Cholera:

A global call to action

May 2023

Overview of the situation

After years of steady decline, cholera has made a devastating comeback. A deadly combination of climate change, underinvestment in water, sanitation, and hygiene (WASH) services, and in some cases armed conflict, has put **over 1.1 billion people at risk, with children under five particularly vulnerable.**

In 2022, 30 countries faced cholera outbreaks – an alarming 145 per cent average increase from the previous five-year average. Countries like Lebanon and Syrian Arab Republic reported cholera for the first time in decades, while others like Haiti have experienced a resurgence after more than three years with no reported cholera cases. As of May 2023, at least 24 countries continue to report cholera cases, and outbreaks are spreading across borders, particularly in East and Southern Africa. Twenty-two additional countries around the world are at risk of declaring cholera outbreaks.

The current global cholera situation is unprecedented due to the alarming size of the outbreaks, geographic spread, and extraordinarily high case fatality ratio. Deadly outbreaks in Malawi and Nigeria had case fatality rates as high as 3 per cent, well above the acceptable 1 per cent. With most cholera deaths entirely preventable, mortality rates above 1 per cent usually signal problems with the quality, access and speed of treatment.

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At least **24 countries** are reporting cholera cases as of May 2023

22 additional countries at risk

Deadly outbreaks in **Malawi and Nigeria** with case fatality rates as high as 3 per cent

Cholera, acute watery diarrhoea and children

Most children infected with cholera will have no or mild symptoms. Yet, cholera can cause acute watery diarrhoea with severe dehydration, which can be fatal. After ingesting contaminated food or water, it can take between 12 hours to 5 days before a child begins to show symptoms. Children with mild symptoms of cholera can be successfully treated with oral rehydration solution. Severe cases of cholera require rapid treatment with intravenous fluids and antibiotics; if left untreated, the disease can kill within hours.

Under-five children with severe wasting are particularly vulnerable to cholera. Severe malnutrition increases children's susceptibility to cholera, and the disease can worsen their nutrition status, creating a vicious cycle leading to further health deterioration and death if left untreated. Diarrhoeal disease such as cholera are over 10 times more lethal among severely wasted children. Repeated episodes of diarrhoea stop children from absorbing nutrients, worsening malnutrition. Over time, this can result in stunting, which affects nearly one quarter of children under five globally and is damaging to their long-term cognitive and physical development. Cholera can also indirectly negatively affect children, for example, by forcing school closures to contain outbreaks.

Updated disaggregated data by gender and age are not available in every affected country. However, data from Malawi and Mozambique from early February 2023 indicate that around 40 per cent of cholera cases in Malawi and 30 per cent in Mozambique were children. Understanding the varied risks affecting vulnerable populations based on the intersectionality of their age, gender, disability and socio-economic status can facilitate the development of targeted interventions and prevention strategies.

Inequality, climate change and armed conflict

Cholera is a marker of poverty and exclusion. Cholera disproportionately affects poor and vulnerable communities without access to basic services and where health systems are weakest. Underinvestment in WASH systems is an accurate risk indicator for cholera: 97 per cent of cholera cases from 2010–2021 occurred in countries with the world's lowest levels of water and sanitation services, and only 3 out of the 34 countries with the lowest levels of WASH globally did not report cholera cases over that period. Around the world, 2 billion people lack safe drinking water, 3.6 billion lack adequate sanitation, and 1.7 billion visit health-care facilities with inadequate or no WASH services, which further impedes cholera treatment. Without access to safe WASH, it is virtually impossible to prevent and control the transmission of cholera and other waterborne diseases.

Climate change is also acting as a vulnerability multiplier, exposing underinvestment in climate-resilient essential services. Extreme weather events, like cyclone Freddy in Mozambique and Malawi, or the drought in the Horn of Africa, are increasingly occurring with devastating impacts on WASH services such as damaging and destroying infrastructure, contaminating entire water supplies, increasing the susceptibility of waterborne diseases, and forcing communities to rely on unsafe water sources. Such disasters often trigger large population movements, contributing to creating an ideal environment for cholera susceptibility and transmission by further disrupting access to WASH and health-care services, and increasing food and nutrition insecurity. In addition, the changing seasonality of cholera hinders prediction and planning. Countries with endemic cholera are now experiencing outbreaks during 'low cholera seasons' previously characterized by little to no transmission.

Armed conflict exacerbates the situation even more by also destroying essential infrastructure and triggering mass displacement. The systematic use of explosive weapons in populated areas, as well as frequent attacks on WASH and health services in Yemen and the Syrian Arab Republic, for example, contributed to creating the conditions for cholera outbreaks.

Response capacity under stress

There are many challenges to controlling cholera. Most cholera-affected countries have limited resources to respond due to the competing high burden of other infectious diseases and other ongoing emergencies. In non-endemic countries experiencing resurgence of cholera health-care workers have limited experience or knowledge of cholera case management.

The increase in demand for essential cholera commodities (such as rapid diagnostic kits, oral rehydration salts (ORS), rehydration IV fluids, or chlorine for disinfection) and technical workforce is outstripping capacity to supply in time to address multiple public health emergencies. To meet this increasing demand, early commitment of sustainable funding to secure their long-term production is needed. At the same time, there is a critical shortage of oral cholera vaccine (OCV), with supply insufficient to meet the increased demand. As a result, the International Coordinating Group (ICG) made the unprecedented decision to recommend a one-dose strategy instead of the two-dose. The one-dose strategy is effective in controlling outbreaks although uncertainties remain about the duration of protection.


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UNICEF's strategy

Immediate emergency response, preparedness and anticipatory action

UNICEF has established a Global Cholera Emergency Cell to address the global cholera emergency. The Cell coordinates UNICEF's response, leads coordination with partners and provides technical assistance to countries.

UNICEF works closely with the World Health Organization (WHO) and other partners of the Global Task Force on Cholera Control (GTFCC), and national coordination mechanisms. UNICEF plays a key role in ensuring an integrated, equitable multisectoral approach to cholera preparedness and response as cluster/area of responsibility lead for WASH, Education, Nutrition and Child Protection, as well as supporting disability inclusion and mainstreaming of gender-based violence in emergencies across these four areas.

Leveraging its long-term engagement with communities and governments, UNICEF uses a whole-of-society approach to strengthen the preparedness and response to control cholera outbreaks. Systems are strengthened through life-saving and durable interventions. UNICEF's global footprint allows it to monitor the regional, multi-country and cross-border perspective of the outbreak and support the response. At country level, UNICEF supports case management, surveillance, infection prevention and control (IPC) and risk communication and community engagement (RCCE).

Through a community-based approach informed by the latest epidemiological data and social determinants of health, UNICEF's interventions focus on:

- **WASH:** UNICEF will strengthen hygiene knowledge and practice, and access to safe water, including in health-care facilities, schools and communities to break the chains of transmission. Longer-term programming will focus on building climate-resilient WASH systems and building community resilience. Women and girls will be meaningfully engaged, since they are disproportionately responsible for domestic care duties, including fetching and treating water.
- **Health:** UNICEF will focus on preventing cholera deaths, both in facilities and communities; and ensuring continuity of essential health services during cholera outbreaks through capacity building of health-care workers, raising communities' knowledge of home management of diarrhoea with ORS, strengthening cholera referral pathways, and procurement and delivery of OCV, ORS and other essential cholera supplies.
- **Risk communication and community engagement:** UNICEF will notably engage at-risk communities in awareness raising, readiness, and response activities, establish community feedback mechanisms, train the community health workforce to build trust and manage risk perception and knowledge among communities about cholera, its symptoms, associated risks, and precautions to take.
- **Nutrition:** UNICEF will focus on early detection and treatment of severe wasting, combined management of cholera and malnutrition, supplementary feeding, and counselling for continuation of breastfeeding and other recommended child feeding practices to prevent the nutritional deterioration in children and pregnant and breastfeeding women.
- **Revolving contingency stock:** UNICEF will focus on prepositioning and replenishing essential cholera supplies such as water purification and testing, while a demand-planning supply exercise is carried out to address immediate needs in the cholera outbreak response.
- **Anticipatory action:** UNICEF, together with WHO, OCHA and partners, will continue to scale up anticipatory action to ensure greater readiness and early action.

To prevent heightened protection risks, UNICEF will also focus on:

- **Child protection and gender-based violence prevention, risk mitigation and response** including through referral to psychosocial services and referral to specialized mental health services, protection from sexual exploitation and abuse, prevention of family separation and the provision of alternative care.
- **Education focused activities** will notably include the provision of menstrual hygiene supplies and WASH in schools, benefiting from engaging teachers as agents of change, including for RCCE activities.
- **Access to safe and reliable reporting mechanisms** including through accountability to affected populations (AAP).

Across all the above areas, UNICEF is working with partners to leverage significant investments made in responding to COVID-19 to better prevent and respond to cholera and other public health emergencies, including by pivoting RCCE capacity that was built during the COVID-19 response to help with the cholera response.

Medium-term and longer-term response

To inform investment and priorities for public health emergency preparedness and response (PHE-PR) in the longer term, and in support of WHO's "Ten proposals to build a safer world together", UNICEF has developed recommendations and commitments for PHE-PR that put the best interests of children, women and marginalized communities at the centre. This simultaneously focuses on preventing public health emergencies, responding to public health threats, and mitigating and addressing their socio-economic consequences with a whole-of-society approach.

The GTFCC 2030 Global Cholera Roadmap defined a vision for a future without cholera by 2030. It aims to reduce cholera deaths by 90 per cent and to eliminate cholera as a serious threat in 20 countries. To this end, UNICEF works with the United States Centers for Diseases Control and Prevention (CDC) and other GTFCC partners to support countries in developing their National Country Plans.

Equitable access to safe WASH is a prerequisite to cholera elimination. The growing threats of protracted conflicts, rapid urbanization and climate change, make the need for universal WASH access more urgent than ever. Although the cost of achieving the Clean Water and Sanitation Sustainable Development Goal (SDG) (targets 6.1 and 6.2) is high, with an estimated US$114 billion needed annually from 2015 to 2030, the return on investment is substantial. For every dollar invested in WASH, $4.30 is generated in economic returns, with immeasurable impact on human development indicators. Safe WASH is not only imperative for public health, but also an essential ingredient for the survival, development and growth of children, communities and nations.

Call to action

Cholera is a marker of inequity. Its upsurge at such an unprecedented scope, scale and severity is an urgent wake-up call for us to act together and act now: both to protect those affected by the current outbreaks and to invest in underlying WASH and health services. In line with the GTFCC Roadmap 2030 and the internationally agreed water-related goals and targets, including those contained in the 2030 Agenda for Sustainable Development, the SDGs and the Water Action Agenda, UNICEF urges:

- A recommitment to the GTFCC's 2030 Global Cholera Roadmap
- Governments in affected countries to mobilize the financial resources and the political will to urgently respond to the current outbreaks with a focus on cholera hotspots, in consultation with affected communities and cooperating at regional level, and to recommit to investing in climate-resilient WASH and public health systems to prevent future cholera outbreaks.
- Public and private donors, including international financial institutions, in line with the severity of the immediate and longer-term threat to public health posed by cholera and its impact on children, to mobilize the financial resources and political will to respond and recommit to investing in climate-resilient WASH and public health systems, RCCE and supplies to respond to current and prevent future outbreaks.
- Manufacturers of cholera supplies (notably OCV) to scale up production to meet the increase in demand.

Funding requirements

Cholera outbreaks are affecting 24 countries across multiple regions, with more countries at risk. **UNICEF estimates that an initial US$480 million is urgently needed** for immediate cholera prevention and response interventions in the areas of health, WASH/IPC, and RCCE for social and behavior change for the next 12 months. With the rapidly evolving situation, the funding needs are likely to increase further.

2023 budget requirement

Response area	**Requirements** (US$ million)
Coordination/Surge/HR to support response	2
Country-level preparedness and response (see Annex 1 for details)	
• East and Southern Africa Region (14 countries)	207.4
• Middle East and North Africa Region (9 countries)	121.1
• West and Central Africa Region (9 countries)	55.2
• South Asia Region (4 countries)	57.0
• Latin and Central America Region (2 countries)	25.4
• Eastern and Central Europe Region (2 countries)	11.2
• East Asia and Pacific Region (2 countries)	0.6
Total	**480**

Revolving contingency stock: UNICEF has identified a list of essential cholera supplies worth US$15 million to create a revolving contingency stock for initial prepositioning and subsequent maintenance for timely response to outbreaks and broader WASH interventions. This budget need is built into the country-level preparedness and response budgets.

Coordination/Surge/HR to support response: UNICEF has established a Global Cholera Emergency Cell with a coordinator and recruited four specialists covering Emergency, WASH, RCCE and Epidemiology to provide technical expertise globally and in-country support. Additionally, a roster of six experts (coordinator, WASH and RCCE specialists) will be recruited to increase surge capacity to be deployed to support in-country coordination and comprehensive preparedness actions in affected or at-risk countries.

Country-level preparedness and response: Budgets by region reflect estimated financial needs for currently prioritized countries (see Annex 1). Needs have been budgeted in alignment with WHO's Strategic Preparedness and Response Plan (SPRP) pillar cost categories. Both the budgets and countries under consideration are best estimates and are subject to change as the cholera situation evolves.

How to support

Further details of UNICEF's cholera interventions and needs are reflected in the country-specific Humanitarian Action for Children appeals and associated situation reports. Flexible resources remain critical to UNICEF's and its partners' ability to respond effectively and efficiently to the rapidly spreading cholera outbreaks across multiple regions. Supporting the Global Humanitarian Thematic Fund can contribute in this effort to ensure timely and effective response at global scale and avert preventable deaths.

Funding requirements: Mozambique, Malawi and the Syrian Arab Republic

Examples of the consolidated funding requirements indicated above:

- **US$ 89 million for Mozambique** where UNICEF has scaled up WASH and RCCE interventions following Cyclone Freddy in order to reduce the spread of cholera, supports case management with health supplies and technical review of protocols, and conducted a vaccination campaign for cholera. Support is needed urgently – as of late April, cholera cases have increased tenfold to 28,000 since the start of February, and more than half of the cases are among children.

- **US$34 million for Malawi** where UNICEF's key programme interventions include surveillance, early detection, and outbreak investigations; case management to reduce mortality given the already high case fatality rate; WASH RCCE to address the social cultural drivers, prevention and timely access to health services; provision of OCV Community and WASH interventions through the Case Area Targeted Intervention (CATI) approach rollout in the 29 districts. Support the rapid improvement of IPC in cholera treatment centres, support the monitoring of WASH in schools and accelerate the rollout of Oral Rehydration Points (ORPs) in high-burden districts.

- **US$29.5 million for the Syrian Arab Republic** where, to prevent the cholera outbreak to worsen after the earthquakes that hit parts of the country on 6 February 2023, UNICEF priority activities include the establishment of cholera treatment centers; training of frontline workers on cholera prevention and response; scaling up of community engagement interventions at the national and sub-national levels; as well as reactivating WASH services and supplies.

Annex 1

Affected countries	Cholera requirements (in US$)
East and Southern Africa Region	
Mozambique	89 061 543
Malawi	33 980 719
Ethiopia	26 046 507
Kenya	14 699 132
South Sudan	12 140 954
Somalia	11 272 547
Zimbabwe	8 047 500
Tanzania	6 041 300
Burundi	2 489 380
Zambia	2 393 944
South Africa	350 000
Eritrea	300 000
Rwanda	300 000
Uganda	300 000
Total	**207 423 526**
Middle East and North Africa Region	
Yemen	53 000 000
Whole of Syria	29 443 694
Lebanon	29 378 000
Sudan	5 017 980
Iraq	3 100 000
Djibouti	300 000
Iran	300 000
Jordan	300 000
State of Palestine	300 000
Total	**121 139 674**

Note: Both the budgets and countries under consideration are best estimates at the time of writing and are subject to change as the cholera situation evolves.

Affected countries	Cholera requirements (in US$)
West and Central Africa Region	
Democratic Republic of the Congo	24 412 127
Nigeria	21 586 180
Cameroon	4 372 756
Niger	3 370 500
Benin	300 000
Burkina Faso	300 000
Chad	300 000
Mali	300 000
Togo	300 000
Total	**55 241 563**
South Asia Region	
Afghanistan	40 231 183
Pakistan	8 600 000
Bangladesh	7 255 230
Nepal	870 000
Total	**56 956 413**
Latin and Central America	
Haiti	24 615 074
Dominican Republic	845 250
Total	**25 460 324**
Eastern and Central Europe	
Türkiye	6 356 000
Ukraine	4 816 835
Total	**11 172 835**
East Asia and Pacific	
Myanmar	300 000
Philippines	300 000
Total	**600 000**