign promoted the use of Priority Areas for Intervention (PAMIs) to guide WASH investment, supported by resources such as a new Water Quality Surveillance Dashboard. In the DRC, WASH surveys, assessments, and mapping have strengthened the foundation for future action, with WASH interventions playing a crucial role in outbreak responses. In Kenya, WASH coordination has been strengthened with the inauguration of a WASH-Cholera Coordination Working Group to oversee WASH pillar activities during outbreaks. Despite the demanding circumstances of the humanitarian crisis in Sudan, effective WASH interventions have been implemented in coordination with humanitarian actors. Additionally, efforts to promote safe hygiene practices and proper waste management have strengthened collaboration with communities in conflict areas.

Challenges - Inadequate WASH is a significant challenge for cholera control, with most countries describing their facilities and services as insufficient. In Uganda, this was particularly challenging in some hotspot areas. Malawi reported issues with water resources leading to a lack of water supply and sanitation, impacting the provision of high-quality WASH services. Nigeria and Cameroon faced compounded cholera problems due to a lack of potable water in communities. Malawi also highlighted a lack of major investment in long-term WASH infrastructure, a concern echoed by Mozambique, which needs more funding for infrastructure and rebuilding damaged systems.

Funding of Cholera Prevention & Response

Achievements - The funding situation for cholera has seen modest achievements. While countries noted that funding is at best inconsistent, Nigeria experienced only periodic funding for health emergency preparedness and response. Sudan,

through its new national taskforce, has secured nearly USD 2 million for specific cholera activities. Zambia has successfully mobilized both domestic and international funding, including from the World Bank, Gavi, the Global Fund, and GIZ. During the peak of the outbreak in December 2023/January 2024, USD 10 million were released from national coffers. An economic evaluation is planned to build evidence for investing reserves in WASH to prevent future outbreaks.

Challenges - Key descriptors of funding challenges included “limited,” “insufficient,” “inconsistent,” and “paucity.” Mozambique highlighted the lack of a long-term funding approach as a critical issue. Nigeria noted that funding shortages impacted its ability to develop and implement preparedness and response plans. Zambia pointed out that most MCEP funding was concentrated in the health sector, focusing more on response than on prevention and control.

Research

Achievements - Recognizing the pivotal role of research in tackling cholera, most countries demonstrated significant activity in this area. Pakistan highlighted a survey titled "Cholera Outbreak and Its Resistant Pattern in Baluchistan." Nigeria cited ongoing research on the epidemiology and ecology of cholera in Africa, and the DRC reported that a research consultant is helping to identify areas where the country can best capitalize on current research.

Challenges - Despite the critical importance of research for effective cholera prevention and control, countries struggle to commit to research investment due to an overall lack of funding. Nigeria, Malawi, Cameroon, Sudan, and Mozambique, among others, highlighted this issue. Specific challenges include Bangladesh's insufficient research on appropriate water supply technologies in water-scarce areas, Nigeria's poor coordination between researchers within the cholera ecosystem, and Zambia's description of most local research as descriptive rather than experimental.

RCCE and Education

Achievements - Countries highlighted a range of approaches and achievements related to Risk Communication and Community Engagement (RCCE). In Pakistan, RCCE activities included distributing materials, flyers, and brochures during outbreaks. Haiti updated, reproduced, and deployed communication materials. Uganda and Cameroon pointed to local-level efforts, with Uganda reporting that village health teams and District Health Inspectors continue to conduct community sensitization on cholera. Cameroon noted efforts to engage municipalities in the national cholera response, mobilizing resources and leadership for community activities on sanitation and communication.

Challenges - Various challenges related to RCCE and education were reported. Sudan highlighted the rapid spread of misinformation in fragile settings, impacting community perceptions and behaviours around cholera prevention and treatment. Pakistan described resource issues, such as the lack of technical working groups at national and sub-national levels and a shortage of skilled health promotion staff. Zambia reported that most of its cholera messaging is reactive, taking place only during outbreaks and otherwise neglected.

Global coordination

Membership & Governance

A total of 47 members have been involved in the recommitment process which comprises of membership recommitment, partner mapping, establishing principles for engagement and the declaration to End Cholera. As the process remains ongoing, the Sanitation and Hygiene Fund, hosted at UNOPs formally requested to join the GTFCC in June 2024.

Despite lasting support from the BMGF, CDC, FCDO, SDC and Wellcome and recent success in engaging with the French government to secure additional funding for cholera, the GTFCC remains severely underfunded and understaffed to conduct its task.

Such shortfalls, severely restrict capacities to implement new coordination initiatives and support existing ones, with negative impacts including:

- Limitation of deployment capacities.
- Lack of funding to support some GTFCC working group meetings.
- Difficulties sustaining advocacy engagements (lack of funding to attend)
- Challenges to sustain adequate internal and external communication
- Challenges strengthening or maintaining Secretariat capacities; and
- The failure to date to create a GTFCC Community Management Working Group.

Advocacy

The Advocacy Task team (ATT) was created in response to a formal recommendation from the Annual meeting in 2021 to further advocate to invest in cholera control at global, regional, and country levels. The ATT includes the GTFCC Secretariat, CSP and key partners, with the first in-person meeting held in March 2022 in London, leading to the development of a joint workplan. In the past 12 months, the GTFCC, represented by the Secretariat and/or CSP, took part in 4 key advocacy events:

- **November 2023 3rd International Conference on Public Health in Africa (CPHIA):** Hosted by the Zambian Ministry of Health in Lusaka under the theme "Breaking Barriers: Repositioning Africa in the Global Health Architecture", the GTFCC CSP provided funding and technical support for an "End Cholera Symposium," with participation from key speakers Hon. Sylvia Masebo, Zambia's Minister of Health, Dr Ifedayo Adetifa, Director General of Nigeria CDC, and Prof Roma Chilengi, Director General of ZNPHI. Other partners supporting the event include UNICEF, African Union, WaterAid and UK Health Security Agency.
- **December 2023 COP28 Health Pavilion** - Virtual Cholera Panel Discussion: Titled "Rising Tides, Resilient Health: Navigating the 7th Cholera Pandemic and Beyond with the GTFCC," organized by WHO and Wellcome Trust. The panel consisted of Dr Barboza, and representatives from IFRC, Instituto Nacional Saude, Mozambique, and icddr, b. Panellists emphasized the paramount importance of investment in long-term sustainable WASH infrastructure and practices.
- **May 2024, the Global Task Force on Cholera Control (GTFCC) held its bi-annual side event in observance of the 75th World Health Assembly (WHA).** See details below.
- **May 2024, cholera exhibition secured by the GTFCC and WHO cholera program during the 76th World Health Assembly.** At the Palais des Nations.

On Day 3 of the GTFCC Annual Meeting (Friday, 21 June 2024), the secretariat held an advocacy-focused side meeting, which was open to all interested parties. The meeting was widely attended, with a diverse sampling of GTFCC partners represented.

A key theme that arose during the meeting was the invaluable nature of advocacy in achieving cholera control and prevention goals. Participants expressed motivation to strengthen partner-led advocacy efforts and called on all cholera stakeholders to “advocate for advocacy.” Partners agreed that the GTFCC Advocacy Task Team plays a critical role in convening partners for advocacy-related tasks and reaffirmed their commitment to the task team.

In the short term, the GTFCC Secretariat will solicit “official” interest in the task team and revitalize the group’s functional capacities, including convening members, co-creating a task team workplan, revising advocacy and communications objectives, identifying priority global events, etc.

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.

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.

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 Tanganyika)
- 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 increased country coverage capacities for the CSP (implying the necessity for additional HR).
- 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.

Mid-term evaluation of the GTFCC

The external independent evaluation of the GTFCC is conducted jointly by WHO and UNICEF and delivered by Cambridge Economic Policy Associates (CEPA). 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.

Working group updates

Case management Working Group

Working group focus – The principal objective of the Case Management Working Group (WG) is to contribute to the goals of the *Ending Cholera* global roadmap, including a reduction in cholera deaths by 90% by 2030. This work has two operational objectives: 1) improving clinical management of patients with cholera and 2) improving access to care for patients with cholera.

GTFCC Secretariat focal point: Kathryn Alberti

Chair Organization: Dr Iza Ciglenecki, Médecins Sans Frontières

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 an online seminar, 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 prompt 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 conducted 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 because 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 Working Group

Working group focus – The Epidemiology Working Group focuses on developing technical recommendations, guidance, and tools in support of the strengthening of cholera surveillance. This is for adequate information on the cholera situation to be made available in a timely manner at all levels (local, national, regional, global) to guide targeted multisectoral cholera prevention and control strategies. More information on the achievements of the Epidemiology Working Group and its 2024-2025 priority can be found [here](#).

GTFCC Secretariat focal point: Dr Morgane Dominguez

Chair Organization: Dr Flavio Finger, Epicentre

Achievements (January 2022–June 2024)

Country level surveillance

Interim guidance for public health surveillance for cholera was published in February 2023 with the aim of boosting cholera surveillance in countries to guide 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 together with supporting tools were published in April 2024. This new guidance superseded and complemented the 2023 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 method for countries to self-assess their cholera surveillance system/strategies against the 2024 GTFCC recommendations for cholera surveillance was published in May 2024. It aims to help countries identify areas for improvement to strengthen their surveillance for cholera. Such self-assessments should be conducted (at minimum) a

national cholera plan (NCP) is developed. Periodic assessments are also 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 (formerly 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 method to identify PAMIs for cholera control was published in April 2023. This method aims to maximize the use of surveillance data for cholera-affected countries to develop or revised a NCP for cholera control. The corresponding package of resources includes a guidance document, an Excel tool, an user guide of the Excel tool, a data model template to import data in the Excel tool, training datasets, and a template report on PAMI identification.

A method to identify PAMIs for cholera elimination was published in October 2023. This method aims to assess vulnerability factors for cholera (re)emergence for countries with limited to no cholera outbreaks to develop or revised an NCP for cholera elimination. The corresponding package of resources includes a guidance document, an Excel tool, an user guide of the Excel tool, a data model template to import data in the Excel tool, a training dataset, and a template report on PAMI identification.

To guide countries identifying PAMIs, i) information products were published including a FAQ and infographics; ii) a GTFCC PAMI coordination group was launched. The GTFCC PAMI coordination group brings together stakeholders involved in providing direct support to countries identifying PAMIs (GTFCC Secretariat, WHO Regional Offices, UNICEF Regional Offices, Africa CDC, CSP).

Lastly, mechanisms for GTFCC PAMI reviews were set-up to provide countries with independent technical feedback on their PAMIs.

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 in February. Those are being updated by the Epidemiology Working Group.

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, guidance \(2024\)](#)
- [Supporting material for cholera surveillance \(2024\)](#)
- [Method to assess cholera surveillance \(2024\)](#)

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

Identification of PAMIs

- [PAMIs for control](#) (technical guidance, Excel tool, user guide, data model, template report, training datasets)
- [PAMIs for elimination](#) (technical guidance, Excel tool, user guide, data model, template report, training dataset)
- [Information products on PAMIs](#) (including FAQ)
- [Introduction to PAMI reviews](#)

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 (French, Arabic, Portuguese)
- Update existing GTFCC resources for alignment with the 2024 surveillance guidance
- Develop online training courses on the 2024 GTFCC recommendations for cholera surveillance directed to stakeholders implementing cholera surveillance in-country (e.g., health facility workers, health authorities).
- Develop summary information products on the of the 2024 surveillance resources
- Publish short video clips to promote key concepts of the 2024 surveillance resources
- Publish a commentary or short report in the scientific literature on the 2024 surveillance resources
- Assist WHO surveillance team in developing data standards to guide the future development of (open source) interoperable electronic surveillance tools aligned with the recommendations for data collection of the 2024 surveillance guidance.

PAMI identification

- Develop online training courses on PAMI identification (introductory course on PAMI identification, GTFCC method to identify PAMIs to develop an NCP for cholera control, GTFCC method to identify PAMIs to develop an NCP for cholera elimination, use of GTFCC Excel tools to identify PAMIs to develop an NCP for cholera control or for cholera elimination)
- Coordinate with countries to publish identified PAMIs on the GTFCC website
- Perform GTFCC PAMI reviews upon country requests
- Assess the need to develop technical recommendations for PAMI identification in countries facing cholera re-emergence after interrupted transmission

Regional and global surveillance

- Publish updated standard recommendations for cholera reporting to the regional and global levels in an aim to simplify previous GTFCC recommendations and foster harmonization whilst accommodating different reporting capacities.
- Advocate for the continuation of efforts to improve global surveillance

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

Surveillance pillar - Laboratory Working Group

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

GTFCC Secretariat focal point: Dr Nadia Wauquier

Chair Organization: Dr Marie-Laure Quillici, Institut Pasteur

Achievements (January 2022–June 2024)

Laboratory testing strategy

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, considering 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* (August 2022 & June 2023)
- Fact sheet for antimicrobial susceptibility testing (May 2024)
- A laboratory reporting form and a laboratory referral (June 2024)
- A form to accompany the shipment of isolates (June 2024)
- Updates to the job aid on RDT use (April 2024)
- Updates to the job aid on AST (May 2024)

A job aid on stool specimen collection and job aid on preservation of isolates of *Vibrio cholerae* 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 faecal specimens in [English](#) and [French](#)
- Fact sheet isolation and presumptive identification of *Vibrio cholerae* O1/O139 from faecal specimens in [English](#) and [French](#)
- Laboratory referral form for cholera suspected case in [English](#) and [French](#)
- Laboratory reporting form for cholera suspected case in [English](#) and [French](#)
- Isolate submission form in [English](#) and [French](#)

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 considering 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) Working Group

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

GTFCC Secretariat focal point: Malika Bouhenia

Chair Organization: Dr Lucy Breakwell, US CDC

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 Modelling 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.

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) Working Group

Working group focus – To fulfil the strategic goals outlined in the 2030 Roadmap, the GTFCC working groups (WGs) offer cholera-specific normative and programmatic guidance within their respective areas of expertise. Specifically, the responsibilities of the WASH WG include:

- Offering a platform for technical exchange, innovation highlighting and ongoing research concerning WASH-related endeavours in cholera-affected settings
- Developing WASH-specific normative and programmatic directives for countries and stakeholders to aid in executing the Ending Cholera global roadmap
- Identifying WASH-specific requirements to bolster the formulation of comprehensive initiatives, encompassing research, advocacy, training, and collaborative efforts with other pillars (e.g., WASH integration with OCV, collaboration with the laboratory working group in Environmental Surveillance initiatives, establishment of a data repository amalgamating epidemiological and WASH indicators, etc.)

GTFCC Secretariat focal point: Laurent SAX

Chair Organization: Mr. Pierre-Yves Oger (UNICEF) since September 2023
Dr Nurullah Awal/Arielle Nylander (WaterAid) until September 2023

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 need to enlarge the profile of the membership base, by including more development actors and donors. This was a priority raised at the last annual meeting in June 2024, necessitating revitalization and expansion of membership outreach.

- 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)

By 2022, the WWG had identified 10 topics as priorities for development. In 2023, their number was reduced to 3 - WASH and Data, WASH in NCP and Water Quality Monitoring Plan. This change was validated in consultation with the members of the group. It turned out that the forces present in the group and the financial resources available did not allow so many projects to be carried out at once. At the 2024 WWG Annual Meeting, a further discussion on priorities led to the pre-identification of 16 activities that should be implemented over the next two years. At the time of publication of this report, the priorities have not yet been defined for these activities, which will be decided in September 2024. An important decision was also taken during the WWG AM: one of the 3 topics – WASH in NCPs - identified in 2023 was discontinued because no clear and common vision had been validated by the members. The two other topics are currently ongoing:

WASH data

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

Water quality management and water safety planning

Work is currently ongoing. A Water Quality Monitoring plan guidance, including case studies is expected to be published by the end of the year. The guidance is mainly shaped for emergencies response and will be based on existing guidance provided by partners.

These topics will integrate climate change, evidence and research needs, advocacy, and interaction with other pillars.

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.

GTFCC Secretariat focal point: Emmanuel Baron

Chair Organization: British Red Cross – Tonia Thomas

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 online seminar series was initiated, with one online seminar 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 innovative 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 a key 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.



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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
	III. 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

Partner	Name	First name
Bangladesh – Minister of health & Family Welfare	SULTANA	Rokeya
Bangladesh - MOHFW	ADNAN	Sheikh Daud
Bangladesh - MOHFW	RAHMAN	Saifur
Benin – Ministère de l’Eau	LOKO	Julie
Benin – Agence Nationale des Soins de Santé Primaires	GLELE AHO	Létonhan R.G
Burundi – Ministère de la Santé	KAMWENUBUSA	Godefroid
Burundi – Institut National de la Santé Publique	NYANDWI	Joseph
DRC - PNECHOL	WELO OKITAYEMBA	Placide
DRC – Institut National de la Santé Publique	MWAMBA KAZADI	Dieudonne
Haiti - Ministère de la Santé	PIERRE	Katilla
Kenya - Ministry of Water Sanitation and Irrigation	MUGERA	Eunice
Malawi – Ministry of Health	KAGOLI	Matthew
Mozambique – INS	LANGA	José Paulo
South Africa	BENSON	Frew
Cameroun - MoH	JEUDI	Debnet
Cameroon - MoH	ESSO	Linda
Nigeria - MoH	YENNAN	Sebastian
Malawi - MoH	ABTE	Melkamu
Sudan - MoH	ELTAYEB	Dalya
Bill & Melinda Gates Foundation	SHEWCHUK	Tanya
Bill & Melinda Gates Foundation	STEELE	Duncan
Centers for Disease Control and Prevention	BREAKWELL	Lucy
Centers for Disease Control and Prevention	HANDZEL	Tom
Centers for Disease Control and Prevention	KAPIL	Vikal
Centers for Disease Control and Prevention	TURNSEK	Maryann
Centers for Disease Control and Prevention	SHIH	David
Centers for Disease Control and Prevention	BRADEN	Christopher
CEPA	AGBENOU	Milca
CEPA	GROBICKI	Laura
Epicentre	FINGER	Flavio
Fondation Merieux	GNAKRI	Annick
Fondation Merieux	PICOT	Valentina
Gavi, the Vaccine Alliance	LUQUERO	Francisco
Gavi, the Vaccine Alliance	RUSSELL	Allyson
GHV	COX MEHLING	Kristen
GHV	FISHON	James
Harvard Medical School / Massachusetts General Hospital	IVERS	Louise
Icddr,b	QADRI	Firdausi
Icddr,b	ISLAM	Taufiqul
Institut Pasteur	QUILICI	Marie-Laure

International Federation of Red Cross and Red Crescent (IFRC)	KHOURY	Petra
International Federation of Red Cross and Red Crescent (IFRC) - CSP	PALANI	Jayanthi
International Federation of Red Cross and Red Crescent (IFRC) - CSP	RIMAL	Abhishek
International Federation of Red Cross and Red Crescent (IFRC) - CSP	NTURO	Bonome
International Federation of Red Cross and Red Crescent (IFRC) - CSP	WENDLAND	Annika
International Federation of Red Cross and Red Crescent (IFRC) - CSP	MAKWE	Catherine
International Federation of Red Cross and Red Crescent (IFRC) - CSP	OHIZE	Stephen
International Federation of Red Cross and Red Crescent (IFRC) - CSP	THOMAS	Tonia
International Federation of Red Cross and Red Crescent (IFRC) - CSP	KEARNEY	Emmett
International Federation of Red Cross and Red Crescent (IFRC) - CSP	DUSHIME GANA	Dyrckx
International Vaccine Institute	LYNCH	Julia
Johns Hopkins University	AZMAN	Andrew
Johns Hopkins University	DEBES	Amanda
Johns Hopkins University	GEORGE	Christine-Marie
Johns Hopkins University	SACK	David
Médecins Sans Frontières	CIGLENECKI	Iza
Médecins Sans Frontières	GARONE	Daniela
MMGH Consulting	MEIER	Minzi Lam
Oxfam	FARRINGTON	Michelle
Solidarités International	LECUYOT	Baptiste
Tufts University	LANTAGNE	Daniele
UNICEF	OGER	Pierre-Yves
UNICEF	NAYDENOV	Antonia
UNICEF	LAMB	Jennifer
UNICEF	FALERO CUSANO	Maria Fernanda
UNICEF	PAFFMANN	Jerome
USAID	CRUNKLETON	Kimberly
USAID	REICHERT	Albert
Washington State University (WSU)	KIAMA	Catherine
WaterAid	SMITH	Kyla
Independent consultant (ex WaterAid)	WILSON-JONES	Megan
Independent consultant (ex WaterAid)	NYLANDER	Arielle
Wellcome Trust	HAYES	Jeanette
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** Please contact the GTFCC Secretariat for any addition/modification to this list*

Annex 3: Side session summaries

WASH

Accelerating action & investment on long-term cholera prevention – global Political and Economic Analysis (PEA) validation workshop (WaterAid)

The workshop objective was to present the global PEA findings and recommendations for validation with a diverse range of global and national stakeholders, with feedback 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 insights for overcoming challenges by reframing and repositioning cholera; establishing new actors and partnerships; and elevating cholera through top of government leadership
- An interactive session in which participants’ expertise was used to stress test and validate analysis of priority targets, relationships 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, (2) produce an advocacy briefing summarising the PEA findings, then (3) develop a global 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 focused on the following 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 Tanganyika
- 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 insights on cholera advocacy, with the aim of developing a renewed common vision and agreement on how best to proceed during the coming year. Discussions included :

- 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.