
WHO renewed strategy for Cholera Control

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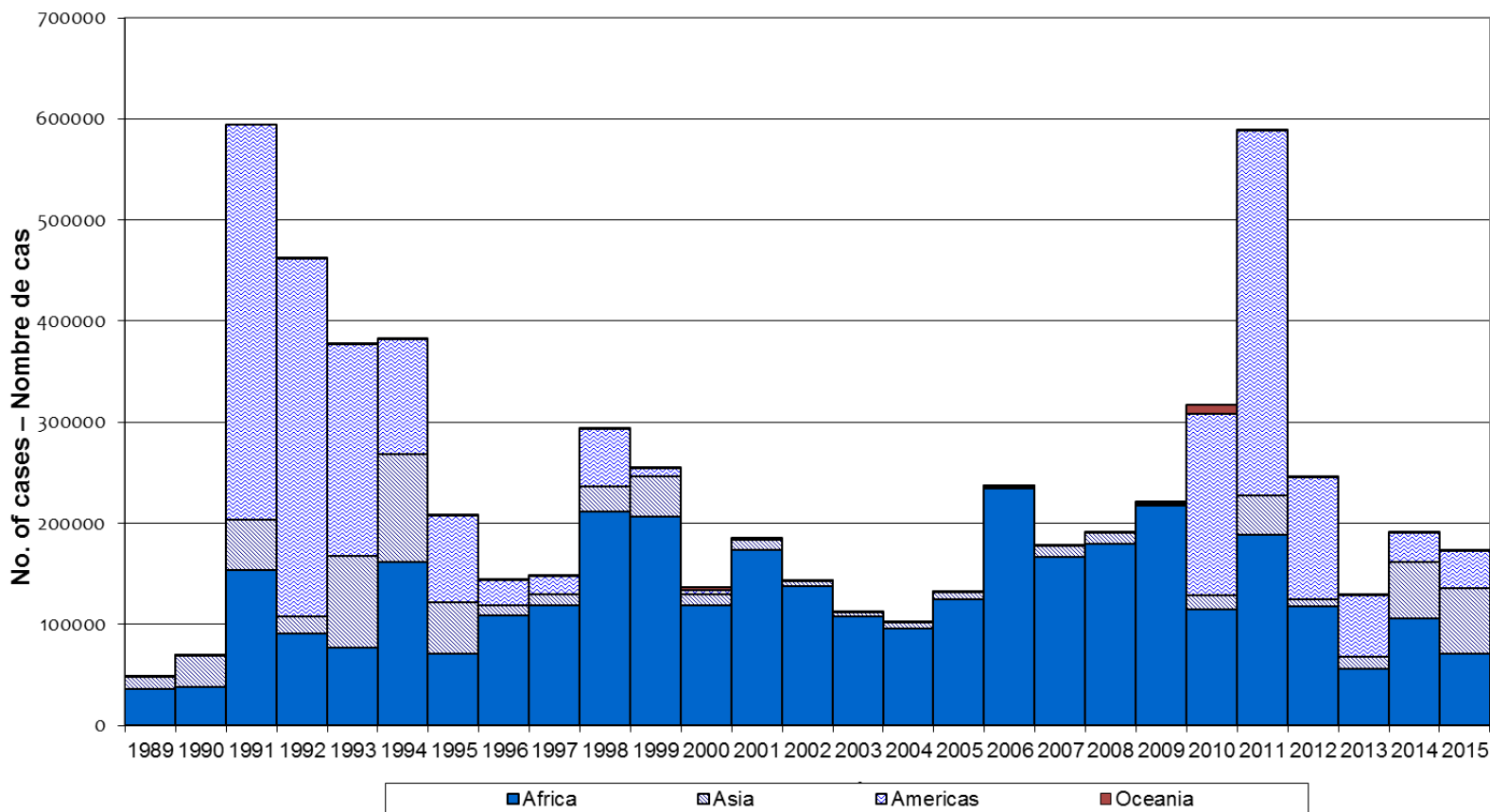
IDEA meeting, Hanoi, March 2017



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Cholera cases reported by year, 1989-2015*

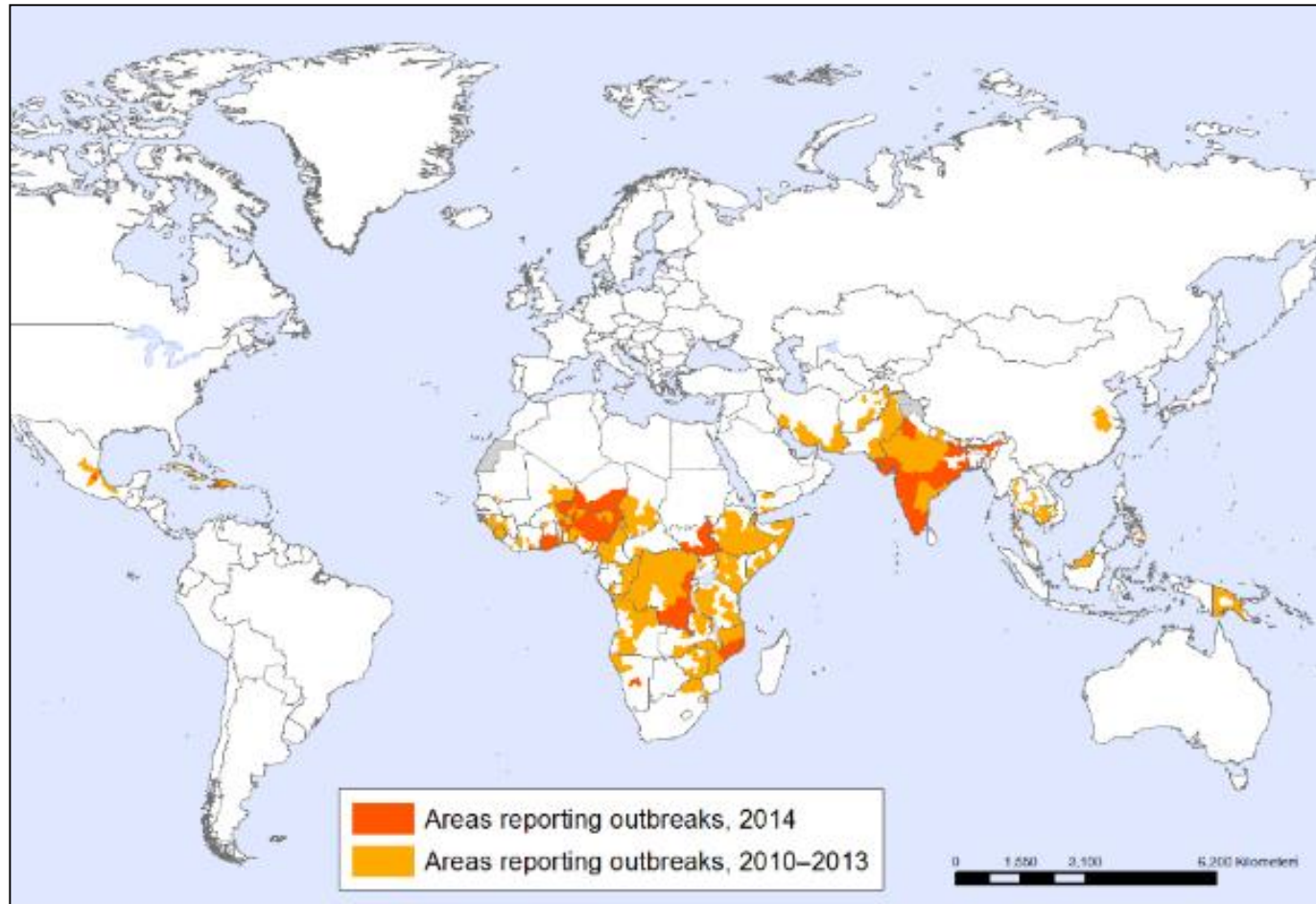
Figure 2 Cholera cases reported to WHO by year and by continent 1989 – 2015
 Figure 2 Cas de choléra déclarés à l'OMS par année et par continent 1989-2015



*Under-reporting significant in South Asia: in 2015, Bangladesh reported zero cases (estimates: 300,000 cases and 5300 deaths / year) and India reported 889 cases and 4 deaths (estimates: 830,000 cases / year)



Areas with reported outbreaks – 2010-14



Global situation of cholera

- No signs of decline of reported cholera cases globally
 - Cholera remains endemic in many settings
 - Outbreaks still reported
 - Under-reporting significant from highly endemic countries
- A collective reminder indicating the need for strong mobilization of countries and partners for multisectoral interventions
- Not much of a technical issue: control measures are well known
- Potential worsening factors in the coming years: climate change, urbanisation, increase in population density, (further) rise of social inequalities

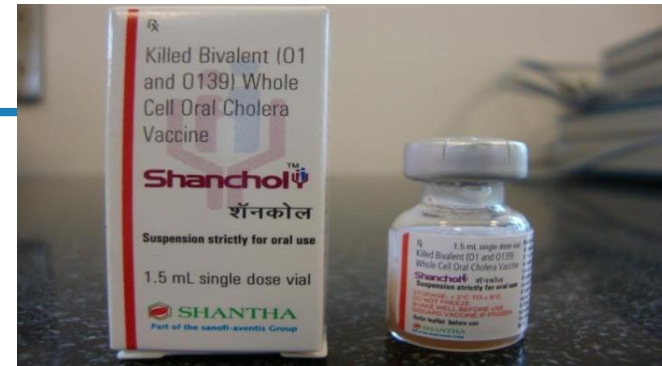


Dukoral (rBS-WC)



- Killed whole cell vaccine + B subunit of cholera toxin
- Requires buffer (75-150 ml)
- Efficacy of 60% over 2 years
- About \$6 per dose for public sector
- 2 doses for age >5 yrs.
- 3 doses for age 2-5 yrs.

Shanchol and Euvichol (WC-only)



- Reformulated versions of Dukoral
- Killed whole cell only vaccine; no cholera toxin B subunit
- No buffer required
- Efficacy of 65% over 5 years
- Price to public sector is \$1.85/dose
- 2 doses for age 1+

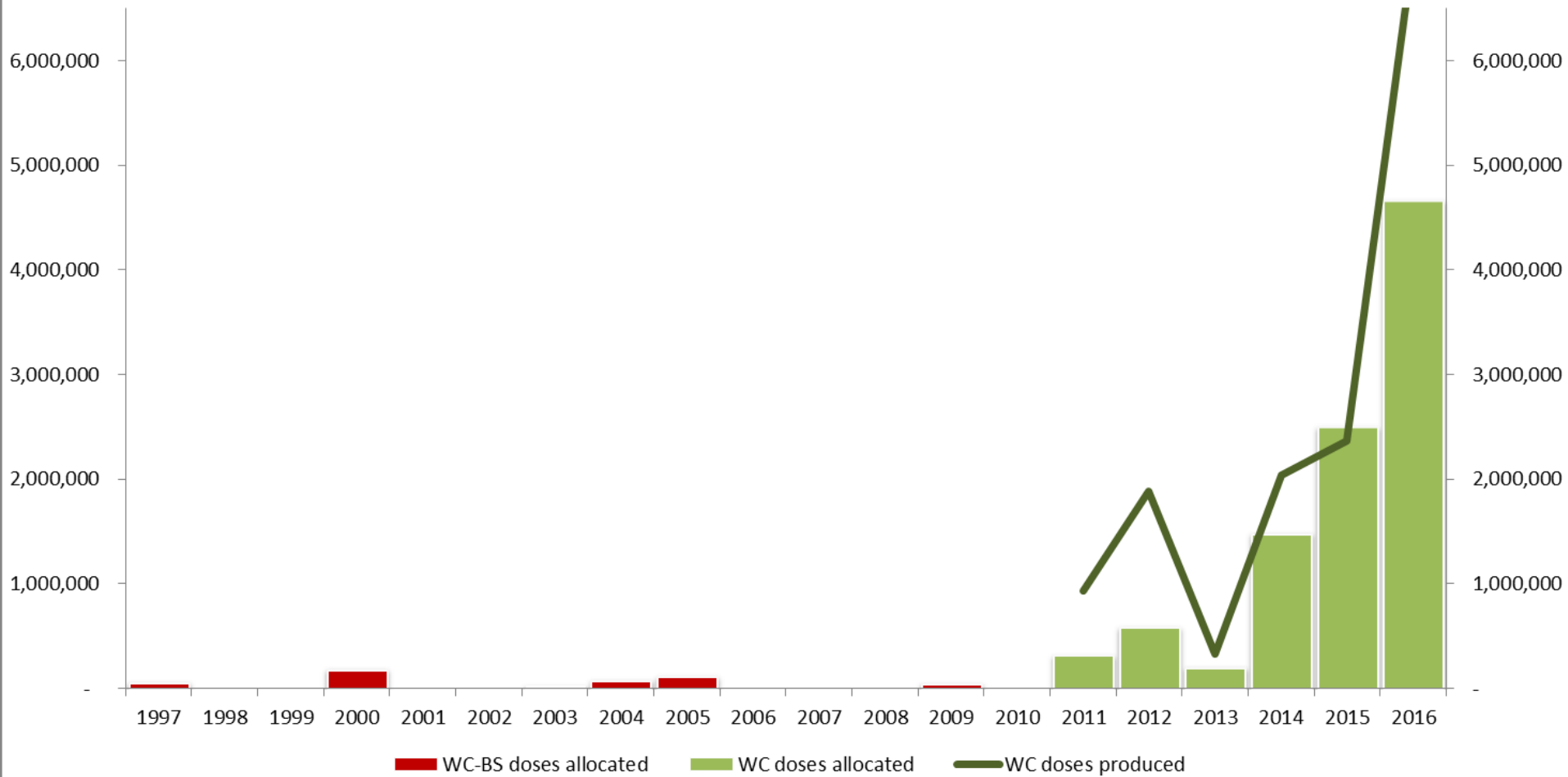


Global OCV Stockpile

- 2010: SAGE recommended:
 - “pre-emptive use of OCV in endemic areas among high-risk populations and in areas at risk of outbreaks in conjunction with other prevention interventions”
- 2013: Global stockpile created as:
 - A mechanism to encourage change in vaccine use for underserved populations:
 - “from low demand, low production, high unit costs, and inequitable distribution to...
 - ...an increased demand and production, lower unit costs, and greater equity of distribution”.
- 2014-2018: Gavi Alliance approved funding
 - US\$115 million from 2014–18



Cholera vaccine use and production, 1997-2016



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Cholera Prevention and Control toolbox

OCV

Patients
care

WaSH

Social Mobilization

Surveillance



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Objective of a renewed strategy for cholera control

- End cholera by 2030
- Implementation requires action under two key pillars:
 1. Increase political & financial support for cholera control
 2. Strengthen multi-sectoral cholera prevention & control programs at country level



Advocacy for cholera control

- Raise the profile of cholera in key health & development forums (e.g. WHA, climate change discussions, WB meetings, G7, G20, etc.)
- High level meeting on cholera in Sept 2017
- High level advisory group for the GTFCC
- Investment case
- Mobilize decision makers and development donors

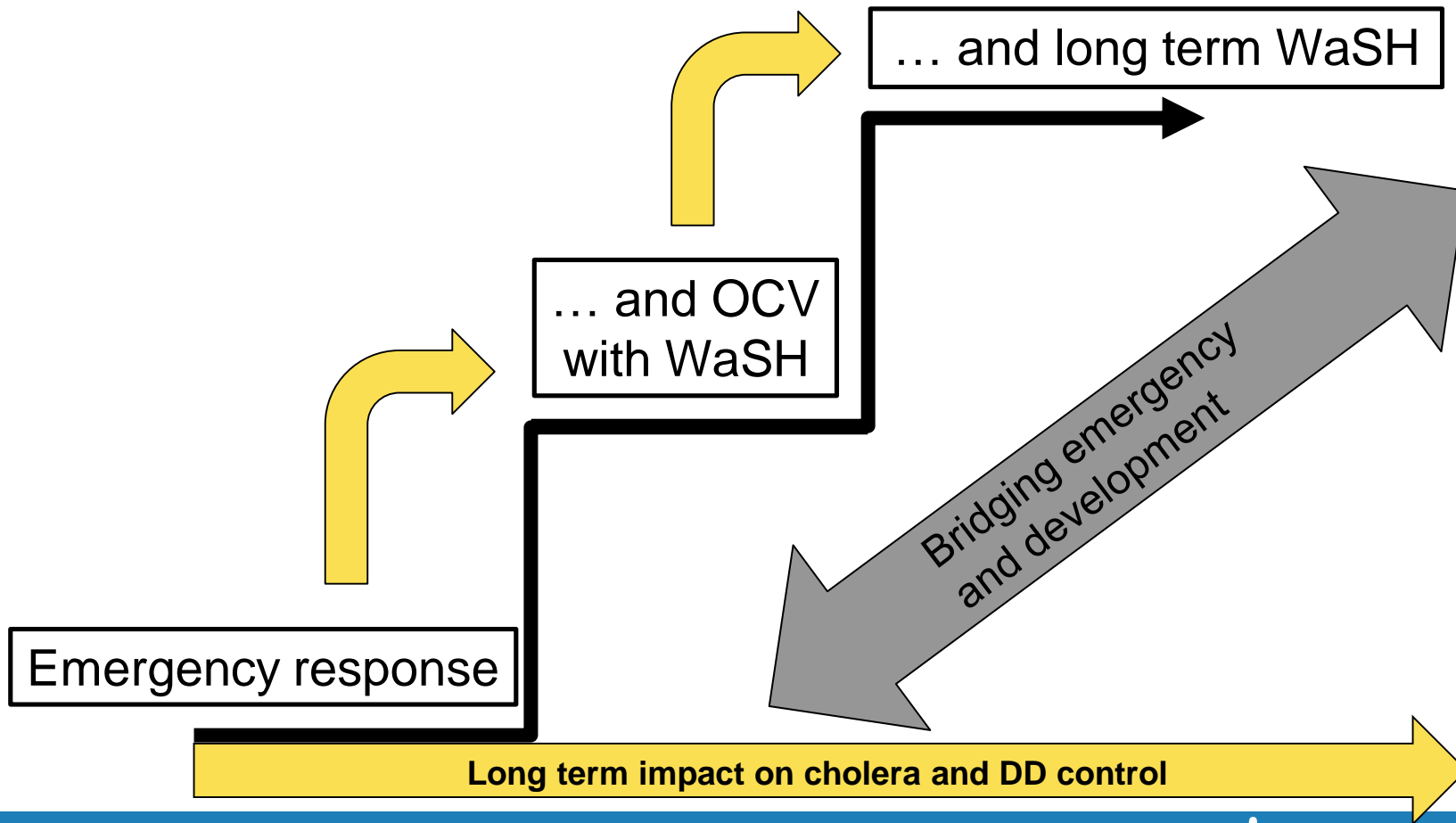


National cholera prevention & control programs : 4 axis

- Cholera occurrence can be predicted in many settings
 - Be more «pre-emptive»
- Cholera is unevenly distributed
 - Be focused on areas regularly affected («hot spots»)
- The long term solution for cholera control is not in the health sector
 - Be multisectoral (WaSH sector)
- OCV use at large scale
 - Has an immediate impact
 - Serves as a trigger mechanism for longer term control



«From preparedness and response to prevention and control»



Global Task Force for Cholera Control (GTFCC)

- Created in 1992 (post outbreak in Peru)
- WHA 2011 - resolution 64.15 to revitalize the GTFCC and to strengthen WHO's work on cholera (post outbreak in Haiti)
- 1st meeting of the «revitalized GTFCC» in 2014
- Network of technical institutions covering all aspects of cholera control
 - Surveillance and lab, case management, WaSH, vaccines, social mobilization and advocacy
 - Secretariat at WHO





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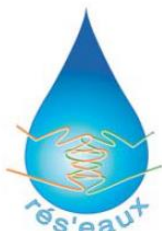
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Institut Pasteur



Imperial College London



Swiss TPH



epicentre

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GTFFCC Objectives

Common vision that collective action can stop cholera transmission and end cholera deaths

Support global strategies for cholera prevention and control

Provide a forum for technical exchange, coordination, and cooperation on cholera-related activities to strengthen countries' capacity to prevent and control cholera

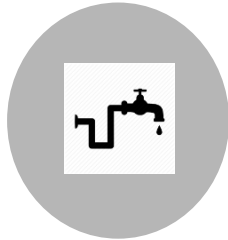
Support the development of a research agenda with special emphasis on monitoring and evaluating innovative approaches to cholera prevention and control

Increase the visibility of cholera as an important global public health problem



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GTFFCC Working Groups



WASH



**SURVEILLANCE
LABORATORY**



**SURVEILLANCE
EPIDEMIOLOGY**



**ORAL CHOLERA
VACCINE**



**ADVOCACY
COMMUNICATION**



CASE MANAGEMENT



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Role of the GTFCC in the implementation of the global strategy for cholera control

- Ensure technical leadership and coordination
 - Technical expertise
 - Evidence based recommendations
 - Research and innovation
- Reinforce countries capacities to control cholera
 - Technical support, training and M&E
 - Development and validation of cholera control plans
- Advocacy



Challenges

- Raising the profile of cholera...
 - Equity and human rights issue
 - SDG
- Acceptability of OCV by “decision makers”
- Integration of “WaSH with OCV”
 - Time sequence maybe different
 - Partners are different
- Vaccine supply vs demand



Thank you



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