



GLOBAL TASK FORCE ON
CHOLERA CONTROL



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OVERVIEW OF

ENDING CHOLERA

A GLOBAL ROADMAP TO 2030

Ending Cholera—A Global Roadmap to 2030 operationalises the new global strategy for cholera control at the country level and provides a concrete path toward a world in which cholera is no longer a threat to public health. By implementing the strategy between now and 2030, the Global Task Force on Cholera Control (GTFCC) partners will support countries to **reduce cholera deaths by 90 percent**. With the commitment of cholera-affected countries, technical partners, and donors, as many as 20 countries could eliminate disease transmission by 2030.

ENDING CHOLERA—A CALL TO ACTION

Cholera is a disease of inequity—an ancient illness that today sickens and kills only the poorest and most vulnerable people. **The map of cholera is essentially the same as a map of extreme poverty.** Yet every death from cholera is preventable with the tools we have today, putting the goal of ending its public health impact within our reach. Cholera can be controlled with a multi-sectoral approach—including basic water, sanitation, and hygiene (WASH) services, and oral cholera vaccines (OCV). Ending cholera is a moral obligation and an important achievement in its own right, and it is also critical to achieving the Sustainable Development Goals (SDGs). If we fail to act, climate change, urbanization, and population growth will create an increased risk of cholera in the coming years.

Map 1. Areas reporting cholera outbreaks 2010–2014



In 2017, cholera continues to hit communities already made vulnerable by tragedies such as conflicts and famines. Yemen currently faces the world's largest cholera outbreak, with over 700,000 suspected cases and more than 2,000 deaths reported since April. Over 800 people have died of cholera in Somalia since the beginning of the year, and over 500 in the DRC. Haiti has now reported nearly 1 million cases and 10,000 deaths since the beginning of the 2010 outbreak.

IMPLEMENTING THE *GLOBAL ROADMAP*

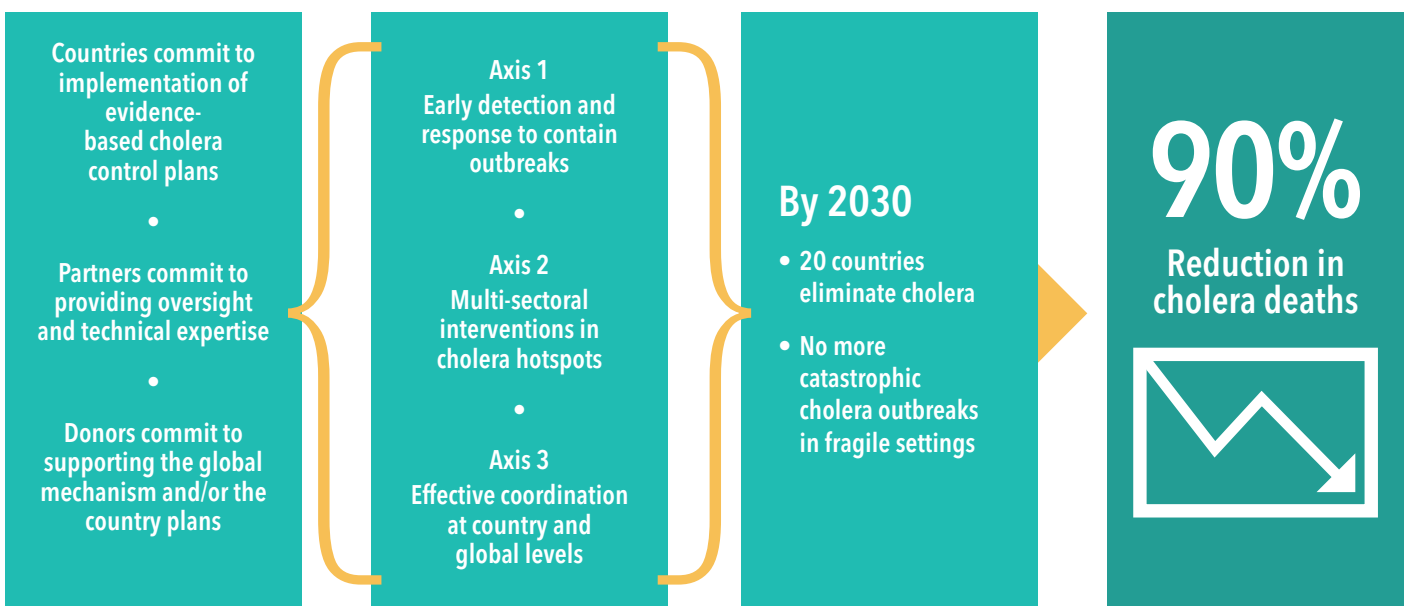
The strategy focuses on the 47 countries affected by cholera today, and consists of multi-sectoral interventions supported by a nimble and effective coordination mechanism. *The Global Roadmap* focuses on three strategic axes:

- 1. Early detection and quick response to contain outbreaks:** The strategy focuses on containing outbreaks—wherever they may occur—through early detection and rapid response, which are critical elements for reducing the global burden of cholera. Through interventions like robust community engagement, strengthening early warning surveillance and laboratory capacities, health systems and supply readiness, and establishing rapid response teams, we can drastically reduce the number of deaths from cholera even in fragile settings.
- 2. A targeted multi-sectoral approach to prevent cholera recurrence:** The strategy also calls on countries and partners to focus on cholera “hotspots”, the relatively small areas most heavily affected by cholera, which experience cases on an ongoing or seasonal basis and play an important role in the spread of cholera to other regions and areas. Cholera transmission can be stopped in these areas through measures including improved WASH and through use of OCV. In Africa alone, 40 to 80 million people live in cholera hotspots.
- 3. An effective mechanism of coordination for technical support, advocacy, resource mobilisation, and partnership at local and global levels:** The GTFCC provides a strong framework to support countries in intensifying efforts to control cholera, building upon country-led cross-sectoral cholera control programs, and supporting them through human, technical, and financial resources. As a global network of organisations, the GTFCC is positioned to bring together partners from across all sectors, and offers an effective country-driven platform to support advocacy and communications, fundraising, inter-sectoral coordination, and technical assistance.



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Figure 1: Theory of change of the *Global Roadmap*



MULTI-SECTORAL INTERVENTIONS IN CHOLERA HOTSPOTS

The *Global Roadmap* calls for cholera hotspots to become the primary targets of a package of effective cholera control measures adapted to the local transmission pattern.

Figure 2: Multi-sectoral interventions to control cholera



INVESTING IN A CHOLERA-FREE WORLD

Implementing the GTFCC strategy will require aligning existing health and WASH resources to the *Global Roadmap*. This alignment represents a sound investment because it channels resources to areas most in need, and begins to reduce the significant economic burden of cholera, which costs an estimated US \$2 billion per year globally in health care costs and lost productivity. The Roadmap offers an estimate of the cost of controlling cholera in the Democratic Republic of Congo (DRC) that helps to demonstrate the resource needs for controlling cholera at country level over the next ten years.

The DRC case study shows that the successful implementation of the *Global Roadmap* may allow up to 50 percent cost savings compared with the ongoing average yearly cost of continuously responding to emerging cholera outbreaks. Most importantly, the proposed **long-term cholera control investments will also significantly reduce the impact of all water-related diseases**, while contributing to improvements in poverty, malnutrition, and education, representing a significant step toward the achievement of the SDGs for the world's poorest people and toward a world free from the threat of cholera.

The GTFCC will invite all key stakeholders to reconvene in early 2019 to take stock of the first 18 months of implementation of the *Global Roadmap*, and to mobilize resources to end cholera as a threat to public health by 2030.

Figure 3: Investing in the *Global Roadmap* vs the status quo

Preliminary estimates indicate that the successful implementation of the control strategy in DRC may allow up to 50% savings compared to the perpetual average yearly cost of continuously responding to emerging cholera outbreaks with OCV vaccination and a basic minimal package of WASH interventions.

