

# Multi-country outbreak of cholera



External Situation Report n. 13, published 17 April 2024

Risk assessment: **Global risk – Very high**

Countries / areas / territories affected since 1 January 2023: **31**

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## Overview

### Data as of 31 March 2024

- In March 2024 (epidemiological weeks from 10 to 13), a total of 25 424 new cholera cases were reported from 16 countries across two WHO regions, showing a 32% decrease from the previous month. The African Region registered the highest number of cases, followed by the Eastern Mediterranean Region. The period also saw 189 cholera-related deaths, highlighting a 33% decrease from the previous month globally. The observed declining trends should be interpreted with caution, as they coincide with the Easter holidays observed in some countries, which may have caused delays in reporting. Around the same time last year, 62 199 cases and 326 cholera-related deaths were reported from 22 countries. For the latest data, please refer to the new [WHO Global Cholera and AWD Dashboard](#).
- While no new countries reported cholera outbreaks in March 2024, Comoros has seen a continued increase in cases and deaths since the beginning of the outbreak in early February. As of 31 March 2024, all three islands of the country (Ngazidja, Ndzuwani, and Mwali) have been affected, with a total of 678 cases and 17 deaths reported.
- From 1 January 2023 to 31 March 2024, a cumulative total 824 479 cholera cases and 5900 deaths were reported from 31 countries across five WHO regions, with the Eastern Mediterranean region recording the highest numbers, followed by the African Region, the Region of the Americas, the South-East Asia Region, the Western Pacific Region. No outbreaks were reported in the European Region during this time.
- The cholera response continues to be affected by a critical shortage of Oral Cholera Vaccines (OCV). Since January 2023, OCV requests have surged, with 79 million doses requested by 14 countries, double the 40 million doses available during this period. The global stockpile of vaccines was depleted until the beginning of March. As of 15 April, the stockpile has 2.3 million doses, which is below the global stockpile target of five million doses.
- WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, its highest internal level for emergencies. Based on the number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO re-assessed the risk at the global level as very high and the event remains classified as a grade 3 emergency.
- WHO continues to work with partners at the global, regional, and country levels to support Member States in responding to the outbreaks.
- The dynamics of cholera outbreaks are increasingly complex due to factors that transcend national boundaries, such as population mobility, natural disasters, and climate change. The risk of transnational transmission is often heightened by porous borders with numerous unofficial entry points, inadequate surveillance at border areas, and limited awareness in cholera-affected communities. To address these challenges, countries must prioritize cross-border collaboration by establishing real-time data sharing mechanisms, harmonizing surveillance systems, pooling resources, and implementing joint preparedness and response interventions.

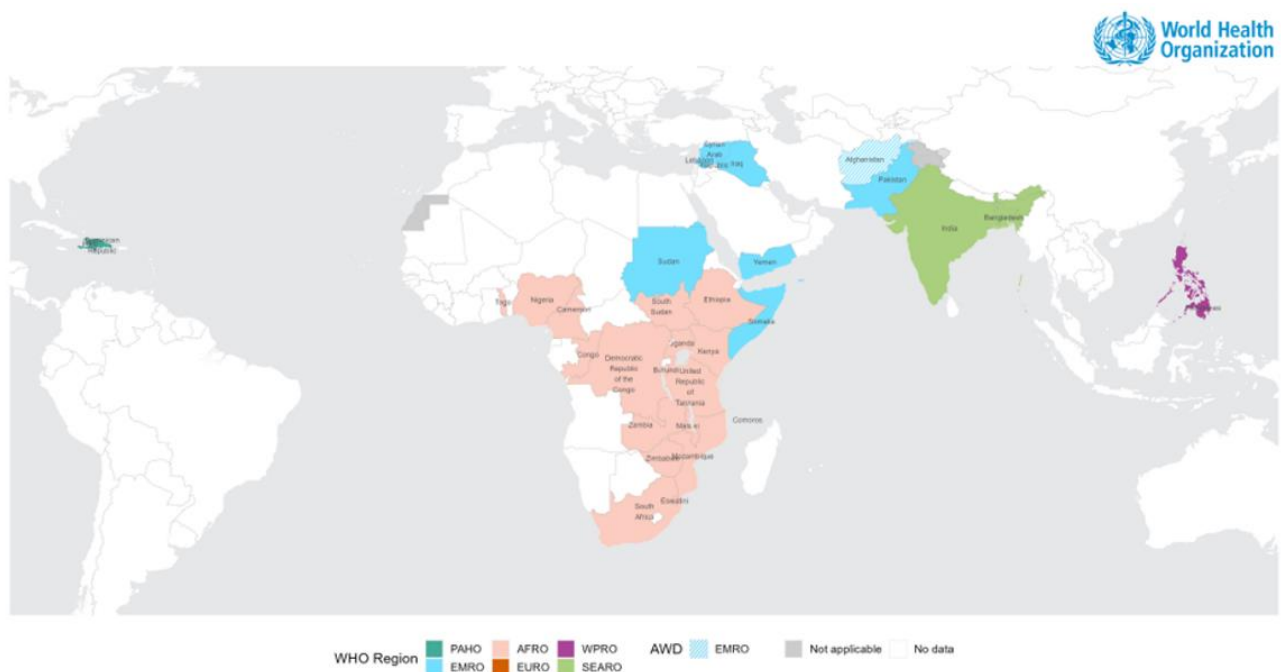
# Global epidemiological update

In March 2024 (corresponding to the epidemiological weeks from 10 to 13), a total of 25 424 new cholera cases were reported from 16 countries across two WHO regions, showing a 32% decrease from the previous month. The African Region (14 441 cases; 11 countries) reported the highest number of cases, followed by the Eastern Mediterranean Region (10 983 cases; five countries). In the same period, 189 cholera-related deaths were registered, representing a 33% decrease compared with the death numbers reported globally during the previous month. The highest number of fatalities was recorded in the African Region (157 deaths), succeeded by the Eastern Mediterranean Region (32 deaths).

From 1 January 2023 to 31 March 2024, a cumulative total 824 479 cholera cases and 5900 deaths were reported globally across five WHO regions. The region with the highest reported case count was the Eastern Mediterranean Region (484 562 cases; eight countries), followed by the African Region (271 119 cases; 18 countries), the Region of the Americas (59 176 cases; two countries), the South-East Asia Region (5866 cases; two countries), the Western Pacific Region (3756 cases; one countries). During this period, cholera deaths were reported in the African Region (4506 deaths), the Region of the Americas (792 deaths), the Eastern Mediterranean Region (568 deaths), the Western Pacific Region (19 deaths), the South-East Asia Region (15 deaths). Notably, the European Region did not report any cholera outbreaks.

The data presented here should be interpreted with caution due to potential reporting delays, particularly within the context of the Easter holidays. Such delays may affect the timeliness of reports, and consequently, the presented figures might not accurately represent the true burden of cholera. The diversity of surveillance systems, case definitions, and laboratory capacities among countries means that statistics on cholera cases and deaths are not directly comparable. Additionally, the global CFR for cholera warrants a prudent examination as it is heavily influenced by variations in surveillance methodologies. In this document, the term 'cholera cases' encompasses both suspected and confirmed cases, unless specified otherwise for specific countries. The data within this report are subject to potential retrospective adjustments as more accurate information becomes available.

**Figure 1. Reported global epidemics of cholera and Acute Watery Diarrhoea (AWD), 1 January 2023 to 31 March 2024**



The designations employed and the presentation of the material in this publication 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 borders or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Date Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
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**Table 1. Cholera cases and deaths reported from WHO regions, as of 31 March 2024\***

WHO Region	Country, area, territory	1 January to 31 December 2023				1 January to 31 March 2024			
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	Cases per 100 000	CFR (%)
<b>African Region</b>	Burundi	1 348	9	10	0.7	109	0	1	0
	Cameroon	6 450	209	23	3.2	75	0	0	0
	Comoros <sup>#</sup>	-	-	-	-	678	17	82	2.5
	Congo <sup>§</sup>	21	5	0	23.8	-	-	-	-
	Democratic Republic of the Congo	51 970	437	43	0.8	10 754	186	9	1.7
	Eswatini <sup>§</sup>	2	0	0	0	-	-	-	-
	Ethiopia	30 463	413	41	1.4	9 429	111	13	1.2
	Kenya	8 926	145	19	1.6	289	1	1	0.3
	Malawi	41 219	1 179	235	2.9	205	3	1	1.5
	Mozambique	39 908	156	138	0.4	6 346	12	22	0.2
	Nigeria	3 683	128	2	3.5	318	4	0	1.3
	South Africa	1 291	47	2	3.6	6	0	0	0
	South Sudan <sup>§</sup>	348	1	3	0.3	-	-	-	-
	Togo <sup>§</sup>	1	0	0	0	-	-	-	-
	Uganda	80	10	0	12.5	32	1	0	3.1
	United Republic of Tanzania	1 068	23	2	2.2	2 043	28	3	1.4
	Zambia	4 095	117	21	2.9	19 319	621	99	3.2
Zimbabwe	14 517	320	96	2.2	16 126	323	106	2	
<b>Eastern Mediterranean Region</b>	Afghanistan <sup>**</sup>	222 249	101	679	0	24 553	13	75	0.1
	Iraq <sup>§</sup>	1 376	7	3	0.5	-	-	-	-
	Lebanon <sup>§</sup>	2 386	0	43	0	-	-	-	-
	Pakistan <sup>***</sup>	145	0	0	0	3 182	0	1	0
	Somalia	18 304	46	112	0.3	6 605	72	40	1.1
	Sudan	8 843	246	21	2.8	2 252	62	5	2.8
	Syrian Arab Republic	180 288	7	815	0	9 718	0	44	0
	Yemen <sup>¥</sup>	3 804	14	11	0.4	875	3	3	0.3
<b>Region of the Americas</b>	Dominican Republic <sup>§</sup>	149	0	1	0	-	-	-	-
	Haiti	56 355	779	486	1.4	2 672	13	23	0.5
<b>South-East Asia Region</b>	Bangladesh	158	0	18	0	3	0	0	0
	India	5 436	14	0	0.3	269	1	0	0.4
<b>Western Pacific Region</b>	Philippines <sup>§</sup>	3 756	19	3	0.5	-	-	-	-

\* Case and death numbers presented are not directly comparable due to differences in case definitions, reporting systems, and general underreporting. All data are subject to verification and change due to data availability and accessibility. Respective figures and numbers will be updated as more information becomes available. The data in Table 1 includes suspected, rapid diagnostic test (RDT) positive, and culture-confirmed cholera cases. No cholera cases of local transmission have been reported in the European Region.

\*\* Afghanistan reports AWD through the sentinel site surveillance system.

\*\*\* Refers to the laboratory-confirmed cases only in 2023. Since January 2024, the number of suspected cholera and AWD cases are included based on the available [Public Health Bulletin published by the National Institute of Health](#).

§ Countries did not report cholera cases from 1 January to 31 March 2024.

# Comoros did not report cholera cases in 2023.

¥ Epidemiological situation of diseases in free areas of Yemen: [Link](#)

# WHO regional overviews

## African Region

In March 2024 (corresponding to the epidemiological weeks from 10 to 13), the African Region reported 14 441 new cholera cases across 11 countries, marking a 18% decrease compared with the case numbers reported in the previous month. During this period, the highest numbers of cases were reported from Ethiopia (4009 cases), Zimbabwe (3588 cases), the Democratic Republic of the Congo (DRC) (2230 cases), Mozambique (1783 cases), and Zambia (1638 cases). Among the cases, 157 deaths were reported, a 36% decrease compared with the previous month. The highest numbers of deaths were reported from Zimbabwe (71 deaths), Ethiopia (24 deaths), Zambia (21 deaths), DRC (20 deaths), and Comoros (11 deaths).

From 1 January 2023 to 31 March 2024, a total of 271 119 cholera cases were reported across 18 countries in the African Region. During this period, the highest numbers of cases were reported from DRC (62 724 cases), Mozambique (46 254 cases), Malawi (41 424 cases), Ethiopia (39 892 cases), and Zimbabwe (30 643 cases). During the same period, 4506 deaths were reported from 16 countries, with the highest numbers of deaths reported from Malawi (1182 deaths), Zambia (738 deaths), Zimbabwe (643 deaths), DRC (623 deaths), and Ethiopia (524 deaths).

## Eastern Mediterranean Region

In March 2024, the Eastern Mediterranean Region reported 10 931 new cholera cases across five countries, marking a 46% decrease compared with the case numbers reported in the previous month. Cases were reported from Afghanistan (7203 cases), Somalia (2794 cases), Pakistan (496 cases), Yemen (317 cases), and Sudan (121 cases). Additionally, 32 deaths were reported among cholera cases, a 22% decrease compared with the previous month. They were reported from Somalia (25 deaths), Sudan (five deaths), Afghanistan (one death), and Yemen (one death).

From 1 January 2023 to 31 March 2024, a total of 484 580 cholera cases were reported across eight countries in the Eastern Mediterranean Region. During this period, the highest numbers of cases were reported from Afghanistan (246 802 cases), Syrian Arab Republic (190 006 cases), Somalia (24 909 cases), Sudan (11 095 cases), and Yemen (4679 cases). During the same period, a total of 571 deaths were reported from six countries, with the highest numbers of deaths reported from Sudan (308 deaths), Somalia (118 deaths), Afghanistan (114 deaths), Yemen (17 deaths), and Syrian Arab Republic (7 deaths).

## Region of the Americas

In March 2024, no new cholera cases were officially reported from countries in the Region of the Americas. However, Haiti continues to experience an ongoing outbreak. The current humanitarian crisis has intensified due to attacks on health facilities by gangs and armed groups, particularly in the Metropolitan area of Port-au-Prince. These incidents have significantly impacted access to healthcare and the effectiveness of disease surveillance systems.<sup>1</sup>

From 1 January 2023 to 31 March 2024, a total of 59 176 cholera cases were reported in the Region from two countries: Haiti (59 027 cases) and the Dominican Republic (149 cases). During the same period, 792 deaths were reported from Haiti.

## South-East Asia Region

In March 2024, the South-East Asia Region reported no new cholera cases or deaths. From 1 January 2023 to 31 March 2024, a total of 5866 cholera cases were reported across two countries in the South-East Asia Region: India (5705 cases) and Bangladesh (161 cases). During the same period, a total of 15 deaths were reported from India.

## Western Pacific Region

In March 2024, the Western Pacific Region reported no new cholera cases or deaths. From 1 January 2023 to 31 March 2024, a total of 3756 cholera cases and 19 deaths were reported in the Philippines.

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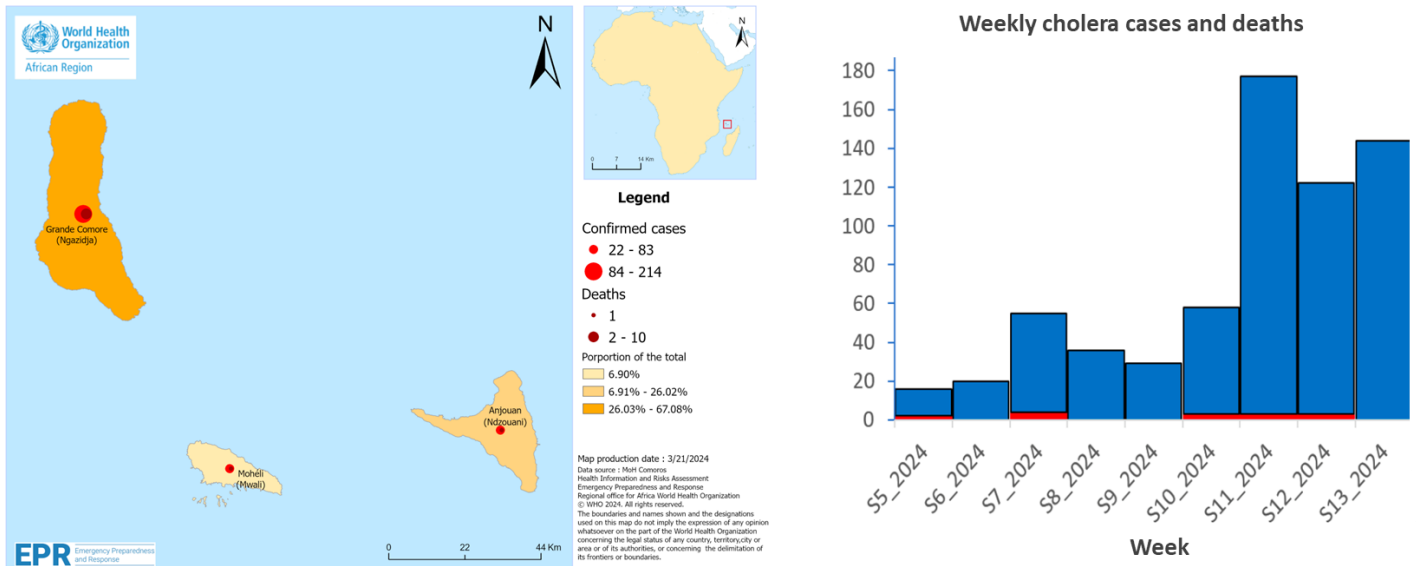
<sup>1</sup> PAHO Situation Report N.4. Haiti Humanitarian Situation. 1 April 2024; <https://www.paho.org/en/documents/paho-situation-report-n4-haiti-humanitarian-situation-april-1-2024>

## Focus on selected subregions and countries

### Comoros

In Comoros, since the declaration of the outbreak in early February, the number of cholera cases and deaths has continued to rise, with the disease spreading across all three islands (Ngazidja, Ndzuwani, and Mwali). As of 31 March 2024, the country has reported a total of 678 cases and 17 deaths, resulting in an overall CFR of 2.5%.

**Figure 2. Comoros: number of confirmed cholera cases and deaths in the last 28 days (left) and weekly cholera cases and deaths in Comoros (right), as of 31 March 2024**

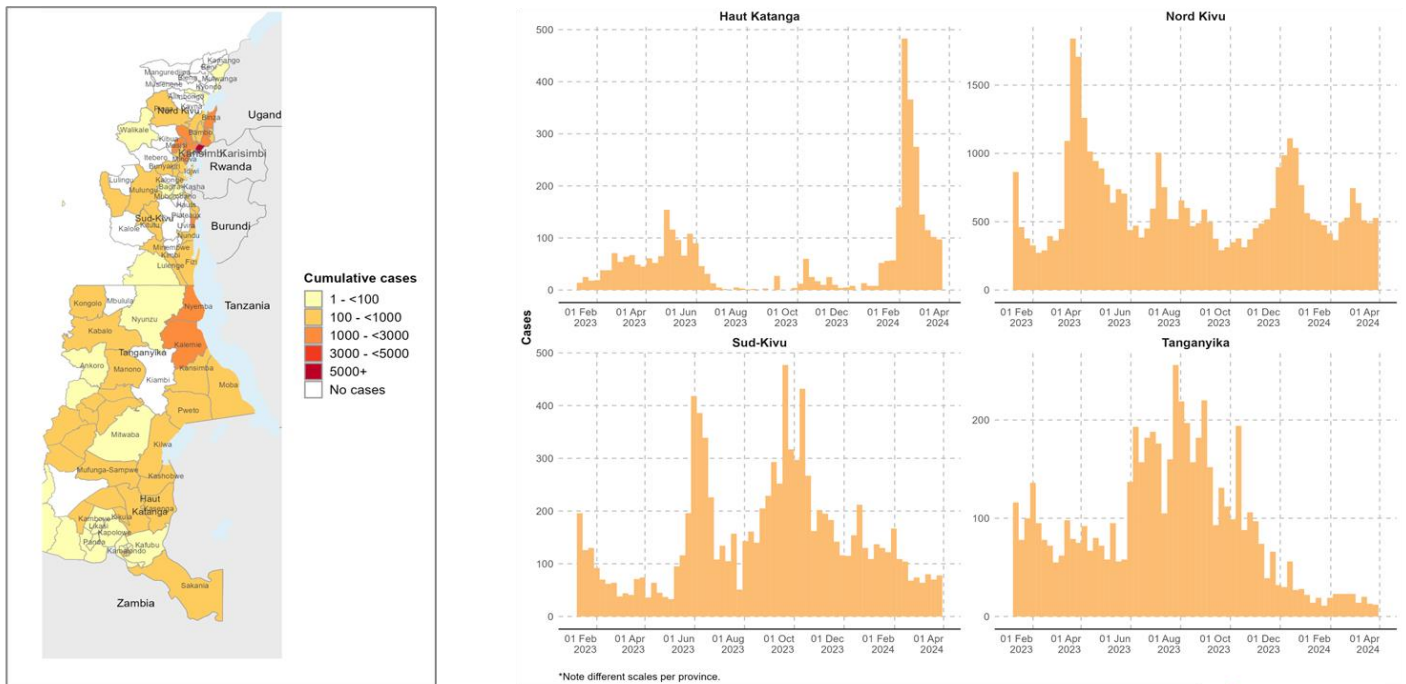


## South Eastern Africa

### Democratic Republic of the Congo

Since January 2023, the Democratic Republic of the Congo has reported a total of 62 724 cases and 623 deaths, leading to an overall CFR of 1%. In March 2024, DRC reported 2230 new cholera cases and 20 associated deaths, reflecting a CFR of 0.9%. This represents a 44% decrease in cases and 57% decrease in deaths compared with the numbers reported in the previous month. Since the beginning of 2024, a total of 79 health zones across 13 provinces have been reporting cholera cases, with most of the cases (76%) being detected in North-Kivu and Haut-Katanga provinces.

**Figure 3. Cholera situation in DRC. Cumulative cholera cases reported in 2023 in North Kivu, South Kivu, and Tanganyika (left). National cholera cases in DRC, by province (right), as of 31 March 2024**



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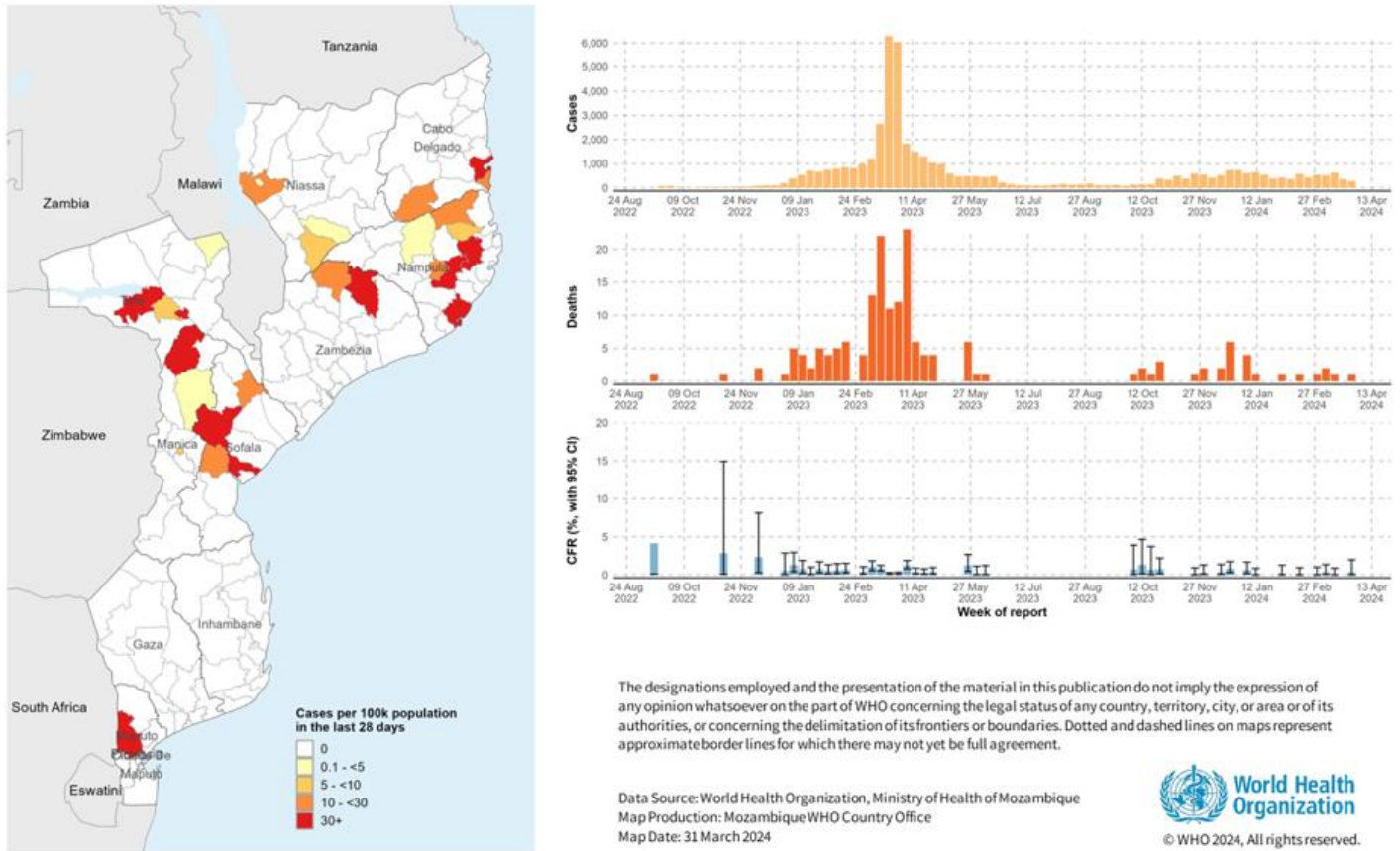
Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo  
 Map Production: World Health Organization  
 Map Date: 31 March 2024



## Mozambique

Since January 2023, Mozambique has reported a total of 46 254 cases and 168 deaths, with an overall CFR of 0.4%. In March 2024, the country recorded 1783 new cases and four associated deaths, showing a CFR of 0.2%. This represents an 8% decrease in cases and 100% increase in deaths compared to the previous month. During this period, cases emerged from eight out of the country's 11 provinces, with the majority (40%) originating from Nampula province.

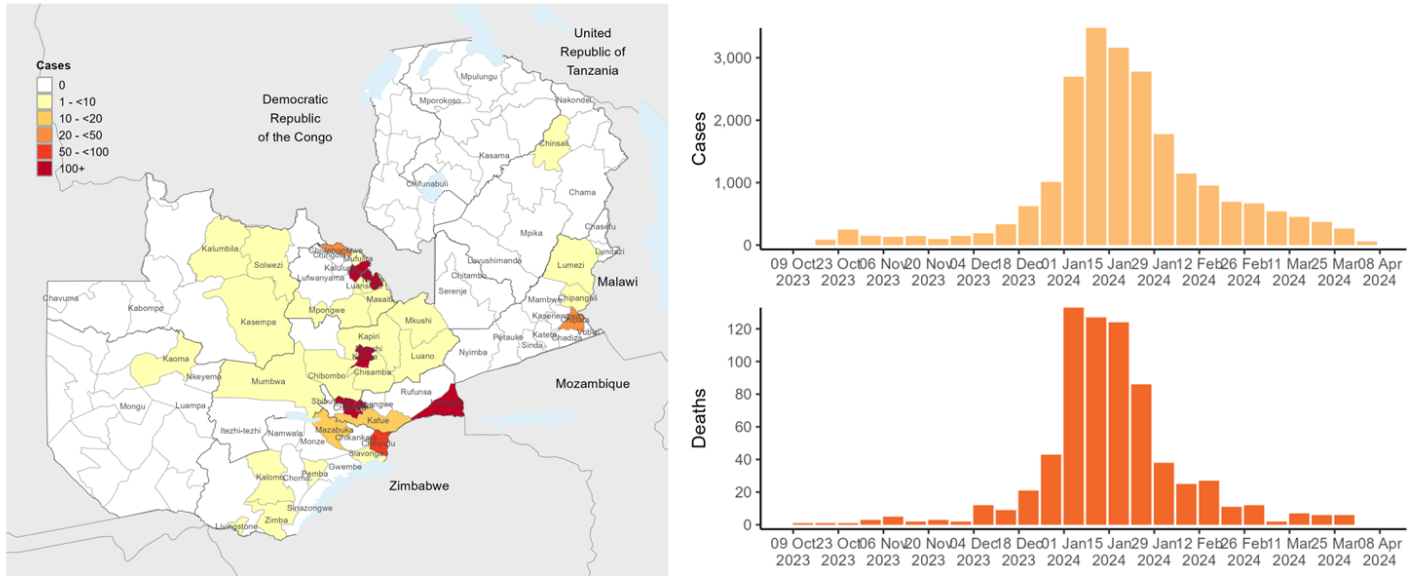
**Figure 4. Mozambique: cholera attack rates in the last 28 days (left) and cholera cases in Mozambique by province (right), as of 31 March 2024**



## Zambia

Since January 2023, Zambia has reported a total of 23 414 cases and 738 deaths, resulting in an overall CFR of 3.2%. In March 2024, the country recorded 1638 new cholera cases and 21 associated deaths (CFR: 1.3%), marking a 53% decrease in cases and 73% decrease in deaths compared to the previous month. Over the past four weeks, the epidemiological situation in Zambia, particularly in the capital province of Lusaka, has shown significant improvement. However, the Copperbelt province continues to report over 100 cases each week, indicating high transmission ongoing in this area.

**Figure 5. Zambia: number of cases in the last 28 days (left), and daily number of cases and CFR (right), as of 31 March 2024**



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Data Source: World Health Organization, Zambia National Public Health Institute  
 Map Production: World Health Organization  
 Map Date: 31 March 2024

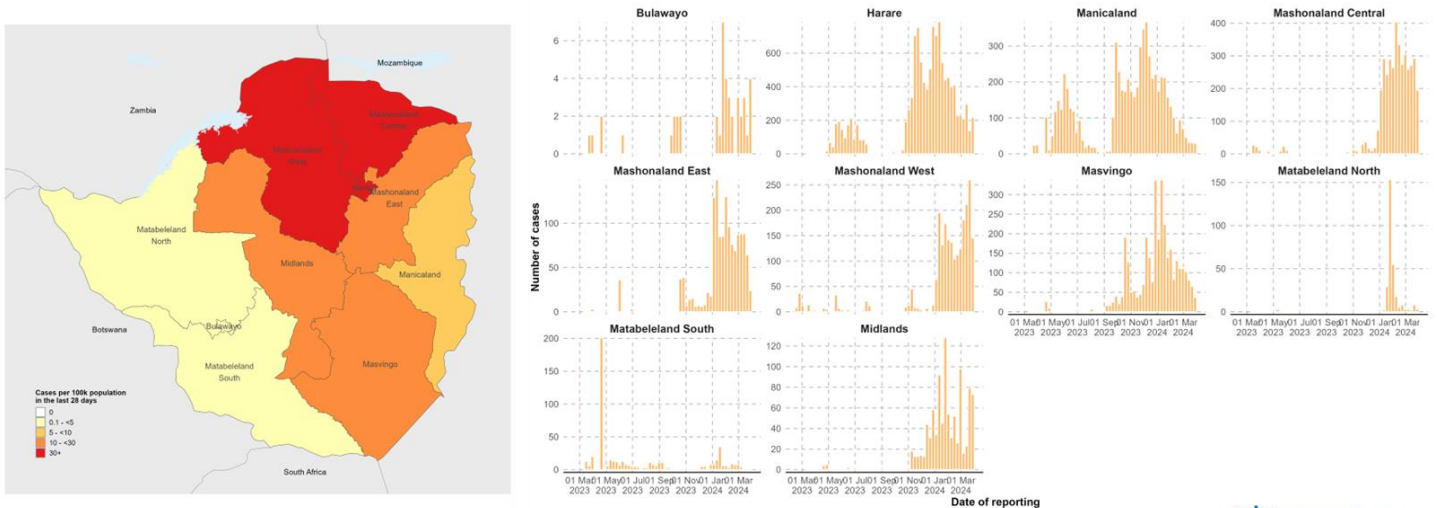




## Zimbabwe

Since January 2023, Zimbabwe has reported a total of 30 643 cases and 643 deaths, leading to an overall CFR of 2.1%. In March 2024, the country registered 3588 new cholera cases and 71 associated deaths (CFR: 2%). This indicates a 19% decrease in cases and a 3% decrease in deaths compared to the previous month. Although the epidemiological situation is showing signs of improvement, over 700 new cases continue to be reported each week. During this period, the majority of cases were concentrated in Harare, Mashonaland Central, and Mashonaland West provinces.

**Figure 6. Zimbabwe: number of cases in the last 28 days (left) and by province (right), as of 31 March 2024**

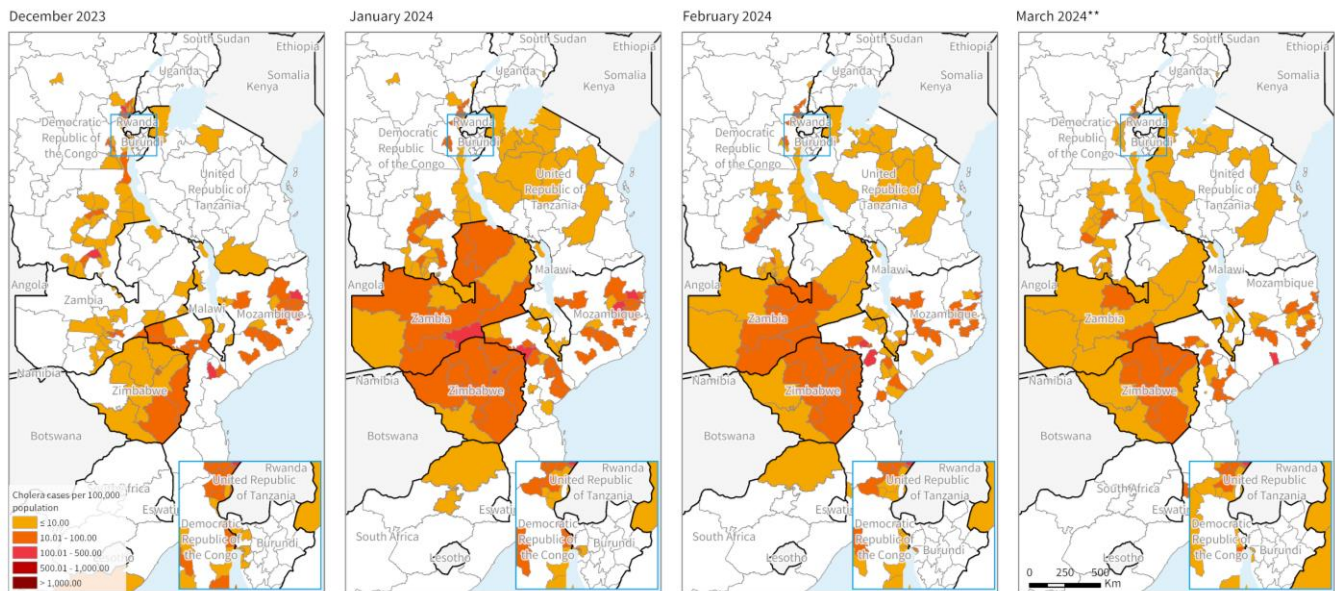


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Data Source: World Health Organization, Ministry of Health and Child Care Zimbabwe  
Map Production: World Health Organization  
Map Date: 31 March 2024



**Figure 7. South Eastern Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between Decmebr 2023 and March 2024, as of 31 March 2024\***



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Burundi, Democratic Republic of the Congo, Eswatini, Malawi, Mozambique, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe  
Map Production: WHO Health Emergencies Programme  
Map Date: 5 April 2024

\* The reporting period differ by country: Burundi: 27/3/2024 - Democratic Republic of the Congo: 24/3/2024 Eswatini: 8/6/2023 - Malawi: 31/3/2024 - Mozambique: 31/3/2024 South Africa: 23/2/2024 - Uganda: 13/3/2024 - United Republic of Tanzania: 22/9/2024 - Zambia: 31/3/2024 - Zimbabwe: 31/3/2024  
Data of Zimbabwe, Tanzania, South Africa and Zambia (since Jan 2024) are displayed at Province/Region level. \*\* Data for the latest month may be incomplete and are subject to any retrospective adjustments. The date corresponds to the first day of the epi-week (from Monday to Sunday)



## Horn of Africa

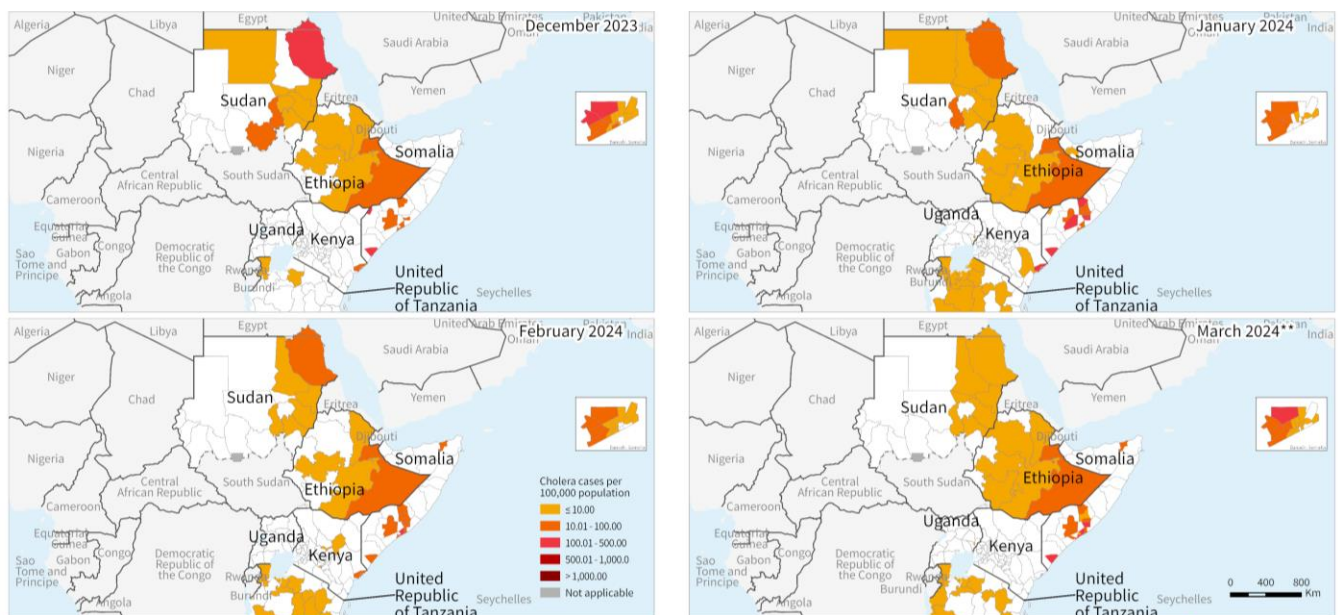
### Ethiopia

Since January 2023, Ethiopia has reported a total of 39 892 cases and 524 deaths, with an overall CFR of 1.3%. In March 2024, the country recorded 4009 new cholera cases and 24 associated deaths (CFR: 0.6%). This represents a 55% increase in cases and a 14% decrease in deaths compared to the previous month. Active cholera outbreaks have been reported across eight regions, with approximately 1000 cases reported weekly. In the last four weeks, worsening epidemiological trends have been particularly noted in Somali, Oromia, Harari, and Afar regions.

### Somalia

Since January 2023, Somalia has reported a total of 24 909 cases and 118 deaths, resulting in an overall CFR of 0.5%. In March 2024, the country registered 2794 new cholera cases and 25 associated deaths (CFR: 0.9%). This marks a 68% increase in cases and 11% decrease in deaths compared to the previous month. Increasing trends in cholera cases have been observed across various regions, especially in Banadir, alongside Middle and Lower Shabelle. Historically, Somalia enters the rainy season between March and June, which heightens the risk of increased cholera transmission.

**Figure 8. The Horn of Africa region cholera attack rate per 100 000 population between Decemebr 2023 to March 2024, as of 31 March 2024**



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Data Source: World Health Organization, Ministries of Health and Statistics offices of Ethiopia, Kenya, Somalia, Uganda, and United Republic of Tanzania  
Map Production: WHO Health Emergencies Programme  
Map Date: 5 April 2024  
\*\* Data for the latest month may be incomplete and are subject to any retrospective adjustments.

\* The reporting period differ by country:  
Ethiopia: 31/03/2024, Kenya: 20/02/2024  
Somalia: 31/03/2024, Sudan: 28/03/2024  
United Republic of Tanzania: 22/03/2024  
Uganda: 13/03/2024  
Data for Kenya, Tanzania, Sudan, and Ethiopia are displayed at the County/Region/State level. The date corresponds to the first day of the epi-week (from Monday to Sunday)

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## Operational updates

WHO is working with partners at global, regional, and country level to support Member States in the following cholera outbreak response activities:

### Coordination

- In response to needs in countries and with a support from key partners, experts were deployed through the Global Outbreak Alert and Response Network (GOARN), Standby Partners (SBP), Emergency Medical Teams (EMT) in addition to weekly information exchange on operational updates for cholera response through GOARN Weekly Ops call forum.
- As of 31 March 2024, 18 experts have been deployed to Malawi, Mozambique, Kenya, Lebanon, Haiti, Sudan and Zambia through GOARN to support the cholera response, specifically Health Operations, Case Management, Social anthropology and Epidemiology/Surveillance, Health Cholera Coordinator and Partner Coordination.
- As of 31 March 2024, 16 experts have been deployed (for a duration of three to six months each) to eight countries (Cameroon, Comoros, Ethiopia, Haiti, Malawi, Mozambique, Turkey, and Zambia) through the Standby Partners to support the cholera response for the functions of Information management (IMO), Partner/Cluster Coordinator, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Infection Prevention and Control (IPC), Water Sanitation and Hygiene (WASH) and Risk Communication and Community Engagement (RCCE). WHO appreciates the support received from Standby Partners for this response so far: Norwegian Refugee Council (NORCAP) and CANADEM (deployment funded by United Kingdom Foreign, Commonwealth & Development Office (UK FCDO)).

### Public health surveillance

- The Global Task Force on Cholera Control (GTFCC) has published [revised guidance on public health surveillance for cholera](#), which comes with [accompanying tools](#). Strengthening cholera surveillance in accordance with this guidance is essential for the early detection and rapid response to cholera outbreaks, and for informing the multisectoral strategies needed to control and eliminate cholera.
- GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting to the regional and global level are actively promoted. The [template](#) is available for cholera reporting at the regional and global levels.
- Technical support in data management and analysis is being provided to countries and regions on a case-by-case basis.
- Coordination efforts are underway with countries, regions, and partners to strengthen cholera surveillance.
- GTFCC guidance for the identification of [Priority Areas for Multisectoral Interventions for cholera control](#) is being disseminated and promoted (in English, Arabic, French, and Portuguese). This guidance aims to maximize the use of surveillance data for cholera-affected countries in the development or revision of a National Cholera Plan (NCP) for cholera control.

### Laboratory

- Disseminating and promoting new 2024 GTFCC recommendations for testing for cholera [\[EN\]](#).
- The GTFCC published a new Job Aid on Antimicrobial Susceptibility Testing [\[EN\]](#) [\[FR\]](#) with changes to recommended antibiotics to be tested for susceptibility.
- Disseminating and promoting GTFCC laboratory [resources](#) (Job Aids, Fact Sheet, other guidance).
- Fostering coordination with countries, regions and partners for strengthening cholera laboratories.
- Technical support as well as assistance in development of country laboratory strengthening plans continues to be provided on a case-by-case basis.
- The GTFCC toolkit and guidance for detailed cholera laboratory capacity assessments to highlight gaps and needs to target for support is currently being rolled out in Cameroon.



- Working with operations support and logistics to facilitate ordering and access to laboratory supplies using the WHO catalogue resources; Technical support at regional and country levels for identification of field and laboratory diagnostic supply needs as required.
- The GTFCC is developing tools and materials for cholera diagnostics training of trainers for laboratory personnel. A laboratory training expert is on standby for deployment to countries to troubleshoot difficulties with performing cholera diagnostics.

### **Vaccination**

- Seven new requests were received in 2024 from Ethiopia, Somalia, Sudan, Zambia and Zimbabwe, collectively seeking 10 million doses. Additionally, Comoros is considering submitting an OCV request for a reactive campaign.
- Since the onset of 2024, six reactive vaccination campaigns have been conducted in response to cholera outbreaks in five countries: Ethiopia, Mozambique, Sudan, Zambia, and Zimbabwe. These campaigns are critical in curtailing the spread of the disease. However, given the current context of outbreaks and limited vaccine availability, only single-dose vaccination courses have been validated and utilized in these reactive campaigns.
- Moreover, the constrained supply of OCVs is severely impacting the capacity to carry out preventive vaccination campaigns. The limited global stockpile of OCVs underscores the need for increased production and strategic stockpile management to ensure that both reactive and preventive needs are adequately met.
- Cameroon, Kenya and Mozambique are submitting requests for vaccines for preventive use to GAVI in April 2024.

### **Case management, Infection Prevention and Control (IPC) & Water, Sanitation and Hygiene (WASH)**

- Case management technical support continues to be provided to countries with outbreaks.
- The French version of the GTFCC Fixed-Oral Rehydration Points (ORPs) guidance has now been published ([www.gtfcc.org/resources](http://www.gtfcc.org/resources)).
- Ongoing IPC technical support to Zambia, Ethiopia, and Comoros
- WASH IMST team is currently developing an Early WASH Package Response toolkit. The package aims to list the minimum HR and finance needs to launch operational activities within the first weeks of a cholera outbreak, including existing resources mechanisms.
- A WASH expert, supported by the Stand-by Partner (SBP) mechanism (Dutch Surge Support) will be deployed to Yemen for a period of 3 months to implement WHO WASH activities.
- WASH technical support is continuing in Comoros and Madagascar as part of a readiness plan.

### **Risk communication and community engagement (RCCE)**

- Coordination of RCCE support for affected regions and countries continues through the Collective Service partnership, with [cholera resources](#) available.
- RCCE technical and surge support continues based on country needs and demands.
- An RCCE readiness and response toolkit for cholera is under development. The ultimate goal of this toolkit is to provide RCCE focal points and practitioners with a set of tools to strengthen their work to inform, engage, and empower communities at risks of cholera.

### **Operations Support and Logistics (OSL)**

- The current stock availability of cholera modules and bulk items remain satisfactory at both the supplier and WHO Hub levels.
- Ongoing shipments are being dispatched to Comoros, Mozambique, and Zimbabwe.
- The demand for the supplies has increased in March, with new requests received from Afghanistan, Mozambique, and Yemen.
- Donations of essential laboratory materials are ongoing to Comoros, Zambia, and Zimbabwe.
- Technical support is being provided to countries to assist in the preparation of orders.

## **Preparedness and Readiness**

- Among GTFCC-targeted countries, 24 out of 29 have conducted their cholera hotspot mapping.
- Assistance has been provided to the Southern African Development Community (SADC) in developing a regional Cholera Preparedness, Readiness, and Response Plan, aligning with recommendations from the Heads of State meeting on cholera outbreaks.
- Six countries in the region have fully developed and are implementing their National Cholera Plans (NCPs).
- In 2024, 17 countries reported their readiness status, with an average readiness score of 46%.
- Identified gap areas include IPC, WASH / Food Safety, Case Management, OSL, and Surveillance and Points of Entry, including cross-border issues.
- Continuous support is being provided for updating readiness checklists and reviewing contingency plans in member states, with specific guidance for Mauritius and Nigeria. Mitigation measures have been initiated to address gaps in case management, WASH/IPC, and laboratory capabilities, including the distribution of supplies like RDTs, investigation kits, and laboratory necessities to member states. Plans are underway for capacity building in RCCE and IPC.

## Key challenges

**The geographical spread and global surge in cases is due to and has resulted in numerous challenges:**

- Exacerbation of cholera outbreaks due to natural disasters and climatic effects.
- Data quality and reporting, including issues with reporting consistency and insufficient disaggregation of data for vulnerable groups, especially for children under 5 years of age.
- Insufficient OCV stocks to respond to all concurrent cholera outbreaks, resulting in the suspension of preventive campaigns and a transition from [a two-dose to a one-dose strategy](#). In January 2024, the vaccine stockpile was entirely depleted.
- Exhausted national cholera response capacities and overall overstretched emergency response capacity due to numerous parallel large-scale and high-risk outbreaks and other emergencies affecting public health.
- Limited experienced cholera response staff available for deployments to support national emergency responses.
- Increased risk of cross-border cholera transmission due to porous borders with numerous unofficial points of entry points, inadequate surveillance at border areas, and limited cholera awareness in affected communities.
- Inadequate financial resources to respond in a timely and effective manner across all levels.
- A lack of resources, human, financial and material, for prevention, readiness, and preparedness activities.
- Lack of technical capacity required for effective readiness to respond in member states.

## Next steps

**To address the challenges identified above, WHO, UNICEF and partners will continue to work together.**

- Cholera scenario planning/prioritization will continue to be updated, considering the impact of a severe El Niño event at the global, regional, and national levels.
- WHO will continue to advocate for investment in cholera response, highlighting that long-term investment is critical for a sustainable solution, while emphasizing that immediate investment is needed for rapid emergency response to the current surge in cases.
- WHO and UNICEF will continue to work with partners to streamline the supply for essential cholera materials, including vaccines, ensuring maximum availability based on the prioritization of needs.
- WHO and partners, including the GTFCC, will continue to support Ministries of Health and implementing partners with the latest available information and material to enable prevention and response activities in the current constrained environment.
- WHO, UNICEF, and partners will continue to work together to maintain focus on the cholera emergency, to mobilize resources and lobby for long term solutions to reduce the cholera burden. In addition, WHO, UNICEF and other partners will continue to work together to streamline response efforts and maximize limited resources.



## Annex 1. Data, table, and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at the global level.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

## Technical guidance and other resources

- [Cholera fact sheet](#)
- [Ending Cholera, A Global Roadmap To 2030](#)
- [Global cholera strategic preparedness, readiness, and response plan 2023/24](#)
- [WHO's Call for urgent and collective action to fight cholera](#)
- [Disease outbreak news Cholera – Democratic Republic of the Congo](#)
- [Disease outbreak news Cholera – Haiti](#)
- [Disease outbreak news Cholera – Malawi](#)
- [Disease outbreak news Cholera - Mozambique](#)
- [Disease outbreak news Cholera-Global situation](#)
- [Global Task Force on Cholera Control \(GTFCC\)](#)
- [GTFCC fixed ORP interim guidance and planning](#)
- [Public health surveillance for cholera- Interim guidance, February 2023 \[EN\] \[FR\]](#)
- [AFRO Weekly outbreaks and emergency bulletin](#)
- [WHO AFRO Cholera Dashboard](#)
- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
- [Cholera upsurge \(2021-present\) web page](#)