

Cholera: mechanism for control and prevention

The Sixty-fourth World Health Assembly,

Recalling resolution WHA44.6 on cholera, which led to the establishment of the Global Task Force on Cholera Control with the aim of providing support to Member States in reducing morbidity and mortality associated with the disease and in diminishing its social and economic consequences;

Recognizing that cholera is not being sufficiently addressed despite its prevalence in epidemic form in both endemic and non-endemic areas, causing suffering to millions, particularly among vulnerable populations, with a disease burden estimated to be 3–5 million cases and 100 000–130 000 deaths per year;¹

Reiterating that the spread of cholera is a consequence of natural disasters, lack of adequate supply of safe potable water, deficient sanitation, poor hygiene, contamination of food, unplanned human settlement, especially in urban areas, absence of effective health systems, inadequate health care, and poverty;

Acknowledging that effective public health interventions such as proper and timely case management, improved environmental management, improved hygiene and sanitation behaviour, and access and appropriate use of cholera vaccines all depend on a solid system of surveillance and health-care delivery and a coordinated programmatic and multisectoral approach that includes access to appropriate health care, clean water and adequate sanitation, community involvement, open and transparent sharing of epidemiological information, and sustained policy dialogue;

Recognizing the importance of emergency preparedness planning, surveillance strengthening, early response, and meeting relevant standards defined by the work of the Sphere Project in emergencies;

Noting that, in emergency health crises, and in emergencies where the situation threatens sanitary conditions, WHO's work as the humanitarian health cluster lead necessitates close cooperation with UNICEF's responsibilities as the lead of the "WASH Cluster" (water, sanitation and hygiene);

Affirming that progress in achieving the health-related Millennium Development Goals, and particularly access to safe drinking-water and sanitation under Goal 7 (Ensure environmental

¹ Weekly epidemiological record, 2010, 85(13): 117–128.

sustainability), would decrease the occurrence and spread of cholera, and that improving prevention and control of cholera will have a positive effect on other diarrhoeal diseases;

Recognizing that control of cholera is now entering a new phase with the development of safe, effective and potentially affordable oral cholera vaccines, and that this approach is complementary to, and should not substitute for, the existing effective prevention and control measures that are based on improved access to potable water, sanitation and hygiene,

1. URGES all Member States:¹

(1) to consider health, hygiene, water, sanitation and environmental issues as integral and interrelated parts of development policies and plans, and accordingly to allocate resources and undertake action, including health and hygiene education and public information in order to prevent the risks of cholera epidemics occurring or to diminish these risks, giving due attention to the situation and needs of population groups most at risk;

(2) to strengthen surveillance and reporting of cholera in accordance with the International Health Regulations (2005), and effectively to integrate surveillance of cholera into overall surveillance systems by building local capacities for data collection and analysis and encompassing information on crucial determinants such as water sources, sanitation coverage, environmental conditions and cultural practices;

(3) to work towards mobilizing sufficient technical and financial resources for coordinated and multisectoral measures for preparation, prevention and control of cholera, as well as other diarrhoeal diseases, in both endemic and epidemic situations, within the framework of health system strengthening and sector-wide approaches, and in the spirit of international solidarity;

(4) to involve the community and to scale up advocacy measures in view of the intersectoral nature of the disease;

(5) to refrain from imposing on affected or at-risk countries any trade or travel restrictions that cannot be justified on the grounds of public health concerns, in line with Article 43 of the International Health Regulations (2005);

(6) to undertake planning for and give consideration to the administration of vaccines, where appropriate, in conjunction with other recommended prevention and control methods and not as a substitute for such methods;

2. REQUESTS the Director-General:

(1) to strengthen and enhance measures to ensure that the Organization continues to respond expeditiously and effectively to the needs of the countries affected by or at risk of outbreaks of cholera;

(2) to revitalize the Global Task Force on Cholera Control and to strengthen WHO's work in this area, including improved collaboration and coordination among relevant WHO departments and other relevant stakeholders;

¹ And, where applicable, regional economic integration organizations.

- (3) to strengthen the coordination of international assistance during cholera epidemics in terms of equipment, human and financial resources in order to ensure an effective and quick response, and to prioritize close collaboration with other clusters including, but not limited to, the WASH cluster and logistics, in order to maximize the effectiveness of the overall multilateral humanitarian response;
- (4) to provide technical support to countries for building their capacity to undertake effective control and prevention measures, including surveillance, early warning and response, laboratory capacity, risk assessment, case management, data collection and monitoring, and effective vaccine deployment;
- (5) to further promote research, and encourage surveillance, on the emergence of altered variants and drug-resistant strains of *Vibrio cholerae*, as well as to consider safe and effective innovations in oral rehydration therapy that can provide additional benefit in treatment outcome;
- (6) to promote ongoing interventions to change behaviour and food and water safety measures, including training and advocacy programmes, in order to improve sanitary and hygienic practices as critical components of cholera prevention and control;
- (7) to continue to support further research on safe, efficacious and affordable cholera vaccines, and to promote transfer of relevant vaccine manufacturing technologies to countries affected by or at risk of cholera in order to build capacity for local production of cholera vaccines;
- (8) to develop updated and practical evidence-based policy guidelines, including on the feasibility and assessment of the appropriate and cost-effective use of oral cholera vaccines in low-income countries and on the definition of target groups;
- (9) to liaise with relevant international funding agencies on possible support for introducing effective cholera vaccines in low-income countries;
- (10) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on the global cholera situation and to evaluate efforts made in cholera prevention methods and control.

Tenth plenary meeting, 24 May 2011
A64/VR/10

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