



GLOBAL TASK FORCE ON

CHOLERA CONTROL

Ending cholera : a global roadmap to 2030

Dr Dominique LEGROS, WHO, October 2018



End Cholera as a
public health threat in
up to 20 countries;
reduce deaths by 90%
by 2030

How

The bridge

Country
level

2030 CHOLERA ROADMAP: COUNTRY DRIVEN IMPLEMENTATION ALONG 3 AXIS

1. Early detection and immediate response to contain outbreaks
2. Multi-sectoral cholera elimination interventions in targeted cholera hotspots
3. GTFCC partnership as a coordination and country support mechanism



From preparedness and response to prevention and control

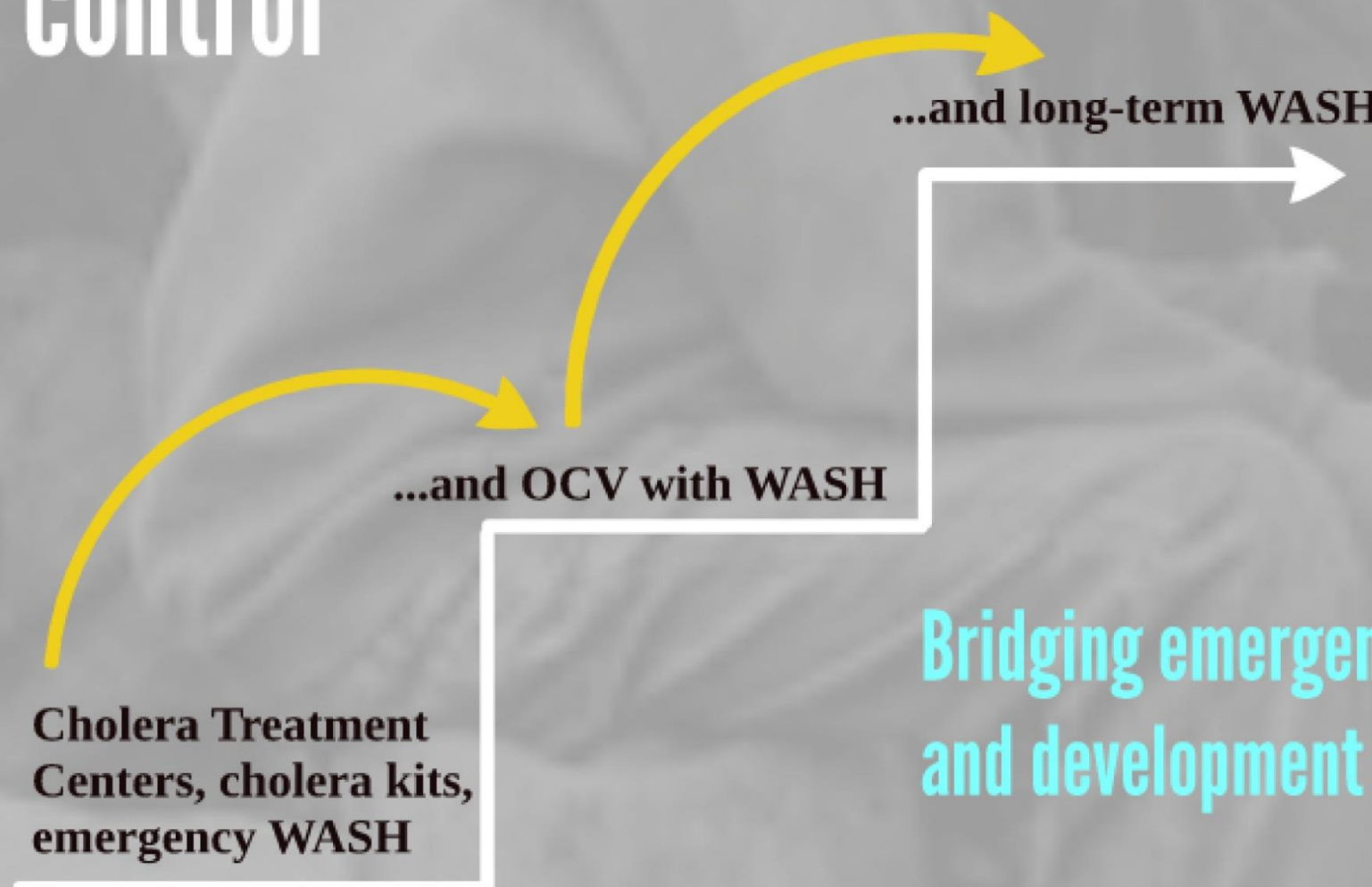
Treating patients alone has limited impact on transmission

Cholera Treatment Centers, cholera kits, emergency WASH

...and OCV with WASH

...and long-term WASH

Bridging emergency and development



METHODS OF CONTROL ARE WELL KNOWN

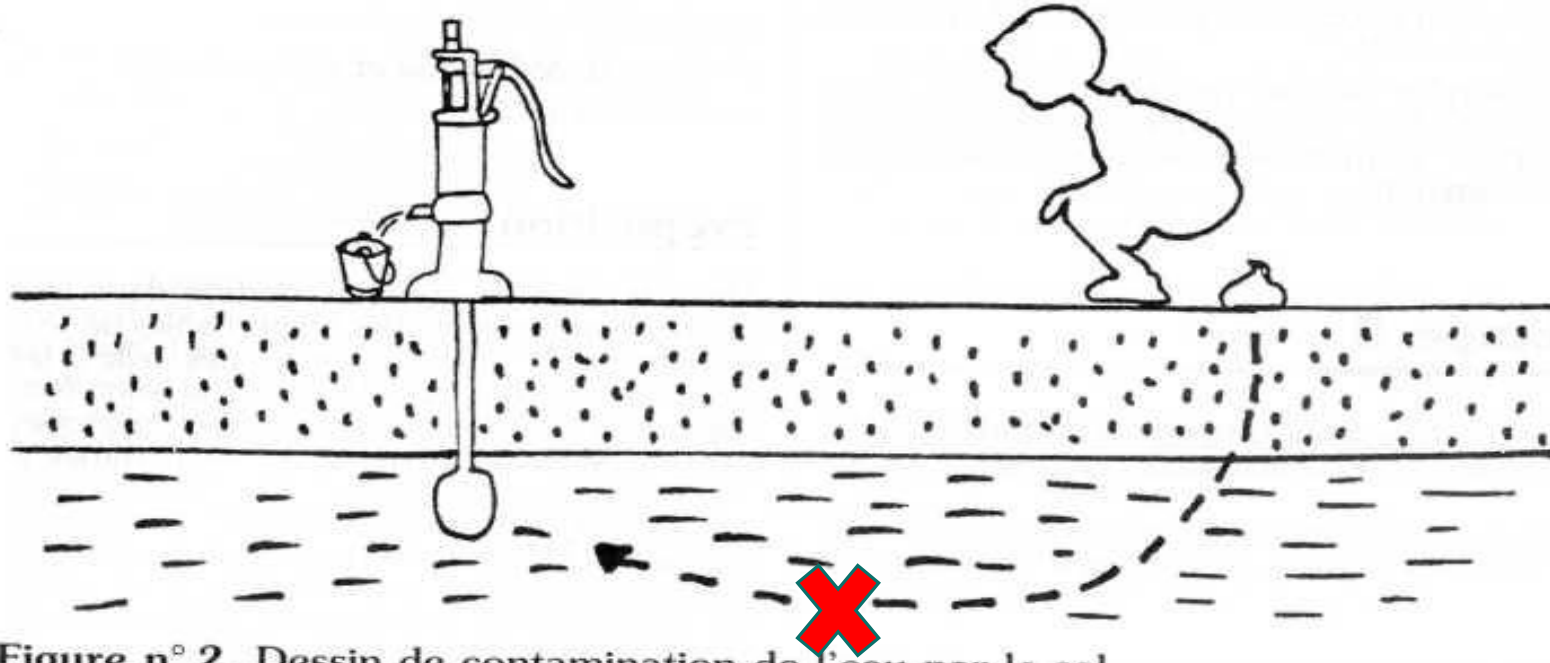
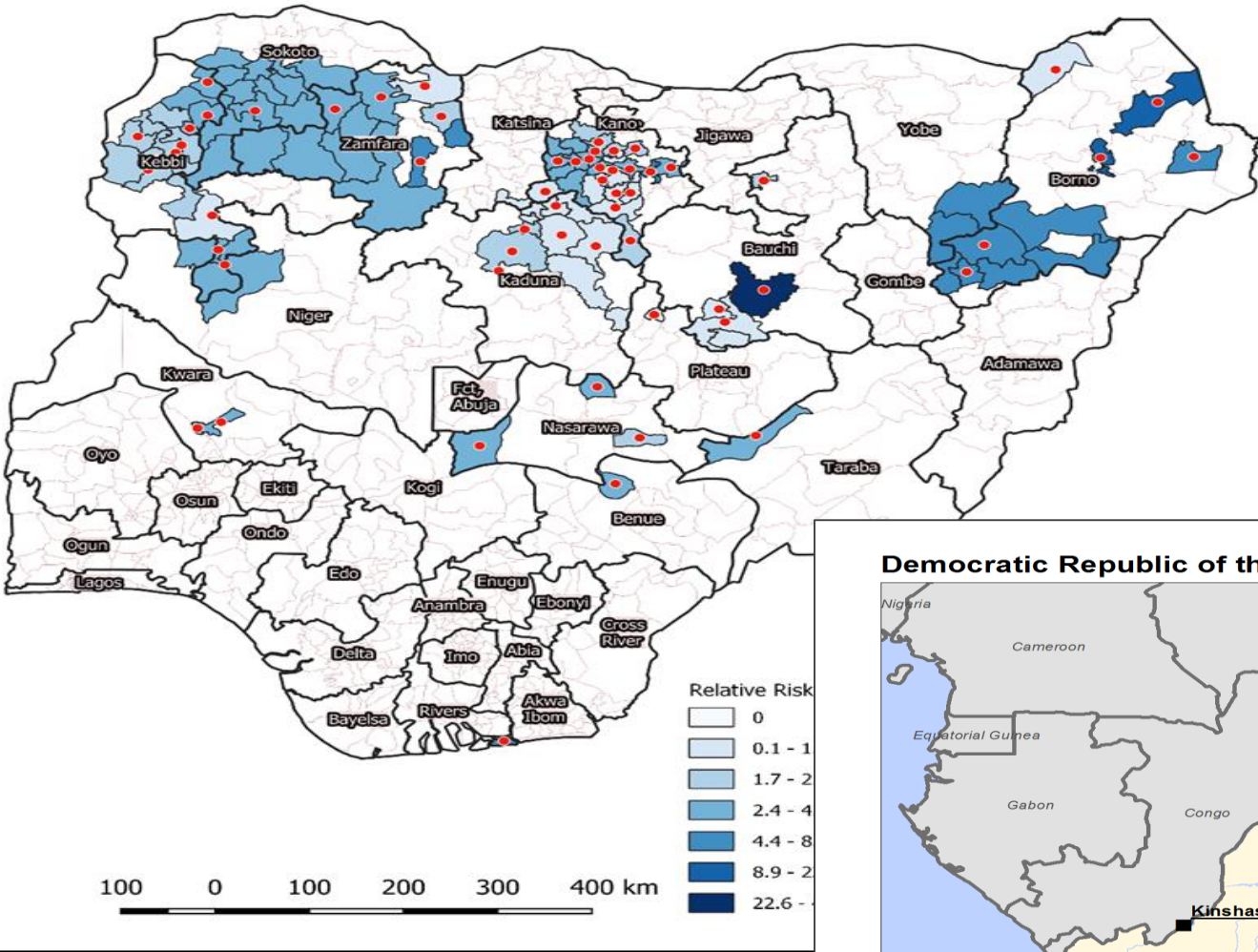


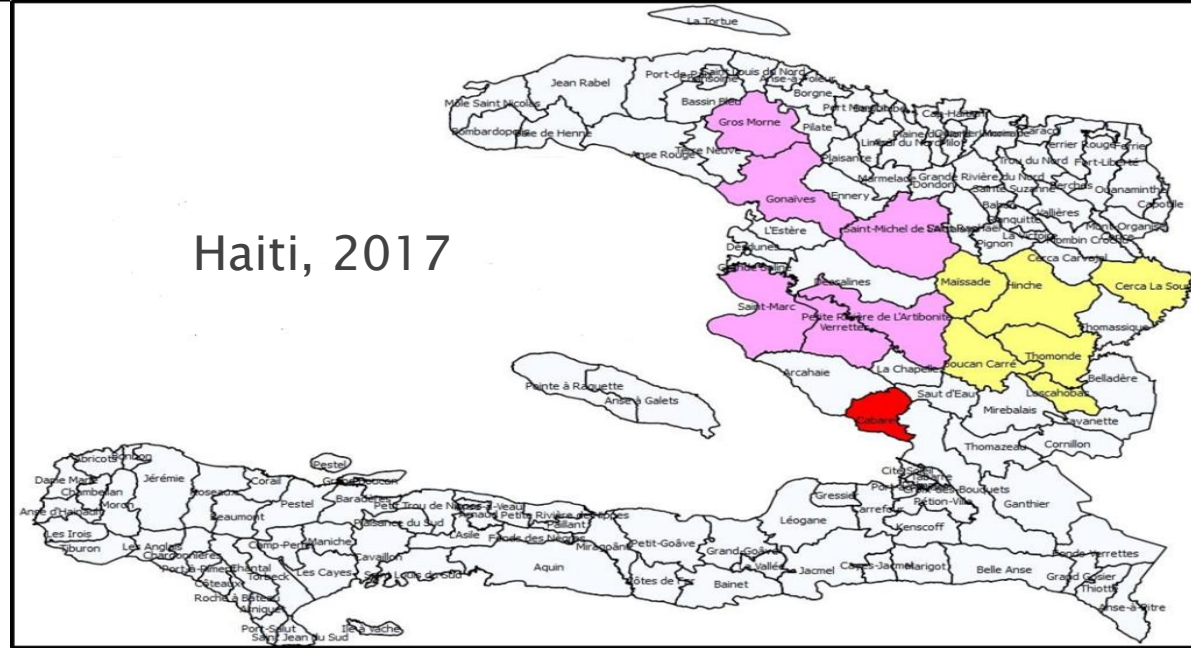
Figure n° 2. Dessin de contamination de l'eau par le sol

Source: Belec M, Hentgen V, Jauréguiberry S. Maladies du péril fécal et leur prévention. *Développement et Santé*. n°148,149, 150, août, octobre, décembre 2000

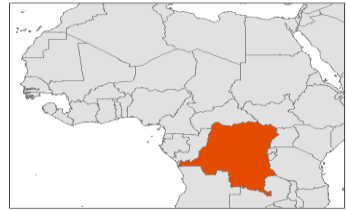
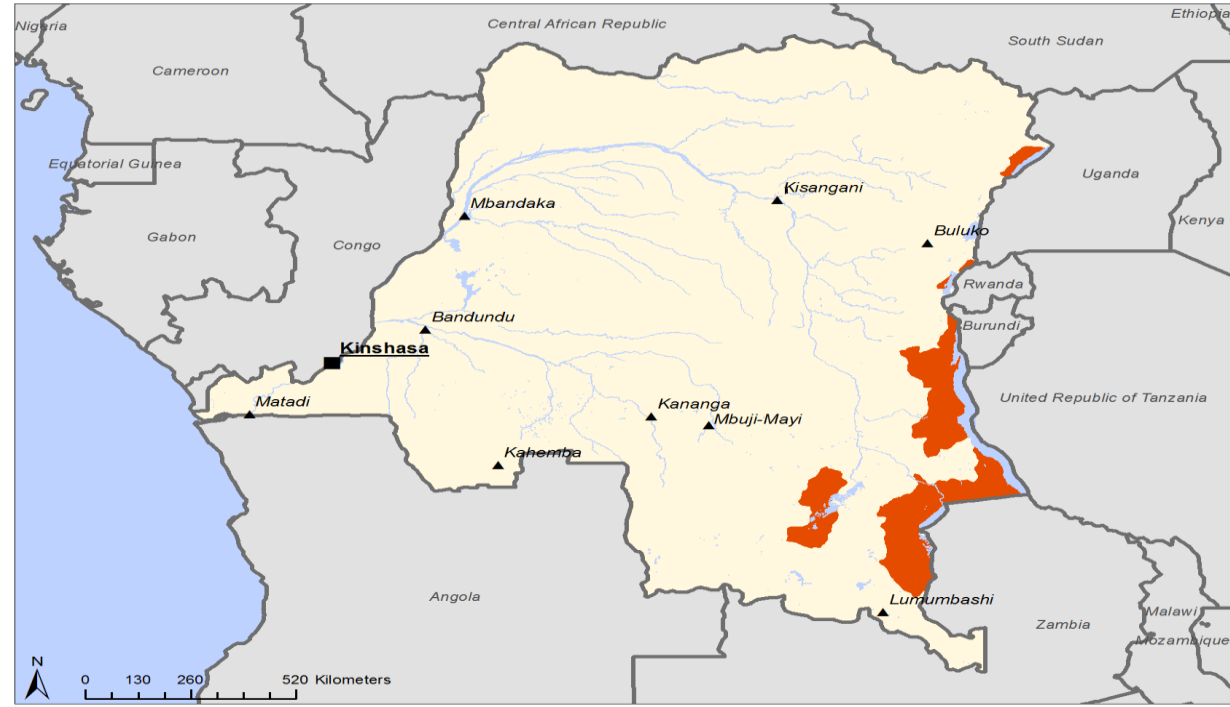
Nigeria, 2012–2017



Haiti, 2017



Democratic Republic of the Congo: cholera "hotspots", 2000–2013



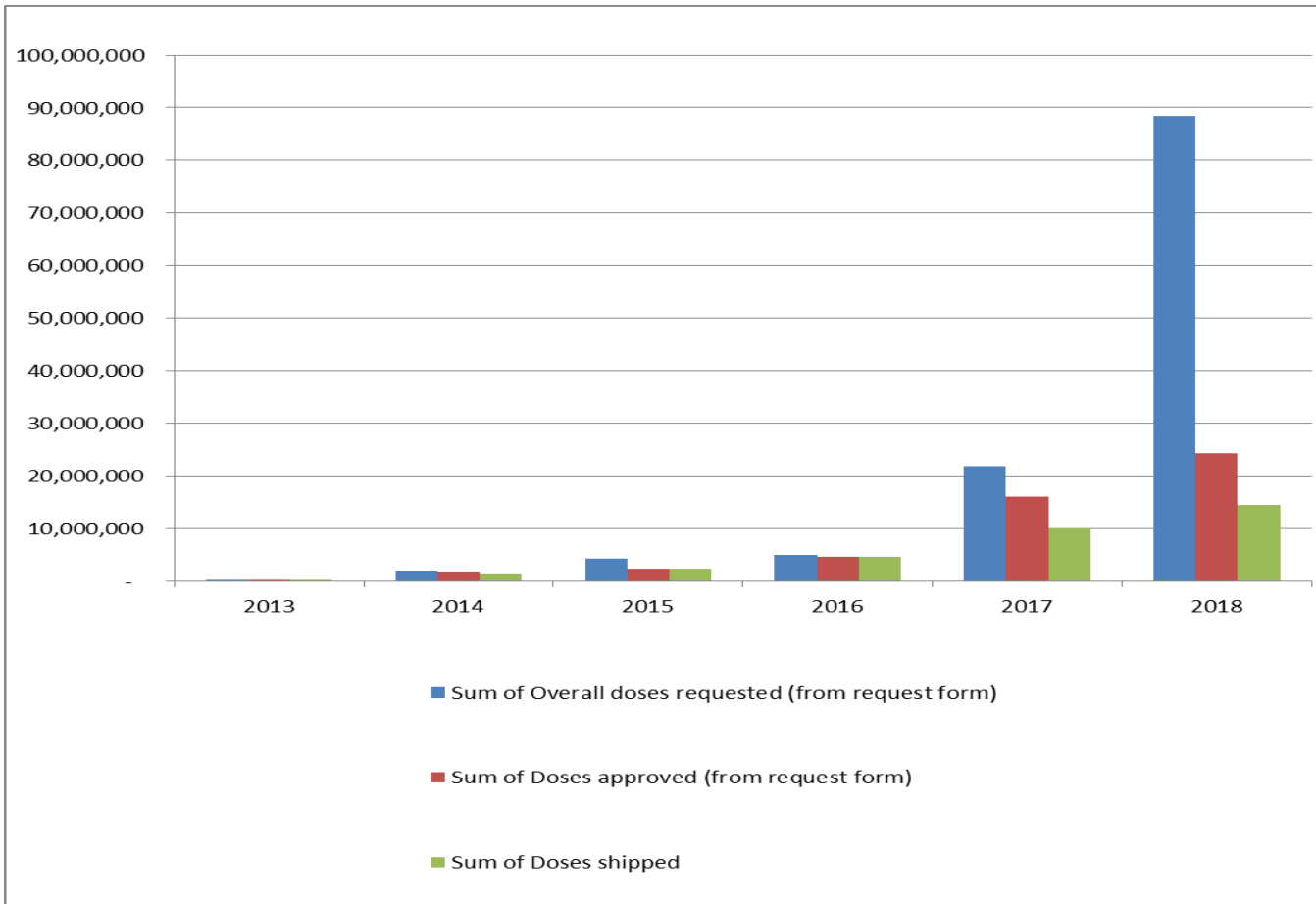
- Capital city
- ▲ Major town or city
- Lakes and main rivers
- Cholera "hotspots"

Population in hotspot areas:
4 825 438

Population in country:
65 705 000

Data Source: Ministry of Health, University of Kinshasa
Map Production: Health Statistics and

OCV USE GROWING EXPONENTIALLY



Row Labels	Sum of Overall doses requested (from request form)	Sum of Doses approved (from request form)	Sum of Doses shipped
2013	204,500	204,500	204,500
2014	1,962,485	1,806,215	1,486,215
2015	4,219,127	2,302,634	2,302,775
2016	5,021,672	4,668,837	4,645,345
2017	21,800,653	16,037,537	9,979,595
2018	88,383,541	24,317,358	14,465,318
Grand Total	121,591,978	49,337,081	33,083,748

COUNTRIES ARE ENGAGING



DONORS AND PARTNERS ARE ENGAGING

BMGF, CDC, GAVI, IFRC, UNICEF engaged as members of the GTFCC steering committee

CDC engagement for technical support in countries

Fondation Mérieux engagement for the organisation of meetings

IFRC One WASH project targeting cholera hotspots across 20 countries

UNICEF engagement for support to coordination and to the investment case (health economist)

Water Aid engagement on national advocacy on cholera in 3 African countries

AFD, DFID, Koica, SIDA, USAID, WB supporting long term WASH projects in countries, focusing on cholera hotspots

BMGF supporting the GTFCC secretariat, the development of the investment case and advocacy activities

GAVI supporting OCV, technical assistance in countries, surveillance

Welcome Trust and DFID supporting research on cholera

SO, WHAT COULD MAKE THE ALL STORY FAIL ?

Poor coordination and leadership at global level

Lack of in-country coordination and financing mechanisms

- Would require strong capacities of GTFCC to establish and maintain in-country technical and managerial support

Lack of vaccines

THE WAY FORWARD

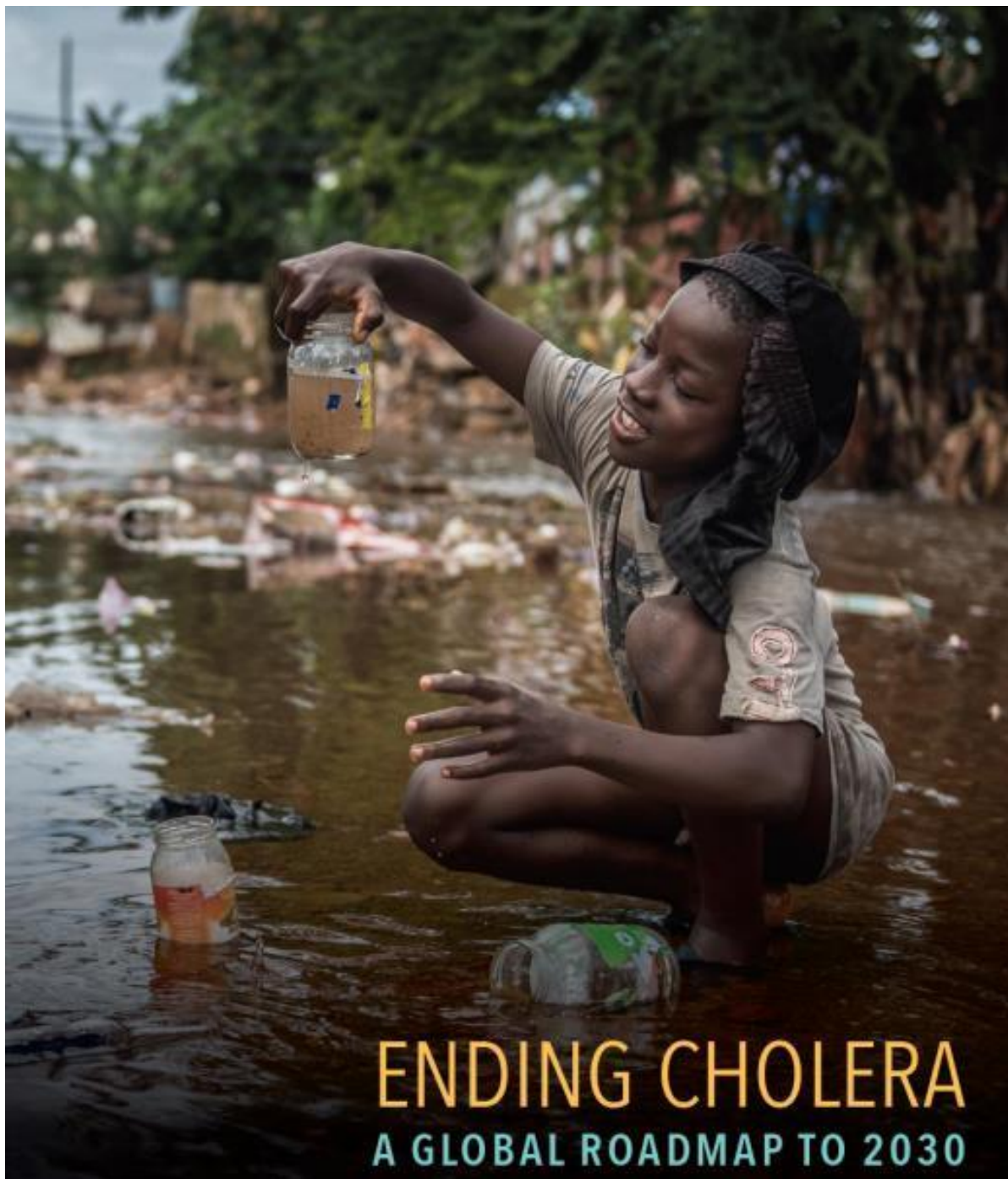
Implement the roadmap in priority countries

- GTFCC partners to support in developing and implementing countries control/elimination plans
- Ensure OCV are used at large scale, in a strategic manner, as trigger mechanism for sustained WaSH interventions, at least in stable countries

GTFCC adapted set up and procedures

Advocacy and communication

- Further engage with countries, donors and partners
- Using the WHA resolution and the cholera investment case



THANK YOU!

Together, we can
#EndCholera

Contact

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