
Cholera in Humanitarian Settings: Burden, Operational Constraints, and Response Adaptations

EPI-WIN Webinar

15 April 2026



World Health
Organization

Outline

Three questions frame this presentation



Epidemiological overview

How the cholera burden has shifted and where it is concentrated



Operational constraints and adaptations

Why response is harder in humanitarian settings, and how WHO and partners have adapted



Key takeaways

What this means for cholera control going forward

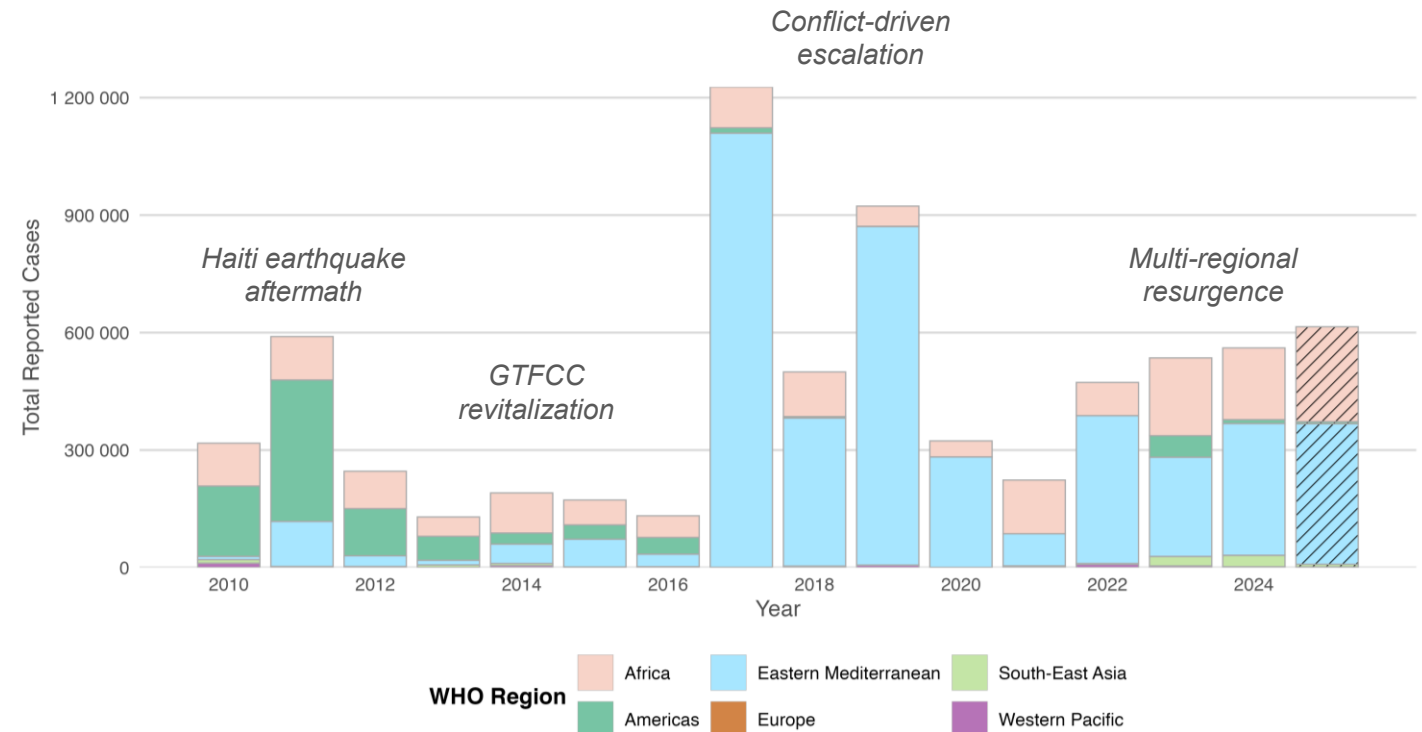
Evolution of the Global Cholera Burden

Since 2010, the crisis has shifted from concentrated shocks to sustained multi-regional transmission

- **2010–2016:** Major shocks (e.g., Haiti) and renewed global coordination through the Global Task Force for Cholera Control (GTFCC).
- **2017–2021:** Conflict-driven escalation, especially in the Eastern Mediterranean, including Yemen and Afghanistan.
- **2022–2025:** Multi-regional resurgence, Grade 3 emergency escalation, and activation of WHO’s Incident Management Support Team (IMST).

Annual Global Cholera Cases by WHO Region (2010–2025*)

Reported aggregate transmission volume. Dashed textures indicate preliminary data.



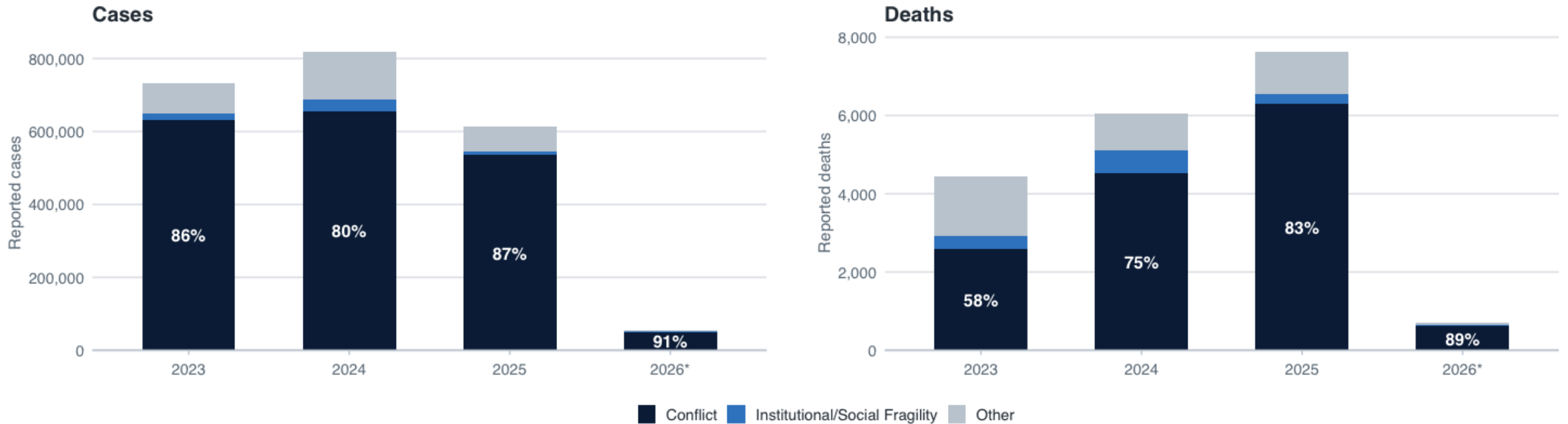
Data Source: WHO WER | *Note: 2025 data is preliminary.

Cholera Cases and Deaths by Setting

84% of cases and 75% of deaths reported since 2023 have occurred in conflict settings

Global Cholera and AWD Burden by Setting

Annual proportion of cases and deaths by World Bank setting type, 2023-2026*.



Data source: World Health Organization. *2026 data is provisional as of 06 April.

Note: World Bank FY26 Classification.

Conflict: Afghanistan, Burkina Faso, Cameroon, Central African Rep., DRC, Ethiopia, Haiti, Iraq, Lebanon, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, Ukraine, West Bank & Gaza, Yemen.

Institutional/Social Fragility: Burundi, Chad, Comoros, Congo, Eritrea, Guinea-Bissau, Kiribati, Libya, Marshall Islands, Micronesia, Papua New Guinea, São Tomé & Príncipe, Solomon Islands, Timor-Leste, Tuvalu, Venezuela, Zimbabwe.

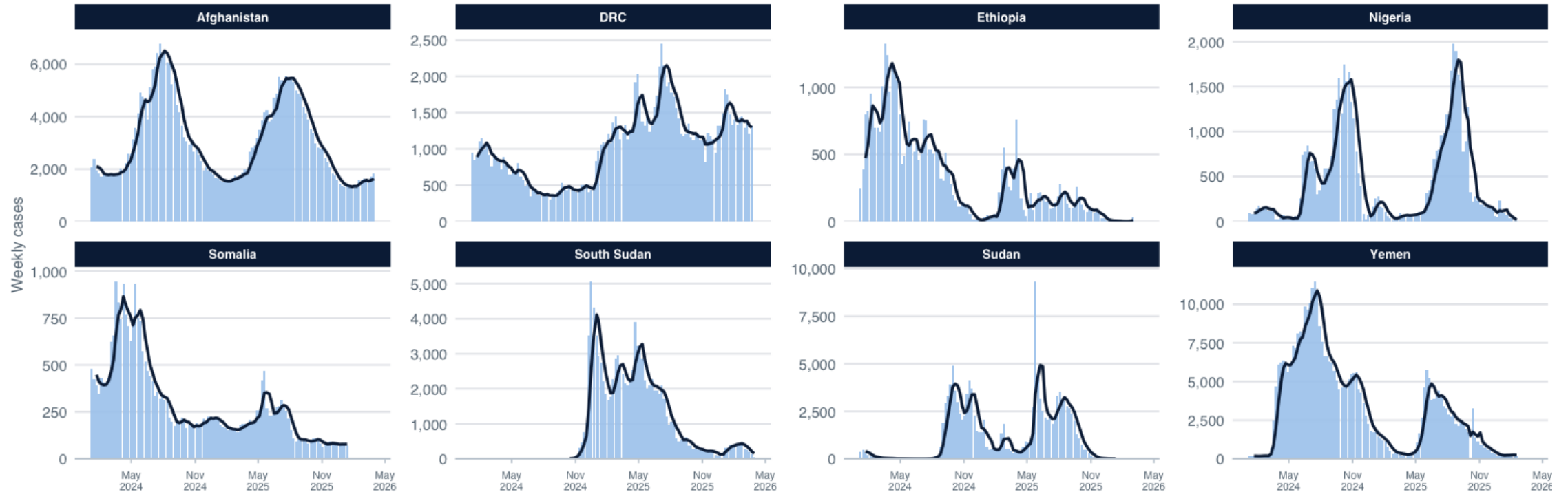


Cholera Cases in High-Burden Countries

Outbreaks in conflict settings are often recurrent and prolonged, averaging 31 weeks a year versus 20 in other settings

Weekly Cholera and AWD Cases in High-Burden Settings

Weekly reported cases (bars) and 4-week rolling average (line) for the top 8 countries, 2024–2026*. Y-axes scales vary by country.



Data source: World Health Organization. *2026 data is provisional as of 06 April.
Note: World Bank FY26 Classification.

Cholera Case Fatality Rates by Setting

Seven of 13 fragile or conflict-affected high-burden countries reported CFRs at or above the 1% emergency threshold in 2025

Top 20 Affected Countries (2025*)

Ranked by reported cases.

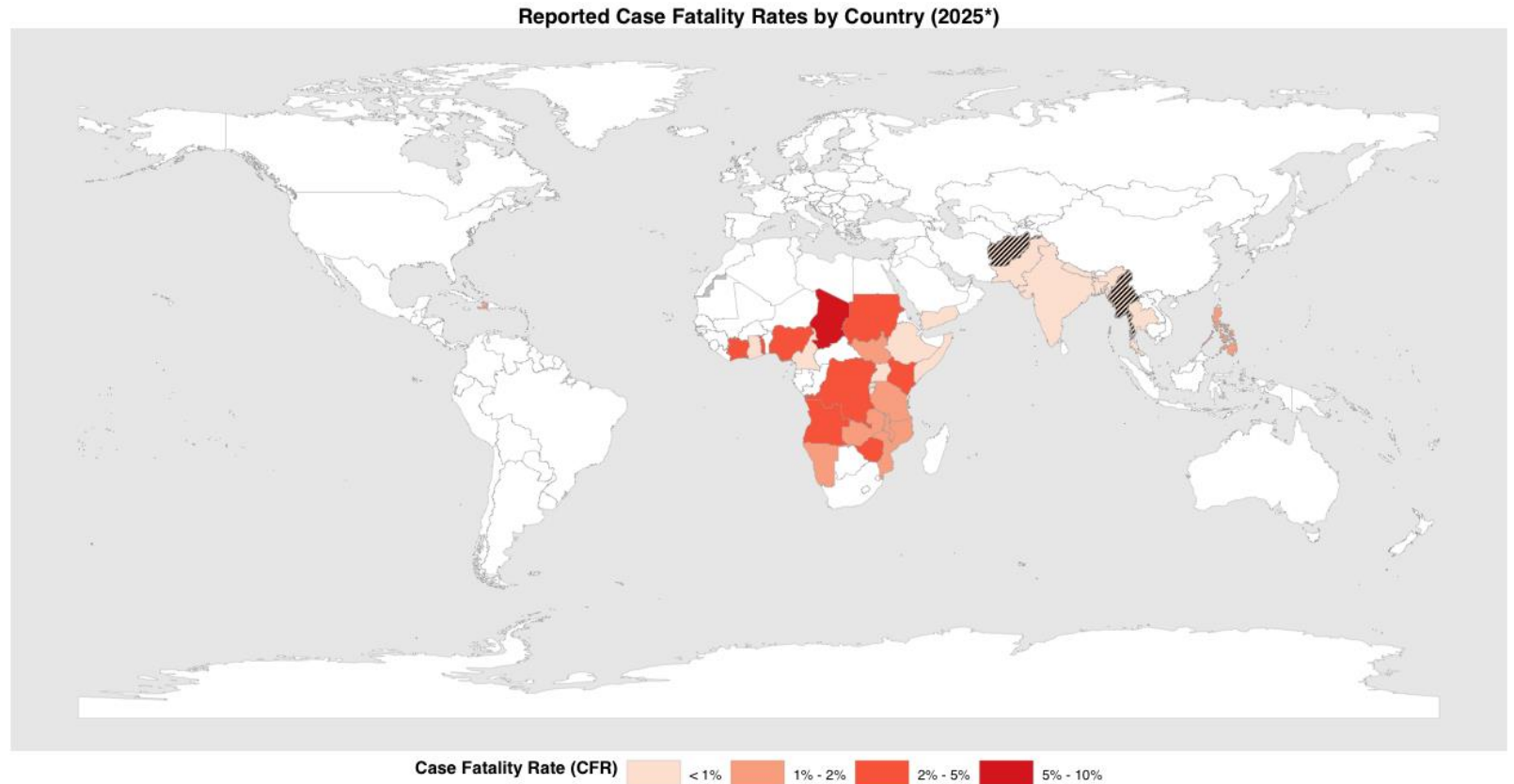
Setting	Country	Cases	Deaths	CFR (%)
Conflict	Afghanistan	164,525	80	0.0
Conflict	Yemen	92,024	247	0.3
Conflict	South Sudan	80,465	1,287	1.6
Conflict	Sudan	72,716	1,830	2.5
Conflict	DRC	71,805	2,095	2.9
Other	Angola	36,380	896	2.5
Conflict	Nigeria	23,898	538	2.3
Other	Pakistan	18,830	0	0.0
Conflict	Somalia	8,866	9	0.1
Conflict	Ethiopia	8,479	84	1.0
Conflict	Mozambique	5,934	56	0.9
Conflict	Haiti	5,017	64	1.3
Institutional/Social Fragility	Burundi	3,560	16	0.4
Other	Tanzania	3,103	38	1.2
Institutional/Social Fragility	Chad	2,979	167	5.6
Other	Ghana	2,562	14	0.5
Other	India	2,320	16	0.7
Conflict	Myanmar	2,232	0	0.0
Other	Nepal	1,899	0	0.0
Other	Philippines	1,451	27	1.9

Data source: World Health Organization. *2025 data is provisional

Note: World Bank FY26 Classification.

Note on CFR: As many countries report only total deaths, CFR is calculated using all reported deaths.

GTFCC recommends calculating CFR from facility deaths only, with community deaths reported separately



*Diagonal dashed patterns denote countries reporting Acute Watery Diarrhea (AWD) rather than confirmed cholera.

France is represented as Mayotte only.

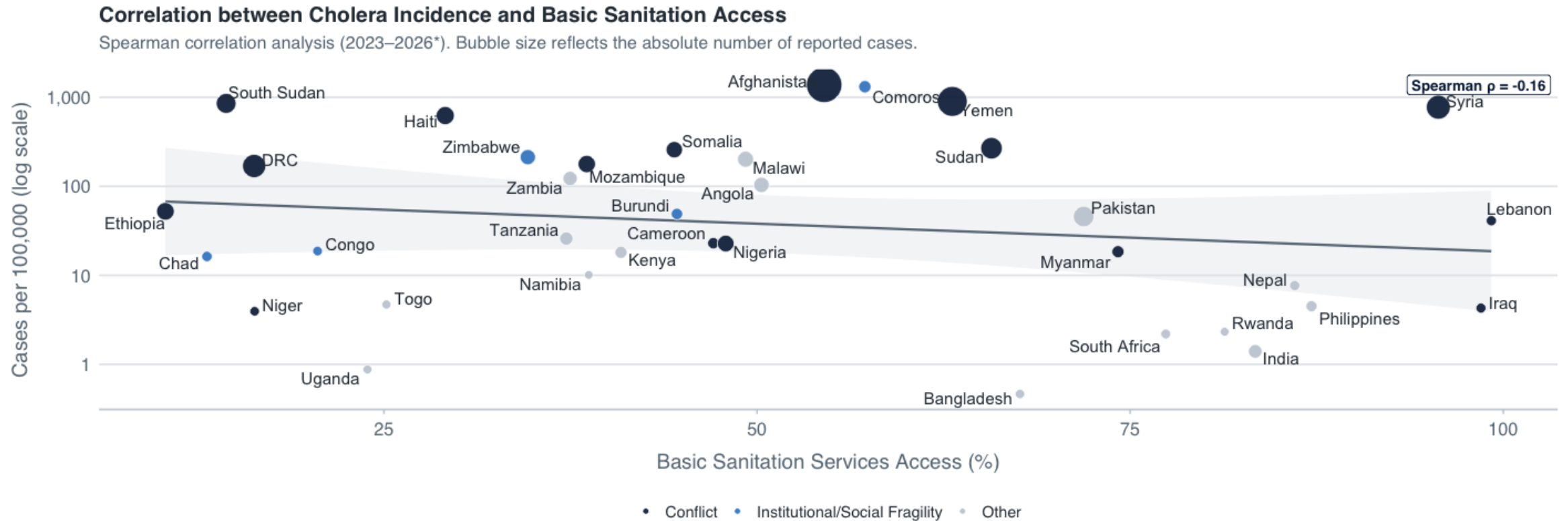
*Note: 2025 data is preliminary.

The designations employed and the presentation of the material in this presentation do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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Cholera and WASH

Lower access to basic sanitation services correlates with higher cholera incidence, particularly in conflict and fragile settings



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Three Epidemiological Patterns Shaping the Cholera Response

Each has created a distinct operational bottleneck and response adaptation by WHO and partners

Concentrated burden

Most cholera cases and deaths occur in conflict-affected settings with multiple crises

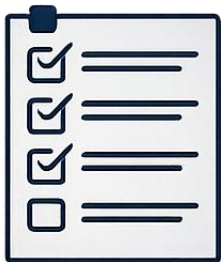
Prolonged transmission

Driven by severe WASH constraints, outbreaks in fragile settings are often recurrent and prolonged

Elevated mortality

High-burden countries regularly report high case fatality rates

Risk Prioritization



- Separates acute crises from lower-risk outbreaks
- Focuses support on highest-risk areas
- Enables earlier action in hotspots

Surge deployments



- Reinforce overstretched field teams
- Fill key multidisciplinary gaps
- Sustain response beyond initial surge

Supplies and vaccines



- Directs countermeasures to highest-need settings
- Matches allocation to risk and access
- Uses scarce resources more strategically

Cholera Risk Prioritization

WHO and UNICEF regularly conduct risk prioritization to focus support on the most urgent outbreaks and at-risk countries

What the process reviews

- Epidemiological trends
- Operational indicators
- Contextual factors

What the process evaluates

- Burden
- Severity
- Growth
- Spillover risk

How the process categorizes countries

Acute Crisis: Immediate intensified support

High: Active outbreak, high concern

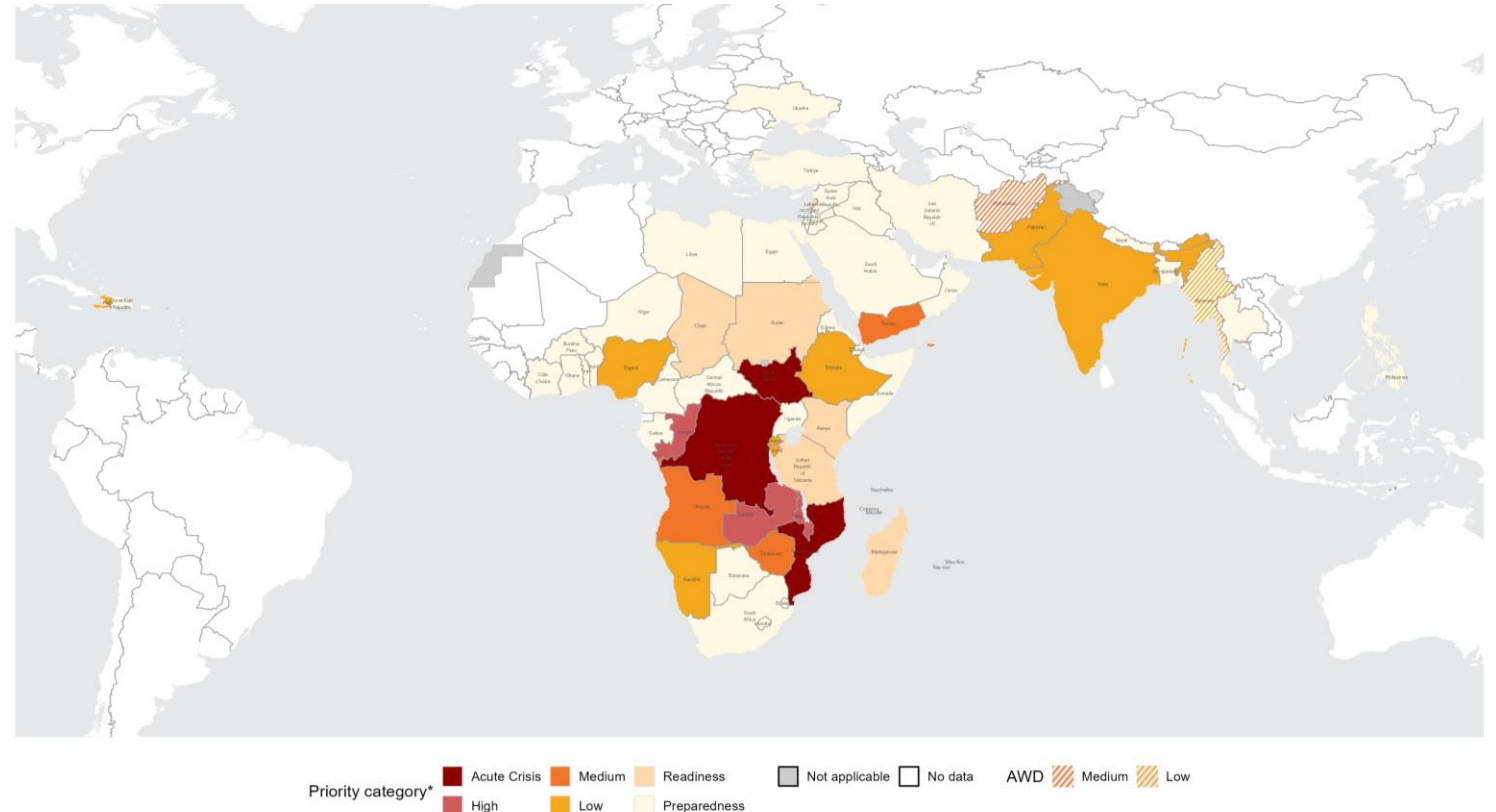
Medium: Active outbreak, moderate concern

Low: Active outbreak, lower concern

Readiness: Spillover risk

Preparedness: Baseline monitoring

Global cholera risk prioritization map



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
* The prioritization status may not affect the entire country, but may reflect the situation in certain administrative levels in a country.
** Category subject to confirmation due to data incompleteness.
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Cholera Surge Deployments

115 multidisciplinary deployments across 15 countries have filled critical operational gaps in the response throughout 2025

Cholera Surge Deployments by Destination (2025)

Complete list of all countries receiving surge deployments in 2025, ranked by volume.

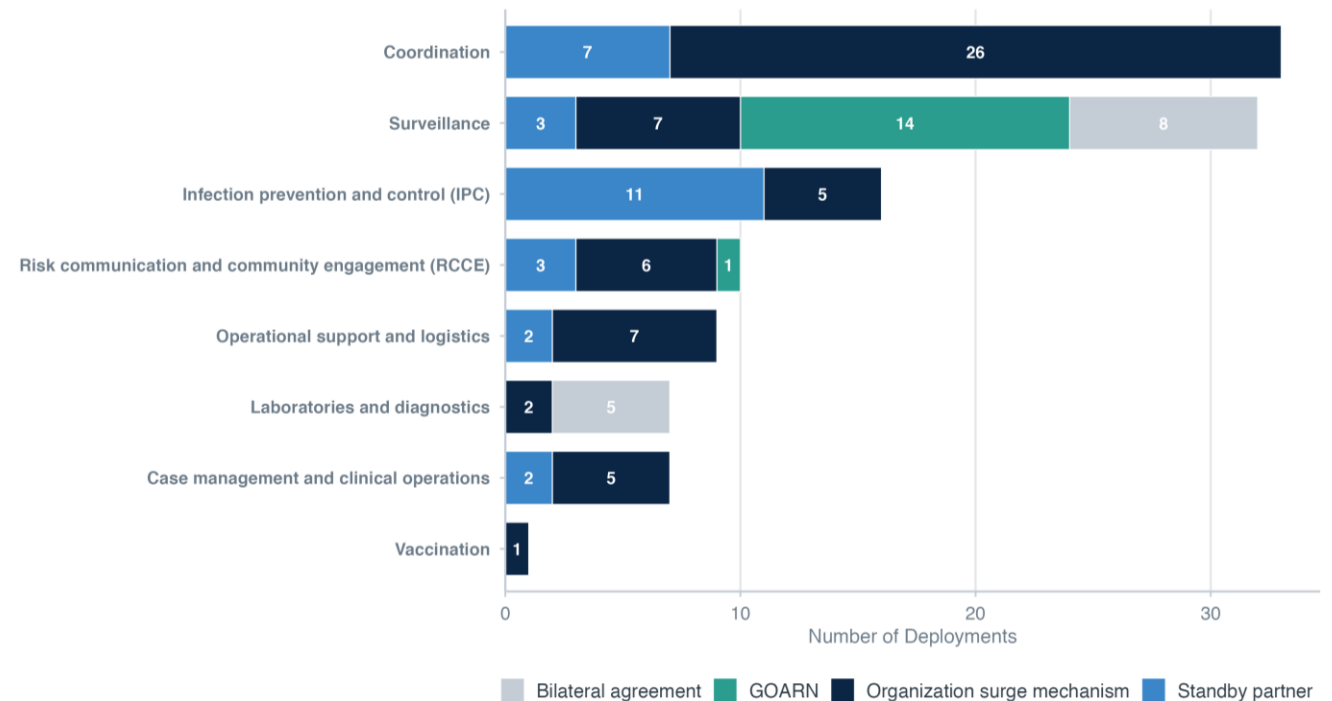
WHO Region	Country	Total Deployments	Total Field Days
AFRO	Angola	32	1,041
AFRO	South Sudan	27	4,018
HQ	Switzerland	12	1,266
AFRO	Chad	11	628
AFRO	Democratic Republic of the Congo	7	409
EMRO	Sudan	7	511
SEARO	Myanmar	6	286
AFRO	Congo	3	118
AFRO	Côte d'Ivoire	2	183
AFRO	Ghana	2	170
AFRO	Zimbabwe	2	180
EMRO	Jordan	1	145
EMRO	Lebanon	1	65
AFRO	Mozambique	1	110
AFRO	Zambia	1	149

Data source: World Health Organization.



Deployments by Response Pillar and Mechanism (2025)

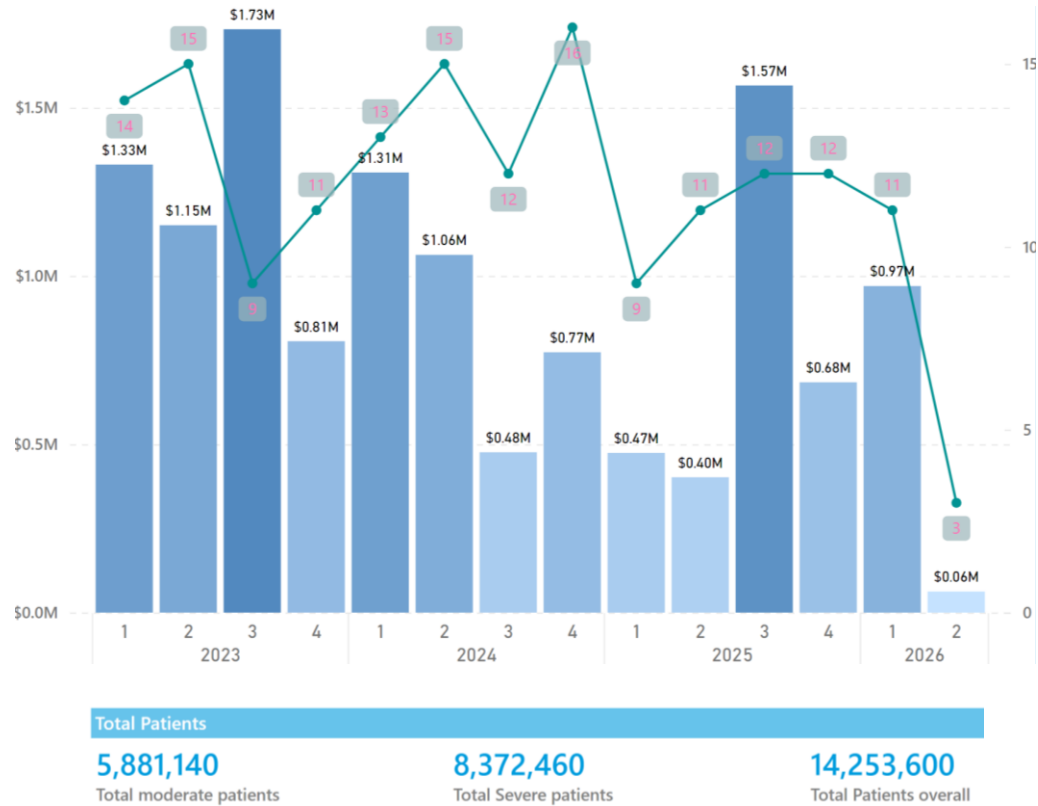
Total surge deployments in 2025 categorized by primary operational pillar.



Cholera Supplies and Vaccines

Since 2023, WHO and partners have distributed life-saving supplies for 14 million patients and 129 million vaccine doses

Procured Items by Value Spent and Number of Countries by Quarter / Year, 2023–2026



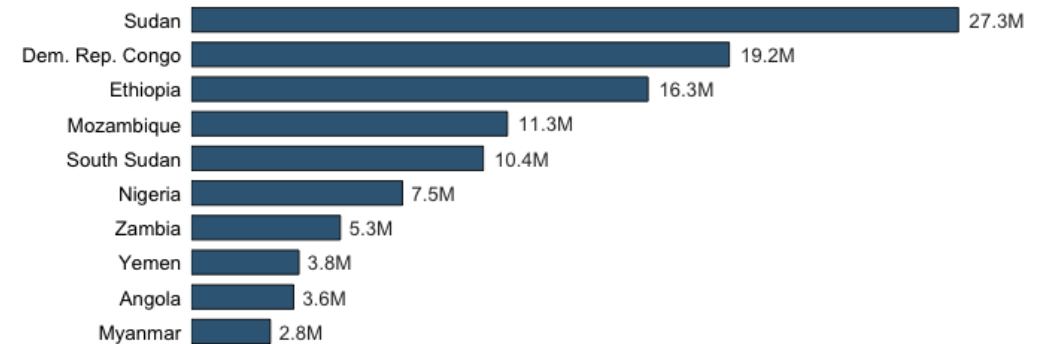
Oral Cholera Vaccine (OCV) Supply and Demand by WHO Region (2023–2026)

Aggregate vaccine allocation by region in the current operational window.

WHO Region	Total Requests	Doses Requested	Doses Approved	Approval Rate
Africa	91	142 415 854	89 315 912	62.7%
Eastern Mediterranean	23	45 569 981	34 291 690	75.3%
South-East Asia	6	6 302 559	5 472 288	86.8%
Global Total	120	194 288 394	129 079 890	66.4%

Top 10 Countries by Approved OCV Doses (2023–2026)

Cumulative approved vaccine allocations in the current operational window.



Data Source: World Health Organization



Key Takeaways

1. **Conflict-Driven Burden:** Since 2023, 84% of cholera cases and 75% of deaths have occurred in conflict zones, which suffer from structural fragility, inadequate WASH, and experience significantly prolonged transmission waves.
2. **Elevated Mortality:** Conflict and fragility severely impair outbreak control, accounting for the majority of countries currently breaching the 1% emergency threshold.
3. **Strategic Prioritization:** Rising outbreak complexity necessitates systematic risk scoring to separate acute crises from lower-risk events and direct global focus.
4. **Targeted Surge Support:** Rapid, multidisciplinary deployments have become essential to bridge critical capacity gaps in overstretched national health systems.
5. **Resource Optimization:** Unprecedented demand for medical supplies and vaccine doses requires strict targeting of allocations to maximize patient impact.

Thank you

