



GLOBAL TASK FORCE ON CHOLERA CONTROL

4 October 2017 – A Call to Action Launching the Global Roadmap to 2030 to #endcholera

On 4 October 2017, partners of the Global Task Force on Cholera Control (GTFCC), officials from cholera-affected countries, and key global health donors convened to officially launch ***Ending Cholera: A Global Roadmap to 2030***, a renewed strategy for cholera control that aims to reduce cholera deaths by 90 percent by 2030.

The Mériem Foundation hosted the event at its Center for Global Health in Veyrier-du-Lac, France. Its Director General, Mr Benoit Miribel, welcomed participants and noted the setting historically has been a place where diverse groups of stakeholders have unified to tackle seemingly intractable global health problems, such as cholera. The meeting brought together over 100 participants including officials from the health and water ministries of 10 cholera-affected countries, as well as leaders from Gavi the Vaccine Alliance, WHO, UNICEF, IFRC, the Bill & Melinda Gates Foundation, WaterAid, icddr'b, representatives from nine key donors, private sector and 26 GTFCC partner institutions. All made a clear commitment to do their part to end cholera-- a threat that disproportionately affects poor countries--through implementation of the *Global Roadmap*.

Challenges

The challenges are known: lack of surveillance data, underreporting of cases, lengthy laboratory confirmation of samples and "siloed" interventions that separate Water, Sanitation and Hygiene (WASH) efforts from immunization. Overcoming these operational challenges is required to control cholera, and a prerequisite to mitigating the stigma associated with this diarrheal disease.

Participants discussed external challenges that will continue to confound cholera control efforts. For example climate change is leading to more outbreaks, through flooding, rising and warming waters; rapid urbanization and migration of communities displaced by conflict increases unplanned settlements without water supply and sanitation infrastructure and create perfect conditions for cholera to thrive.

The Global Roadmap to 2030

The *Global Roadmap to 2030* provides a concrete path towards a world in which cholera is no longer a threat to public health. It calls upon development partners to support countries to reduce cholera deaths by 90 percent by 2030. It is based on three strategic axes:

- **Axis 1:** Early detection and quick response to contain outbreaks at an early stage
- **Axis 2:** A multisectoral approach to prevent cholera in hotspots in endemic countries
- **Axis 3:** An effective mechanism of coordination for technical support, resource mobilization and partnership at the local and global levels

The *Global Roadmap* focuses particularly on "hotspots", areas that predictably experience cholera outbreaks seasonally or annually. In Africa alone, 40–80 million people live in such areas, making interventions tailored

to these hotspots a critical priority. Importantly, addressing the hotspots will have a knock-on effect, helping to prevent the spread of cholera cases to other areas, further reducing disease burden globally. Modeling approaches highlight that targeting the hotspots in 10 countries in Africa could reduce the number of cholera cases on the continent by over 50 percent

Country-led programmes and capacity, with nimble technical assistance by the GTFCC where needed

Integration of vaccination programmes with WASH implementation will be key to eliminating cholera. An effort to do this in Nepal serves as an example of a country leading the effort to improve the health of their citizens. In 2014, the Government of Nepal and WaterAid began a pilot project that integrated education on hygiene and healthy behaviours within the Expanded Programme on Immunisation, as described in the *Global Roadmap* document. The baseline and evaluation results show that integrating hygiene promotion alongside an immunisation programme is possible and cost-effective, and such an approach could be adapted for OCV campaigns.

Innovation

The GTFCC also seeks to leverage innovations in financing, in OCV development and delivery, and social media, and to catalyse actors to continue to innovate in working towards reducing the burden of cholera.

...In financing

The World Bank is engaging in innovative funding approaches, particularly in countries where it cannot work, like Yemen; it has given a grant of US \$200 million to WHO and UNICEF to combat cholera. The World Bank's focus is on local, sustainable (self-financing) initiatives that involve individuals and communities, and which garner the support of local, regional, and national governments.

...In vaccines and diagnostics

Innovations in the Oral Cholera Vaccine (OCV) and its packaging have lowered costs for delivery and manufacturing. The prequalification of Euvichol Plus in a lightweight fill seal presentation, is a significant achievement which will facilitate delivery of OCV at country level. More vaccines are in the pipeline incorporating innovations making them potentially more effective and/or cheaper to distribute.

Manufacturers are increasing production capacity of prequalified OCV as well as producing vaccine in-country (e.g. OCV production is being considered in Bangladesh). Manufacturers expect to have over 25 million doses from 2018 onwards.

Rapid diagnostic tests (RDTs), used by many countries for initial diagnosis while waiting for laboratory confirmation of samples, are critical for a rapid response to outbreaks. WHO is also initiating the process to prequalify Cholera RDTs and anticipate receiving applications from various manufacturers starting in January 2018.

...In leveraging social media

It was repeatedly stated that cholera was a disease of the 19th century, but has no place in the 21st century. The GTFCC seeks to leverage a tool of the 21st century – social media – to increase awareness of the disease and reduce the stigma associated with it #endcholera.

...In changing perceptions

As we reduce the stigma associated with the disease we also shift the perception of cholera from intractable to solvable. Dr Dominique Legros, Cholera Team Leader at WHO, illustrating the high cost of stigma

associated with cholera with the outbreak in Peru in 1991, which cost approximately US\$ 50 million, due to lost income from exports and tourism,. The case of Peru also demonstrates that ending cholera transmission (which Peru did within 10 years, before OCV existed,) is completely possible with the tools we have today.

The investment case

Initial data on the costs associated with implementing the integrated strategy at country level indicates spending of between US\$ 40 to 80/person can begin to break the cycle leading to cholera transmission. Activities include incremental improvements to WASH services to provide clean water, basic sanitation, and hygiene, including physical infrastructure as well as behaviour change interventions; simple, low-cost technologies; and developing the local market, leading to lower-cost and sustainable programmes. A full investment case, to be developed in 2018, will illustrate the economic trade-offs at the country and global levels.

The GTFCC Declaration on Ending Cholera

Controlling cholera is a moral obligation as well as a critical step to achieving the Sustainable Development Goals (SDGs), which call for the reduction of inequality, and good health and wellbeing for all. Access to WASH has been recognized by the United Nations as a human right; yet over 2 billion people still lack access to safe water, putting them at risk for cholera. **The SDGs will not be met in countries that still face cholera outbreaks.** The meeting was the opportunity to present **the Declaration on Ending Cholera, a call to action endorsed by 36 GTFCC partner institutions, an unprecedented engagement to fight cholera.**

Countries pledges to reduce cholera's burden

- The Government of Haiti has pledged to eradicate cholera in the country by 2022.
- The Government of Zanzibar has pledged to end local transmission by 2027.
- The Government of Malaysia has pledged to eliminate cholera by 2030 or earlier through its National Blue Ocean Strategy (<https://www.blueoceanstrategy.com/malaysia-nbos/>)
- The Government of Malawi has pledged to significantly improve WASH indicators by 2030.
- The government of India has pledged to significantly improve hand-washing, via its Clean Schools' campaign and increase use of clean water via TamRas, a low-cost water purifier.
- The Government of Nigeria has pledged to reduce the cholera burden by 80% by 2030.

Such pledges represent strong political will, which will need to be translated with appropriate resources, well-designed costed country plans, requiring financing by national governments, with the help of international organizations and donors.

The launch closed with final thoughts by several speakers, among them Duncan Steele from the Bill & Melinda Gates Foundation. In 2014, the Bill & Melinda Gates Foundation provided WHO with a small grant to catalyse GTFCC growth after the World Health Assembly addressed the issue of cholera in WHA resolution 64.15. Dr Steele reaffirmed the Foundation's commitment to the GTFCC, as partner and donor – and its commitment to supporting the GTFCC's continued success.