

Focus on the Cholera situation in the South East Asia Region

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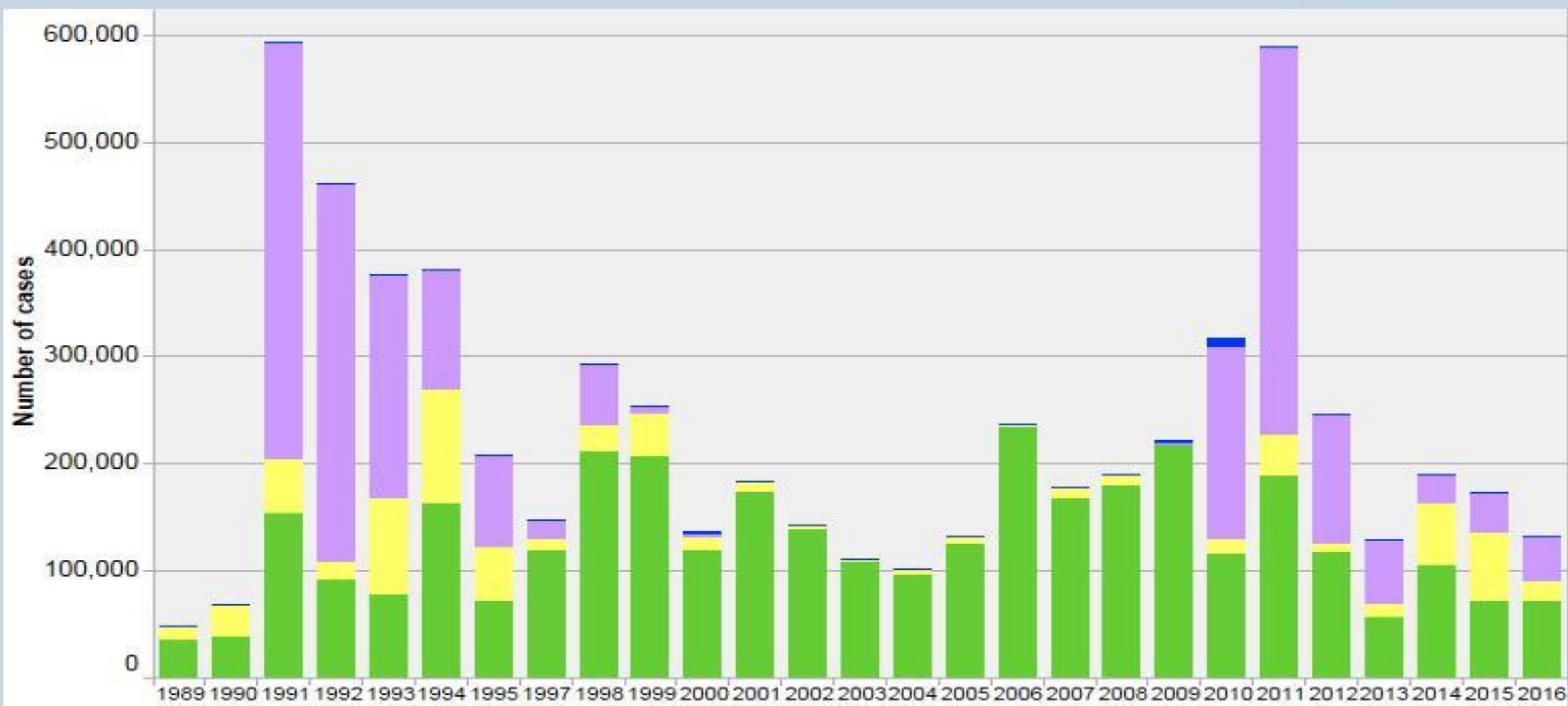


Why South East Asia Region is vulnerable to cholera

- High population density
- Poverty and related social conditions
- Unplanned rapid urbanization
- Migration of populations
- Internally displaced populations – Ex - Rohingya crisis
- Extreme weather conditions – flash floods, droughts



Cholera cases reported to WHO by year and by continent 1989–2016

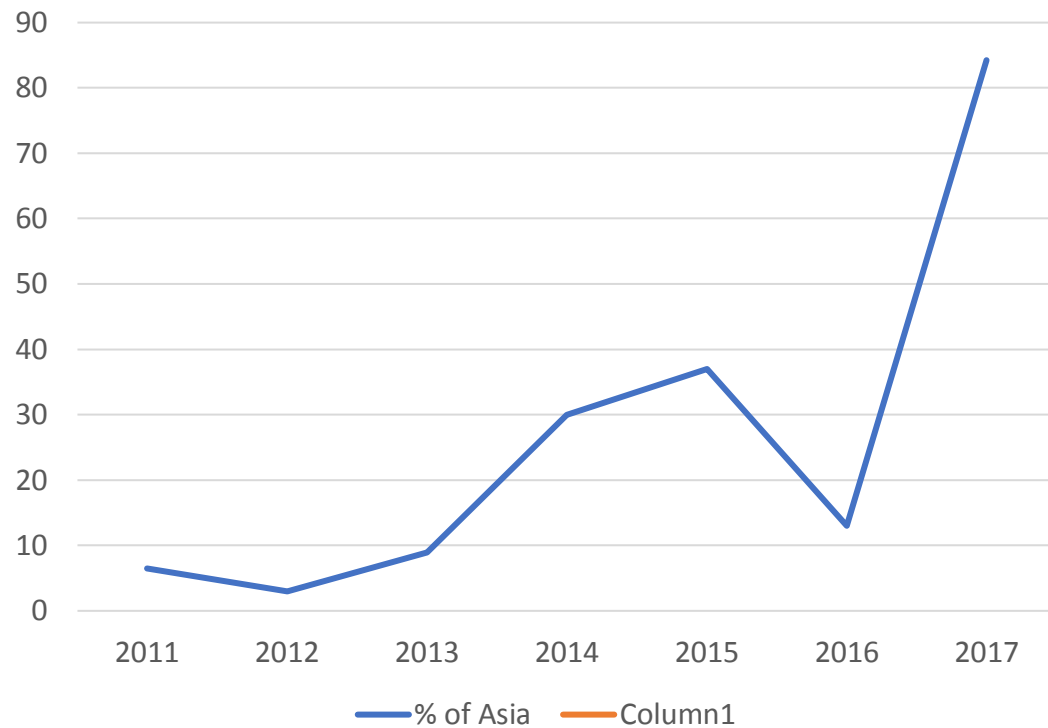


Source: Weekly Epidemiological Record, 2017, 92(35)

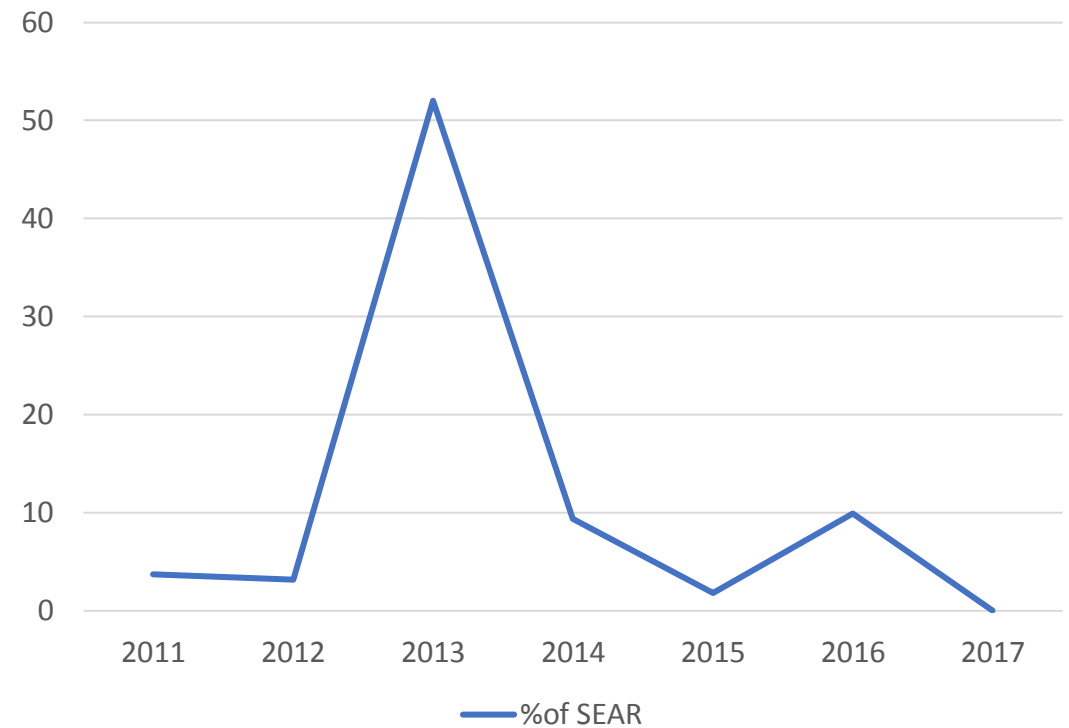
■ Oceania
 ■ Americas
 ■ Asia
 ■ Africa

Proportion of cholera cases reported to WHO from Asian continent and WHO SEAR

Reported cholera cases in Asia as a % of the total global cases



Cholera cases reported from SEAR as a % of the total cases reported from Asia



Cholera cases reported to WHO and other estimates

Country	2011		2012		2013		2014		2015		2016		2017	
	WHO	Review	WHO	Review	WHO	Review	WHO	Review	WHO	Review	WHO	Review	WHO	
Bangladesh	NR	264	NR	345	NR	281	NR	289	NR	247	-	NA	-	
Nepal	12	03	34	35	NR	04	933	600	80	80	169	169	07	
India	NR	4873	NR	7156	6008	6746	4031	5079	889	NA	841	NA	385	
Thailand	279	281	29	45	08	11	12	12	125	125	52	51	08	
Myanmar											782			

Source : WHO and Cholera in Selected countries in Asia by Lopez *et al* – In Press

Cholera deaths (Case Fatality Ratio) reported to WHO

Country	2011	2012	2013	2014	2015	2016	2017
	WHO	WHO	WHO	WHO	WHO	WHO	WHO
Bangladesh	NR	NR	NR	NR	NR	NR	NR
Nepal	00	00	NR	02 (0.2%)	00	00	00
India	NR	NR	54 (0.9%)	21 (0.5%)	04 (0.4%)	04 (0.4%)	03 (0.7%)
Thailand	04 (1.4%)	00	00	00	01 (0.8%)	01 (1.9%)	00
Myanmar						11 (1.4%)	00

Summary of the cholera situation in SEAR

- Cholera - an endemic disease
- Continued existence of cases in the region with favorable conditions
- Under-reporting of cholera cases and Under-estimates of the burden
- Selective impact on poor, marginalized communities in the region
 - Poor access to treatment – lack of access to services/ inadequate knowledge
- Risk of human to human transmission
- Observed under-reporting
 - issues in surveillance ?? Or reluctance to report cases due to economic impact
- Essence of improving surveillance, use data for identification of hotspots and target interventions
- What should be the role of the WHO's Regional Office in implementing the global road map to end Cholera by 2030

Areas of support by the Regional Office

Event monitoring, detection, verification, assessment

Risk assessment, grading, support for response

Policies, strategies, National Plans

System Readiness

Operational readiness

Support Preparedness for response

Setting long term strategy for elimination of cholera

Policies, strategies, National Plans

- Support development of evidence based national cholera control plans
 - National Action Plans for Health Security (NAPHS)
 - the basis for country response to prioritized all hazards
 - National Cholera Control plans aligned to NAPHS
 - Stand alone plans or contingency plans
- Technical support for rolling out and oversight of implementation
 - Country Cooperation Strategy (CCS)
 - Country Support Plans (CSP)
 - Specific donor supported work plans

Strengthening systems for early detection and timely response

Leveraging **IHR(2005)/Joint External Evaluations** to improve **core capacities**

1. Systems for coordination, communication and advocacy
2. Surveillance and Early warning , alert and Response Systems
3. Improved national laboratory systems for prompt diagnosis for response
4. Strengthen mechanisms for food safety control
5. Supporting capacity development of human resources
6. Systems for event notifications and management in compliance with IHR

Strengthening operational readiness for responding to outbreaks

- WHO supported areas
 - Stockpiling medical counter measures (Diagnostics, patient care items)
 - for ensuring the earliest access to ORS and other required supplies
 - Availability and equitable access to Medicines , Vaccines (Pharmaceutical interventions)
 - Emergency Medical Teams if needed (SEAR Regional Committee resolution)
 - Risk communication and community engagement
 - behavioral/anthropological studies ,
 - appropriate strategies and materials for behavioral change communication
 - Regional strategy for risk communication
 - Using strength of staff competency in routine immunization/Conducting mass campaigns / Adverse events monitoring /VPD surveillance

How to support long term plans for cholera control and sustenance

- Setting elimination and cholera free goals
 - Using current experience in the region (malaria, filariasis, yaws , measles, MNT elimination)
- Elimination standards, Verifying frameworks
- Tracking progress and verifications
- Exploring sustainable financing mechanisms

Enablers to roll out the global strategy in SEAR

- Regional Director's strategic vision for the region – 1 by 4
 - Addressing Persisting and emerging epidemiological and demographic challenges
 - Strengthening emergency risk management for sustainable development
 - Advancing universal health coverage and robust health systems
 - Articulating a strong regional voice in the global health agenda

1by4 Strategic Vision
Regional Director SEA Region

(Picture: Regional Director, Dr Poonam Khetrappa Singh, administering oral polio vaccine, India.)

A more responsive WHO in the South-East Asia Region

- Addressing the persisting and emerging epidemiological and demographic challenges
- Strengthening emergency risk management for sustainable development
- Advancing universal health coverage and robust health systems
- Articulating a strong Regional voice in the global health agenda

World Health Organization
Regional Office for South-East Asia

Enablers to roll out the global strategy in SEAR

- **Delhi declaration- A statement of political commitment**
 - Four “I” framework - crucial to the Region’s efforts to reach the global goal of ending cholera by 2030
 - Risk identification
 - Accelerate investments in people and systems
 - Promote the implementation of regional and country plans
 - Help interlink systems and networks



Thank You