

WHO'S RESPONSE TO CHOLERA

Funding requirement

US\$ 45.6 MILLION



CONTEXT

Cholera, a severe and life-threatening diarrhoeal disease, is experiencing a significant global resurgence, with an estimated 1 billion people worldwide at risk. Between 1 January and 12 December 2024, over 751 400 cholera cases and more than 5200 deaths have been reported globally across 33 countries. This resurgence is driven by a combination of conflict, displacement, and climate-related disasters such as floods, droughts, and cyclones, which severely disrupt access to clean water and sanitation. Six countries – Myanmar, Nigeria, South Sudan, Sudan, Tanzania and Yemen – are experiencing acute crises, while 23 others report active outbreaks. In recent years, not only are outbreaks larger and more frequent, but they are deadlier. Since 2021, the number of cholera deaths reported to WHO has sharply increased, driven by a combination of limited access to basic health services as well as the saturation of existing systems by the influx of a larger number of cases. These conditions have made cholera one of the most urgent global health emergencies, particularly in fragile and conflict-affected regions where health systems are already overstretched.

The cholera emergency has been classified as a Grade 3 due to its scale, complexity, and severity. The interplay between climate change and cholera has further exacerbated the crisis. Climate change contributes to extreme weather events, such as unprecedented floods, that increase the risk of cholera by contaminating water supplies and overwhelming sanitation infrastructure. Rising global temperatures and changing precipitation patterns are also expected to expand the geographical range of cholera by creating conditions conducive to the establishment of new transmission hotspots. This expansion has already begun: at least seven countries that were not listed as endemic in 2017 have reported new outbreaks since 2022. As many areas that have been free of cholera for decades are increasingly experiencing a resurgence of outbreaks, there is a significant risk of the disease spreading to countries ill-prepared to manage cholera, further complicating global control efforts.

At stake is not only the health and lives of millions but also the broader stability of affected regions. Cholera disproportionately impacts vulnerable populations, including children and displaced persons. It exacerbates existing health inequities, strains already fragile health systems, and increases the risk of transnational transmission, particularly in regions with porous borders and inadequate surveillance systems. The depletion of the oral cholera vaccine (OCV) stockpile and the resulting lack of preventive campaigns since 2022 have further heightened the vulnerability of at-risk populations. Rapid access to basic health care is critical to reduce mortality, as cholera can kill within hours of symptom onset if untreated. Prepositioning supplies, such as oral rehydration salts, IV fluids, and essential medical equipment, is a key preparedness action to ensure timely response and save lives. Without urgent, coordinated global action – including investments in WASH infrastructure, scaling up OCV production, prepositioning supplies, and building climate-resilient health systems – the cholera crisis will likely intensify.



A man takes a dose of oral cholera vaccine, Kassala State, Sudan.
Photo credit: WHO / Hassan Gamary



WHO staff with volunteers giving preventative doses in Gedaref State, Sudan. Photo credit: WHO

WHO 2025 RESPONSE STRATEGY

The World Health Organization is updating its global response strategy to tackle cholera as it transitions from the current Strategic Preparedness, Readiness, and Response Plan (SPRRP) for cholera to an enhanced approach for 2025. This updated plan builds on the existing framework, with a stronger emphasis on localisation to better serve affected communities. It aims to focus on efforts to control cholera outbreaks effectively and avoid transmission beyond places where cholera is present in an acute way. As Health Cluster lead and the host of the Global Task Force on Cholera Control (GTFCC), WHO will continue to enhance multi-partner and multi-sector coordination to promote cholera prevention and when deliver a coordinated public health response where needed.

By enhancing community-level care, empowering local health systems, and fostering partnerships with local actors, WHO aims to ensure that responses are not only timely but also tailored to the specific needs of vulnerable populations. The updated approach reinforces proven strategies while addressing emerging challenges, such as the growing impact of climate change and health system fragility, to sustain progress toward the Global Roadmap to 2030 and ultimately eliminate cholera as a public health threat.¹

Recognising the increasing complexity of cholera outbreaks, particularly in fragile and climate-vulnerable settings, WHO will focus on the following key areas:

- **Community-level care:** Expanding access to lifesaving treatment at the community level will be a cornerstone of the 2025 strategy. WHO plans to establish and equip more cholera treatment units (CTUs) and oral rehydration points (ORPs) in high-risk and hard-to-reach areas. Ensuring rapid care close to affected populations is essential, as cholera can cause death within hours if untreated. This focus aims to reduce mortality by providing timely care where it is needed most.
- **Stronger WASH interventions:** Recognising that cholera is primarily a disease of poverty and inadequate infrastructure, WHO will work with partners to strengthen WASH interventions quickly, particularly at the health care facility level.
- **Improved data systems:** WHO plans to roll out enhanced tools for real-time data collection and sharing, enabling more effective outbreak detection, monitoring and decision-making. These systems will also contribute to facilitating cross-border coordination and ensuring timely responses to transnational threats. Strengthened surveillance, including microbiological laboratory capacities, will improve targeting multisectoral interventions, including case management, WASH and reactive vaccination.
- **Better planning and monitoring:** Improving planning and monitoring of cholera control operations will be central to WHO's approach in 2025. This includes ensuring the timely allocation of resources, developing detailed response plans, and conducting regular evaluations to identify gaps and improve the effectiveness of interventions.
- **Climate-resilient strategies:** The 2025 approach will integrate climate adaptation measures to prepare new regions for potential outbreaks and mitigate climate-related impacts in existing priority areas for multisectoral intervention (PAMI).
- **Community engagement and RCCE:** Risk communication and community engagement (RCCE) will play a critical role in empowering communities with knowledge and tools to adopt preventive measures and seek care promptly during outbreaks. Strengthened community involvement will also enhance trust in health systems and improve vaccination uptake.
- **Scaling up OCV campaign implementation:** Enhancing the timely detection of outbreaks and the swift implementation of OCV reactive campaigns will enable faster outbreak control, prevent further geographic spread, and significantly reduce the number of OCV doses required. WHO will continue to collaborate closely with partners to ensure the equitable use of OCV and to adapt strategies in response to production capacities and usage patterns.

ACHIEVEMENTS IN 2024

ONGOING CHOLERA RESPONSE IN SUDAN AMID COMPLEX EMERGENCIES



Cholera outbreak treatment centre in Port Sudan.
Photo credit: WHO / Inas Hamam

As of 9 December 2024, Sudan continues to face a devastating cholera outbreak, with 46 036 cases and 1216 deaths reported (facility and community) and a case fatality rate of 2.6%. This crisis unfolds amid conflict, displacement, and flooding, straining health systems. WHO is leading a coordinated response to mitigate the outbreak's impact.

WHO is working with Sudan's Federal Ministry of Health and partners to implement critical health interventions. Cholera treatment centres and oral rehydration points are being supported and equipped with essential supplies and supervision. Surveillance has been strengthened through the Early Warning, Alert, and Response System (EWARS), enabling real-time tracking of cases and deaths and identification of hotspots. WHO also provided technical support to strengthen Sudan's cholera laboratory system. Capacity-building efforts featured a "train-the-trainer" program, which developed a pool of skilled laboratory trainers at both the national and peripheral levels, and collaborative discussions with the Ministry of Health resulted in the nationwide adoption of GTFCC reporting forms and the revision of testing strategies to refocus laboratory response.

WHO prioritises water, sanitation, and hygiene (WASH) interventions. Collaborating with the Water and Environment and Sanitation Corporation (WES), WHO facilitates water chlorination, conducts water quality testing, and monitors contamination risks. Hygiene promotion campaigns build community awareness of cholera prevention and early treatment-seeking behaviour, reducing new infections.

Key laboratory interventions have improved early detection and monitoring through expanded RDT use, and laboratories are now better equipped for confirmatory testing. Enhanced communication within the laboratory network and with epidemiological teams has strengthened the overall response. Water quality testing and chlorination efforts have reduced waterborne transmission risks. These activities, combined with cholera treatment centres and community engagement, ensure life-saving services for affected populations.

Despite challenges like limited access to conflict zones and under-resourced systems, WHO's data-driven, multidisciplinary approach underscores its critical role in managing public health emergencies. Expanding rapid access to quality health care, particularly at the community level, improving WASH systems, enhancing surveillance capacity, and strengthening laboratory networks remain priorities.



A health worker carries a serum container containing cholera vaccine in Gedaref State, Sudan.
Photo credit: WHO



A young woman takes a dose of oral cholera vaccine in Gedaref State, Sudan.
Photo: WHO

2025 FUNDING REQUIREMENTS

MULTI-REGION CHOLERA EMERGENCY RESPONSE PILLAR		FUNDING REQUIREMENTS (US\$'000)
Collaborative surveillance		10 477
Surveillance, case investigation and contact tracing		7884
Diagnostics and testing		2593
Community protection		9399
Risk communication and community engagement		2399
Travel, trade and points of entry		855
Infection prevention and control in communities		749
Vaccination		5395
Safe and scalable care		13 196
Infection prevention and control in health facilities		4494
Case management and therapeutics		7666
Essential health systems and services		1037
Access to countermeasures		6674
Operational support and logistics		6079
Research, innovation and evidence		595
Emergency leadership		5876
Leadership, coordination, PSEAH and monitoring		5876
Grand Total		45 623