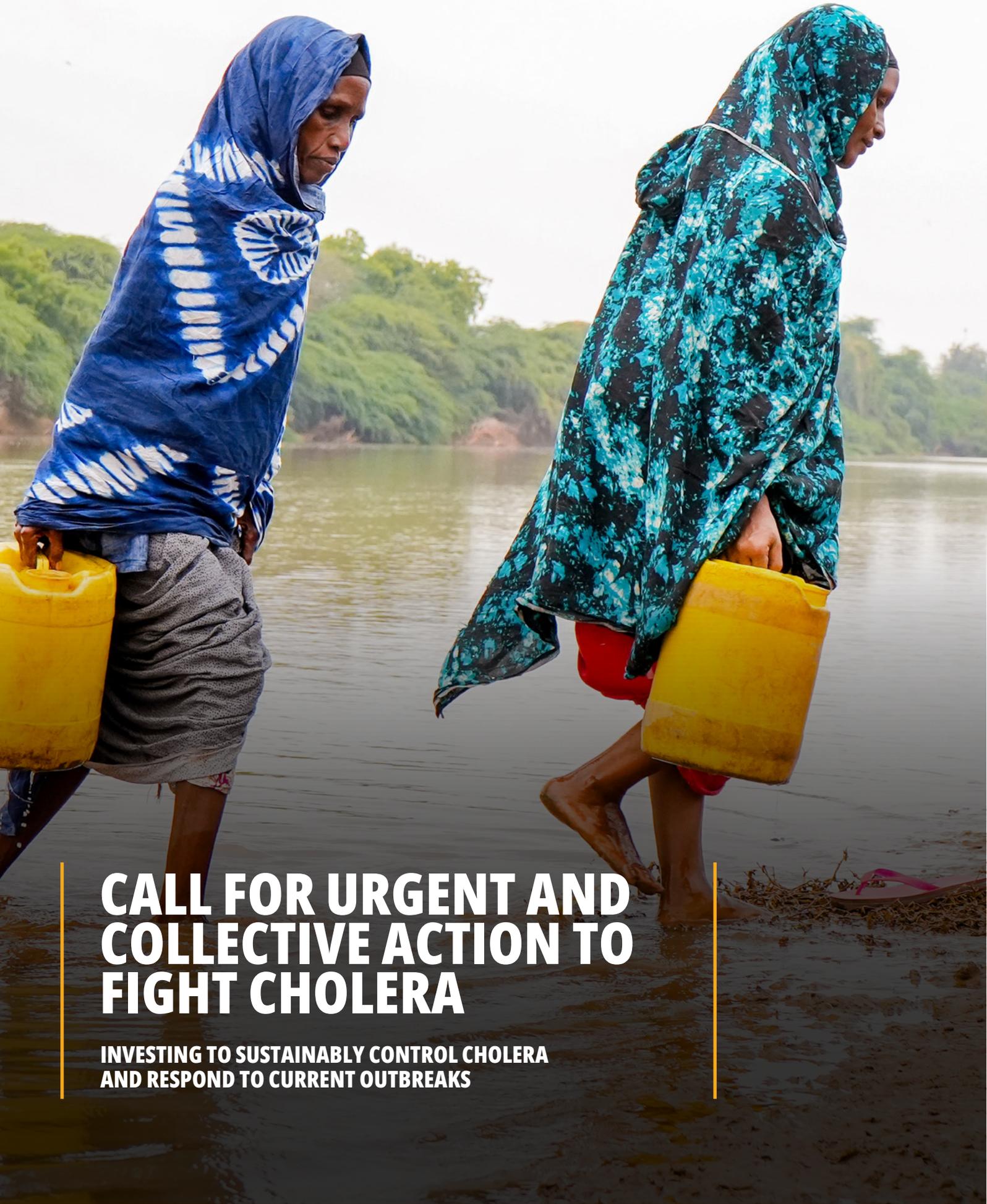




World Health
Organization



CALL FOR URGENT AND COLLECTIVE ACTION TO FIGHT CHOLERA

INVESTING TO SUSTAINABLY CONTROL CHOLERA
AND RESPOND TO CURRENT OUTBREAKS

CHOLERA: A MARKER OF POVERTY AND INEQUITY

Cholera is a severe acute watery diarrhoeal disease which can **kill within hours if untreated**. It is also a **marker of inequity, poverty and lack of social development**.

- Cholera **disproportionately impacts communities already burdened by conflict, climate change, displacement, malnutrition, who have limited access to safe water, basic sanitation, hygiene infrastructure and health care.**
- **Most cholera-related deaths are attributable to people not having timely access to medical care**, because they have to walk hours to reach the nearest health facility.

The 7th cholera pandemic: A threat to global health security.

2022-2023 is seeing an unprecedented surge of cholera outbreaks across the world, including in countries which had not seen cholera cases in years and had invested in multisectoral control measures, such as Lebanon, Syria, Pakistan or Haiti. As of April 2023, at least 30 countries have witnessed cholera outbreaks, and at least another 20 countries sharing land borders face the risk of flare-ups. Collectively, this places over **1 billion people directly at risk of cholera**.

- Not only are there more simultaneous outbreaks across the world, but the outbreaks are larger and more deadly than before.
- **Overall, the current number, size and concurrence of multiple outbreaks, the spread to areas free of cholera for years and the alarming high mortality rates present a major threat to global health security.**

AS OF APRIL
2023, AT LEAST
30 COUNTRIES
HAVE WITNESSED
CHOLERA OUTBREAKS



Sallieu K., laboratory scientist Ministry of Health at the Wellington Cholera Treatment Centre in Freetown, Sierra Leone. Credit: WHO / Fid Thompson

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COUNTRIES SHARING LAND BORDERS FACE THE RISK OF FLARE-UPS

1B

PEOPLE COLLECTIVELY PLACED DIRECTLY AT RISK OF CHOLERA

A lack of sustained investment worsened by climate change

Efforts to strengthen cholera control measures at country level have suffered from decades of poor investment in the WASH and health sectors. The COVID-19 pandemic response put health systems under immense stress and resulted in competition for funding and human resources. Hard-won gains have shown to be insufficient against the effects of climate change and its related natural disasters. For instance, the current outbreak in Malawi – the worst in the country’s history – emerged at the intersection of multiple hazards, including a cyclone and flooding.



As the climate emergency worsens, human displacement will intensify, along with droughts and flooding – all conditions that give rise to cholera outbreaks. Unless we invest in systems that build preparedness and resilience among at-risk populations, the cholera burden will continue to rise.

Now is the time to act to control current outbreaks and prevent future ones. The equation is simple: while investing in preparedness and early response to cholera is highly cost-efficient, the more cholera spreads and becomes out of control, the more funding is needed to respond and limit outbreaks. **WHO is calling for urgent and collective action now in support of its cholera response and preparedness activities.**

Here are three reasons why you should invest in the preparedness and response to cholera.

1. **CHOLERA CAN BE PREVENTED, TREATED, AND SUSTAINABLY CONTROLLED THROUGH EASY AND CHEAP HEALTH MEASURES**
2. **INVESTING IN PREPAREDNESS AND RESPONSE TO CHOLERA WILL REDUCE INEQUITIES LONG-TERM**
3. **THE COST OF INACTION CAN BE 10 TIMES HIGHER THAN PREPAREDNESS AND EARLY RESPONSE ACTION**

1. **CHOLERA CAN BE PREVENTED, TREATED, AND SUSTAINABLY CONTROLLED THROUGH EASY AND CHEAP HEALTH MEASURES**

Cholera usually occurs in **cholera hotspots**: predictable geographical locations that are at high risk for cholera. 90% of cholera cases in Africa are concentrated in hotspots inhabited by less than 5% of the total population¹. **Targeting interventions in hotspots implies a lower cost and delivers enhanced impact**: preparedness and early response measures are straight-forward and relatively easy and cheap to implement and can prevent and control an outbreak before the virus spreads. Here are examples of how WHO responds to cholera across the world.

SURVEILLANCE

Surveillance is the backbone of the strategy to detect and respond early to cholera outbreaks and prevent their occurrence as it helps inform timely, targeted and cost-effective multi-sectoral interventions in cholera hotspots, and ultimately sustain cholera control. WHO provides guidance and capacity building to strengthen surveillance and supports laboratory work, notably through the transportation of samples or the procurement of necessary equipment and supplies. These including rapid diagnostic tests (RDT) that enable early case detection, monitoring and rapid outbreak control response. **Each RDT costs \$1,9 (a box of 10 is \$19) and can potentially save a life.**

CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC)

a. Oral Cholera Vaccine (OCV)

The Oral Cholera Vaccine (OCV) can help protect the population either as part of preventive or reactive vaccination campaigns. **Each OCV dose costs between US\$ 2,35 and US\$ 4,8** and two doses of OCV will protect a person from cholera for three years. OCV doses are allocated free of charge, through [Gavi, the Vaccine Alliance](#), for Gavi-eligible countries. WHO and its partners support countries in carrying out vaccination campaign, including hard-to-reach areas. Between 1 January 2022 and April 2023, 45 million doses of OCV have been shipped to 19 countries.



OCV campaign and drought response, Kenya, February 2023. Credit: WHO / Billy Miaron

¹ Lessler, J. et al. (2018) Mapping the burden of cholera in sub-Saharan Africa and implications for control: an analysis of data across geographical scales. *Lancet* 391, 1908-1915, doi:10.1016/S0140-6736(17)33050-7

b. Treatment of patients including through Oral Rehydration Salts (ORS)

Moderate dehydration from cholera can be treated by giving patients Oral Rehydration Salts (ORS) – a solution of glucose and electrolyte to be dissolved in clean water. The WHO/UNICEF ORS standard sachet is dissolved in one litre of clean water and **a box of 100 sachets costs \$6.14**. The treatment of moderate dehydration may require up to six litres of ORS on the first day. When cholera hits a country, WHO provides the necessary items for treatment through the provision of cholera kits and prepositions ORS in health centers and communities.

c. Cholera kits

In case of an outbreak, WHO supports countries by supplying cholera kits to support the initial response – a support which continues when the situation deteriorates. WHO also supports preparedness activities in countries at risk of cross-border spread. Each treatment kit is designed for 100 patients and the package contains all necessary equipment to investigate alerts and set up a provisional structure for patient care (known as Cholera Treatment Centers, or CTCs).

Prices for treatment kits range from US\$ 321 and US\$ 6,900 while prices for surveillance, laboratory and hardware kits (to set up CTCs) range from US\$ 600 to US\$ 22,000.



Health workers are getting ready to host patients in a cholera treatment centre in Lilongwe, Malawi. Credit: WHO / Moving Minds



Oral Cholera Vaccine doses, Haiti. Credit: PAHO/WHO

WASH

Cholera breeds in unsafe water so ensuring people have access to safe water, basic sanitation and hygiene infrastructures is the most efficient means of prevention. In an acute response, WHO provides immediate WASH solutions through ensuring infection prevention and control (IPC) measures are respected at cholera treatment centers and in other healthcare facilities. These include undertaking water quality control interventions, providing water purification tablets or constructing basic latrines. Through collective actions with partners, including UNICEF, WHO estimates that **\$1 can treat 250 litres of water to make it safe to drink.**

COMMUNITY ENGAGEMENT, INCLUDING THROUGH COMMUNITY-BASED CASE MANAGEMENT

People are dying from cholera because they do not have a timely access to simple treatment especially ORS. Hence ensuring accessibility to ORS at community level and informing communities about the symptoms and treatment of cholera are vital. Risk communication and community engagement (RCCE) measures are cheap and efficient. WHO can sensitize populations through targeted radio messages, community leaders or the distribution of RCCE material, **for costs ranging from US\$ 150,000 to US\$ 250,000.**

BASED ON ITS EXPERIENCE, PREVIOUS CHOLERA RESPONSES AND MODELIZED SCENARIOS, WHO ESTIMATES ENTIRE COMMUNITIES AT RISK OF CHOLERA CAN BE PROTECTED THROUGH EFFICIENT PREPAREDNESS AND EARLY RESPONSE MECHANISMS.



\$250 000

INVESTED IN PREPAREDNESS MEASURES COULD HELP PREVENT AN OUTBREAK OF CHOLERA IN A PROVINCE WITH A POPULATION OF 300,000 BY RAPIDLY RESPONDING TO THE FIRST CASES OF CHOLERA



\$600 000

INVESTED IN THE EARLY RESPONSE TO AN OUTBREAK IN A REFUGEE CAMP OF 50,000 HABITANTS COULD HELP ENSURE SURVEILLANCE AND TREATMENT FOR ALL PERSONS AT RISK



\$800 000

INVESTED IN THE EARLY RESPONSE TO AN OUTBREAK IN A SMALL CITY WITH A POPULATION OF 900,000 COULD HELP ENSURE SURVEILLANCE AND TREATMENT FOR ALL PERSONS AT RISK



Health Surveillance Assistant Leticia and her colleague are preparing Oral Rehydration Solutions at the entrance of a Cholera Treatment Centre WHO helped establish in Ulongwe, Malawi. Credit: WHO / Moving Minds

2. INVESTING IN PREPAREDNESS AND RESPONSE TO CHOLERA WILL REDUCE INEQUITIES LONG-TERM

Ending cholera is not just about preventing unnecessary deaths as part of an immediate acute event response. It is also about sustainably improving the living conditions of the world's poorest, enhancing long-term preparedness against the effects of climate change and participating to the SDG's realization. **Here are a few ways targeted multisectoral investment related to cholera control can have large-scale and long-term benefits for strengthening health systems, enhancing resilience and reducing inequalities.**

Hand washing station next to an oral rehydration point in Lilongwe, area 36. Falesi Nkhoma, 29, is a community volunteer. Credit: WHO/Billy Miaron



Oral cholera vaccination campaign and drought response.

Credit: hWerHO / Billy Miaron



Long-term benefits for the health system and SDG3

Investing in cholera control will contribute to the achievement of SDG3 (good health and wellbeing), by:

1. **REDUCING THE BURDEN OF CHOLERA AND OTHER DISEASES TRANSMITTED THROUGH CONTAMINATED WATER, SUCH AS DYSENTERY AND TYPHOID**
2. **ENHANCING ACCESS TO HEALTH SERVICES FOR THOSE MOST VULNERABLE, BRINGING COUNTRIES ONE STEP CLOSER TO ACHIEVING UNIVERSAL HEALTH COVERAGE**
3. **STRENGTHENING HEALTH SYSTEMS IN THE LONG TERM.**

Long term benefits to reduce poverty and work towards the achievement of our collective goals

Investing in preparedness and response to cholera through multisectoral actions targeting the most vulnerable will also help make major strides in achieving our collective goals, namely:



SDG 2 (ZERO HUNGER)

By reducing transmission of diarrheal diseases that contribute to malnutrition, stunting, and cognitive losses.



SDG 6 (CLEAN WATER SANITATION)

By strengthening WASH infrastructures for the most vulnerable and enhancing equitable access to these. With climate change, access to clean water is increasingly becoming a struggle and ensuring access to it for the most vulnerable is a moral imperative.



SDG 10 (REDUCED INEQUALITIES)

By targeting the most vulnerable populations worldwide. Ending cholera is also about improving the living conditions of the world's poorest. By urgently targeting cholera hotspots, we can put the world's poorest people back on the global development agenda.



SDG 11 (SUSTAINABLE CITIES AND COMMUNITIES)

Outbreaks of cholera can disrupt communities and cause long-term economic and social damage. Investing in the preparedness and early response to cholera, including in WASH will sustainably enhance communities' resilience to current and future disease outbreaks.



SDG 16 (PEACE, JUSTICE AND STRONG INSTITUTIONS)

Because conflicts are a major obstacle to health and “there cannot be health without peace, and there cannot be peace without health” (Dr Tedros Adhanom Ghebreyesus, WHO Director-General). The destruction of health and water infrastructures brought by conflict and the related population displacement to temporary shelters with poor sanitary conditions can considerably affect the provision and access to safe water, basic sanitation and essential health services – a breeding ground for cholera. In Syria for instance, 12 years of conflict have considerably weakened the health system and displaced millions of people to refugee camps, creating many cholera hotspots which have recently flared up into major outbreaks.



SDG 17 (PARTNERSHIPS FOR THE GOALS)

As investing in the preparedness and response to cholera requires close collaboration across various sectors, including health and WASH.

3. THE COST OF INACTION CAN BE 10 TIMES HIGHER THAN PREPAREDNESS AND EARLY RESPONSE ACTION

Preparedness and early response measures to prevent and control cholera in hotspots are easy and cheap to implement, while responding to large-scale outbreaks following spillovers across countries and regions is considerably more complicated and resource-intensive. Figures speak for themselves: **if undertaking preparedness and early response measures in a hotspot can cost \$250,000² this figure can be multiplied by more than 10 once the outbreak spills over nationally, and crosses internal borders.**

With climate change-induced natural disasters and the struggle for water, poverty and displacement they bring, outbreaks of cholera and other infectious diseases will only increase in numbers and frequency, causing thousands of preventable deaths and unquantifiable suffering. The only way to break these repetitive cycles of outbreaks is to **invest now through multisectoral actions preparedness and early response measures to cholera.** Waiting any longer will result in exponentially increased health needs and financial requirements.

WHY INVEST WITH WHO?

WHO is uniquely positioned to prevent and respond to cholera outbreaks across the world.

EVER PRESENT, EVER READY

WHO's on-the-ground presence in more than 150 countries means that when a health crisis strikes, our experts are able to serve as first responders and rapidly coordinate support.

COMMUNITY COLLABORATION AT THE HEART OF EMERGENCY RESPONSE

All health emergencies begin and end in communities. When WHO responds to a health emergency, it does so in collaboration with affected communities, health care professionals, local authorities and partners to design a response that has maximum impact because it is tailored to each specific context.

VALUE FOR MONEY

WHO interventions are designed to maximize the health impact derived from every dollar spent, measuring interventions by economy, efficiency, effectiveness, equity and ethics. As one of the world's largest buyers of lifesaving supplies such as OCV and ORS, WHO is in a unique position to negotiate the lowest and fairest prices. This helps WHO reduce costs and increase efficiency to save more lives.

GETTING PEOPLE, TECHNOLOGY AND MEDICAL CARE TO COMMUNITIES IN NEED

WHO leads the logistical operations support during health emergencies – delivering rapid, flexible and predictable access to life-saving services and supplies to communities in need, often in some of the most remote and challenging contexts. Few other actors can ensure the correct medical supplies and services reach those need them most.

COMMITMENT TO A MULTISECTORAL RESPONSE

As the official Health Cluster Lead during emergencies, WHO coordinated teams across health ministries, UN agencies, WHO itself, and over 1600 operational partners – ensuring that the right resources are used to their best effect. Importantly, WHO is committed to working alongside other clusters, in particular the WASH cluster, to deliver the most impactful responses.

²C.f. on page 5

HOW TO INVEST IN WHO'S CHOLERA OUTBREAK CONTROL

A successful response to cholera needs to go well beyond the acute response to include **sustainable and targeted multisectoral preparedness actions**, which has many long-term benefits including beyond health.

WHO is appealing for a change of paradigm on the way cholera responses are funded, moving away from the traditional cycle of large short-term, emergency-only funding towards more sustainable, long-term and targeted investments. This would help both end cholera outbreaks and prevent cholera from returning and spreading. Here are four approaches WHO encourages donors to consider when making funding decisions.

An oral rehydration point in area 36, Lilongwe, one of the areas the most affected by the cholera outbreak.
Credit: WHO / Moving Minds



SUPPORTING PREPAREDNESS EFFORTS

Investing in preparedness and early response measures to cholera outbreaks is more cost-efficient than massive outbreak responses. WHO is encouraging donors to engage early with WHO – before outbreaks are declared – and consider funding both preparedness and readiness as well as early response activities, rather than engaging when outbreaks have already spread uncontrollably.

SUSTAINED INVESTMENTS, LARGE OR SMALL

If not all outbreaks of cholera can be predicted, most can be prevented through relatively small but sustained investments in hotspots to enable countries to truly strengthen their preparedness and response capacities. This means even smaller, multi-year investments can have significant impact and save lives.

BRIDGING EMERGENCY AND DEVELOPMENT

As investing in preparedness and response to cholera directly participate to strengthening health systems and reducing inequities, WHO is encouraging donors to see this not merely as an emergency investment but rather a holistic and cross-cutting one which bridges emergency and development and directly contributes to reducing poverty, enhancing global equity and achieving our collective goals.



Donors can finance WHO globally through HQ, by providing quality flexible funding for the global cholera response which is part of the [2023 Health Emergency Appeal](#). This will allow WHO to direct the resources to where they are most needed, at the time of receipt of funding. Donors can also finance WHO at regional level or for individual country responses.

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