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Progress report on the regional framework for the implementation of the global strategy for cholera prevention and control, 2018-2030

Information document

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Background

1. Cholera remains a critical public health threat in the WHO African Region, with 18[1] countries reporting cases in 2024, up from nine[2] in 2022, representing a 50.0% increase. This surge underscores persistent challenges related to water, sanitation, and broader socioeconomic conditions[3], particularly in sub-Saharan Africa.

2. In 2018, the World Health Assembly adopted resolution WHA71.4 on cholera prevention and control.[4] The same year, the Sixty-eighth Regional Committee for Africa endorsed the Regional framework for the implementation of the global strategy for cholera prevention and control, 2018–2030.[5]

3. The Framework is structured around three strategic targets and 20 measurable milestones (see Annex), with a focus on reducing cholera morbidity and mortality in 26 high-risk countries.[6] The Framework guides Member States in prioritizing interventions across key pillars.[7] It aligns with the International Health Regulations (2005) and the Sustainable Development Goals (SDGs) as it aims to strengthen the cholera prevention and control capacities and capabilities of Member States.

4. The Regional Committee requested regular reports on the Framework. This second report highlights the progress made and the challenges encountered, and makes recommendations towards meeting the 2025 and 2030 milestones.

Progress made/actions taken

5. As of 2024, the Region had achieved 59% of target 1; 54% of target 2, and 39% of target 3. While there has been encouraging progress on some milestones, the upsurge of cholera with specific characteristics[8] underscores the urgent need for intensified cholera prevention and control efforts.

6. **Target 1: Contribute to the global goal of eliminating predictable cholera epidemics.** Significant progress has been made under this target, reflecting the strong commitment of Member States. As of 2024, seventy-seven per cent (20) of the 26 high-risk Member States[9] had appointed

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1 Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Niger Nigeria, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe

2 Benin, Burkina Faso, Cameroon, Ethiopia, Mali, Niger, Nigeria, Togo, Uganda

3 World Health Organization, "Cholera. Weekly Epidemiological Record (WER), 22 September 2023, Vol. 98, No. 38, Pp. 431–452 [EN/FR] - World | ReliefWeb," September 22, 2023. (https://reliefweb.int/report/world/weekly-epidemiological-record-wer-22-september-2023-vol-98-no-38-pp-431-452-enfr).

4 World Health Organization, "Resolution WHA71.4. Cholera Prevention and Control. In: Seventy-First World Health Assembly" (Geneva, May 21, 2018).

5 World Health Organization, Regional Office for Africa, 2018 (AFR/RC68/7), "Regional framework for the implementation of the global strategy for cholera prevention and control, 2018–2030," Final Report, 27 August2018.

6 Angola, Benin, Burundi, Burkina Faso, Cameroon, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Guinea, Guinea-Bissau, Ghana, Kenya, Liberia, Malawi, Mozambique, Niger, Nigeria, Sierra Leone, South Sudan, Togo, United Republic of Tanzania, Uganda, Zambia, Zimbabwe

7 Water, sanitation and hygiene (WASH), surveillance, health systems strengthening, oral cholera vaccines (OCV), and community engagement.

8 High mortality rates, widespread geographic spread, resurgence in non-endemic countries, and increased transmission.

9 Angola, Benin, Burkina Faso, Burundi, Cameroon, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea-Bissau, Kenya, Liberia, Mozambique, Nigeria, Sierra Leone, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, Zimbabwe.

national cholera focal points to enhance multisectoral coordination efforts. Thirteen Member States[10] (50%) had developed and were actively implementing national cholera plans, while 16[11] Member States (62%) had developed contingency plans, demonstrating growing readiness to prevent and manage cholera outbreaks. Additionally, 17[12] Member States (65%) have established multisectoral coordination mechanisms to facilitate collaborative action. Importantly, 92% (24) Member States[13] have mapped cholera hotspots, facilitating targeted interventions, including preventive oral cholera vaccination (OCV) and water, sanitation and hygiene (WASH) improvements. Notably, between 2023 and 2024, a total of 46 587 038 OCV doses were administered across 11 Member States[14], contributing to reduced outbreak incidence and improved population-level immunity.

7. **Target 2: Reduce by 50% the magnitude of cholera outbreaks.** Progress under target 2 has been moderate but promising. As at the end of 2024, sixteen of the 26 high-risk Member States (62%) had conducted risk mapping and analysis to inform preventive and mitigation measures. Additionally, 18 Member States (69%) have established and trained rapid response teams for effective outbreak investigation and response, and 77% have enhanced human resource capacity in case and supply management. Community-based interventions have been deployed in 15 Member States (58%), particularly during outbreaks, while more than 81% (21) have reinforced their epidemiological and laboratory surveillance systems for cholera. Gaps remain in social mobilization, with only 11 Member States having developed or initiated comprehensive social mobilization and community engagement strategies.

8. **Target 3: Ensure regular monitoring, evaluation, and adaptation of the regional cholera framework.** Progress under target 3 has been slower, with notable variation across Member States. As of 2024, while 16 Member States[15] (62%) had begun documenting challenges and lessons learnt to inform decision-making, policy and practice, 11 Member States[16] (42%) had defined performance indicators to track the implementation of cholera preparedness and response activities. Nonetheless, several Member States are making strides in institutionalizing review mechanisms: 16 Member States[17] (62%) have conducted after-action and intra-action reviews, mortality audits, and readiness assessments. These processes have significantly enhanced their capacity to effectively prepare for, detect and manage cholera outbreaks.

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[10] Benin, Cameroon, Democratic Republic the Congo, Ethiopia, Kenya, Malawi, Mozambique, Niger, Nigeria, South Sudan, United Republic of Tanzania, Zambia, Zimbabwe.

[11] Benin, Burkina Faso, Burundi, Cameroon, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Nigeria, Sierra Leone, Togo, Zambia, Zimbabwe.

[12] Burkina Faso, Burundi, Democratic Republic of the Congo, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Nigeria, South Africa, South Sudan, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.

[13] Angola, Benin, Burkina Faso, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mozambique, Nigeria, Sierra Leone, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, Zimbabwe.

[14] Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Uganda, Zambia, Zimbabwe.

[15] Angola, Benin, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Kenya, Malawi, Mozambique, Nigeria, Sierra Leone, South Sudan, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.

[16] Ethiopia, Ghana, Guinea, Kenya, Malawi, Mozambique, Sierra Leone, United Republic of Tanzania, Togo, Zambia, Zimbabwe.

[17] Angola, Benin, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Kenya, Malawi, Mozambique, Nigeria, Sierra Leone, South Sudan, United Republic of Tanzania, Uganda, Zambia, Zimbabwe

Issues and challenges

9. Challenges impeding progress include limited funding, rising climate-related emergencies, insecurity, limited global OCV stockpile, insufficient WASH investment, and low engagement from local and international partners and communities in implementing the Framework.

Next steps

To address the identified gaps, there is a need to adapt to the evolving realities of cholera outbreaks in the Region.

10. Member States should:

(a) develop and implement climate-resilient WASH and disaster risk reduction strategies, emphasizing increased investment in WASH infrastructure;

(b) mobilize domestic and external resources for sustainable implementation of the Framework;

(c) strengthen advocacy at technical, policy and community levels to foster broad engagement and involvement in the implementation of the Framework.

11. WHO and partners should:

a) coordinate resource mobilization efforts at the global, regional and national levels;

b) advocate for increased global and local manufacturing of OCV to improve vaccine availability for national preventive and reactive campaigns;

c) advocate for increased security and peace in humanitarian settings with adequate protection of health infrastructure.

12. The Regional Committee noted the progress report and endorsed the proposed next steps.

Annex. Regional framework for the implementation of the global strategy for cholera prevention and control, 2018–2030

Targets/Milestones

1. **Contribute to the global goal of eliminating predictable cholera epidemics**: All Member States will have:

(a) Cholera focal points at the national level by 2019.
(b) Cholera outbreak Emergency Preparedness and Response (EPR) plans by 2019.
(c) Strengthened their national capacities for cholera preparedness and response by 2020.
(d) Established robust multisectoral and partner coordination mechanisms at the national and subnational levels by 2020.
(e) Mobilized the required technical and financial resources at all levels by 2022.
(f) Identified and mapped cholera hotspots in affected countries at all levels by 2022.
(g) Enhanced cross-border surveillance at all levels by 2025.
(h) Fully funded the long-term multisectoral cholera prevention and control plans by 2025.
(i) Implemented the multisectoral cholera prevention and control plans at all mapped hotspots and all levels by 2030.

2. **Reduce by 50% the magnitude of cholera outbreaks particularly among vulnerable populations and during humanitarian crises.** All Member States will have:

(a) Conducted risk assessment and mapping by 2019.
(b) Established Rapid Response Teams (RRTs) for field investigation and risk evaluation by 2019.
(c) Established sufficient and specific capacity for cholera case management by 2020.
(d) Developed a comprehensive cholera social mobilization strategy and community-based interventions by 2020.
(e) Strengthened or set up functional epidemiological and laboratory surveillance systems at all levels by 2022.
(f) Ensured water quality interventions in affected cholera hotspots and at-risk communities by 2025.
(g) Maintained WASH investment and operation costs at all affected hotspots and communities by 2030.

3. **Ensure regular monitoring, evaluation, and adaptation of the regional cholera framework:** All Member States will have:

(a) Identified monitoring and performance indicators and defined quality control mechanisms for planned interventions by 2019.
(b) In collaboration with WHO, developed investment case(s) for cholera control by 2020.
(c) Documented challenges and lessons learnt, and utilized this information for decision-making by 2022.
(a) In collaboration with WHO, defined integrated quality control mechanisms for assessing the implementation of the Framework by 2025.