World Health Organization
REGIONAL OFFICE FOR Africa

AFR/RC71/INF.DOC/9
26 August 2021

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Seventy-first session
Virtual session, 24–26 August 2021

Agenda item 17.9

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 recurrent public health emergency in the World Health Organization (WHO) African Region. The impact of cholera is particularly great in sub-Saharan Africa. The burden of the disease is also still high, with 51 640 cases and 852 deaths[1] reported in 2019 from 14 Member States.[2]

2. In 2018, the Seventy-first session of the World Health Assembly adopted the global strategy for cholera prevention and control in resolution WHA71.4.[3] 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.[4]

3. The framework aims to reduce cholera morbidity and mortality, thereby contributing to the achievement of the Sustainable Development Goals. The framework provides targets and milestones to address cholera risk factors, including poor water, sanitation and hygiene (WASH) conditions, high-risk practices, surveillance gaps, insufficient political commitment and low compliance with the International Health Regulations (2005).

4. The Regional Committee requested the Regional Director to periodically report on progress in the implementation of the framework. However, a progress report on the framework was not included in the agenda of the Seventieth Regional Committee. Therefore, this first report summarizes the progress made since the adoption of the framework in 2018 and proposes the next steps.

PROGRESS MADE/ACTIONS TAKEN

Milestone 1: Contribute to the global goal of eliminating predictable cholera epidemics

5. **Cholera focal points at national level**: Twenty-six Member States[5] have appointed dedicated cholera national focal points. These experts improve coordination of cholera interventions at national level.

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1 World Health Organization. 2020. Cholera, 2019. *Weekly Epidemiological Record, 95* (37), 441 - 448. World Health. (https://apps.who.int/iris/handle/10665/334241; accessed 15 March 2021).

2 Benin, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nigeria, Uganda, Zambia, Zimbabwe.

3 Resolution WHA71.4. Cholera prevention and control. In: seventy-first World Health Assembly, Geneva, 21–26 May 2018. Resolutions and decisions, annexes. Geneva: World Health Organization; 2018:8–11. (WHA71/2018/REC/1; https://apps.who.int/gb/or/e/e_wha71r1.html, accessed 15 March 2021).

4 Resolution AFR/RC68/7, Regional framework for the implementation of the global strategy for cholera prevention and control, 2018–2030. *In: Sixty-Eight Session of the WHO Regional Committee for Africa. Dakar, Senegal, 27-31 August 2018, Final Report*. Brazzaville, World Health Organization, Regional Office for Africa, 2018 (AFR/RC68/7) pp. 59-62.

5 Algeria, Angola, Benin, Burundi, Cameroon, Central African Republic, Congo, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Niger, Nigeria, Sierra Leone, South Africa, South Soudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

6. **Cholera emergency preparedness and response plans**: Ten Member States[6] have developed and are implementing cholera elimination plans. Sixteen other Member States[7] are in the process of developing their long-term plans.

7. **Strengthen national capacities for cholera preparedness and response**: Twenty-six Member States[8] have strengthened their cholera preparedness and response mechanisms. This includes trainings on surveillance, cross-border collaboration, logistics prepositioning and preventive vaccination campaigns.

8. **Establish robust multisectoral and partner coordination mechanisms at national and subnational levels**: Ten Member States[9] have established multisectoral coordination bodies at national and subnational levels. These bodies are coordinating the efforts of partners and national stakeholders in cholera prevention and control.

Milestone 2: Reduce by 50% the magnitude of cholera outbreaks

9. **Conduct risk assessment and mapping:** Fifteen Member States[10] have mapped and conducted analyses of cholera hotspots and planned preventive and mitigation actions accordingly. Six Member States have conducted systematic cholera risk assessments in humanitarian settings.[11]

10. **Establish Rapid Response Teams (RRTs)**: All Member States have trained and skilled RRTs at national and subnational level. WHO has provided numerous trainings to RRTs on Integrated Disease Surveillance and Response.

11. **Establish sufficient and specific capacity for case management:** Fifteen Member States[12] have set up cholera treatment centres and trained human resources for case management. In addition, WHO and partners have provided logistical support to Member States affected by cholera outbreaks.

12. **Develop a comprehensive cholera social mobilization strategy and community-based interventions:** Fifteen Member States[13] developed and implemented community-based interventions during outbreaks. Social mobilization is systematically part of the response interventions in all Member States.

13. **Development of investment cases for cholera control:** An investment case was developed at the global level with the contribution of the regions; it will be adapted and used to guide Member States.

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6 Benin, Democratic Republic of the Congo, Ethiopia, Kenya, Mozambique, Nigeria, South Sudan, United Republic of Tanzania, Zambia, Zimbabwe.

7 Algeria, Angola, Burundi, Cameroon, Central African Republic, Congo, Chad, Côte d'Ivoire, Ghana, Liberia, Malawi, Niger, Sierra Leone, South Africa, Togo, Uganda.

8 Algeria, Angola, Benin, Burundi, Cameroon, Central African Republic, Congo, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Niger, Nigeria, Sierra Leone, South Africa, South Soudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

9 Benin, Democratic Republic of the Congo, Ethiopia, Kenya, Mozambique, Nigeria, South Sudan, United Republic of Tanzania, Zambia, Zimbabwe.

10 Benin, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Malawi, Mozambique, Nigeria, Sierra Leone, South Sudan, United Republic of Tanzania, Uganda, Zambia, Zanzibar, Zimbabwe.

11 Burkina Faso, Ethiopia, Liberia, Mozambique, Nigeria and South Sudan.

12 Algeria, Benin, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Kenya, Mozambique, Niger, Nigeria, United Republic of Tanzania, Togo, Uganda, Zambia.

13 Algeria, Benin, Burundi, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Kenya, Mozambique, Niger, Nigeria, Togo, Uganda, United Republic of Tanzania, Zambia.

Milestone 3: Ensure regular monitoring, evaluation and adaptation of the regional cholera framework

14. **Monitoring and performance indicators and definition of quality control mechanisms**. A monitoring tool was developed and shared with Member States. This tool is being used to report on the framework.

15. **Cholera epidemiological trend:** Cholera caseloads have declined by 50% between 2017 and 2019, from 104 421 cases in 2017[14] to 51 640 cases in 2019.[15] Similarly, cholera deaths have reduced by more than 50% during the same period. The number of Member States experiencing outbreaks has also decreased from 16 in 2018[16] to 10 in 2020.[17]

16. The main challenges encountered include the COVID-19 pandemic; insufficient country ownership with a low proportion of Member States fully implementing the framework; and a low reporting rate among Member States.

NEXT STEPS

17. **Member States should:**

(a) Position their coordination bodies at the highest level of the government to facilitate multisectoral coordination;

(b) Implement the planned actions in the framework; monitor progress while fully adhering to COVID-19 physical distancing measures; and provide regular feedback to WHO and partners;

(c) Mobilize domestic and external funding for sustainable implementation of the framework;

(d) Mobilize national and local authorities, and community leaders as change agents in cholera elimination.

18. **WHO and partners should:**

(a) Coordinate partner support to Member States at risk of both domestic and imported cholera for the full implementation of the framework;

(b) Hold periodic meetings with Member States to monitor and evaluate the implementation of the framework;

(c) Coordinate resource mobilization efforts at global, regional and national levels for the implementation of the framework.

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

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[14] World Health Organization. 2018. Cholera, 2017. *Weekly Epidemiological Record, 93* (38), 489 - 496. World Health Organization. (https://apps.who.int/iris/handle/10665/274655, accessed 15 March 2021)

[15] World Health Organization. 2020. Cholera, 2019. *Weekly Epidemiological Record, 95* (37), 441 - 448. World Health. (https://apps.who.int/iris/handle/10665/334241; accessed 15 March 2021)

[16] Algeria, Angola, Burundi, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Niger, Nigeria, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

[17] Benin, Burundi, Cameroon, Democratic Republic of the Congo, Ethiopia, Kenya, Mozambique, Nigeria, Togo, Uganda.