Advocating for global and national WASH solutions for cholera prevention and control: Global political economy analysis full report

October 2024

WaterAid

Contents

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Acknowledgements

The authors wish to thank colleagues at the Global Task Force for Cholera Control (GTFCC), Marion Martinez Valiente and Laurent Sax, and Global Health Visions, Kristen Cox Mehling and James Roe, for their expert input, guidance and early review of this report.

We are grateful to members of the GTFCC WASH (water, sanitation and hygiene) working group who kindly provided their insights during key interviews, including representatives from The International Federation of the Red Cross and Red Crescent Societies (IFRC) hosted Country Support Platform, United Nations Children's Fund (UNICEF), US Centers for Disease Control and Prevention, and the World Health Organization (WHO), as well as colleagues at The United States Agency for International Development (USAID) and the World Bank.

We also extend our thanks to all attendees at the 2024 GTFCC Annual Meeting who participated in the validation of these findings, with particular thanks to national representatives who provided invaluable feedback. Special thanks to WaterAid's Irene Owusu-Poku, Sophie Hickling and Kyla Smith for their support, contributions and review throughout the process.

Acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
AU	African Union
AWD	Acute watery diarrhoea
CDC	Centers for Disease Control and Prevention
CSO	Civil Society Organization
CSP	Country Support Platform
GAVI	The Vaccine Alliance
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
GTFCC	Global Task Force on Cholera Control
G7	Group of Seven industrialised democracies
G20	Group of Twenty of the world's major economies
IFRC	International Federation of Red Cross and Red Crescent Societies
JMP	Joint Monitoring Programme
MDB	Multilateral development bank
MPs	Members of Parliament
MSF	Médecins Sans Frontières
NCP	National Cholera Plan
NGO	Non-governmental organisation
OCV	Oral cholera vaccine
PAHO	Pan American Health Organization
PAMIs	Priority Areas for Multisectoral Interventions
PEA	Political Economy Analysis
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SWA	Sanitation and Water for All
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Introduction

2024 marks the mid-point of the Global Roadmap to End Cholera by 2030. This is a critical moment in the fight against cholera, with the world facing a global resurgence and geographical expansion of the disease, including in countries where cholera is not endemic. Despite strong international focus on this deadly upsurge and welcome signals that cholera-affected countries are increasing political prioritisation of the disease, there remain substantial gaps in the leadership, capacity and sustainable financing needed to drive long-term cholera prevention.

While cholera is a public health challenge, sustainable solutions require close collaboration with, and leadership from, other sectors. Cholera once ravaged Europe and North America, killing hundreds of thousands, but the disease was eliminated over 100 years ago through public works focused on improving water, sanitation and hygiene (WASH). Today cholera persists as a stark indicator of inequality, particularly affecting the world's most fragile and resource-poor countries, and the most vulnerable communities within these countries.

Targeted improvements in WASH infrastructure and services to affected communities not only provide the most sustainable solution for preventing disease transmission, but they also help to tackle the root causes of cholera outbreaks and deliver a wide range of health and economic benefits, too. By using cholera as a key targeting indicator, investment in WASH services can act as a driver for the realisation of several interlinked Sustainable Development Goals (SDGs), including improved overall health and wellbeing, poverty alleviation, reduced inequality, enhanced resilience to climate change and improved gender equality – for example, through time-savings leading to educational and economic opportunities for women and girls.[1] Moreover, this approach offers a high return on investment – with every $1 spent yielding an estimated $10 benefit, more than doubling the standard $4:1 return on WASH investments.[2]

In the current global landscape of ongoing and competing crises, there needs to be fresh approaches to scaling up the necessary action and investment to tackle the underlying causes of cholera and prevent future outbreaks. This report contains up-to-date analysis of opportunities and barriers in the current cholera crisis, providing a useful tool for understanding the political context in which global cholera activities take place, and the intersections with policy and decision-making at national and regional levels.

About this project

This report outlines the findings from an in-depth Political Economy Analysis (PEA), conducted by WaterAid, on the current global cholera crisis. The analysis aims to identify opportunities to accelerate efforts to tackle cholera through increased political prioritisation and financing of WASH for long-term cholera prevention and control in affected areas.

This global PEA forms one component of a multi-country cholera advocacy project, with national PEAs on the same topic being conducted by WaterAid in Malawi and Mozambique. The findings will be used to deliver evidence-based advocacy targeting key national and multilateral decision-makers, in collaboration with the Global Task Force on Cholera Control (GTFCC).

The global PEA, together with insights drawn from the national PEAs, will also be used to develop and support activation of a three-year global advocacy strategy aimed at advancing WASH for cholera prevention and control.

Methodology

A political economy analysis (PEA) was employed in this study, enabling a structured and systematic understanding of how change happens, and identifying how best to influence change and to make more politically informed decisions. This analysis aims to build on the knowledge of the broader political economic environment and to increase understanding of the politics and relationships which govern how change happens with individual issues.

WaterAid conducted the following global PEA from April-June 2024, with support from two independent consultants with in-depth knowledge of the interface between the WASH and cholera sectors. Consultants used WaterAid's in-house tactical PEA tool to structure the research, analysis and findings (Figure 1).[3]

The PEA involved ten semi-structured stakeholder interviews, carried out with individuals or small groups. In total, 13 experts working across different aspects of cholera control were interviewed, including the Global Task Force on Cholera Control (GTFCC), the World Health Organization (WHO) and major implementing agencies and key funders: the World Bank, the United States Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the Centers for Disease Control and Prevention (CDC) and the GTFCC Country Support Platform (CSP), which is hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC). In addition to the interviews, consultants remotely attended high-level global cholera events to assess current discourses and messaging.

This approach was complemented with desk-based analysis of academic and grey literature on cholera and WASH (identified using Google, Google Scholar, GTFCC documents, the GTFCC platform, and by interviewees). It included analysis of the findings from a recent GTFCC strategy review and logical framework exercise conducted in 2023.

The key findings from the analysis were shared in a validation workshop during the GTFCC Annual Meeting in June 2024, which sought to gather input and feedback from a broader range of stakeholders, including national representatives. The workshop involved over 50 stakeholders and included a mix of presentations by the consultants and interactive sessions to draw out participant insights. Participants identified gaps and helped to fine tune framing and language, as well as identifying key influencing targets and conducting power mapping of key political economy features. The session concluded with participant input into prioritisation among recommendations drawn from earlier stages of the PEA and a call for engagement with the upcoming WASH advocacy strategy development process.

Limitations

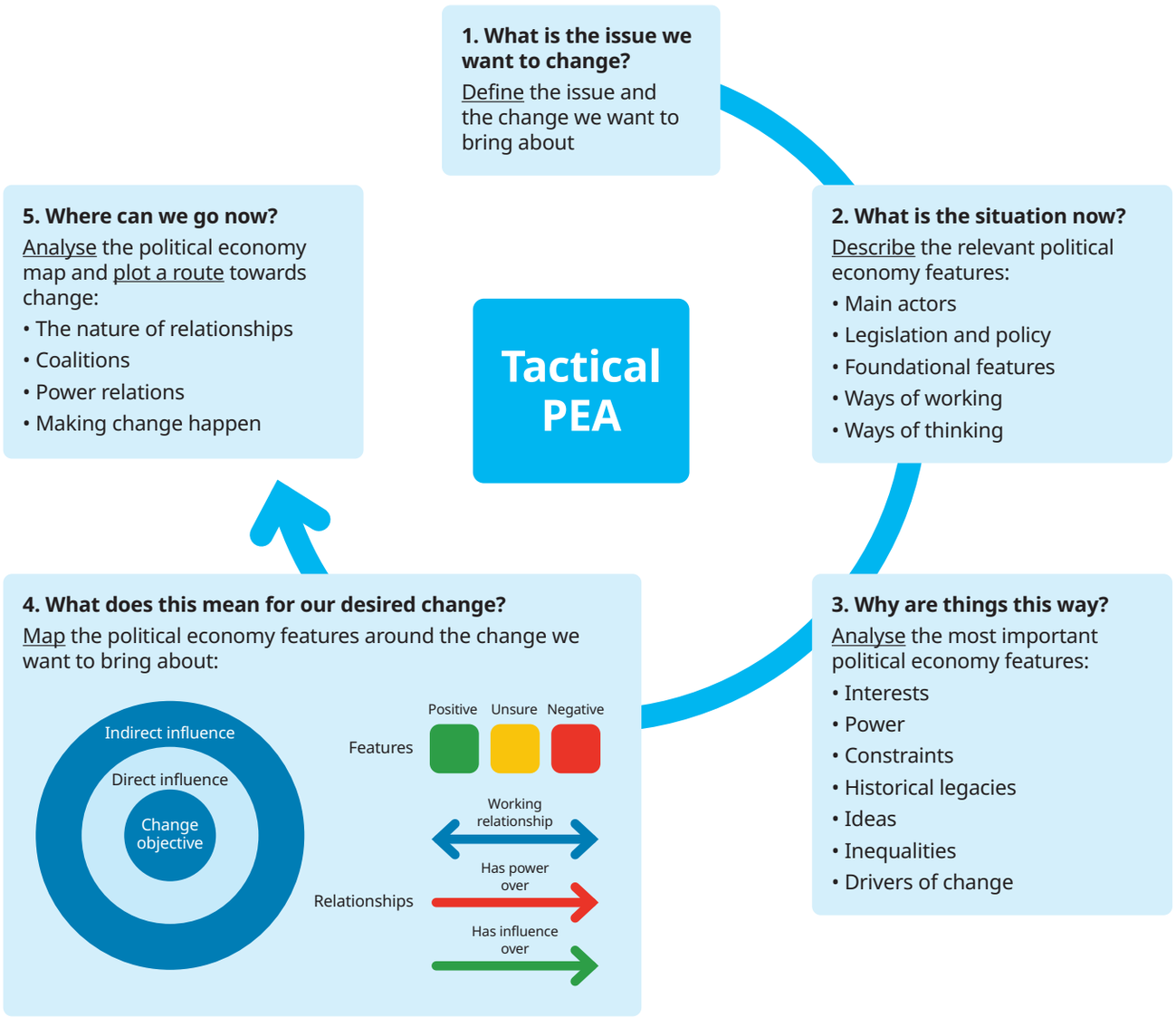
Limitations of this approach centre on the small sample of interviewees, due to practical constraints, and the majority of interviewees being drawn from among the main global actors already engaged with the GTFCC. This may bias the analysis towards greater consensus among actors and lessen its ability to explore less obvious factors and perspectives.

Holding a validation event with a wide range of global and national actors from a variety of disciplines to sense-check the findings of the PEA was critical in overcoming these limitations. Feedback from the event served to challenge areas of uncritical consensus and add complexity through fresh national perspectives on the role of both government and civil society, as well as insights into influencing targets and opportunities at the regional level. In addition, a review of relevant literature and incorporating reflections from the recent GTFCC strategy review contributed to overcoming biases from the limited number of interviewees.

Review of the findings from country level PEAs, once complete, will also play an important role in reducing the impact of these limitations and ensuring alignment as the project moves into the advocacy strategy development phase.

Another limitation of this research comes from adapting WaterAid's tactical PEA tool for individual and small group interviews carried out remotely, as it was originally designed for workshop format. In particular, the mapping in Stage 4 did not lend itself to the online format of the interviews. The in-person validation event provided an ideal opportunity to revisit this section. Roughly half the validation workshop was devoted to interactive activities, with a key component being the power mapping of the key political economy features.

Figure 1: WaterAid tactical PEA tool



Source: WaterAid Political Economy Toolkit, 2017.[4]

Analysis and findings

To effectively advocate for solutions that address the underlying causes of cholera, a critical first step of the analysis requires a clear definition of the problem and the change needed. Next, identifying key actors and issues will help i) establish relevant political economy features and ii) analyse why things are this way. This provides a framework to plot a realistic course towards the desired change, leveraging technically sound and politically feasible solutions that are targeted towards relevant decision-makers. The below sections follow the analysis framework of the WaterAid Tactical PEA Tool through its five core stages and questions.

1 What is the issue we want to change?

"Cholera is a public health challenge, but it requires a public works solution" – PEA interviewee

The world is experiencing a severe global cholera crisis, with larger and more lethal outbreaks appearing in more countries, including those where the disease is not endemic. Despite widespread recognition of the critical role that WASH plays in preventing the spread of cholera over the long-term, efforts to tackle cholera in the current crisis situation are weighted towards short-term reactive measures to tackle outbreaks. Action and investment on sustainable WASH services targeted to cholera-affected hotspots – defined as Priority Areas for Multisectoral Interventions (PAMIs)[i] – remains under-prioritised, and too often, opportunities are missed to convert outbreak response to longer-term solutions[ii], resulting in limited prevention of the disease.

In recent years WHO, along with global partners, has increasingly signalled the vital importance of sustainable WASH as the ultimate solution to combat cholera, and emphasised the need to better link emergency response and humanitarian efforts with long-term development planning and finance focused on preventing and controlling the disease. These shifts can also be seen at the national level, with many cholera-affected countries developing National Cholera Plans (NCPs) involving multiple ministries and including substantial WASH components. In some countries, WASH components make up around 70% of the budget for the NCPs. However, converting such high-level political will into action, with the financing for sustainable WASH, requires leadership and capacity – and there are gaps in this at all levels, from the global through to the sub-national.

i. The Global Roadmap to End Cholera calls for a multi-sectoral approach for cholera control or elimination targeted to PAMIs, also sometimes referred to as hotspots. Identifying PAMIs are a key first step in developing NCPs and aim to improve targeting of cholera control interventions in the context of limited resources.
ii. For example, ambitions to link OCV campaigns with WASH improvements in PAMIs, leveraging the short-term protection offered by the vaccine to create a window of opportunity to implement longer-term WASH services, have not been realised in the context of severe vaccine shortages and stretched capacity to respond to multiple simultaneous outbreaks.

Additionally, actors in the cholera space have a wide range of objectives and often do not share a common professional language. The nature of cholera as a public health issue requiring a public works solution means that in the absence of shared ownership and accountability for cholera within the WASH sector, a health sector-driven response continues to be too vertical and siloed to truly deliver multi-sectoral solutions for prevention of the disease. Lack of coordination and collaboration between the health and WASH sectors – and between the humanitarian and development sectors – is a major barrier to progress. Institutional coordination mechanisms between ministries and sectors – also described as horizontal integration – is critical to enable shared ownership between actors with responsibility for public infrastructure and planning alongside the health sector. Furthermore, inadequate vertical integration from the national through to the district and local levels hinders full implementation of NCPs in PAMIs.

What is the situation now?

Overview of the current global cholera situation

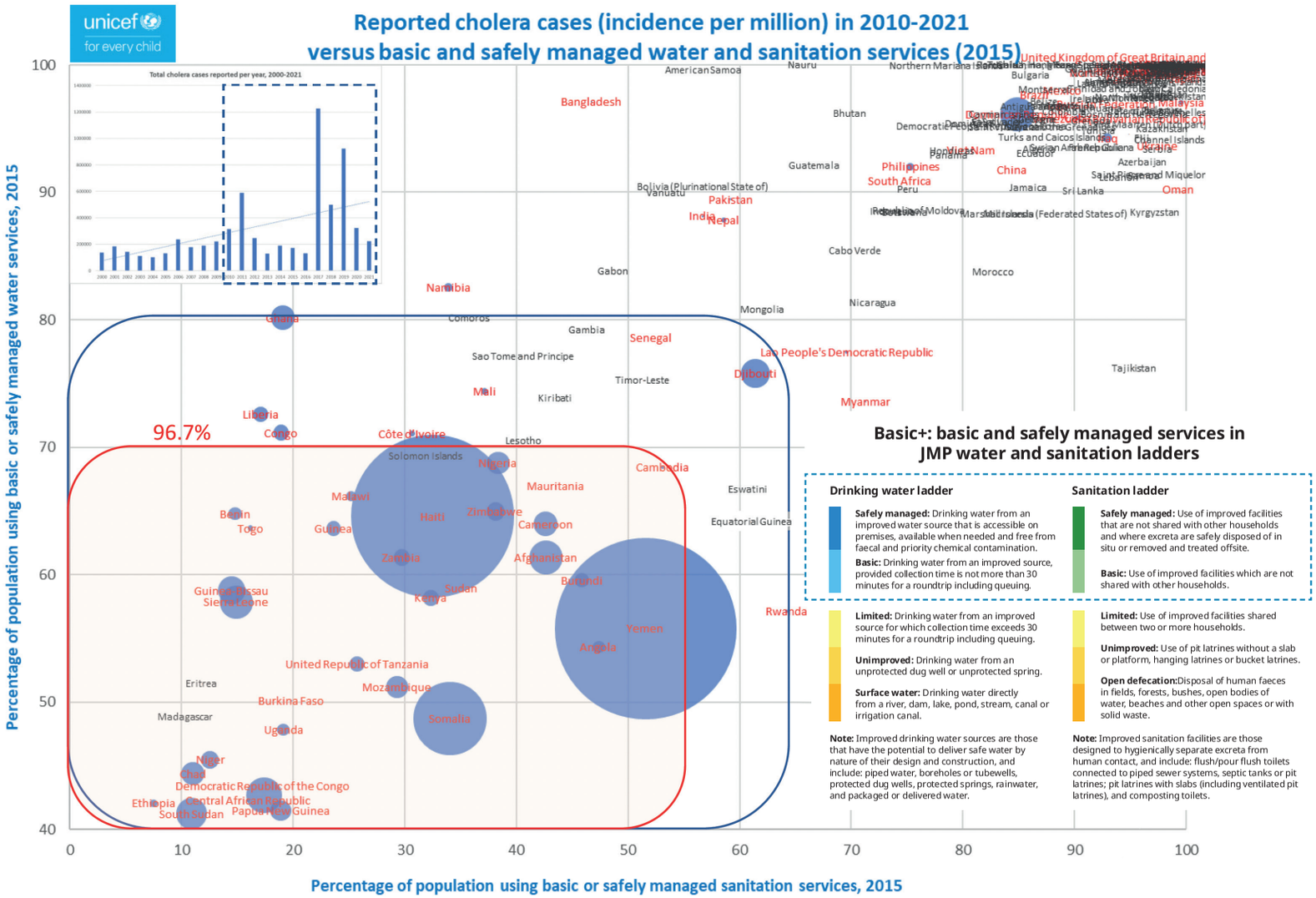
The current global cholera upsurge began in 2021, reversing an overall positive trend of several years of declining infections.[5] 2022 saw 44 countries reporting outbreaks of the disease, up one-quarter from the previous year, with a total of over 472,000 reported cases and nearly 2,400 deaths worldwide.[6] In 2023, cholera cases were reported from 45 countries, with the number of deaths and cases increasing from the previous year by 71% and 13%, respectively.[7] These devastating figures represent only reported cases, with actual cases and deaths thought to be much higher.

The WHO Africa Region was the worst affected region globally, with the largest outbreaks recorded in Democratic Republic of Congo, Malawi and Mozambique.[8] The increasing trend in cases annually over the past few years, alongside higher case fatality rates witnessed in recent outbreaks, has spurred growing urgency to redouble national, regional and global efforts to tackle cholera. In recognition of the severity of the current cholera situation, WHO has classified the crisis as a Grade 3 emergency, its highest-level emergency designation.

WHO estimates that one billion people worldwide are at risk from cholera due to the current crisis.[9] This deadly situation has been compounded by severe shortages of oral cholera vaccine (OCV), depleting global stockpiles, hindering emergency vaccination efforts and halting preventive vaccine campaigns. OCV requests from cholera-affected countries were nearly double the number of doses produced in 2023, and demand in 2024 is predicted to once again vastly outstrip supply.[10]

A comparative analysis of reported cholera cases and WASH service levels covering the decade prior to the current cholera upsurge (2010-2021),[11] demonstrates the critical relationship between cholera and WASH. The analysis by UNICEF (Figure 2), which compared 4,970,328 cases in 234 countries using WHO and Joint Monitoring Programme (JMP) data, showed that 96.7% of cholera cases were found in countries with the lowest WASH service levels. Specifically, of the 34 countries with less than 70% 'at least basic' water services and below 55% 'at least basic' sanitation services, only three did not contribute to this figure, including two island states which may benefit from a level of natural insulation from the disease.

Figure 2: Reported cholera cases (2010-2021) and WASH services levels



Analysis of 4,970,328 cholera cases reported over the period 2010 2021 and WASH services in 234 countries and territories (JMP 2015):

- **98.0% of all reported cases are from countries 39** with basic+ water services lower than or equal to 80 and basic+ sanitation services lower than 65
- **96.7% of all cases reported come from 31 of the 34 countries with lowest water and sanitation combined service levels** (basic+ water services less than 70% and basic+ sanitation services less than 55%)
- **Only three countries with less than 70 basic+ water service and less than 55 basic+ sanitation services do not report cholera cases** over the period, including two islands (Madagascar and Solomon Island)
- **Only five countries with more than 80 basic+ water and more than 60 basic+ sanitation reported significant number of cases** with local transmissions (Dominican Republic, Iran, Iraq, Malaysia and Philippines)

Source: UNICEF.[12]

Description of key cholera actors and factors

The below table summarises the broad categories of key actors involved in cholera prevention and control, with a description and relevant political economy factors, which will be analysed in depth in the following sections.

Table 1: Key cholera actors and related political economy features

Key actors	Political economy factors (e.g. interests and constraints)
Global Task Force on Cholera Control (GTFCC): • Steering committee • Secretariat • Pillar focal points • Country Support Platform (CSP)	The GTFCC is hosted and led by the World Health Organization (WHO) and comprises a secretariat, steering committee and thematic pillars, as well as an operational Country Support Platform (CSP) hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC). It functions principally as a convening body, acting with and through CSP and various partners. The GTFCC is a global partnership bringing together actors working on cholera and seeking to bridge their differing priorities to achieve the desired change. This includes straddling emergency response and long-term prevention. The GTFCC secretariat has a small headcount, with many people holding dual roles within WHO, which affects their capacity. Financing for cholera has been dwindling in recent years because of competing crises and health challenges. Additionally, the GTFCC CSP is the operational arm of the GTFCC, established to support countries with their NCPs development and implementation. Usually there is only one member of staff in a country or within a region, working across ministries and levels of government. Success depends on individual capacity and relationships.
Key global partners (technical and implementing agencies): • WHO • UNICEF • IFRC • US Centers for Disease Control and Prevention (CDC) • WASH Cluster • Médecins Sans Frontières (MSF)	Major health and humanitarian agencies, including UN agencies working on health, are key partners within the GTFCC. Overall, these organisations are in agreement with the challenge set out in section 1 but are not able to bring the resources necessary to producing change. Instead, their role focuses more on providing evidence for technical support, as well as playing a key role in advocacy. Some agency partners are also key actors in cholera outbreak emergency responses.
Global partners (civil society and other actors): • International WASH non-governmental organisations (NGOs) • Other international NGOs (e.g. health, poverty alleviation, gender) • Research/academic networks • Consulting agencies (Global Health Visions)	Civil society, academia and consulting agencies play a critical role in driving policy and advocacy, as well as service delivery (often project-based) in cholera-affected areas. Their priorities are guided by their own organisational agendas, and projects can be heavily influenced by the priorities of donors. This is a challenge for coordinating efforts on cholera within and across sectors. Research and academic networks are key to knowledge production and evidence generation and are important stakeholders within the GTFCC. However, there are challenges in ensuring that evidence generated is translated for, and used in, policy influencing.

Table 1: Key cholera actors and related political economy features (*continued*)

Key actors	Political economy factors (e.g. interests and constraints)
Donors and multilateral development banks (MDBs): • Global donors (e.g. World Bank, African Development Bank, Asian Development Bank, Bill & Melinda Gates Foundation, Wellcome Trust) • Bilateral donors (e.g. USAID; the (UK) Foreign, Commonwealth & Development Office; Japan International Cooperation Agency; the European Union)	Donors have their own strategies, perspectives and internal stakeholders. Donors tend to focus on their own specific windows of strategic interest, and this has a significant shaping effect on the scope of global cholera activities. Current donor interest on cholera is weighted towards health rather than WASH activities (e.g. vaccines and surveillance) and this is reflected in funding sources for GTFCC (e.g. Gates) and emergency response rather than long-term development. However, countries also have significant influence with certain donors such as the World Bank and other multilateral development banks (MDBs), and there are opportunities to leverage this influence by aligning with national stakeholders.
National and sub-national actors (government): • Heads of State • Members of Parliament • Ministries of Health • Ministries of Water/Sanitation/ WASH • Ministries of Finance • Other Ministries with relevant remits (e.g. Environment, Planning, Housing, Local Government and Education) • Cholera Taskforces • National Institutes of Public Health • Regulators – if present/capable • Regional/district authorities • Municipalities **National and sub-national actors (non-governmental):** • Water utilities (public and private sector) • National and local NGOs • Community leaders • Affected communities • Media • Tourism sector • Research/academic networks • Partners of heads of state/ Members of Parliament (MPs)	Although this PEA is focused on the global level, it is important to highlight that global cholera stakeholders recognise national and sub-national actors in cholera-affected countries as the most significant actors in the cholera space. This includes high-level politicians with the ability to set cholera as a political priority; ministers of finance with the ability to allocate domestic budget for cholera activities and request support from donors and MDBs; and ministries responsible for NCPs (usually led by ministries of health with more limited involvement from ministries of water). There are a variety of ministries with relevant remits, but siloed working practices, lack of coordination and limited capacity to overcome these barriers pose challenges to effective multi-sector action. The main area of intervention on cholera is sub-national, and therefore local authorities have a key role to play through planning and allocating local budgets. Ensuring cholera activities and costs are integrated with district level development and WASH planning is vital. There are a number of organisations and networks, such as cholera taskforces, national institutes of public health, water utilities and research/academic networks, that play a variety of important roles in action to tackle cholera. These groups may be organised quite differently in different settings, often straddling the public and private sectors. Intersectional coordination and integration of these actors therefore poses an additional challenge to delivering joined-up, locally led action in cholera-affected countries. Local national NGOs and civil society networks have power to raise their voices, liaise with affected communities and mobilise grass-roots advocacy to shift national agendas. However, they often work in a project-based way and focus on technical delivery rather than professional advocacy, unless dedicated funding is available. This poses a challenge for mobilising demand by and on behalf of affected communities, who may come from marginalised groups and/or lack access to decision makers. Groups with a less direct stake in cholera activities, but which have a powerful voice and unique angle, include sectors like tourism, partners of key politicians and the media. Influencing tactics should, therefore, consider engaging these actors at the national and sub-national level.

Table 1: Key cholera actors and related political economy features (*continued*)

Key actors	Political economy factors (e.g. interests and constraints)
Regional bodies: • Networks of MPs, cities, districts, mayors • Regulator networks • African Union (AU) • Africa Centres for Disease Control and Prevention (Africa CDC) • Southern African Development Community (SADC) • Sanitation and Water for All (SWA) • West African Health Organization (WAHO) • World Bank Parliamentary network • WHO regional offices	There are many regional groups and platforms for African parliamentarians, governors, provincial leaders, mayors and other leaders. These people have the power to influence local agendas concerning cholera. Networks of water regulators (e.g. Eastern and Southern Africa Water and Sanitation Regulators Association) similarly have the ability to raise quality standards through skills training, information sharing and promoting best practice. AU and SADC have the ability to influence higher-level political agendas across the African region. Africa CDC has taken positive steps on regional and cross-border coordination of cholera outbreak responses as well as prevention. WAHO (and its Pan-American counterpart PAHO, the Pan American Health Organization) hosts a number of sub-regional networks that could be used to build cross-border consensus on cholera responses. Additionally, networks that straddle global and regional coordination often include forums such as SWA's Minister of Finance network, the Group of Seven industrialised democracies, and the G20, the Group of Twenty of the world's major economies that could play an important role in coordinating finance, including for cross-border activities.
Sustainable Development Goal (SDG) actors	The SDGs remain a driving force in the global development landscape. Cholera is connected to a number of SDG goals but is not well integrated into either SDG 3 (health and wellbeing) or SDG 6 (water and sanitation). However, with so many organisations engaged in the SDG framework, identifying and building relationships with the relevant people would require further research.

Why are things this way?

This section brings together an analysis of the key actors and the key political economy issues driving the current cholera situation.

The current cholera crisis is in the context of multiple competing crises

In recent years a complex web of factors – including protracted conflicts and humanitarian crises, economic and political crises, record levels of forced displacement and rapid urbanisation[13] – have put pressure on both health systems and water and sanitation systems, creating a perfect storm in which cholera can flourish. This has been further complicated by the COVID-19 pandemic and its impact on health services, people's attitudes to visiting the doctor, clinics or hospitals, and public trust in institutions and governments.[14,15]

Climate change and extreme weather events are also playing an increasing role in exacerbating seasonal cholera patterns, although the precise impacts are unpredictable and not well understood.[16] Climate change will continue to do this over coming years, and its unpredictability may add complexity to identifying PAMIs. What is already clear is that climate change is having a devastating impact on areas of the world where the resilience of WASH and health systems is low, with disproportionate impacts on vulnerable and marginalised groups.[17]

Cholera prevention and control have suffered from under-prioritisation and under-investment for decades but with so many competing global crises, the challenge has deepened. The capacity and finance needed to tackle cholera are stretched not only at the global level, but also at the national and subnational levels. Despite the scale of the current cholera crisis, the GTFCC has indicated that global funding to support cholera responses has reduced in recent years[18] from $10.4 billion in 2012 to $8.4 billion in 2015.[19] As cholera prevention remains a low-priority for key decision-makers and funders, collaborating on new ways is necessary to scale up the action and investment required to address the causes of cholera and avoid future outbreaks.

Health sector leadership and financing means cholera is addressed through a health lens

The Ending Cholera Roadmap calls for a multi-sector approach. However, in practice cholera is largely perceived as a health sector issue. While WASH solutions are by no means absent from cholera activities, they tend to play a more secondary role – despite the importance of WASH as the ultimate long-term solution for sustainably tackling cholera. As a result, cholera is largely addressed through a health lens by global actors and donors, and is under the leadership and financing of the health ministries at a national level. This can lead to actors working in silos when coordinated, multi-sectoral solutions are needed.

Although early successes in tackling cholera relied on population-wide improvements to water and sanitation, 21st century cholera solutions have tended to focus on health interventions, such as vaccines, surveillance and diagnostics. This approach has been shaped by incentives that favour a health sector-driven response to cholera, with the OCV provided by donors through the global emergency stockpile or GAVI, The Vaccine Alliance.

Given that the OCV is relatively easy to administer, cheap to deliver and provides protection for three-to-five years, it has been a popular way, in short-term political cycles, to show that governments are acting. In comparison, despite a high return on investment and yielding benefits across multiple

sectors, sustainable WASH improvements are complex, expensive and deliver benefits over the long-term, making them less politically attractive.

Financing activities to combat cholera comes largely from the health sector and health-oriented donors. This funding is not designed to meet the much larger infrastructural requirements to sustainably improve WASH services and systems in PAMIs. Processes and timelines for WASH solutions are also very different from healthcare solutions, but cholera experts are not necessarily engaged in these WASH sector processes at the local, national or global levels. Moreover, people in the health sector may lack the technical knowledge needed to plan for WASH solutions over the long-term.

At the same time, water authorities and others involved in the delivery and decision making with WASH are not consistently engaged or responsive to cholera, due to its perception as a health sector issue. There are also no incentives to encourage the WASH sector to take on increasing responsibility for tackling cholera. At both the national and global level, lack of coordination and collaboration with the WASH sector means that it does not consistently use cholera or PAMIs as targeting criteria for WASH programmes. The lack of shared leadership and accountability between the health and WASH sectors at all levels poses challenges for coordinated cholera action targeted to PAMIs.

Lack of evidence on WASH thresholds for health outcomes

A major barrier to the scale up of WASH solutions for cholera comes from the lack of clear evidence on the most cost-effective approaches to achieving sustained impact on cholera through WASH. This includes a lack of consensus on minimum coverage and whether the focus should be on achieving basic WASH coverage or aiming for higher levels of service.

A further challenge is the complexity of defining the WASH needs for different settings – such as rural, urban and informal settlements. Without evidence-based consensus, it is difficult to not only define the specific WASH package for different settings, but to establish costings and cost-benefit analysis to justify such investment.

Challenges with WASH and health data in cholera-affected areas

A related challenge centres on the disconnect between WASH and health data in cholera-affected areas. Cholera-affected areas are generally sub-national, such as districts or municipal areas, and data for analysis and action is needed at this level. Advances in surveillance and facility-level health data systems mean that data on cholera cases and deaths is available for all government administration levels (e.g. administration levels 1, 2 and 3).

However, estimates of WASH service coverage from the UN Water's Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) and JMP are often only available at the national level. When data are collected for sub-national levels, this may not be done systematically and data are often not fully accessible to all relevant stakeholders. There may also be political disincentives to gathering and sharing such data, as poor WASH status can be reputationally damaging for governments. On a more practical level, there is often a lack of time and people power to survey WASH access and water quality at this level.

While the reasons may vary, insufficient local WASH data is a challenge for planning and advocacy at all levels. Accurate data on the WASH improvements needed for cholera prevention are essential for defining a minimum 'WASH package' for different settings. This information is critical for district-level development planning and local and national budgeting, as well as for global actors to plan activities and for donors to agree funding.

NCP implementation requires resource mobilisation and integration with long-term planning

Political leadership by national governments in cholera-affected countries is essential to deliver the Global Roadmap to Ending Cholera. High-level political prioritisation of cholera has improved in recent years, as shown by the increase in countries requesting support from the CSP to develop NCPs, and by the number of NCPs endorsed at ministerial level.

While the development of NCPs signals the political will of governments to address the disease, these plans often remain costed but unfunded and only partially implemented. This is particularly true of the WASH components of NCPs, which make up the majority of costed budgets. If the WASH components of NCPs are not linked with WASH sector plans and budgets, the risk is that these will remain unfunded and under-prioritised amid many competing demands, long timescales and the lack of shared ownership by those with a key role in delivering these components (e.g. ministries of water, environment and urban planning).

An additional challenge is that NCP budgets may not offer sufficient explanation of the finance mechanisms that will be or are employed by the relevant government, making it difficult to obtain other funds. Furthermore, without signals that domestic resource is being used in NCPs, it is challenging to convince global actors, including donors, that tackling cholera truly is a national priority.

NCPs are an important tool to define WASH and other needs in PAMIs but should not be seen as an end in themselves. There is a high risk that these plans remain aspirational documents unless they are integrated with national and district development and WASH plans. National Development Plans are already underway and linked to international development and domestic funding, so alignment of NCP processes with these cycles is essential.

Cholera disproportionately affects marginalised groups and hard-to-reach areas, making political prioritisation difficult to sustain

The countries facing cholera outbreaks are often resource-poor. Cholera has also tended to occur in communities made vulnerable through conflict and political instability. As a result, at the global level, cholera is often seen as a disease of poverty and marginalisation. However, there are political and reputational issues in this framing. Additionally, the increased geographical spread of recent outbreaks and the impact of future climate-related weather events add complexity to the picture.

Nonetheless, inequality is a key feature of the places and people affected by cholera. Affected communities are often marginalised and hard to reach, with weak or absent infrastructure, such as the urban poor living in informal settlements and displaced persons. These communities often have limited political visibility and societal power to advocate for change, although this should not be confused with a lack of agency or potential for mobilisation with proper support.

Cholera is often cyclical in nature, occurring annually in line with weather cycles in some countries due to breakdowns in water and sanitation systems and lack of resilience. Outbreaks are also prone to arise in areas where natural disasters have occurred, in conflict zones and areas not under government control, when water and sanitation systems fail. Taking action on cholera in these settings can be challenging, costly and inefficient, as local areas may not be able to absorb additional resources or sustain WASH services.

Both whom the disease affects and the inconsistency with which it occurs mean that too often it loses the attention of decision-makers between outbreaks. Competing demands in cholera-affected areas mean that challenges which remain more consistently visible are often given higher priority within political agendas and budgets. There may also be a political disincentive to invest in long-term WASH improvements where the main beneficiaries do not represent an influential constituency, particularly where there are high operational costs as well as risks. These factors can make concerted action to tackle cholera over the long-term politically, practically, and financially challenging.

Priorities, mandates and ways of working of the main cholera actors influence the focus and agenda

a. The WASH/health and development/humanitarian divide

The GTFCC provides a key global platform to bring together a variety of actors, foster coordination on health and WASH sector activities, provide technical support and build bridges between humanitarian and development partners, as well as global and national level actors. Working across such a broad range is challenging, as each sector and organisation brings its own priorities and agendas to the table. Additionally, partners may be influenced by their funders, adding more complexity to GTFCC efforts to build cross-sector coordination.

However, the nature of GTFCC's staffing and relationship with WHO, which has a mandate to engage primarily with ministries of health, lends itself to health sector leadership and health-focused responses. GTFCC partners are also weighted towards actors from the health sector as well as agencies focused on humanitarian and short-term emergency activity. There are relatively few partners focused on long-term development[iii], and WaterAid is the one of the only active members with an explicit WASH and development focus.

The GTFCC leadership are strong supporters of WASH as the ultimate solution for long-term cholera prevention, and this message has become more prominent in recent years. There is a WASH pillar and longstanding WASH working group, but the group is weighted heavily towards technical experts, and humanitarian actors are also overrepresented compared to development actors.

This concentration of health and humanitarian actors and absence of development actors with responsibility for WASH hinders integration with wider WASH sector processes and priorities. The lack of links with the broader WASH sector also hinders the development of strategies for embedding cholera as an indicator of WASH need and further defining the minimum WASH package necessary to prevent and control cholera in different settings.

b. Advocacy and communications gap

Across all thematic pillars of the GTFCC there is also a skill and capacity gap around advocacy and communications. While a cross-pillar advocacy strategy and Advocacy Task Team exist, the first is out of date, the latter inactive. Working groups are composed primarily of technical experts, with few policy, advocacy and communications specialists able to forge compelling narratives and plan coordinated, effective campaigns. This poses challenges for engaging in sustained, strategic advocacy and engaging partners in common messaging.

c. Donor perspectives

Donors and other financial actors including MDBs, plus some bilateral donors, are also not actively engaged with key WASH and advocacy fora within the GTFCC (although funders such as the World Bank and USAID do send representatives to high-level meetings). This presents a serious gap, as warm and open relationships with these actors would provide valuable insights into effectively promoting increased investment in long-term cholera prevention. It is difficult to build consensus on targeting sustainable WASH investments to PAMIs when key actors with decision-making power are not at the table.

For example, actors in the cholera space widely accept that using cholera as an indicator of priority need for WASH improvements is effective, delivering high returns on investment. For donors, the lack of unambiguous data on the cost benefit of various WASH service levels in different cholera-affected settings, means they are not confident about the return on investment of specific targeting of WASH investments to cholera PAMIs.

iii. In some cases, partners include larger agencies with both humanitarian and development focus, but cholera is generally under the purview of their emergency humanitarian response directorates.

Donors are, however, highly motivated by and responsive to country priorities and requests. Unfortunately, even where donors have an interest in funding cholera activities, including WASH for long-term prevention, they might only get requests to support emergency responses to outbreaks. One reason for this can be a lack of coordination between ministries with responsibility for health, WASH and finance – actors working to tackle cholera are not engaged with ministries holding relationships with donors investing in long-term development.

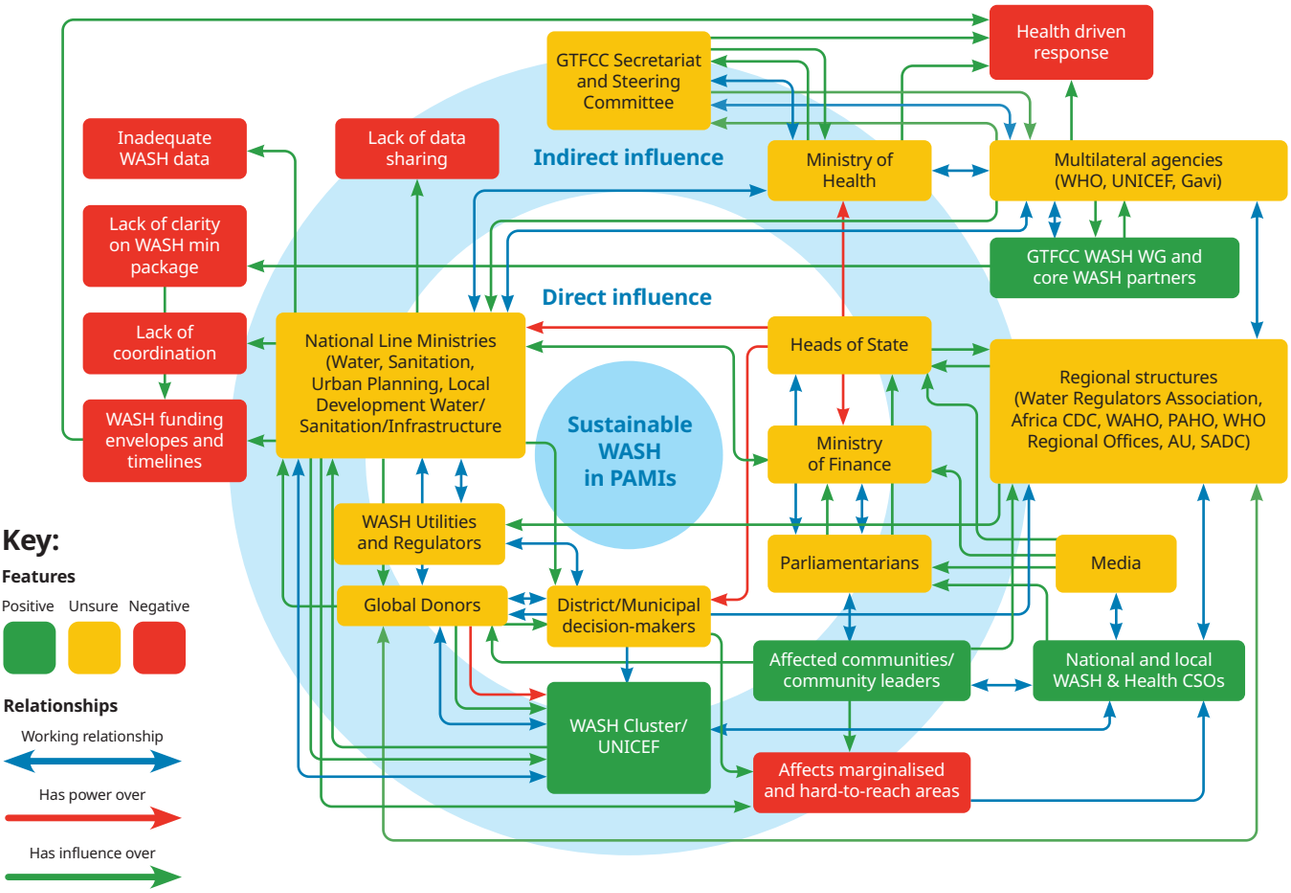
d. Siloing at a national level

Government and civil society health and WASH sectors in cholera-affected countries frequently lack coordination on long-term approaches. There are often poor systems for sharing data across ministries and departments, hindering the joint planning of initiatives and priority areas to target. Government engagement with civil society may not automatically include seats at the table for non-health actors, meaning WASH organisations have to push for access. Overcoming silos and bringing people together to build consensus requires time, effort and resource, all of which are frequently stretched by competing demands and challenges.

4 What does this mean for our desired change?

The next step in our PEA involves mapping the most prominent political economy features that relate to the change we want to see – sustainable WASH in PAMIs. Doing this helps us work out the way forward. Figure 3 outlines the prominent global PEA features related to cholera, which were plotted as part of the validation workshop at the GTFCC Annual Meeting in June 2024.

Figure 3: Global PEA map



This global cholera PEA map shows the main cholera actors – including the GTFCC and core partners such as WHO, ministries of health, health donors and health civil society organisations (CSOs) – predominantly sitting in the outer ring of the map, with indirect influence over sustainable WASH in PAMIs. The actors with direct influence, such as heads of state, ministries of finance, parliamentarians and ministries responsible for WASH and urban planning, lie in the inner ring. Charting a pathway to sustainable WASH in PAMIs requires working with and influencing key actors across the whole map – including, importantly, those in the inner ring. The PEA map helps identify actors that may not have been obvious, or aware of cholera and the GTFCC. In addition, the map highlights many regional structures and partnerships which can play an important role in influencing heads of state and ministers of finance and enhancing regional coordination and cooperation. This includes sharing best practice and improving the effectiveness of water and sanitation regulation within a given region.

Where do we go now?

Analysis of the PEA map, together with the findings from the stakeholder interviews and the validation workshop, reveals how we can move closer towards the goal of long-term prevention of cholera through sustainable WASH in PAMIs. This can be grouped into four broad areas of action.

I. Framing and positioning of cholera

"We need to think differently, because cholera is not just a disease – it's a question of inequity" – PEA interviewee

a. Increasing ownership of cholera as a WASH sector issue

Despite the worsening cholera situation globally, financial support is dwindling and current narratives are not cutting through with key decision makers. Despite the strong multi-sector focus in the Ending Cholera Roadmap, this does not always translate into practice and cholera is still predominantly perceived as a health issue. As long as cholera is seen as a health issue, investment will come from the health sector and remain focused on health-solutions with shorter timeframes. At the same time, a health sector lens is not broad enough to address the deeper inequalities and poverty-related factors where cholera prevails. There is a need to move beyond health towards greater ownership of cholera with the WASH sector, and importantly increased accountability for progress.

b. Cholera as part of a holistic approach to development

A stronger narrative that includes cholera as part of a wider WASH or development objective is urgently needed, based on the principle of leave no one behind. This is likely to be more favourable with donors than a narrative that specifically targets PAMIs, given that there are a multitude of factors that influence where and how development and WASH budgets are spent.

At the same time, positioning cholera as part of broader challenges that affect the poorest communities, using the framework of the SDGs, could engage a wider range of actors and funders. Seeking to address multiple vulnerabilities together provides the greatest opportunity for sustained progress and return on investment.

c. Focus on the interconnectedness of cholera with other issues

Finally, focusing on how cholera is connected to other issues with political traction may elevate its importance for key decision-makers. For example, building the narrative about the link with climate change. This could also open up new funding sources. Another area to potentially explore is resilience funding through linking outbreak responses to long-term action.

II. New actors and partnerships

a. Develop new partnerships, alliances and ways of working

Along with the need for a stronger framing and positioning of cholera as fundamentally a WASH and development issue, new actors, partnerships and alliances are needed to embed cholera within these agendas and reach decision-makers outside of the cholera space.

b. Build meaningful engagement, trust and understanding

The priorities, mandates, timelines, budgetary processes and ways of working differ greatly across different groups of actors and sectors. Building meaningful engagements, trust and understanding is critical to be able to effectively work together and influence the right people at the right time. This goes beyond a superficial relationship and relies on fundamentally understanding how these other sectors, departments and ministries work.

c. Articulate mutual benefits

Understanding the direct and indirect influences on key decision-makers in health, WASH, development and linked SDGs at the district, national, regional and global levels is critical to effectively tailor advocacy messages and develop tactics to reach and influence these actors. Success requires those working on cholera at all levels to harness advocacy skills and tactics in order to develop close working relationships with new actors and coalitions, based on understanding the mutual benefits of working together.

III. National government leadership, capacity and financing

There was strong consensus among stakeholders that prioritisation of cholera prevention through WASH must be signalled at the top of government in affected countries. Interviewees indicated that government rhetoric, policies, and planning should be supported by the budgeting needed to support long-term development and planning. The pathway to this will vary by country depending on specific challenges and opportunities.

a. Elevate cholera under a high-level political leadership and financing mandate

Change cannot happen without governments in cholera-affected countries prioritising sustainable WASH improvements as the ultimate solution to cholera. At the national level, there will be more traction by elevating ownership of the issue from ministry of health level to central political leadership at the level of the president or prime minister and legislative branches, with support and buy-in from ministries of finance. While there is already growing parliamentary interest in driving WASH development across several African countries, a clear directive is needed for ministries of finance to make domestic resources available to improve WASH in PAMIs. Increasing domestic resources is a fundamental step in mobilising external resources from bilateral donors, MDBs and others.

b. Embed cholera in national and district development and WASH plans

National and district development plans offer avenues for cholera to be prioritised. Critically, integrating NCP activities and indicators on WASH with urban planning, development and WASH plans is essential to ensure long-term implementation and funding. Focusing the advocacy narrative on the importance of inclusion in PAMIs to ensure no one is left behind would make investment and activity in hotspots more politically and practically feasible than simply shifting the focus of WASH investment to these challenging settings. However, in some contexts PAMIs may occupy a large proportion of the country, therefore efforts to identify priority areas within PAMIs will be important.

c. Devolve leadership to local levels

A devolved leadership that allows district and local decision-makers a degree of autonomy over human and financial resources is likely to support better integration of NCPs into existing priorities at local levels and ensure the most at-risk areas are included in plans. Strengthening institutional structures at all levels is key to supporting integration and cross-sector working.

d. Mobilise domestic resources and use outbreaks to galvanise action to invest in high-risk areas

Failure to act in the immediate aftermath of any cholera outbreak is a missed opportunity to raise the political priority and financing for medium- and long-term WASH in high-risk areas. There is a window when a major cholera outbreak is prominent in the minds of decision-makers and communities, and this presents a unique moment to advocate for solutions that will prevent future outbreaks, loss of life and emergency response expenditure. Advocacy specifically targeting government decision-makers to include cholera within their asks to MDBs and existing donors during this window is critical. Stakeholders from government, civil society, technical partners, the GTFCC and the CSP all have a role to play in these critical windows of opportunity.

IV. Appropriate and coordinated support from partners and donors

Partners and donors have an important role to play in providing coordinated support to cholera-affected countries to overcome key bottlenecks in implementation, including human resource capacity, gaps in data and evidence, financing and coordination. Access to the right evidence, technical tools and advocacy support in an appropriate and accessible format are all critical to enabling governments to implement NCPs and prioritise long-term, sustainable WASH in PAMIs.

a. GTFCC's role in strengthening capacity and supporting cross-sectoral collaboration

The GTFCC, and particularly its CSP, plays an important role in supporting and strengthening the capacity of governments, ensuring coordination of partners, driving advocacy efforts, and helping embed and link cholera to national and district development and WASH plans. However, in order to operate effectively, the CSP needs to be adequately funded to support CSP managers in all high-risk cholera countries and properly mandated to work across sectors, particularly WASH, and hold different actors to account.

b. Expanding the GTFCC WASH working group

Given the current concentration of health and humanitarian actors in the WASH working group, and in order to better support countries in framing of cholera as a WASH and development issue, membership of the group should be broadened. This should include members from WASH development or the development side of organisations and, critically, more participation from government and civil society in affected countries. This presents an opportunity to explore the possibility of directly involving or building links with more diverse members of parliamentary WASH groups, those involved in national and sub-national development planning, and actors from WASH ministries and organisations, thereby building greater alignment between global standards and national activity, while ensuring countries are driving the evidence and resource needs.

c. Defining the most cost-effecitve WASH package and other evidence gaps

Ensuring that cholera research is aligned to knowledge and evidence gaps to support effective influencing is also key to accelerating action and investment on WASH for cholera prevention. Research, as well as clearer guidance and resources, that better articulate the most cost-effective 'WASH package' in different cholera settings is urgently needed. This includes more robust data on costs and return on investment for WASH in PAMIs, versus repeatedly responding to outbreaks.

The current ask of the WASH sector by the GTFCC is too high level, and there needs to be a clear plan for how to progress from PAMI identification to incremental improvements in WASH in these areas, including for instance what a medium-term WASH investment would look like. The lack of a clear, actionable strategy and WASH investment plan hinders overall mobilisation of actors and funding. Furthermore, guidance on how to jointly plan and work across sectors is important to facilitate more coordinated working, and how to better link future OCV to progress on WASH should be explored. Finally, building understanding of and evidence to the links with climate change would be advantageous.

d. Dedicated human resources and expertise on advocacy

The GTFCC's cross-pillar advocacy task team currently does not meet regularly or adhere to a specific workplan, with clear roles and responsibilities for partners, including a leadership role. This hinders the opportunity to link global and regional opportunities with national advocacy efforts, as well as the development of advocacy resources and support for countries. Raising the profile of this group to place it on a more equal footing with other pillars with dedicated human resources and expertise in advocacy and communications, would enhance the GTFCC's ability to coordinate activity, build links with key actors and communicate with impact to a wider array of stakeholders. The advocacy task team would also be better placed to mobilise the GTFCC steering committee for key advocacy moments and opportunities.

Linking and reinforcing efforts across all levels from the district to the national, regional and global, is key to building momentum and galvanising political will. Engaging regional structures such as Africa CDC, SADC, parliamentary networks and gatherings of finance ministers (e.g. SWA Finance Ministers Meeting) to influence national agendas is key to ensuring coordinated cross-border efforts, joint advocacy, country-to-country learning and sharing progress. Strengthening GTFCC engagement at these levels, particularly those relevant to the WASH sector such as regional networks of water and sanitation regulators and SADC, provides new avenues to build political momentum and action on cholera.

e. Funding and strengthening civil society and networks

Strong civil society networks dedicated to the mobilisation of sustainable WASH in cholera-affected areas are a powerful mechanism to engage and pressure parliamentarians, ministries of finance and legislative branches of government. The GTFCC and its partners can provide support (financial and in kind) to national and local civil society partners and WASH networks to work on cholera advocacy, either channelled directly to local CSO partners or through the CSP. Donors can play a critical role in supporting small-scale funding for national advocacy partners and networks, enabling professionalisation of advocacy by and for affected communities. This would provide an important pathway to put pressure on and influence key national and district level decision-makers.

f. Integrating cholera with development priorities and their coalitions

Integrating cholera within other development agendas could offer new and alternative avenues to complement existing efforts. For example, as a disease that is predictable and preventable, strengthening preparedness for and prevention of cholera has the potential to align with other disease communities and agendas around enhancing surveillance, improving WASH and strengthening climate-responsive health systems (including WASH in healthcare facilities). Embedding and integrating cholera as part of a broader set of disease initiatives and funding could be mutually beneficial to water-related diseases such as typhoid and polio, and WASH-related health challenges such as malnutrition.

With the ability to map PAMIs and a strengthened evidence base for the relationship between cholera and multiple forms of deprivation, cholera can offer a unique approach to guide and target development efforts in areas that are likely to be most vulnerable to overlapping risks including poor WASH, weak health and surveillance systems, low climate resilience, inadequate housing and high rates of malnutrition. Further engagement and alignment with the SDG processes, and the future framework that will supersede them after 2030, at the global and national levels is essential to broaden the spectrum of actors involved and to successfully cement cholera as a key indicator of poverty, inequality and marginalisation. Better alignment with the SDG6 community specifically is key to understand, engage with and support efforts to unblock challenges affecting the WASH sector. Additionally, in some contexts it might be beneficial to link with other priority agendas such as climate change, One Health and pandemic preparedness.

Summary and recommendations

An escalating series of devastating cholera outbreaks around the world has prompted the need for accelerated efforts to elevate the political priority and mobilisation of domestic and external financing for long-term prevention of cholera through sustainable WASH. At the mid-point in the GTFCC Global Roadmap to End Cholera and as we approach the last few years of the SDGs, the timing for renewed action on this solvable crisis is now. The coming years offer several windows of opportunity to catalyse action towards a more sustainable approach to preventing cholera.

An analysis of the key challenges and barriers to change through a structured and systematic PEA can help explain why an ancient disease continues to be a burden to the poorest communities. It offers new insights and approaches to galvanise political will into meaningful action and investment. The aim of this report was not only to summarise the key political economy features of current cholera prevention and control efforts, but also to highlight priority areas for urgent action and put forward practical steps that key actors can take to end cholera. A theory of change based on this analysis and findings is outlined in Annex 1. The below key recommendations are grouped according to national governments, the GTFCC, partners and civil society.

National governments of cholera-affected countries should:

Primary recommendation

- Integrate and link outcomes and activities from National Cholera Plans (NCPs) into National and sub-national Development plans and budgets and WASH plans and budgets to ensure inclusion of WASH in PAMIs as part of long-term planning and funding.

Secondary recommendations:

- Elevate cholera under a high-level political agenda and support the improvement of WASH access as a key domestic financial priority, utilizing the best practice of providing specific and protected resources for use in PAMIs.

The GTFCC should:

Primary recommendations:

- Develop and strengthen links between cholera and other key development priorities such as climate change and related disease areas, and work through networks and coalitions to embed cholera indicators within key WASH and development objectives.
- Engage with donors to broker financial incentives, supporting increased levels of domestic resources for WASH (with specific inclusion of key PAMIs).

Secondary recommendations:

- Strengthen and expand its WASH working group to include more development focused partners, WASH sector actors and donor representatives, to embed cholera within their agendas.

- Reconvene and strengthen the advocacy task team – to include regular meetings, a workplan, and dedicated focal point within the secretariat or a GTFCC partner via a secondment – to lead strategic advocacy and communications, update the global cross-pillar advocacy strategy and provide support for national advocacy efforts.
- Provide financial support (through CSP or directly) to local civil society to strengthen capacity for advocacy and engagement with national and district-level decision makers focused on supporting the improvement of WASH access as a key domestic financial priority.

Partners and civil society should:

Primary recommendations:

- Advocate for broader development initiatives and funding to include a selection of harder-to-reach priority areas within PAMIs and engage major WASH actors and funders at all levels to better understand how to put cholera on WASH agendas.
- Prioritise research to define the most cost-effective 'WASH package' in different cholera settings and strengthen the evidence base on the cost-benefit of using cholera/PAMIs as a targeting indicator for investment in WASH.

Secondary recommendations:

- Systematically consult their own networks and funders to better understand what evidence would be compelling in funding decisions and produce appropriate research and guidance to support the GTFCC and national governments in line with these findings.
- Use the immediate aftermath of major cholera outbreaks to hold governments to account and convert short-term political prioritisation into actions that will deliver long-term prevention through improvements in sustainable WASH in PAMIs.

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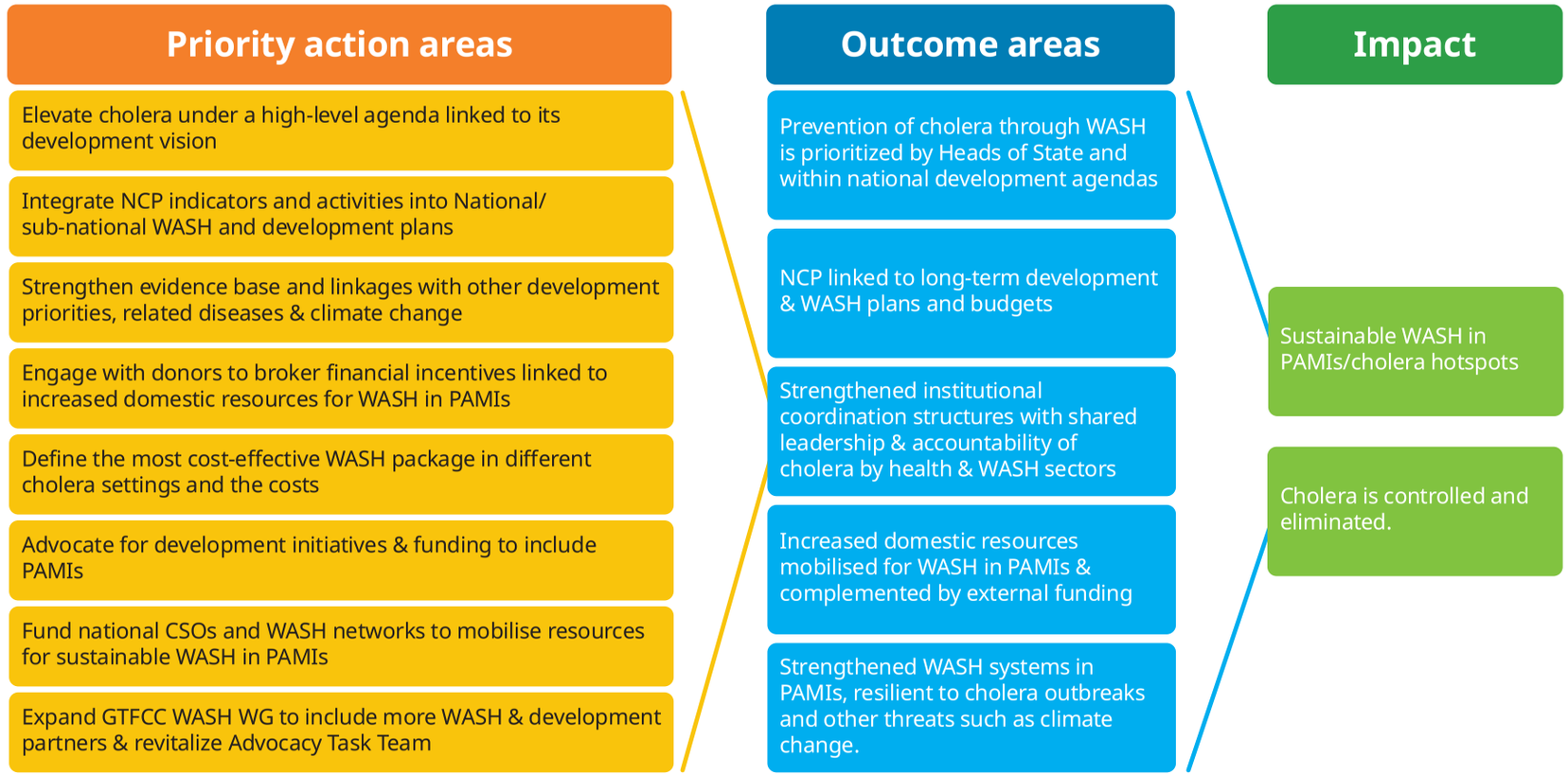
Annex 1. Theory of change



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