WHO renewed strategy for Cholera Control

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IDEA meeting, Hanoi, March 2017
Cholera cases reported by year, 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

- WC-BS doses allocated
- WC doses allocated
- WC doses produced

World Health Organization
Cholera Prevention and Control toolbox

- OCV
- Patients care
- WaSH

Social Mobilization

Surveillance
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

Emergency response

... and OCV with WaSH

... and long term WaSH

Bridging emergency and development

Long term impact on cholera and DD 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
# GTFCC Objectives

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

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<tr>
<th>Support global strategies for cholera prevention and control</th>
<th>Provide a forum for technical exchange, coordination, and cooperation on cholera-related activities to strengthen countries’ capacity to prevent and control cholera</th>
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<td>Support the development of a research agenda with special emphasis on monitoring and evaluating innovative approaches to cholera prevention and control</td>
<td>Increase the visibility of cholera as an important global public health problem</td>
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GTFCC Working Groups

- WASH
- SURVEILLANCE LABORATORY
- SURVEILLANCE EPIDEMIOLOGY
- ORAL CHOLERA VACCINE
- ADVOCACY COMMUNICATION
- CASE MANAGEMENT
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