



Current global cholera crisis Where are we?



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CHOLERA: HISTORY & GLOBAL SIGNIFICANCE

- Cholera global health threat for centuries
- 1st recorded pandemic 19th century
- **7th pandemic since 1961**
- **Surge** of Pandemic since 2021 largely fueled by **climate change**

Timeline of cholera pandemics

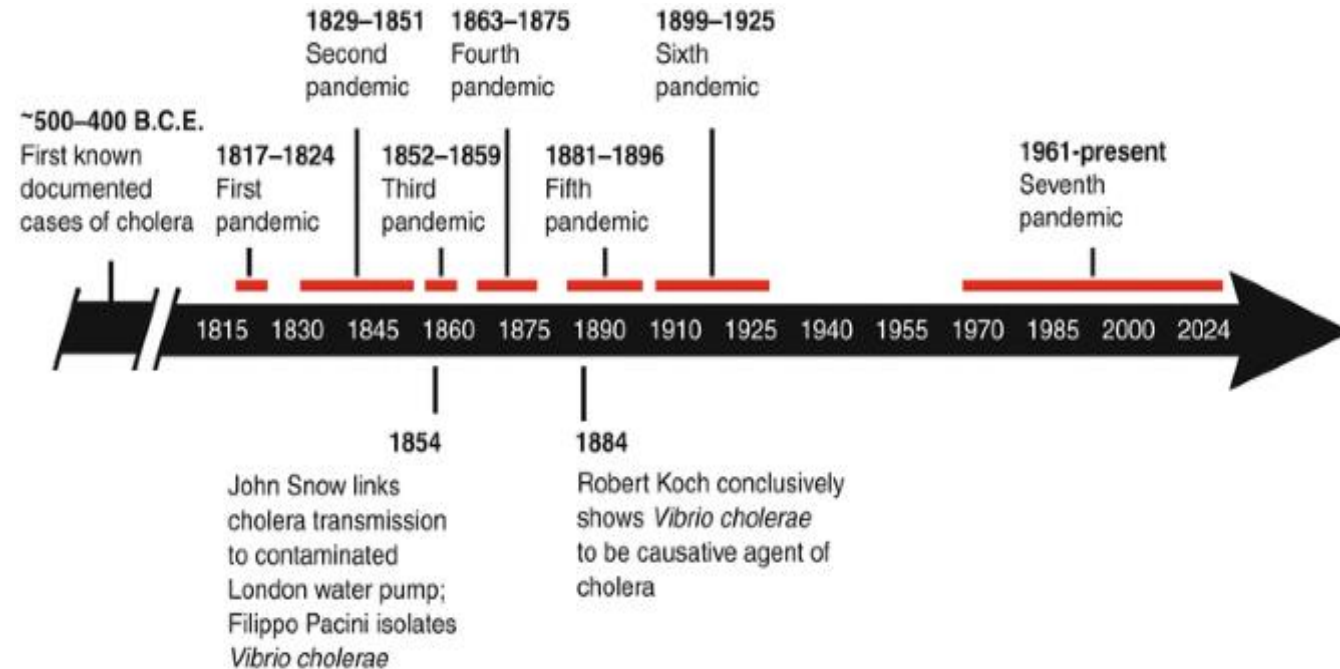


Image adapted from: Richard and DiRita (2013). <https://bit.ly/3zT6ITf>

- Controlled in “Global North”, simply through WASH
- Cholera remains the Posterchild of poverty and vulnerability

CHOLERA: CURRENT GLOBAL SITUATION

1 January to 24 November 2024

522 800 Cases reported in 2024

4 600 Deaths reported in 2024

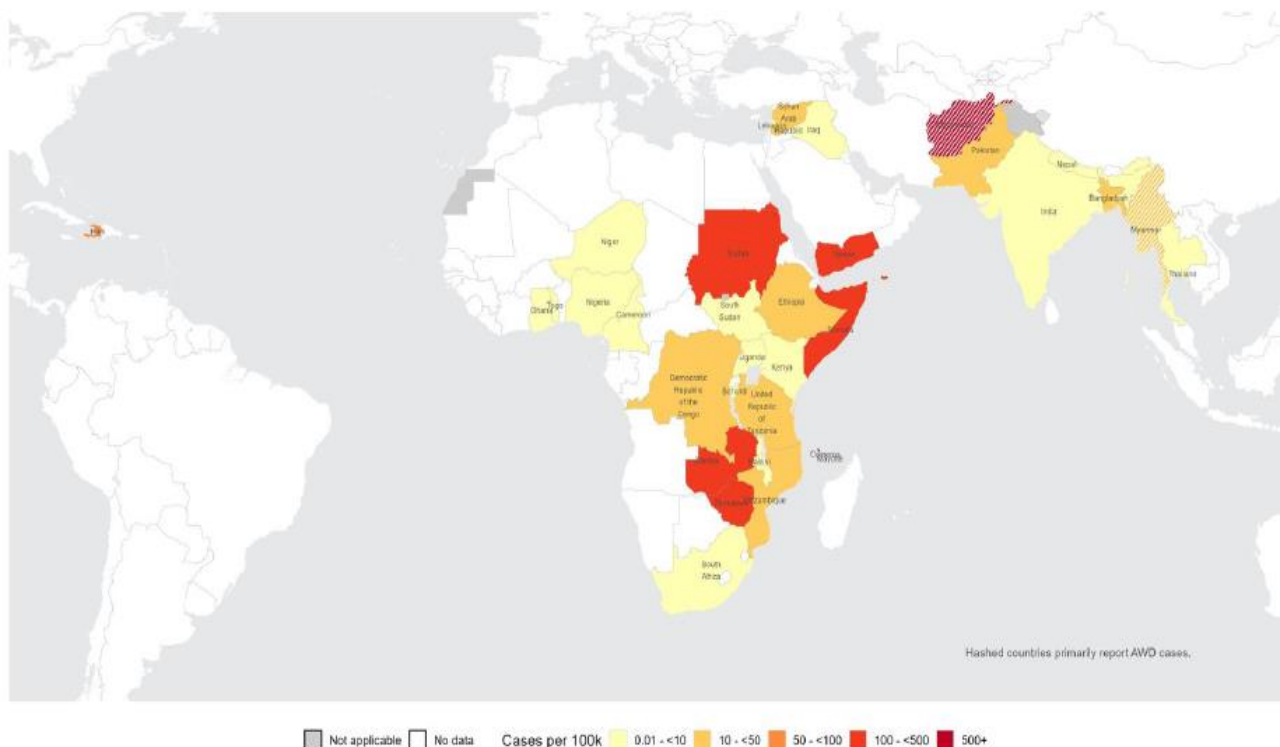
33 Countries reported cases in 2024

6 Countries currently in “Acute Crisis”

23 Countries with active outbreaks

42 Countries with identified direct risks

Global cholera / AWD attack rate per 100,000 in 2024, as of 24 November



1. Please note that the data presented here should be interpreted with caution due to potential reporting delays. Such delays may affect the timeliness of reports, and consequently, the presented figures might not accurately represent the current situation.
2. Given the diversity in surveillance systems, case definitions, and laboratory capacities across the reporting countries, the cholera case and death statistics presented here require careful consideration and are not directly comparable among countries.
3. The global case fatality rate (CFR) for cholera warrants a prudent examination as it is heavily influenced by variations in surveillance methods. As many countries report only total deaths, the CFR reported here is calculated from the total number of deaths. [GTFCC recommends](#) that CFR be calculated only from deaths in healthcare facilities, with the number of community deaths reported separately.
4. In this document, the term 'cholera cases' encompasses both suspected and confirmed cases, unless otherwise delineated in the context of specific countries.

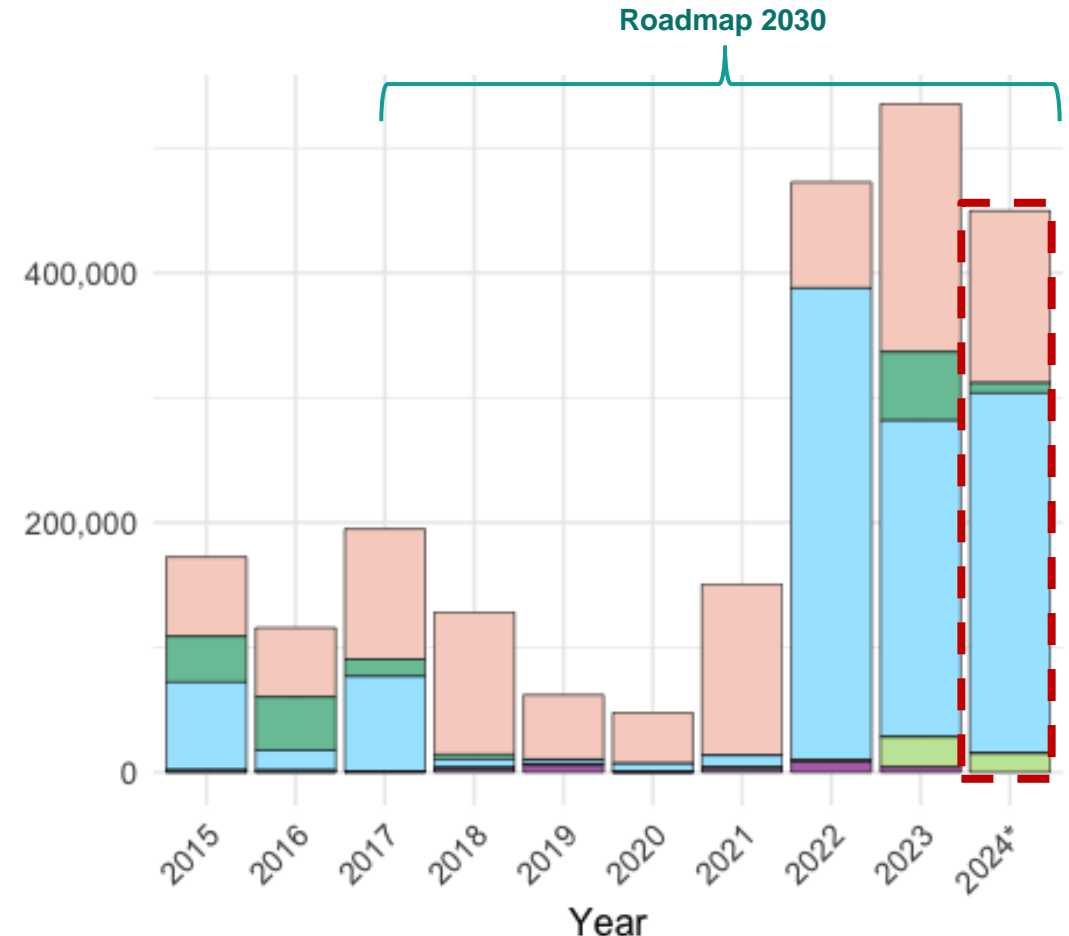
CHOLERA: TRENDS IN THE LAST DECADE

- **Cholera burden challenges**

- **Stigma** (countries not reporting)
- **Huge diversity surveillance systems**
 - ✓ Over reporting (AWD)
 - ✓ **Under-reporting**

- **After years of progress** : since 2021 **Surge** of 7th Pandemic.
- **Underreporting** affects true scale of cholera burden worldwide.
- Cholera **re-emerged >7 countries** previously cholera-free for decades.
- January 2023, WHO classified global cholera surge **grade 3 emergency**, (highest level)

Number of cholera cases reported to WHO*#
(Yemen Excluded)

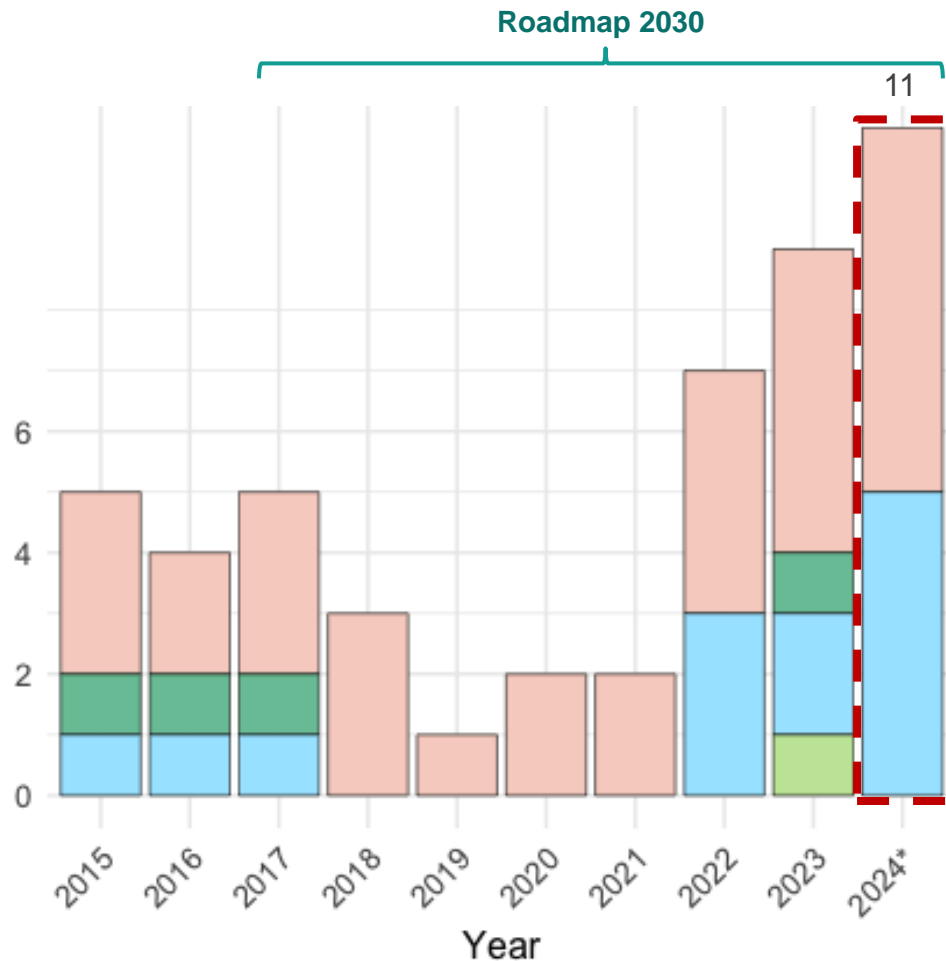


*preliminary data for 2024

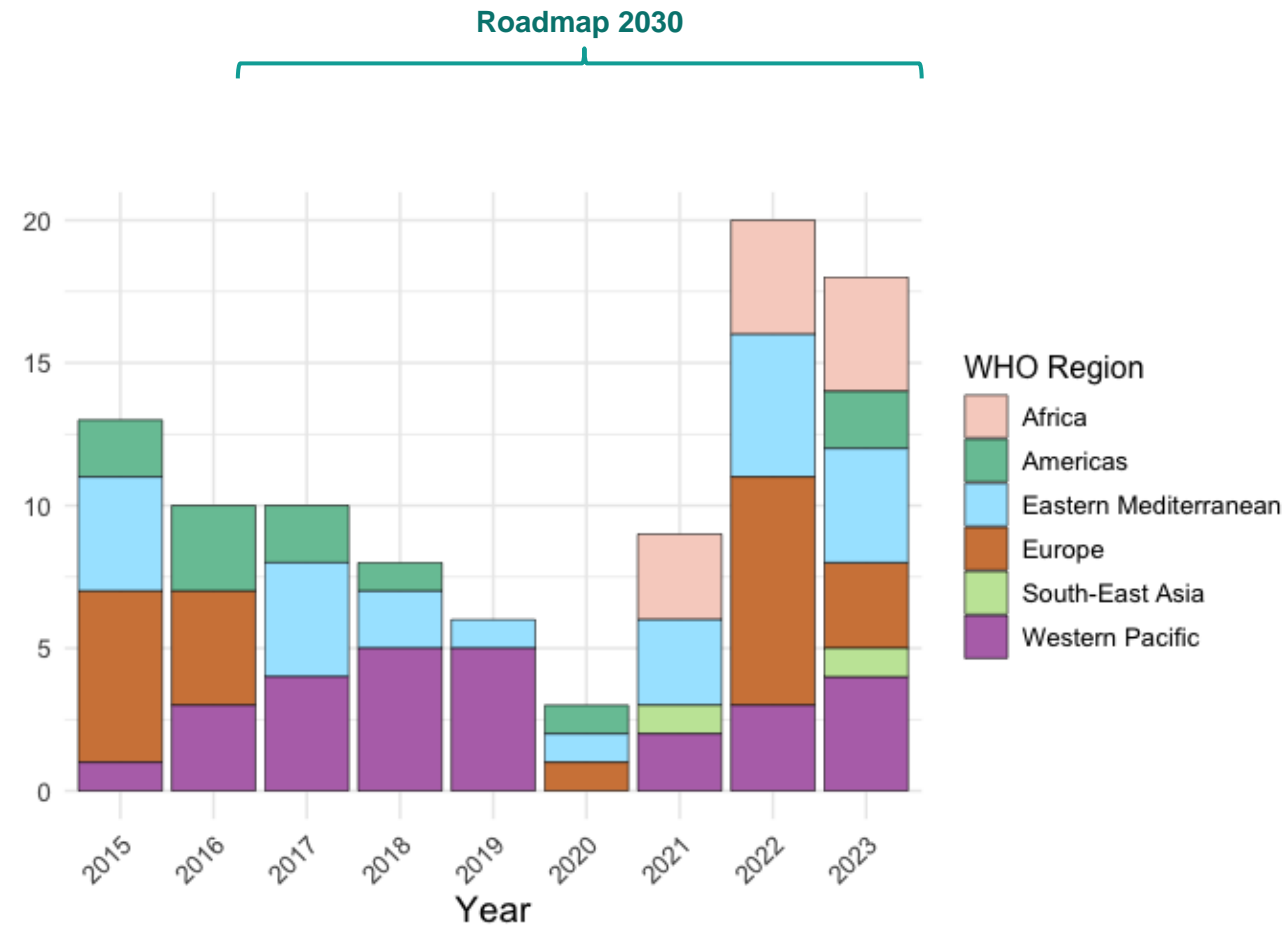
source data 2015-2023 WER

CHOLERA: TRENDS IN THE LAST DECADE

Countries with >10,000 Cases by Year



Countries with Imported Cholera Cases



CHOLERA: DEATH TOLL IN THE LAST DECADE

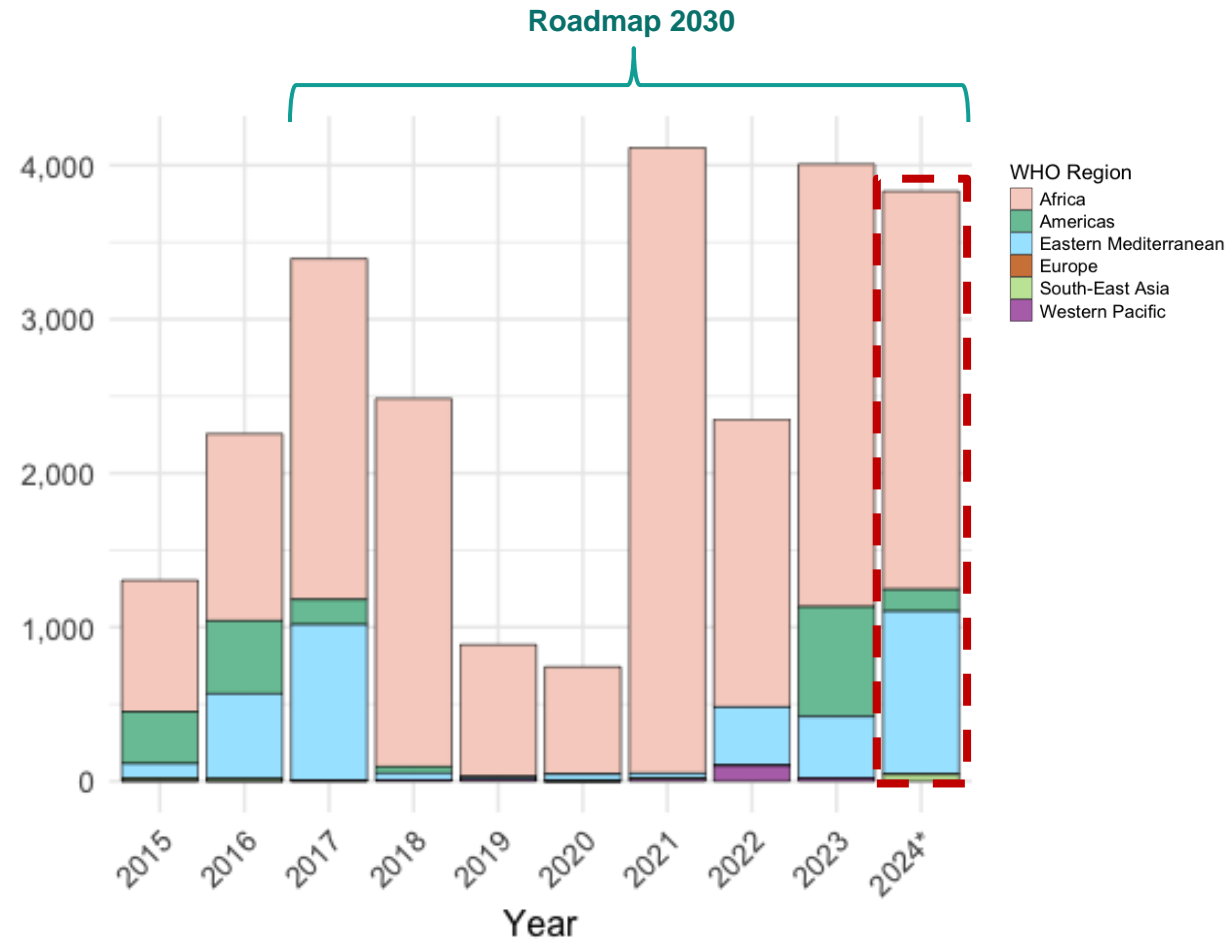
- Cholera mortality **grossly** underreported
 - Stigma & diversity surveillance systems
 - Community deaths very seldomly reported

- **All cholera deaths can be prevented with the tool we have now !**
- **Preventing cholera death, a moral obligation**

Main causes

- Lack of timely access to basic health services
- Lack very delayed access to health care incl. community-based: Oral Rehydration Points
- Lack of community awareness
- Size of outbreaks

Number of deaths reported to WHO*
(Yemen Excluded)



*preliminary data for 2024

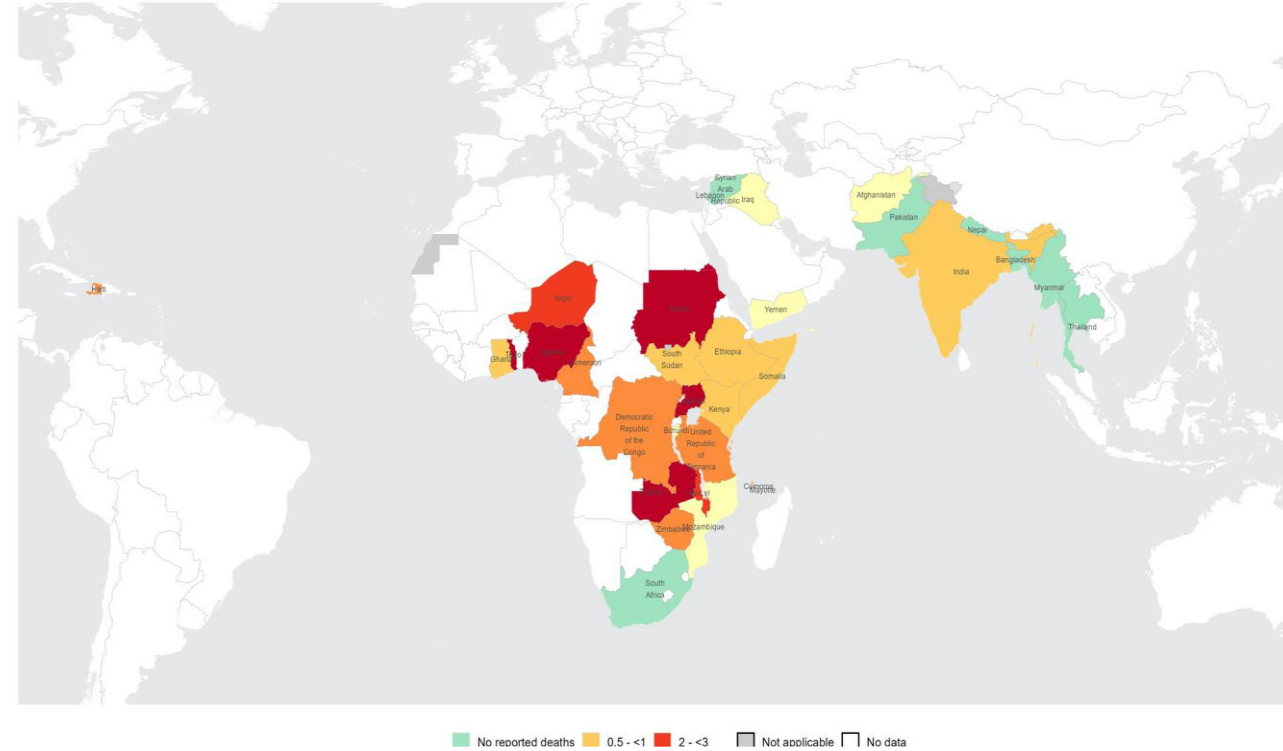
source data 2015-2023 WER

CHOLERA: DEATH TOLL

1 January to 24 november2024

Cumulative Cholera / AWD Case Fatality Rate (CFR) by country1 January to 24 November 2024

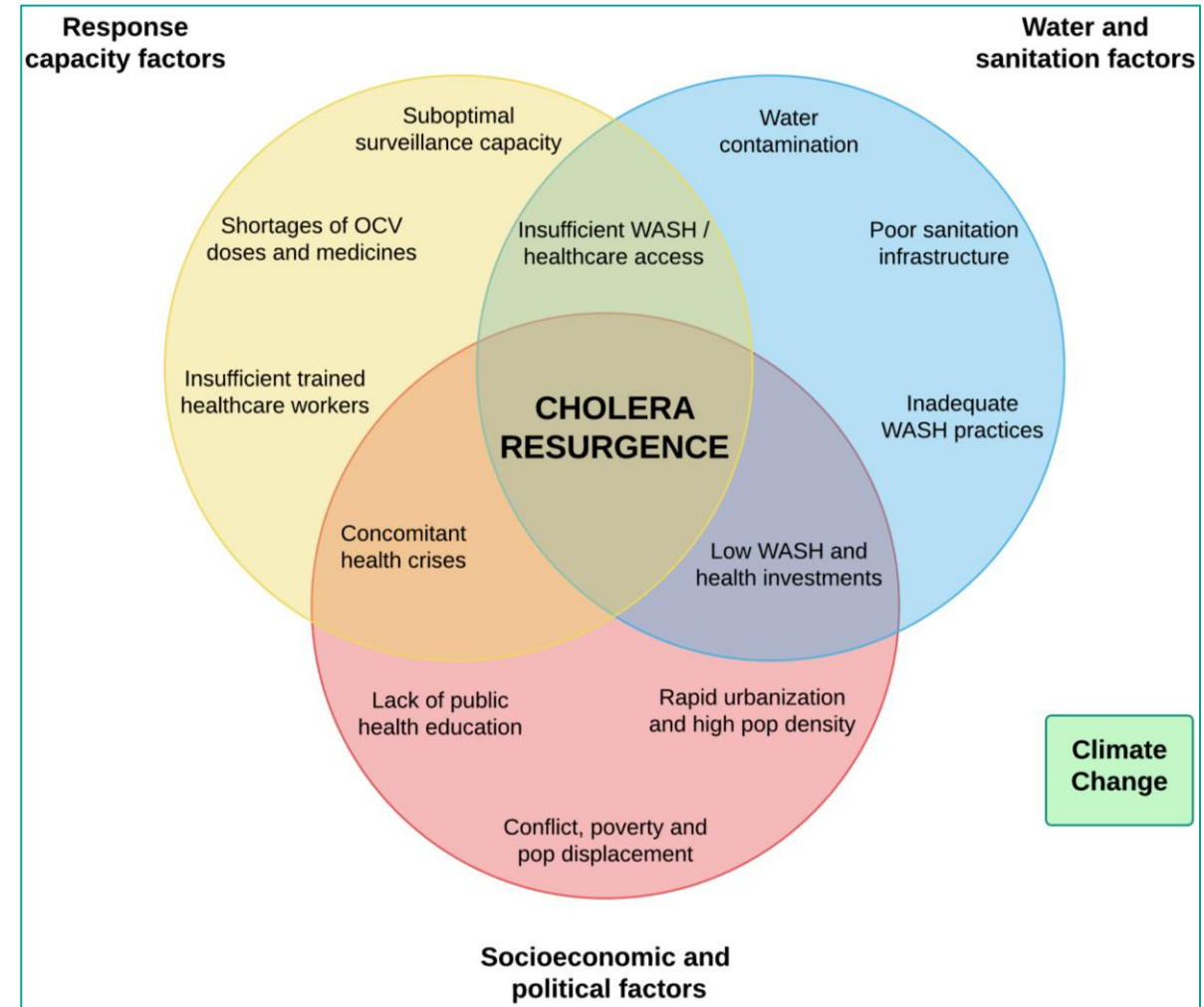
- **Unacceptably** high case fatality rates in many countries
- Only **few countries communicate** on community deaths
- In 2024, 11 countries with CFR > 1%
 - Underlines **severity** of outbreaks
 - Illustrates also higher **transparency**
 - Example to be **praised & followed**



- 2023 <2500 deaths officially reported to WHO worldwide! (Model 2017 : 95,000 deaths)
- Underreporting cholera deaths undermines devastating impact of outbreaks and limits considerably mobilization of resources

CHOLERA: KEY DETERMINANTS

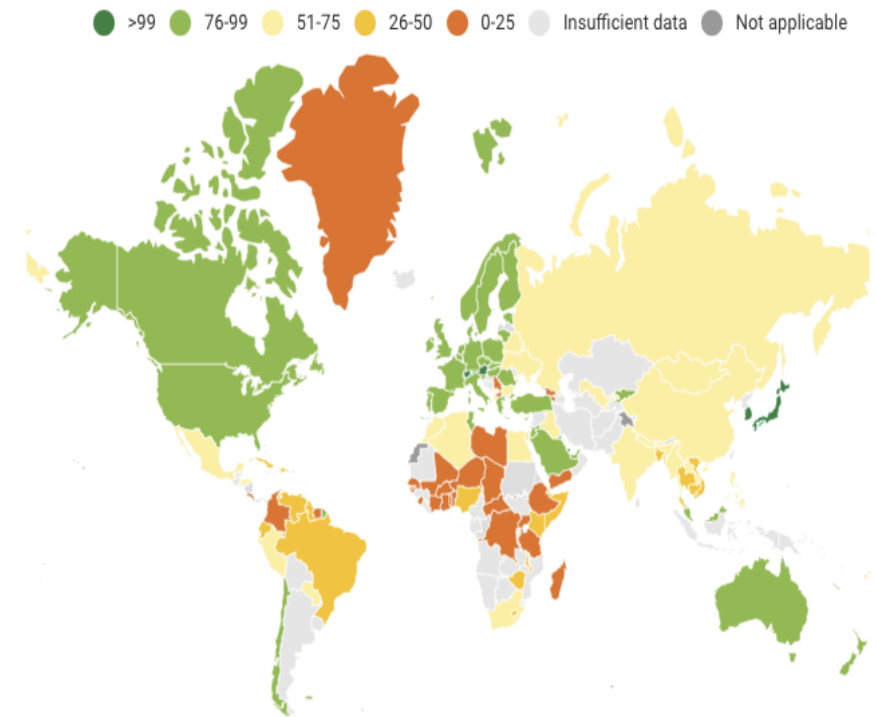
- Cholera resurgence driven by interplay of **multiple factors**,
- Exacerbated by **climate change: Increasing frequency & intensity** of extreme weather events
- Effective cholera control requires **multisectoral strategies**
- Cholera resurgence **does not occur randomly** but where multifactorial gaps overlap
- Requires **to target resources in Priority Areas** for Multisectoral Interventions (PAMIs) (aka hotspots)



THREATS: INADEQUATE WASH

- **Inadequate WASH : THE source of cholera**
- **Multiple mechanisms**, incl. contaminated water sources, poor hygiene, food contamination, open defecation, etc..^{1,2}
- **2022:**
 - **3.5 billion** people lacked safely managed sanitation
 - **2.2 billion** lacked safely managed drinking water,
 - **2 billion** lacked basic hygiene services.³
- Achieving WASH SDG targets in low-income countries require current rates of **progress to increase:**
 - **6-fold** for basic water.
 - **13-fold** for sanitation.
 - **16-fold** for hygiene.
 - **20-fold** for safely managed water.
 - **21-fold** for safely managed sanitation.

Proportion of population using safely managed sanitation services, 2022 (%)



This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Sources

1. Jones et al. (2020) <https://bit.ly/3y9D5fM>
2. Wolfe et al. (2018) <https://bit.ly/3WzKKgY>
3. UNICEF and WHO (2023) <https://bit.ly/3Wh1wjp>

THREATS: CLIMATE CHANGE

Current

- Above-normal rainfall is expected in **East, Central, and West Africa, Southeast Asia, and Caribbean.**
- Below-normal rainfall is expected in Southern Africa.

Forecast

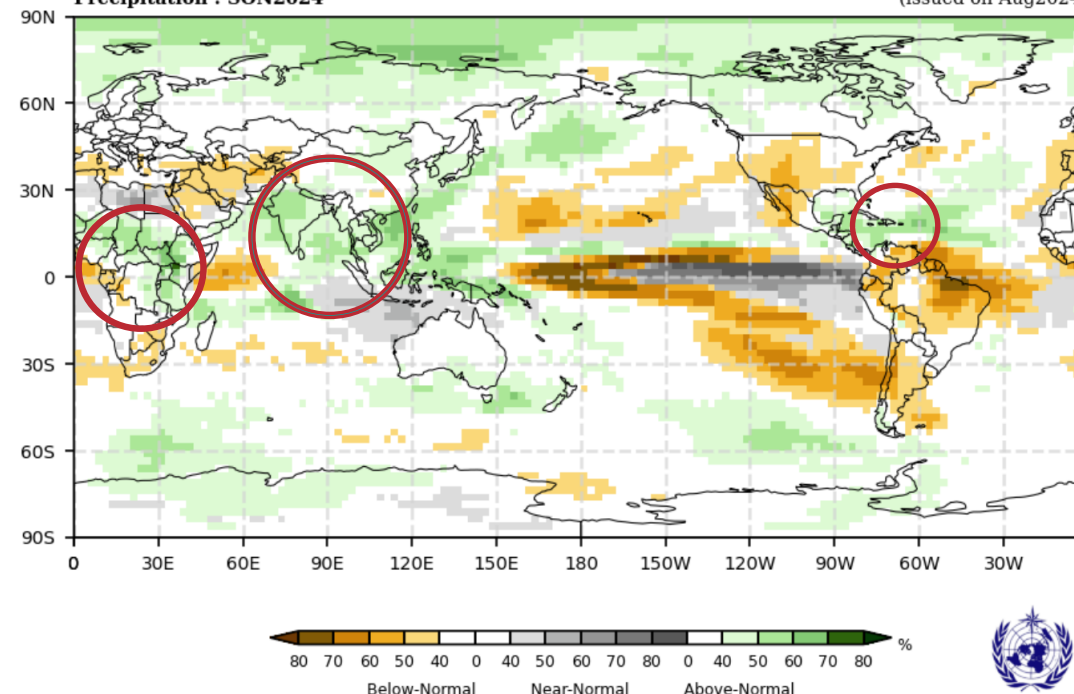
- 60% chance of transition to **El Niña**, especially in **East and South Africa**, potentially causing increased rainfall
- **More cross-border collaboration needed**
 - Same ecosystem - same population –same challenges
 - Early detection, information sharing, coordinated response, prevention
 - Surveillance, access health care, community engagement, vaccination
- Large **outbreaks Southern Africa** (2022-2023) illustrate **risk & feasibility** - although more needed
- More to develop globally

Probabilistic Multi-Model Ensemble Forecast

Beijing, CMCC, CPTEC, ECMWF, Exeter, Melbourne, Montreal, Moscow, Offenbach, Pretoria, Seoul, Tokyo, Toulouse, Washington

Precipitation : SON2024

(issued on Aug2024)

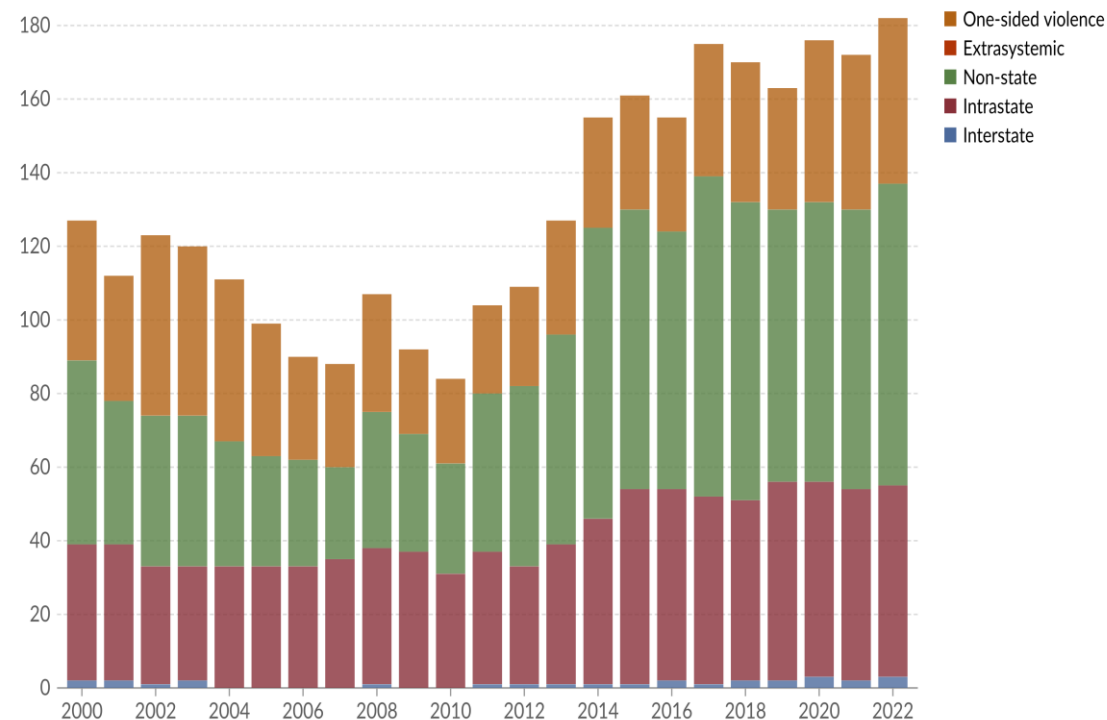


THREATS: CONFLICT

- **Armed conflicts increased significantly in last two decades**, with >180 conflicts reported in 2022.¹
- In 2024, **1 in 6 people exposed to conflict**, a 22% rise in political violence in the past 5 years.²
- **Conflict often results in destruction of WASH & healthcare infrastructures**, worsens poverty, causes mass displacement, all soaring cholera risk.
- **People in fragile contexts are twice as likely to lack safe drinking water & basic hygiene.**³
- in 2022 study from 1997 to 2020, **conflict increased rate of cholera outbreaks** in Nigeria by 3.6 times and in DRC by 2.6 times.⁴

Number of armed conflicts, World

Included are interstate¹, intrastate², extrasystemic³, non-state⁴ conflicts, and one-sided violence⁵ that were ongoing that year.



Data source: Uppsala Conflict Data Program (2023)

OurWorldInData.org/war-and-peace | CC BY

Note: Some conflicts affect several regions. The sum across all regions can therefore be higher than the global number.

Sources

1. Our World in Data. (2024) <https://bit.ly/4bUdy8b>
2. ACLED (2024) <https://bit.ly/3zSdicy>
3. UNICEF and WHO (2023) <https://bit.ly/3Wh1wjp>
4. Charnley et al (2022) <https://bit.ly/3YhRSQo>

OCV: SUPPLY

- Since creation of stockpile (2013) **>200 M doses** shipped to 30 countries
- Number requested doses almost **doubled two years in a row**
- Oct 2022 **ICG decision to temporarily suspend** two-dose vaccination remains in effect in 2024
- Since Jan 2024, ICG approved **35.2 M doses for 15 countries**
- Availabilities of doses for **2024: 49 M**
- **Massive efforts of sole manufacturer (Eubiologic)** and partners: new simplified vaccine prequalified in April 2024
- **OCV production expected to increase** progressively and significantly from mid 2024 and in the coming years

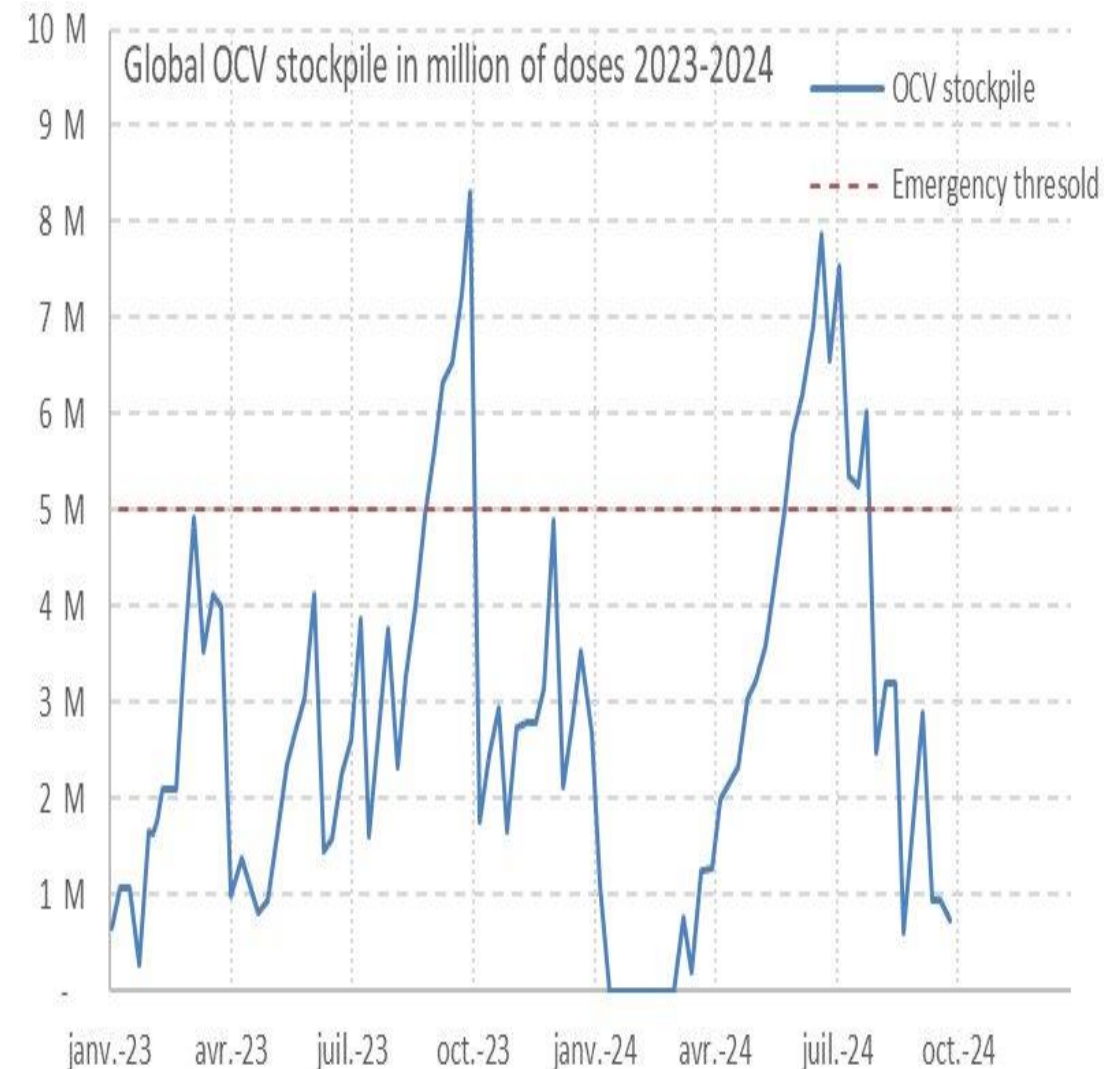
OCV demand and supply, 2013-2024 (per year of decision)



OCV: DEMAND

Since 2023, except 2 short periods stockpile level was below emergency threshold (5 M),

- Outbreak response demand unpredictable
 - Epidemiology & demand “similar” to last year
 - In 2023 **received requests** : 74 m doses (one dose)
- **Timeliness of ICG requests to be significantly improved to reduce their size and to limit spread**
 - **Timeliness of campaigns’ implementation to be significantly improved to increase their impact.**
 - **Post Campaign Coverage Surveys to be systematically implemented to evaluate, learn, improve quality & impact**



OCV: DEMAND PREVENTIVE

Perspective

- Massive efforts of sole manufacturer (**Eubiologic**) (new simplified formulation) → prequalified in April 2024
- OCV production increasing progressively from mid 2024 and for the coming years
- New potential manufacturers in 2 next years

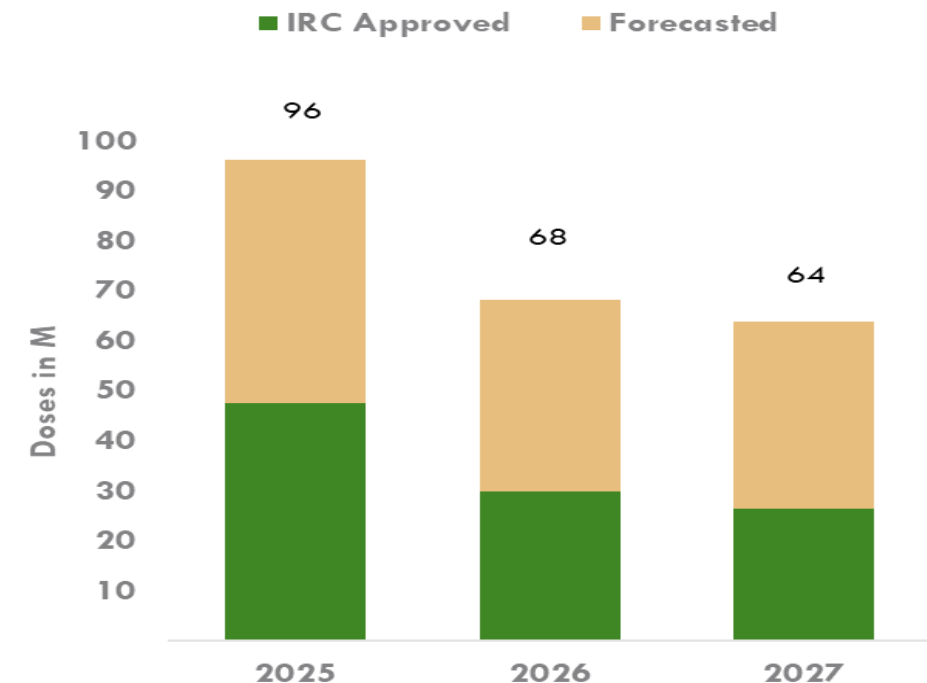
Marked Progress

- 2025-2027 ~229 Million doses forecasted
- Likely to increase over the years with new countries
- Multi-years plans essential to secure the OVC market and to increase production

Main Challenge

- Preventive vaccination still paused due to lack of vaccine
- Challenges to determine the good cut of point
- Resuming preventive vaccination will have to be progressive and sustainable

OCV doses approved and forecasted for preventive vaccination



Included in IRC approved: DRC, Bangladesh, Mozambique
For forecasted its assumed a selection the following: Nigeria, Ethiopia, Kenya, Cameroon, Malawi, Nepal, Zambia, Zimbabwe, Sudan
Please note these numbers are based on country applications and the feasibility of countries administering this many doses in one year has not yet been understood.

CHOLERA & SDGs

Ending cholera wide impact on improvement Public health

- Direct impact on cholera related morbidity and mortality.
- Impact in reducing morbidity and mortality of **other diarrhoeal diseases**
- Critical for achieving Sustainable Development Goals (SDGs).

Cholera elimination vital for:

- **SDG 3: Good Health & Well-being** by reducing morbidity & mortality.
- **SDG 6: Clean Water & Sanitation** via sustainable water management & hygiene practices.

Cholera control contributes to achieve other SDGs, as:

- **SDG 1: No Poverty** by reducing healthcare expenditures, freeing up resources.
- **SDG 4: Quality Education** by ensuring healthy children attend school regularly.
- **SDG 5: Gender quality** by preventing gender specific risks .
- **SDG 8: Decent Work and Economic Growth** by fostering healthy and productive populations.



THREAT: CRITICAL FINANCIAL GAP

Both preparedness & response critically underfunded

- **Funding gap translates into insufficient resources across all 5 pillars notably**
 - **WASH**, emergency response vs sustainable WASH
 - **Accessibility** to **health care** incl. community-based
 - **Laboratory & surveillance** to better **target intervention**
 - **Vaccines** production & delivery for **rapid containment & prevention**
 - Effective engagement of **Communities** in strategy
- Increased **investments** & support from **governments, private sector, international stakeholders & donors urgently needed.**
- **Innovative** funding mechanisms to bridge gap & ensure **sustainable cholera control**

CONCLUSION

- Setback driven by climate change can be overcome
- Effective multisectoral strategy exist but lacks full implementation due to limited resources & commitment
- Many affected countries are making notable efforts, but scaling up actions is essential to tackle the problem effectively
- Effective Communities' involvement crucial for implementation
- Increased Political Commitment at national & international levels needed for climate-resilient cholera control
- More national & global advocacy needed but demands greater country transparency & seamless information sharing
- Ending Cholera isn't just ticking a box - it's a game changer for tackling all acute diarrheal diseases and beyond.
- Without Ending cholera SDGs can be fully achieved
- Immediate decisive actions required to address this effectively and achieve long-term improvements

The time to act is now!



GLOBAL TASK FORCE ON
CHOLERA CONTROL

THANK YOU