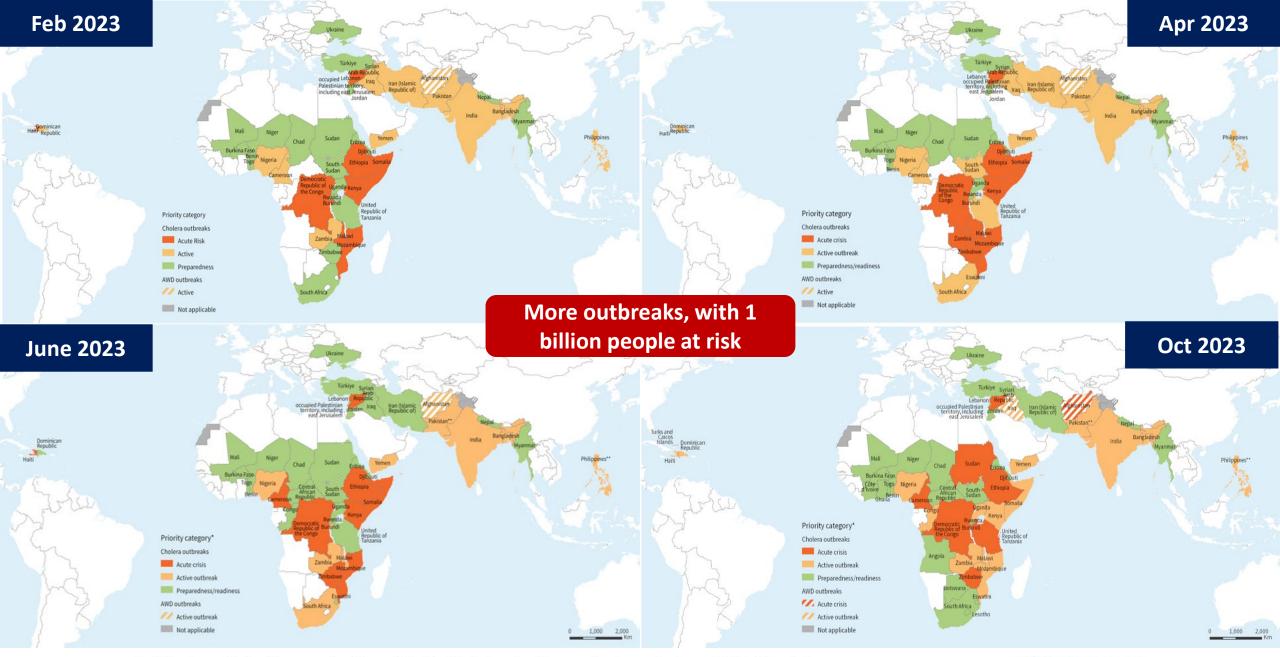
Update on the global Cholera situation, within the 7th pandemic 19 October 2023



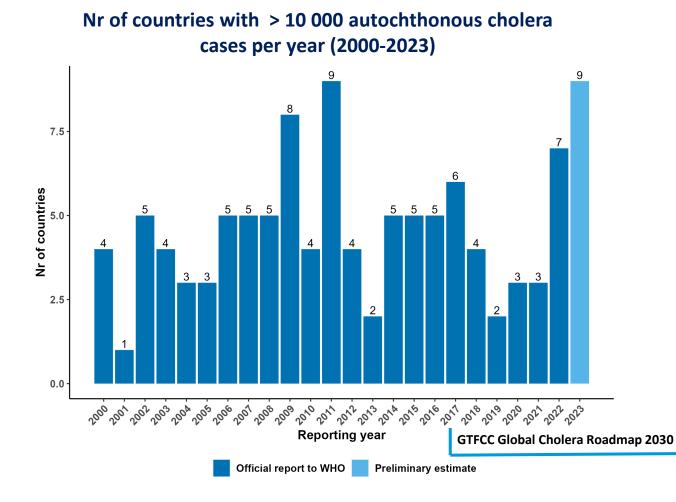


The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Data Source: World Health Organization Map Production: WHO Health Emergencies Programme Map Date: 13 October 2023

* The prioritization status may not affect the entire country, but may reflect the situation in certain administrative levels in a country. ** Category subject to confirmation due to data incompleteness.

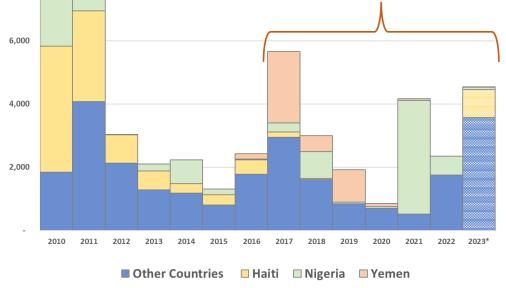


Larger and deadlier outbreaks



Cholera deaths reported to WHO 2010-2022 (WER) & preliminary data 2023*

8,000

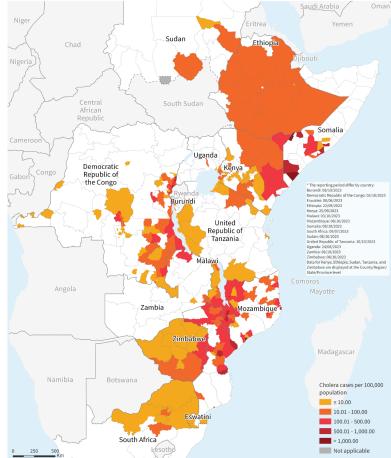


Roadmap Objective: reduce death by 90% 2017-2020: reduction in deaths: -90% 2020-2023: increase in deaths: +50%



Overall current cholera operational context

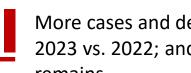
Cholera cases per 100,000 population reported in South East Africa and Horn of Africa in 2023 (as of $10/10/2023^*$)



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More cases and deaths reported in 2023 vs. 2022; and high CFR remains

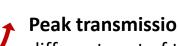


2023

Large outbreaks in Southern Africa and Horn of Africa, compounded by conflicts, cyclones and droughts/flooding, respectively



Second part of 2023: beginning of El Niño – with no neutral phase



Peak transmission seasons: in different part of the world



prevails after one year, with stock still insufficient for outbreak response and no OCV available for preventive

One-dose OCV strategy still



Issues with production scale of cholera supplies, namely cholera kits

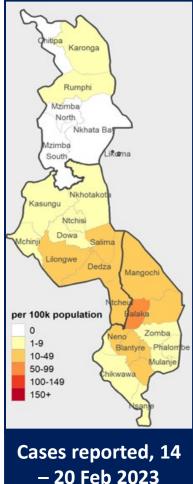


Lack of **financial resources** for cholera outbreak response

Broader impact of climate change

- 2021-2023 → 3 consecutive La Niña
- Mid-2023 → El Niño
- No neutral Phase

Country response example: Cholera in Malawi



Cases and deaths, as of 12 Oct 2023 O 2000

Outcomes

- Outbreak trends reversed, CFR decreased and transmission interrupted
- Improved reporting of cases and information sharing for action across sectors and cross-border
- As of 7 Oct 2023: 59 019 cases, 1 768 deaths (CFR: 3.0%), with no death reported since 30 July 2023.

Challenges

- Weak **multi-sectoral coordination** at all levels
- Limited emergency response capacity in country and amongst partners supporting country

 \rightarrow Delayed collective response

Key actions

- Advocacy for multi-sectoral response led to mobilization of partners, and access to supplies, vaccines and funds, to form a collective response in support of MoH
- Collective responsibility across sectors, partners, cross-border etc. – to respond to cholera outbreak.

Key challenges and constraints

- General lack of engagement around cholera and lack of perceived risk to global population.
- Lack of available financial resources to support scale of response needed for cholera outbreaks, with understanding that resources utilized for acute response are resources not available for long-term cholera prevention activities.
 - Sustainability and financial return issues of acute response to cholera versus prevention.
 - Out of the \$160 million requested as per the global SPRP, US\$ 12 million have been mobilized at country level (i.e. 8%) and US\$1.99 million internally. WHO also disbursed US\$ 10.5 million from its WHO's Contingency Fund for Emergencies (CFE).
- Acute global shortage in oral cholera vaccines, with inability to meet increased demand in the short term.
- Supply shortage and/or delays in manufacturing of certain supplies, namely certain WHO pre-qualified pharmaceuticals and kit production.
- Surveillance and access to data remains problematic, with data flow and quality from countries lacking uniformity.
- **Overstretched international and national response capacity** due to number of cholera outbreaks and increasing geographic scope including within countries, combined with parallel large-scale, high-risk outbreaks and other emergencies.



Cholera can be controlled



Effective **multi-sectoral control strategy and partners (e.g. GTFCC, GOARN, SBPs)** exist - the issue is **resources for implementation**



Reducing CFR is the highest priority. Cholera deaths can be prevented - **treatment is** easy and inexpensive. The issue is **timely access**.



WASH critical to respond and to prevent outbreaks

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Surveillance critical to be able to target interventions in priority areas and to promote engagement of communities for greater effectiveness and sustainability





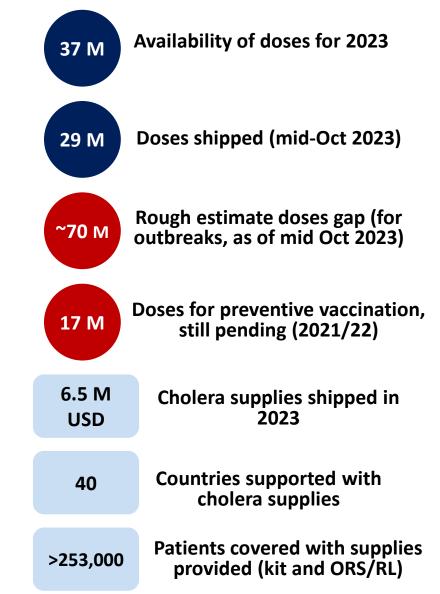
Oral Cholera Vaccine and other cholera commodities, 2023

Oral Cholera Vaccine (OCV)

- 1 year after ICG decision, the "one dose strategy" still prevails
- Preventive vaccination campaigns temporarily halted due to vaccine shortage
- OCV insufficient to respond adequately to outbreaks
- 64 M doses requested to date (24 requests by 13 countries)
- Many submissions pre-reduced due to OCV shortage

Other cholera commodities

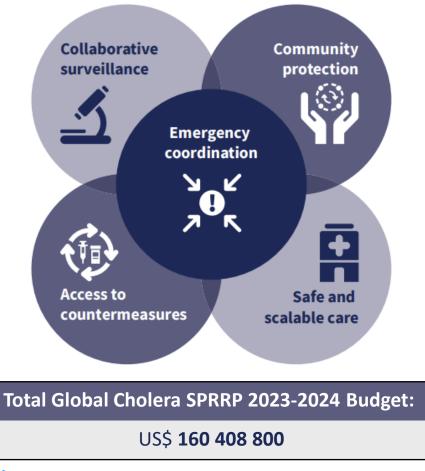
- Global shortage and/or constraints (Cholera Kits, IV Fluids, ORS, Laboratory items, etc.)
- Bulk procurement \rightarrow operational challenges





Global Cholera SPRRP Pillars and link with WHO's HEPR

Global Cholera Strategic preparedness, readiness and response plan (SPRRP) launched in May 2023, in coordination with launch of UNICEF Call for Action.



Core Components of effective Health Emergency Preparedness, Response and Resilience (HEPR)	<u>Pillars of the Global Cholera Strategic Preparedness,</u> <u>Readiness and Response Plan</u>
Emergency coordination	Pillar 1 Leadership, coordination, planning and monitoring
Collaborative surveillance	Pillar 3 Surveillance and health information Pillar 5 Laboratory diagnostics and testing
Community protection	 Pillar 2 Risk communication and community engagement Pillar 4 Water, sanitation and hygiene Pillar 10 Vaccination
Safe and scalable care	 Pillar 6 Infection prevention and control Pillar 7 Case management Pillar 9 Continuity of essential health and social services
Access to countermeasures	Pillar 8 Operational support and logistics

