



# Mid-term Evaluation of the Global Task Force on Cholera Control

## EVALUATION BRIEF



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### BACKGROUND

The Global Task Force on Cholera Control (GTFCC), established by WHO in 1992, brings together 48 partner institutions to coordinate global efforts to end cholera. Its 2017 strategy, the Global Roadmap to 2030, aims to reduce cholera deaths by 90% and eliminate the disease in 20 countries by 2030. The GTFCC Steering Committee and Secretariat commissioned an independent mid-term evaluation in 2024 to assess progress, identify challenges and guide future direction. It comes at a critical time as cholera has resurged in recent years, even in previously cholera-free areas, due to factors such as climate change, conflict, population displacement, vaccine shortages, and funding constraints. Simultaneously, global progress toward the Sustainable Development Goals related to health (SDG 3) and clean water and sanitation (SDG 6) remains off track, underscoring the urgency of evaluating the GTFCC's effectiveness, relevance and role in this shifting context.

### PURPOSE

This evaluation has a dual purpose of accountability and learning. It assesses progress in the delivery of the Global Roadmap, draws lessons and makes recommendations for the direction of travel of the GTFCC to 2030. The scope of the evaluation covers progress on the Global Roadmap implementation since 2017 with a particular focus on coordination and programmatic delivery at the global, regional, and country levels by the GTFCC and partners.

### METHODS

This formative evaluation combines a theory-based, utilisation focused, and gender, equity and social inclusion responsive approach. Mixed methods were used to collect and analyse data, including primary and secondary data from focus group discussions and semi structured interviews with 224 key informants, an online survey with 105 respondents, and six country case studies in the Democratic Republic of the Congo, Haiti, Kenya, Nepal, Nigeria and Somalia.

### KEY FINDINGS

#### Relevance

The Global Cholera Roadmap to 2030 is the first multi-sectoral framework to support national responses and related SDG targets. While broadly relevant, its ambitious goals face political, economic, and epidemiological challenges. Since its launch in 2017, the number of cholera-affected countries has risen from 29 to 51, highlighting the need for a prioritized set of actions adapted to current conditions and resources. The Roadmap has maintained a balanced focus on response and prevention, and the GTFCC has become more relevant at the country level, although further strengthening of this focus is needed.

#### Coherence

The GTFCC has strengthened global partner coordination and alignment, but internal coherence is reduced by unclear roles and the absence of a strategic action plan. Diverging approaches among partners such as emergency response versus long-term prevention, and OCV versus WASH, are further complicated by unequal funding. Despite progress on country level engagement, alignment and coordination at regional and country levels remain inconsistent.

#### Efficiency

GTFCC structures have shown variable efficiency. While country engagement has improved through partners, working groups and the CSP, roles and responsibilities need clarification. The IRP's role remains underutilized. Funding has been limited, with imbalances between both outbreak response and prevention, and OCV and WASH investments. With a looming funding gap in 2025, the urgency for a diversified and sustainable funding base is clear.

#### Effectiveness

Progress has been made in outbreak response (Axis 1), notably in surveillance and reporting, and in prevention (Axis 2) through PAMIs and national plans. However, overall implementation remains limited, particularly in advocacy and resource mobilization under Axis 3. Challenges include internal gaps such as the absence of a strategic action plan and global M&E framework, and external pressures like conflict, climate change and funding shortfalls, all of which affect the GTFCC's effectiveness.

#### Sustainability

Although sustainability is a core goal, it is not well integrated into core GTFCC operations. Inadequate resourcing for and focus on cholera, the GTFCC, WASH, advocacy and resource mobilization jeopardizes long-term impact. Despite progress in developing national cholera plans, with ten finalized and eight underway, implementation lags and funding constraints pose risks to maintaining gains.

#### Gender, equity and human rights (GER)

While the Roadmap recognizes the link between poverty and cholera, it lacks explicit integration of GER principles. Although some progress has been made in addressing geographic and economic inequities and improving data disaggregation, gender, equity, and human rights are not systematically embedded in implementation, monitoring, or data frameworks.

### CONCLUSIONS

#### Relevance

The GTFCC Global Cholera Roadmap to 2030 continues to be a relevant overarching strategic framework to guide

multisectoral cholera responses worldwide. Noting the context of the ambitious targets of the Roadmap vis-à-vis the overall SDG agenda 2030, there is a need for a prioritized set of actions to guide operationalization of the Roadmap and GTFCC partner contributions up to 2030. The relevance of the GTFCC model of country engagement has evolved since 2017, and there is a continuing demand to strengthen country engagement in a feasible way that considers available and potential resources.

### Coherence

The GTFCC has strengthened external coherence, promoting greater partner alignment and coordination, particularly at global level. However, coordination is less strong at regional and country levels. Within the GTFCC, partner roles and responsibilities in Roadmap implementation require clearer definition. There is less alignment among partners on how to balance outbreak versus preventive responses, especially between oral cholera vaccine (OCV) and WASH interventions. Greater engagement is needed with WASH actors, particularly those outside humanitarian contexts, and with broader development partners such as bilateral donors, multilateral development banks, the private sector, regional bodies & country representatives beyond health ministries.

### Efficiency

Despite improvements in the GTFCC governance model since 2017, overall efficiency of its mechanisms and core structures has been variable, with a need for better definition of roles and responsibilities of GTFCC core structures, stronger coordination among WGs and deeper regional and country-level engagement. The limited availability of resources has affected the functioning of GTFCC core structures and created funding imbalances between outbreak response and prevention, and between OCV and WASH. There is an urgent need for a diversified and sustainable funding base for the GTFCC.

### Effectiveness

The overall effectiveness of GTFCC Roadmap implementation toward the 2030 goals has been mixed. Progress has been made in key areas, including early warning systems, lab capacity, and cholera reporting (Axes 1 and 2), as well as partner coordination and the development of technical tools and guidance (Axis 3). More countries have developed PAMIs and NCPs, though these remain largely unimplemented. Persistent challenges include poor quality and limited availability of country-level cholera data, oral cholera vaccine (OCV) shortages, and weak advocacy and resource mobilization. External pressures, such as the resurgence of outbreaks and chronic underfunding, especially for prevention, have further hindered progress. Within prevention, WASH-related improvements remain slow. Roadmap operationalization has also been constrained by the lack of a costed action plan, a global monitoring and evaluation framework, and a clear resource mobilization strategy.

### Sustainability

Overall, the sustainability of gains in cholera control is vulnerable, particularly in view of impending funding shortfalls. Sustainability is central to the Roadmap, which promotes multi-sectoral, long-term interventions, sustainable WASH infrastructure development, capacity building and government ownership through NCPs. However, implementation has not been fully embedded in Roadmap operations.

### Gender, equity and human rights (GER)

Equity considerations are essential to addressing cholera, which primarily affects poorer communities. The Roadmap directly addresses economic inequalities in cholera response. However, it does not address other aspects of gender and human rights to the same extent. There is room for stronger, more explicit engagement with GER principles.

## RECOMMENDATIONS

- **Recommendation 1**

To effectively implement the Roadmap through 2030, develop a strategic action plan with prioritised objectives, a results framework, costed work plan, budget and clearly defined stakeholders' roles.

- **Recommendation 2**

Enhance engagement of GTFCC partners at country and regional levels to maximise results at country level.

- **Recommendation 3**

Clarify roles and responsibilities of GTFCC core structures to improve partner engagement, ownership and facilitate decision making.

- **Recommendation 4**

Enhance communication, advocacy and resource mobilization for cholera at the global, regional and country levels to support Roadmap implementation, GTFCC structures and multi sectoral integrated approaches.

- **Recommendation 5**

Increase engagement, integration and alignment with WASH interventions and programmes highlighting priority WASH areas in the Roadmap and cholera integration in WASH investments at national and subnational levels.

- **Recommendation 6**

Reinforce monitoring and evaluation (M&E) for implementing the global Roadmap and continue efforts to strengthen country level data collection and collation frameworks.