



Cholera Pandemic & Main Challenges

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THE GLOBAL TASK FORCE ON CHOLERA CONTROL (GTFCC)



- International Partnership
- >50 institutions (UN,NGOs, academic,)
- GTFCC secretariat at WHO
- Operational arm (country support platform) hosted at IFRC



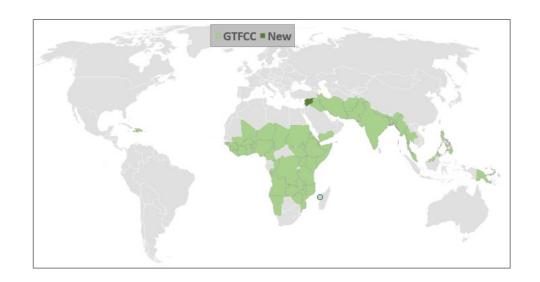


Initial Objective to support 47 countries

+ 2 in 2022



Endorsed strategy: Ending Cholera A GLOBAL ROADMAP TO 2030





ENDING CHOLERA, A GLOBAL ROADMAP TO 2030

OBJECTIVE 2030



- Reduce cholera deaths by 90%
- Eliminate transmission in 20 countries
- No more uncontrolled outbreaks

Country driven around 3 axis

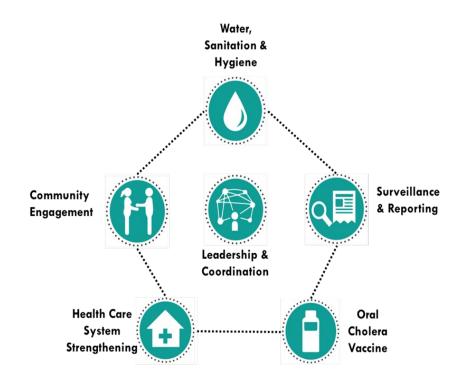


- Early detection & immediate response to outbreaks
- Multi-sectoral preventive interventions targeting cholera hotspots
- Partnership as a coordination & country support mechanism



5 technical pillars + coordination

Multi-sectoral interventions to control cholera





ENDING CHOLERA, A GLOBAL ROADMAP TO 2030



Oral Cholera vaccine (OCV)

- Effective, cheap, easy to administrate
 - Outbreak response
 - Preventive campaigns
- Limited production, demand exceed needs
- 2 doses required limited immunity (~3 years)
- Not the long-term solution



Surveillance (epidemiology & lab)

- Suboptimal surveillance & underreporting
- Based on non-specific clinical case definition
- Focused on outbreak detection only
- Essential to target intervention (hotspots)



WASH

- The long term solution
- More and faster investment needed in BASIC
 Water Sanitation and Hygiene facilities
- Affected areas the poorest & less developed



Community engagement

- Critical for success
- Community not at the centre of the strategies



Heath care strengthening

- Effective & simple and cheap treatment but
- Accessibility to health care challenges
- Timeliness of treatment (incl ORS) critical
- Community-based case management needed

English https://www.gtfcc.org/about-gtfcc/

French https://www.gtfcc.org/fr/a-propos-du-cholera/



Cholera: Background



Cholera: disease of inequity & marker of poverty; Affects world's poorest, most vulnerable people



Gross underreporting: average 2017-21:~ 110,000 cases & 2,200 deaths/year

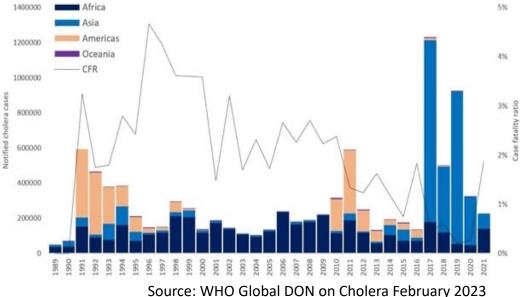


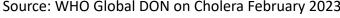
Modeling of yearly estimate:

- ~ 3 million cases
- ~ 100,000 deaths



Despite limits: Years of reduction of morbidity mortality











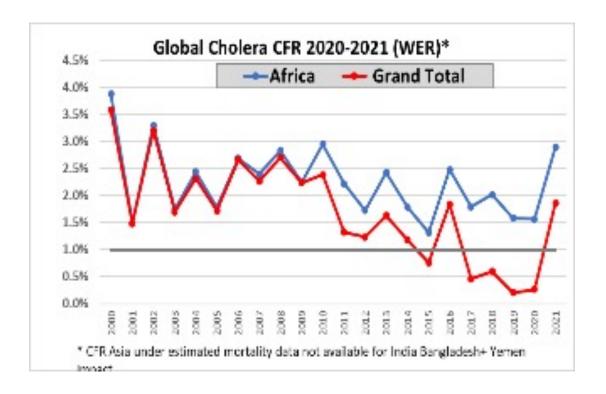


Cholera: Background

Since 2021 Increased cases & deaths



- Global CFR (1.9%)
- Africa CFR 2.9%)
- Mortality under-estimated (notably Asia)



Source: WER on Cholera 2021









CHOLERA DRIVERS



Intrinsic factors



Access safe water



Open defecation



Accessibility to health care



Poverty/vulnerability



Multiple external driving factors



Conflict



Humanitarian crises



Natural disasters



Hunger



Trade, other





COVID Impact





Effect of climate change

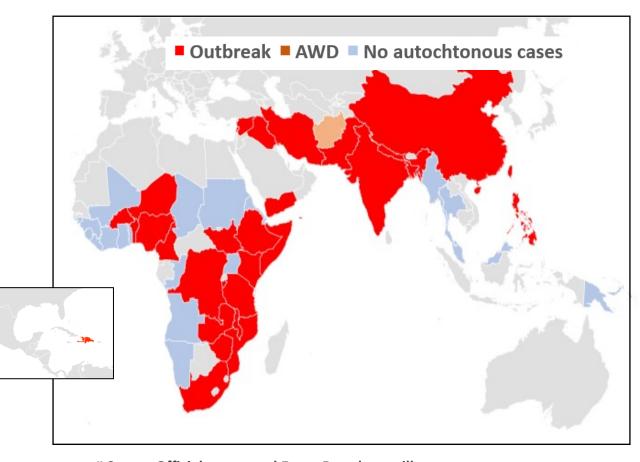
CHOLERA OUTBREAK / CASES BY COUNTRIES PRELIMINARY# DATA 2022/2023











Source Official report and Event-Based surveillance GTFCC list of countries (2017)



Prioritization- At this point of time unicef



- 17 Active Countries
- 17 At direct risk Countries





https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON437

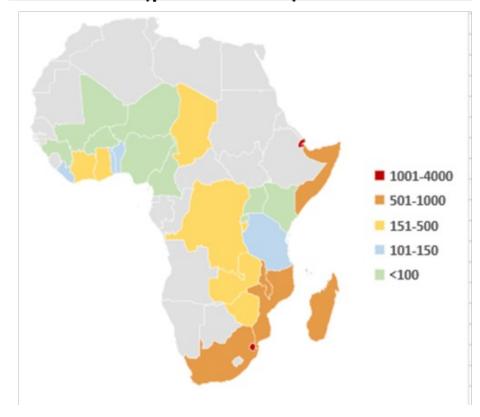
- List and prioritization regularly revised (based on epidemiology, response capacity and context)
- <u>Seasonality</u> large part of word in low inter epidemic period will change in coming months



Most active East and Southern Africa

- 1999-2001: Large outbreaks linked to La Niña
- 3rd Consecutive La Niña into 2023 → Increase probability of cyclones (Freddy) & longer more severe drought and floods
- **7** High regional risk of spread

Average cholera Reported cholera incidence (per million) 1999-2001





Many other areas of concern

Austral and South Africa

Rainy season, cyclone Freddy, 3rd year of La Nina

Horn of Africa and East Africa

> Drought, population movement, conflict, humanitarian crisis

Europe and Middle East:

End of winter, risk of increased transmission with spring, earthquake, conflict

Central East Asia:

End of winter, risk in upcoming monsoon season

Hispaniola:

Conflict, humanitarian crisis, hurricane season

CHOLERA CAN BE CONTROLLED



- Reducing CFR highest priority
- All cholera deaths can be prevented with available tools
- Treatment easy and cheap issue is timely access



 Strengthen Surveillance including lab to better target interventions and prioritization of available resources



• Demand keep on increasing cholera commodities address supply challenge



Multiplication outbreak seriously reduce capacities to provide support



- Urgent investment needed TO PREVENT outbreaks WASH, WASH, WASH + Surveillance, case management, community engagement
- Multisectoral control strategy exists issue is resources for its implementation









Many resources



Cholera Outbreak Response Manual https://choleraoutbreak.org/



The Cholera App (accessible of line



iOS: https://apps.apple.com/us/app/gtfcc-cholera/id1459619591?ls=1

Android: https://play.google.com/store/apps/details?id=com.cholera



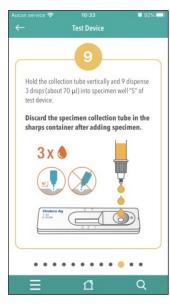
English and French versions

- GTFCC website
- key documents
- Cholera App









More resources examples

Open WHO online courses:

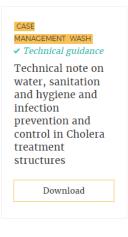
https://openwho.org/courses/cholera-introduction-en

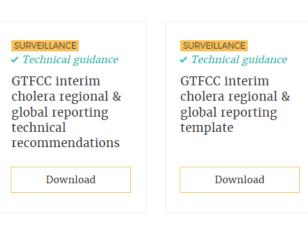
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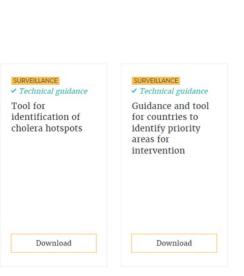
GTFCC Resources:

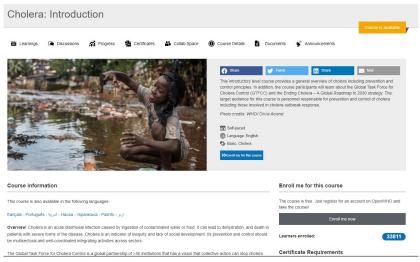
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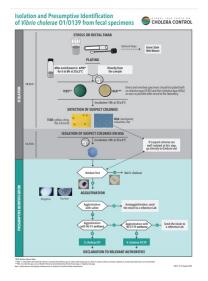
















Thank you