

Multi-country outbreak of cholera

External Situation Report #8, published 2 November 2023

Risk assessment
Global risk – Very high

Countries/areas/territories affected
29

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Highlights

Data as of 15 October 2023

- Since the last [situation report](#) on the multi-country outbreak of cholera was published on 5 October 2023 (covering data reported until 15 of September), and as of 15 October 2023, no new country has reported an outbreak of cholera or acute watery diarrhoea (AWD), although new outbreaks have been reported within affected countries. In total, 29 countries have reported cases since the beginning of 2023.
- The overall capacity to respond to the multiple and simultaneous outbreaks continues to be strained due to the global lack of resources, including shortages of the Oral Cholera Vaccine (OCV), as well as overstretched public health and medical personnel, who are dealing with multiple parallel disease outbreaks and other health emergencies. More than half of the countries that reported cholera and/or AWD cases since the beginning of the year have also experienced other severe graded and at times multiple/concurrent emergencies (defined by [WHO grading of public health events and emergencies](#)) including disease outbreaks, natural disasters, and conflict.
- Based on the large number of outbreaks and their geographic expansion, as well as a lack of vaccines and other resources, WHO continues to assess the risk at global level as very high.
- The WHO African Region remains the most affected region with 16 countries reporting cholera cases since the beginning of the year. In the Southeast Africa region, while the epidemiological situations in Malawi and Mozambique remain relatively calm, concerning situations have been reported in several other countries. Zimbabwe continues to report alarming spikes of cases since mid-September, especially in the south-eastern provinces of Masvingo and Manicaland. A new outbreak of cholera was notified in the United Republic of Tanzania as of 3 October 2023, affecting four separate regions in the country. Another new outbreak of cholera was also confirmed in Zambia's capital – Lusaka district.
- In the greater Horn of Africa, the epidemiological situations has plateaued at a low-level in Kenya. Ethiopia and Somalia continue to report several hundreds of cases each week. The situation in Sudan remains concerning as the country enters its seventh month since the onset of the ongoing conflict. Cumulatively, 1337 cases of cholera and AWD have been reported from four states in Sudan – South Kordofan, Gedaref, Khartoum, and Gezira.
- WHO continues to work with partners at the global, regional and country levels to support Member States in responding to the outbreaks.

Epidemiological update

Since the beginning of the year and as of 15 October 2023, at least 29 countries have reported cholera and/ or AWD cases (Table 1).¹ Countries in West Africa are reaching the end of the rainy season, which typically spans from May to October, and is historically associated with an elevated risk of cholera transmission. On the other hand, the rainy season is approaching in many south-eastern African countries including, Malawi, Mozambique, Burundi, Tanzania, and Zimbabwe, indicating stronger cholera preparedness activities will be required in these countries.

More than half of the countries that reported cholera and/or AWD cases since the beginning of the year have also experienced other severe graded and at times multiple/concurrent emergencies (defined by WHO grading acute G1-G3 and/or protracted P1-P3)² including disease outbreaks, natural disasters, and conflict. For instance, in the WHO Eastern Mediterranean region, cholera cases continue to be reported in Syrian Arab Republic which is experiencing a protracted humanitarian crisis and the effects of the earthquake that struck northern and western pockets of the country and neighboring Türkiye in February 2023. Pakistan, in the aftermath of the devastating floods in 2022, continues to grapple with polio while reporting cholera cases. Yemen, Somalia, Sudan and Afghanistan are all reporting cholera cases whilst experiencing various types of humanitarian crises, including conflict and food insecurity. In the WHO African region, Cameroon is reporting cases amid the Sahel crisis and Nigeria this year has experienced outbreaks of diphtheria and meningitis separate to cholera, while Ethiopia and the Democratic Republic of the Congo (DRC) have declared cholera outbreaks within complex humanitarian crises. Extreme weather events including drought and flooding, coupled with food insecurity in countries of the greater Horn of Africa have increased the frequency of cholera outbreaks. These examples serve to highlight the often nuanced and challenging operating contexts within which health systems can easily become overwhelmed, hindering not only the ability to mount effective and timely responses but also establish appropriate preventive measures in the first place.

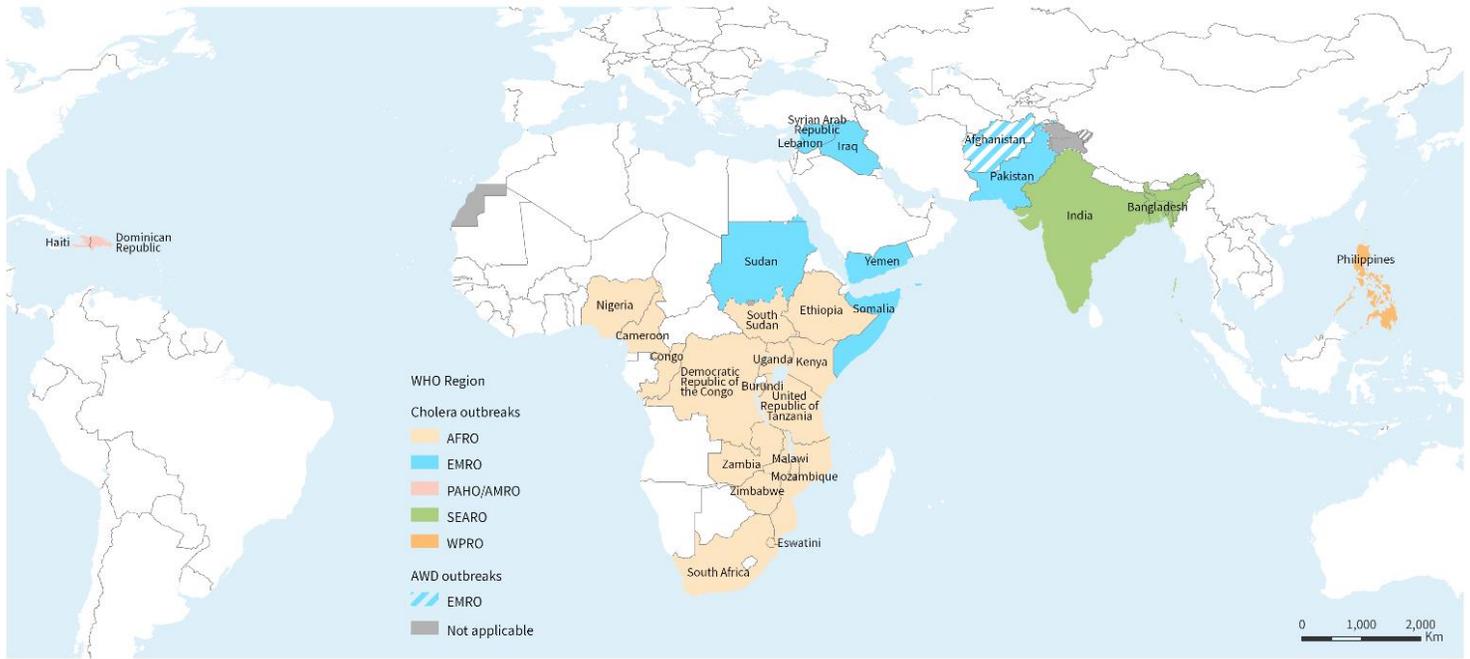
In 2023, based on preliminary reporting from Member States (which may not be directly comparable to the more comprehensive official reporting to WHO from the previous years³), the number of cases has surpassed that of the previous years as of 15 October 2023 with 603 731 cases and 3804 deaths, with an associated CFR of 0.6%.

¹ Considering the varying surveillance systems, case definitions and laboratory capacities among countries reporting cholera, reported cases and deaths figures need to be interpreted with caution and cannot readily be compared between countries. In this document, cholera cases refer to the sum of suspected and confirmed cases, if not further specified within the country-specific context.

² Emergency response framework (ERF), 2nd edition: <https://www.who.int/publications/i/item/9789241512299>

³ Global cholera annual report 2022: <https://iris.who.int/bitstream/handle/10665/372986/WER9838-eng-fre.pdf?sequence=1&isAllowed=y>

Figure-1: Global situation of epidemics of cholera and acute watery diarrhoea reported in 2023, as of 15 October 2023



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Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 15 October 2023



Table -1. Cholera cases and deaths reported from WHO regions, as of 15 October 2023*

WHO Region	Country, area, territory	Suspected /Confirmed cases	Total deaths	Cases per 100 000	CFR (%)	Reporting start	Reporting end
Region of Africa	Burundi	1 195	9	9	< 1	08/12/2022	15/10/2023
	Cameroon	20 950	492	75	2.3	01/10/2021	15/10/2023
	Congo	21	5	0	23.8	17/07/2023	12/08/2023
	Democratic Republic of the Congo	40 728	309	43	< 1	01/01/2023	15/10/2023
	Eswatini ⁴	2	0	< 1	0	27/03/2023	18/04/2023
	Ethiopia	25 116	341	22	1.4	01/08/2022	15/10/2023
	Kenya	12 120	202	23	1.7	05/10/2022	12/10/2023
	Malawi	59 040	1768	295	3	28/02/2022	15/10/2023
	Mozambique	34 943	146	109	< 1	01/09/2022	15/10/2023
	Nigeria	3 276	102	2	3.1	01/01/2023	01/10/2023
	South Africa	1 388	47	2	3.4	29/01/2023	31/08/2023
	South Sudan ⁵	348	1	2	< 1	22/02/2023	18/03/2023
	Uganda	77	10	< 1	13	07/07/2023	24/08/2023
	United Republic of Tanzania	358	9	1	2.5	05/09/2023	15/10/2023
	Zambia	932	19	5	2	21/01/2023	08/10/2023
Zimbabwe	4 974	147	29	3	12/02/2023	15/10/2023	
Region of the Americas	Dominican Republic	111	0	1	0	17/10/2022	15/09/2023
	Haiti	64 576	915	557	1.4	02/10/2022	08/10/2023
Eastern Mediterranean Region	Afghanistan	185 446	86	567	< 1	01/01/2023	15/10/2023
	Iraq	1 270	6	3	<1	01/01/2023	15/10/2023
	Lebanon	2 197	0	40	0	01/01/2023	02/06/2023
	Pakistan***	128	0	< 1	0	01/01/2023	15/10/2023
	Somalia	14 191	38	87	< 1	01/01/2023	15/10/2023
	Sudan	1 337	66	3	4.9	15/04/2023	15/10/2023
	Syrian Arab Republic	147 290	4	806	< 1	01/01/2023	15/10/2023
Yemen	5 674	7	19	< 1	01/01/2023	15/09/2023	
South-East Asia Region	Bangladesh (Cox's Bazar)	127	0	14	0	01/01/2023	09/10/2023
	India ⁶	1 809	1	< 1	< 1	22/06/2023	27/08/2023
Western Pacific Region	Philippines	3 229	17	3	< 1	01/01/2023	07/10/2023

* Case and death numbers presented are unreliable due to differences in case definitions, reporting systems, and underreporting overall. 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.

⁴ There were no further cases reported since situation report #2, 15 May 2023

⁵ As of 18 March, confirmation of the outbreak by culture conducted on 13 samples, including three PCR positive samples, was unsuccessful. The reported case numbers in this situation report are updated to reflect those test results

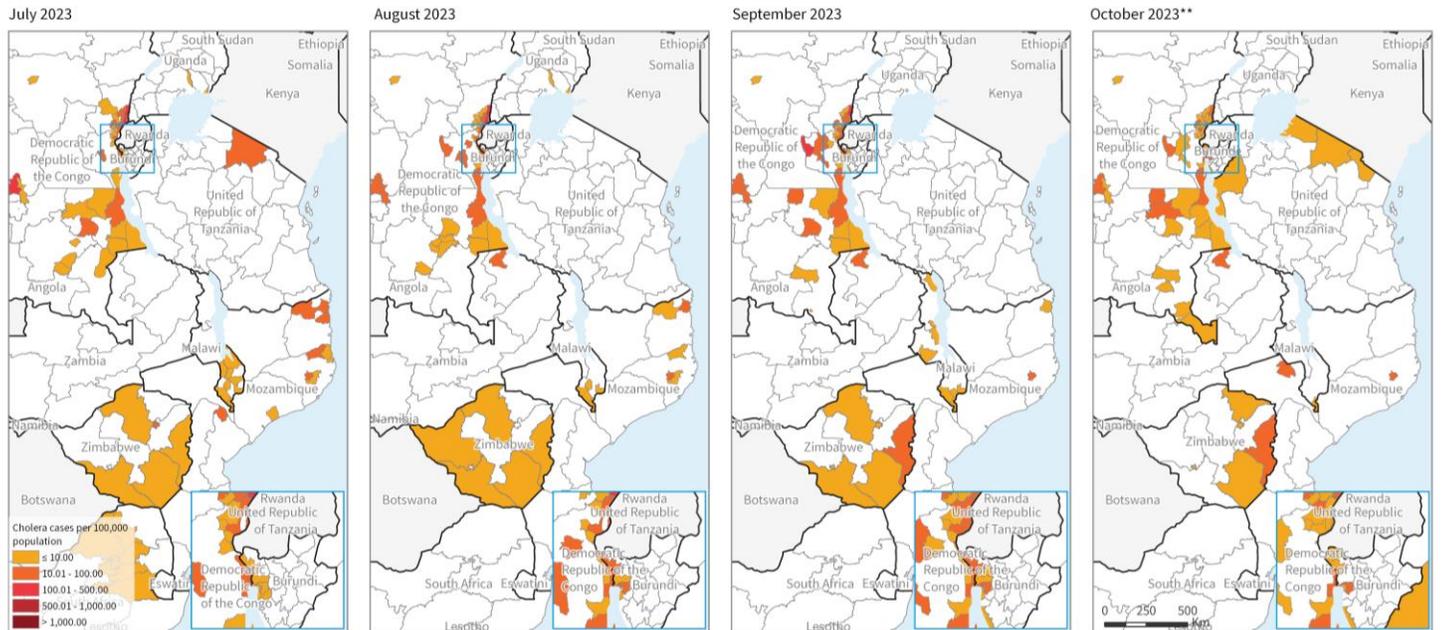
⁶ Integrated Disease Surveillance Program: National Centre for Disease Control, Directorate General of Health Services:
<https://idsp.nic.in/index4.php?lang=1&level=0&linkid=406&lid=3689>

Focus on selected countries

Central and south-east Africa

In the south-east Africa region, while the epidemiological picture in Malawi and Mozambique remains relatively calm, concerning situations have been reported in several other countries. Zimbabwe continues to report alarming spikes of cases since mid-September, especially in the south-eastern provinces of Masvingo and Manicaland. A new outbreak of cholera was notified in the United Republic of Tanzania on 3 October 2023, affecting four separate regions in the country.

Figure-1: Central and South-East Africa attack rate per 100 000 (suspected and confirmed cholera cases per month) between July to October 2023, as of 15 October 2023*



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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: 20 October 2023

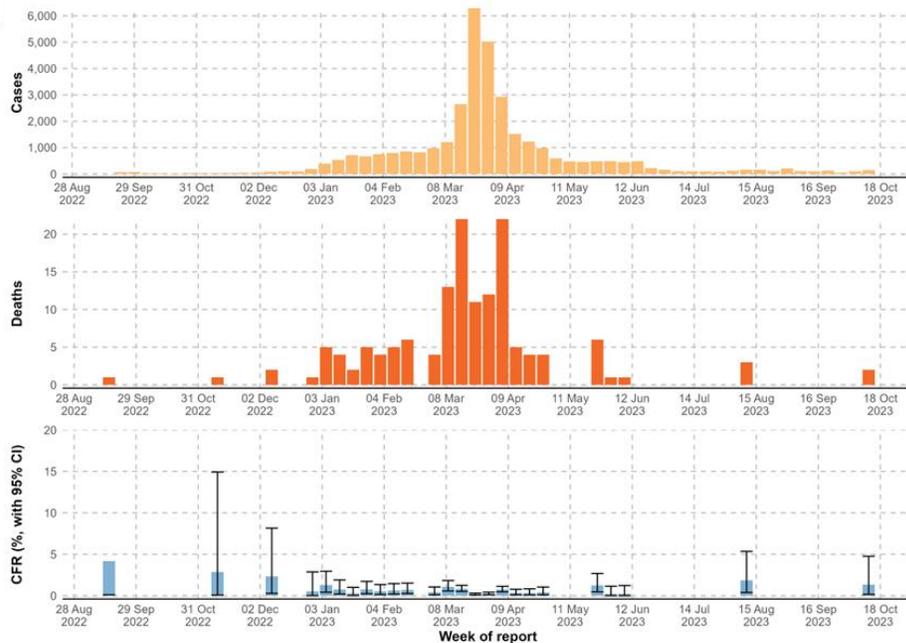
* The reporting period differ by country:
Burundi: 15/10/2023 - Democratic Republic of the Congo: 9/10/2023
Eswatini: 8/6/2023 - Malawi: 13/10/2023 - Mozambique: 15/10/2023
South Africa: 9/7/2023 - Uganda: 24/8/2023 - United Republic of Tanzania: 17/10/2023 - Zambia: 8/10/2023 - Zimbabwe: 15/10/2023
Data of Zimbabwe and Tanzania are displayed at Province/Region level.
** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

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Mozambique

In Mozambique, since September 2022 as of 15 October 2023, 34 943 cases and 146 deaths have been reported with CFR 0.4% from all 11 provinces. Over the last four weeks, an average of about 100 new cases have been reported each week in the country. As of 15 October 2023, active outbreaks of cholera are being reported in seven districts in three provinces (Cabo Delgado, Nampula, and Tete provinces).

Figure-2. Mozambique: cholera attack rates in the last 28 days (left), number of cases, deaths, and CFR (right), as of 15 October 2023



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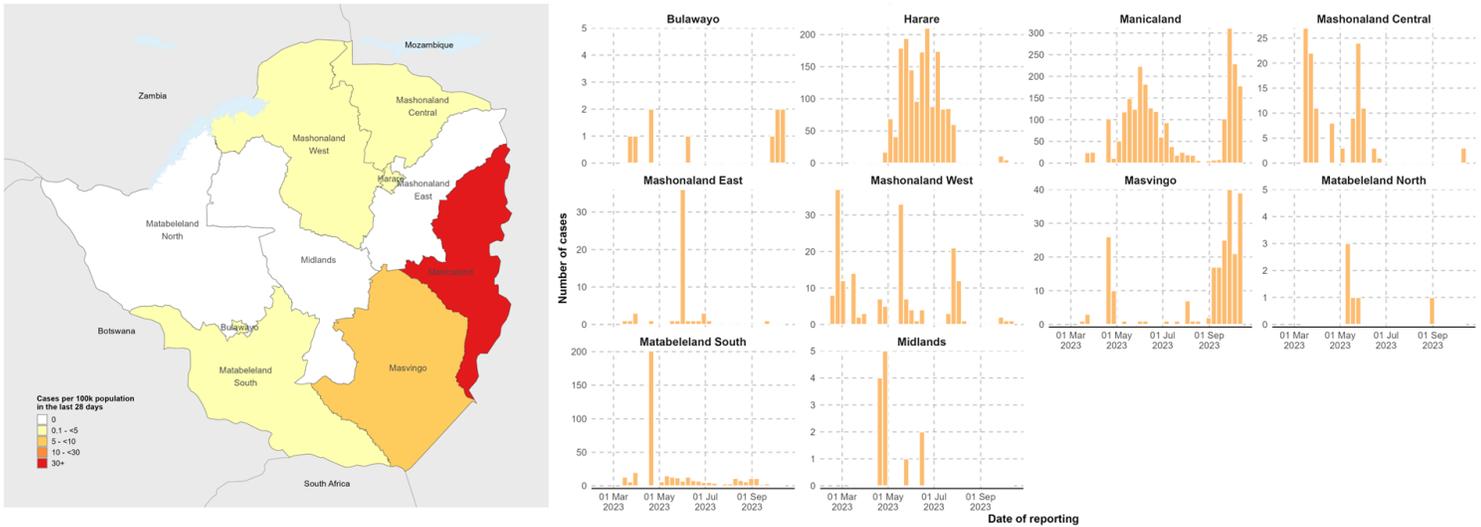
Data Source: World Health Organization, Ministry of Health of Mozambique
 Map Production: Mozambique/WHO Country Office
 Map Date: 15 October 2023

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Zimbabwe

Since February 2023 as of the 15 October 2023, there have been 4974 total cases reported, of which 963 were culture confirmed, and 147 deaths with a high CFR of 3%. Since the middle of September, an upsurge in the number of cases has been observed especially in Manicaland and Masvingo provinces, bordering Mozambique. Over the recent four-week period from 16 September to 15 October 2023, 999 new cases and 37 new deaths with CFR of 3.7% were reported.

Figure-3. Zimbabwe: cholera attack rates in the last 28 days (left), and number of cases by province(right), as of 15 October 2023



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Data Source: World Health Organization, Ministry of Health and Child Care Zimbabwe
 Map Production: World Health Organization
 Map Date: 15 October 2023

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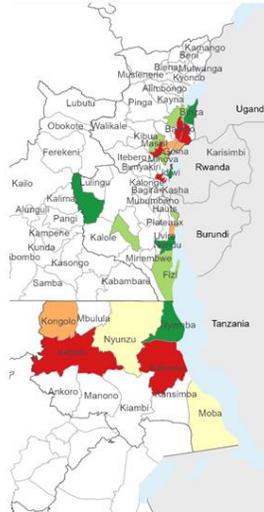
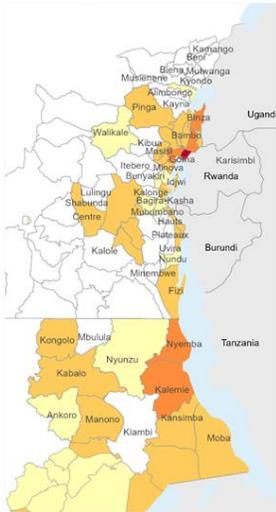
Democratic Republic of the Congo

Since January 2023 as of 15 October 2023, 40 728 cases and 309 deaths were reported, with CFR 0.8%. Over the recent four-week period from 16 September to 15 October 2023, 3277 cases and 35 deaths with a CFR of 1% were reported. During this time period, the highest concentration of new cases was reported in the Eastern provinces of the country, namely in North Kivu (1337 cases, 41% of the total cases), South Kivu (1306 cases, 40%), and Tanganyika (520 cases, 16%).

Figure-4. Cholera situation in DRC. Cumulative cholera cases reported in 2023 and weekly percentage change in North Kivu, South Kivu, and Tanganyika (left). National cholera cases in DRC, by province (right), as of 15 October 2023

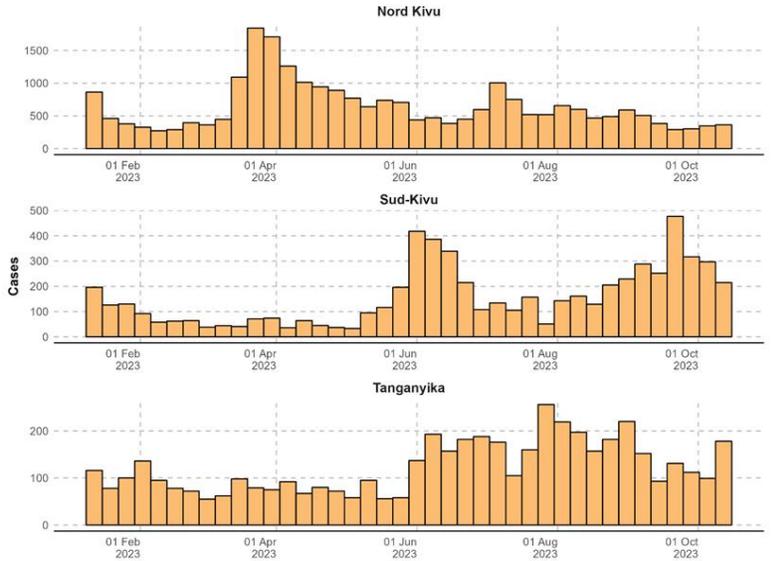
DRC: Cumulative cases of cholera
reported between 02 January, 2023 and 15 October 2023

DRC: Changes in cases in the last 7 days
Comparing cases reported between 09 October and 15 October 2023 vs. 02 October and 08 October 2023



Cumulative cases
 1 - <100
 100 - <1000
 1000 - <3000
 3000 - <5000
 5000+
 No cases

Percent change
 No cases
 Increasing by 50+%
 Increasing by 10-50%
 Limited change (10-10%)
 Decreasing by 10-50%
 Decreasing by 50+%



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Data Source: World Health Organization, Ministry of Health Democratic Republic of the Congo
 Map Production: World Health Organization
 Map Date: 15 October 2023



Greater Horn of Africa

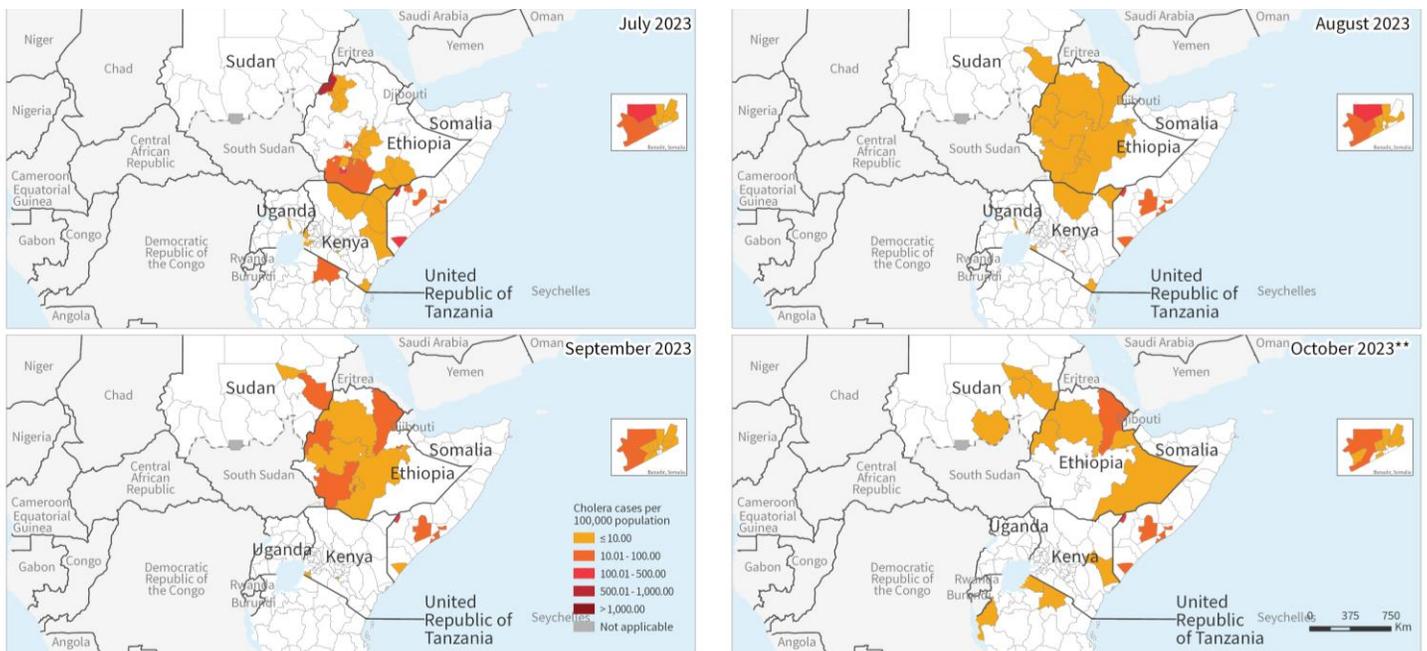
In Kenya since October 2022 and as of 12 October 2023, 12 120 cases and 202 deaths with CFR of 1.7% have been reported. The number of new cases has been plateauing since the beginning of July 2023. The current outbreak has affected 27 out of 47 counties in the country. Currently, Garissa County remains active including cases reported within the Dadaab refugee camp complex.

In Ethiopia, since August 2022 and as of 15 October 2023, a total of 25 116 cases and 341 deaths with CFR 1.4% have been reported. Over the recent four-week period from 16 September to 15 October 2023, the last four weeks, around 800 new cases were reported each week. Active outbreaks continue to be reported from nine regions: Afar, Amhara, Benishangul Gumz, Dire Dewa, Harari, Oromia, Sidama, Southern Nations, Nationalities and Peoples (SNNP), and Somali.

In Somalia, since the beginning of the year and as of 15 October 2023, a total of 14 191 cases and 38 deaths with CFR of 0.3% have been reported. Over the recent four-week period from 16 September to 15 October 2023, 948 new cases and five new deaths were reported. While the epidemiological trends have been stabilizing, an average of about 230 new cases are reported each week. Jubaland and Southwest regions near the borders with Kenya and Ethiopia remain the most affected areas of the current outbreak.

In Sudan, amid the ongoing conflict, widespread malnutrition and an overstretched health system with shortages of medical supplies and health workers, an outbreak of cholera was declared in Gedaref state on 26 September 2023. Furthermore, outbreaks of cholera were declared in Khartoum and South Kordofan states and suspected cases have also been reported from Gezira state. As of 15 October 2023, a total of 1337 cases and 65 associated deaths have been reported with CFR of 4.9%.

Figure -5: The Greater Horn of Africa region cholera attack rate per 100 000 population between July to October 2023, as of 15 October 2023



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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: 20 October 2023
 ** Data for the latest month may be incomplete and are subject to any retrospective adjustments.

* The reporting period differ by country:
 Ethiopia: 15/10/2023
 Kenya: 12/10/2023
 Somalia: 15/10/2023, Sudan: 15/10/2023
 United Republic of Tanzania: 17/10/2023
 Uganda: 24/08/2023
 Data for Kenya, Tanzania Sudan, and Ethiopia (August onwards) are displayed at the County/Region/State level.



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

- On 19 October 2023, WHO updated Member States regarding the current global cholera situation, the critical challenges at global, regional and national levels, and the key investments required to control cholera.
- WHO continues to coordinate with key partners at global and regional levels to strengthen responses at national levels, this includes coordination with UNICEF, MSF, ECHO, IOM, among others.
- In response to acute needs in countries, WHO has been deploying WHO experts to countries and regions experiencing concerning outbreaks and requiring additional support. In addition, with 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 15 October 2023, 13 experts have been deployed to Malawi, Mozambique, Kenya, Lebanon and Haiti through GOARN to support the cholera response, for the functions of health operations, case management, social anthropology and epidemiology/surveillance.
- As of 15 October 2023, 14 experts have been deployed (for a duration of 3 to 6 months each) to six countries (Malawi, Mozambique, Cameroon, Haiti, Türkiye and Ethiopia) through the Standby Partners to support the cholera response for the functions of Information Management, Partner/Cluster Coordination, Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), Infection Prevention and Control (IPC)/ Water, Sanitation and Hygiene (WASH) and RCCE. Additional expert for Surveillance is in process to be deployed to support the cholera outbreak response in Ethiopia in the coming weeks for three months.
- 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

- Disseminating and promoting Global Task Force on Cholera Control (GTFCC) revised guidance on public health surveillance for cholera [\[EN\]](#) [\[FR\]](#).
- Disseminating and promoting GTFCC technical recommendations on [standard data and metadata sets](#) for cholera reporting to the regional and global level. The [template](#) is available for cholera reporting at the regional and global levels.
- Providing technical support to countries/regions as well as assistance in data management and analysis on a case-by-case basis.
- Fostering coordination with countries, regions and partners for strengthening cholera surveillance.
- Disseminating and promoting GTFCC revised guidance for the identification of [Priority Areas for Multisectoral Interventions for cholera control](#) to maximize the use of surveillance data for cholera-affected countries to develop or revise a National Cholera Plan (NCP) for cholera control.
- Disseminating and promoting new GTFCC guidance for the identification of [Priority Areas for Multisectoral Interventions for cholera elimination](#). This is for countries with limited to no cholera outbreaks to assess vulnerability factors to cholera (re)emergence to develop or revise a National Cholera Plan (NCP) for cholera control.
- Developing updated GTFCC guidance on public health surveillance for cholera, including additional guidance and practical tools for data collection, reporting, and analysis.

Laboratory

- Disseminating and promoting GTFCC recommendations for testing for cholera [\[EN\]](#) [\[FR\]](#).
- Disseminating and promoting GTFCC laboratory [resources](#) (Job Aids, Fact Sheet, other guidance).
- Fostering coordination with countries, regions, and partners for strengthening cholera laboratories.
- Providing technical support as well as assistance in the development of country laboratory strengthening plans on a case-by-case basis.
- Developed a GTFCC toolkit and guidance for detailed cholera laboratory capacity assessments to highlight gaps and needs to target for support. Ongoing assessment of laboratory capacities in DRC (week of 23 October).
- Working with the operations support and logistics team 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.
- Working with the Gavi Alliance to support procurement of RDT to support cholera surveillance (including outbreak monitoring) for Gavi-eligible countries.
- Developing GTFCC tools and materials for cholera diagnostics training of trainers for laboratory personnel.

Vaccination

- Since the start of 2023 and as of 24 October 2023, a total of 64 million doses of OCV have been requested, of which 31 million (48%) have been approved for 12 countries. As of 24 October 2023, the available (not yet allocated) global OCV stockpile is 2.9 million doses.
- Since the beginning of the year, 22 reactive vaccination campaigns were implemented in 11 countries facing cholera outbreaks (Cameroon (2), the Dominican Republic, DRC, Ethiopia (4), Haiti, Kenya (3), Malawi, Mozambique (4), Somalia (2), Northwest Syria (2), Zambia).
- In the current outbreak context, only one-dose courses have been validated and implemented in these reactive campaigns. In addition, doses for preventive campaigns cannot be supplied due to the low global stockpile.
- The 10th annual meeting of the OCV Working group (WG) took place in Seoul, South Korea in October 2023, hosted by the International Vaccine Institute. The annual meeting aimed to review progress on WG priorities, and provide an opportunity for partners and countries to engage and collaborate on OCV-related issues. It was an opportunity to discuss the Manderla Triangle experience and the coordination of OCV campaigns across the three countries, and to capitalize on lessons learned, key success factors and the role of the global Incident Management Support Team (IMST).

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

- Working with countries on decentralization of treatment for patients with suspected cholera through setting up oral rehydration points (ORPs) early in the response.
- Guidelines to set up and manage ORPs are being finalized to integrate comments from the GTFCC Case Management Working Group meeting held end of September 2023. WASH and IPC aspects have been considered.

Operations Support and Logistics (OSL)

- WHO has placed a new order to supplies to increase cholera kit stocks in Dubai hub for a 3-month buffer stock.
- In addition to kits, WHO continues to stock bulk items for 50 000 patients, however there are challenges with the sourcing of Ringer Lactate and other laboratory related items.
- Ongoing shipment of several orders of cholera kits, including laboratory material and bulk items, to various countries from the different supply platforms
- Organising ad-hoc donation of short shelf-life items expiring next year, to partners.

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- Zimbabwe: Incorporation of PRSEAH messages into approved cholera Information, Education and Communication (IEC) material. Produced 11 500 copies of posters in three languages (English, Shona, and Ndebele) and 1100 T-shirts with same messages produced and to be distributed to communities
- Ethiopia: About 7000 community members reached with key PSEA messages delivered during cholera campaigns using audio-mounted vehicles, volunteer youth groups, Health Extension Workers (HEWs) and experts from different sectors during cholera responses.
- Sudan: Orientation and training of WHE team including surveillance and case management team members on PRSEAH. This activity will be implemented in Red Sea state during the first two weeks of November, and it will be followed by additional two rounds of training in three states.

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 in consistency of reporting and insufficient disaggregation of data for vulnerable groups, especially for children under 5 years of age.
- Constrained availability of critical cholera supplies, including case management materials and kits.
- Insufficient OCV stock to respond to all concurrent cholera outbreaks, with OCV shortage leading to suspension of preventive campaigns and change from [a two dose to a one dose strategy](#).
- Exhausted national cholera response capacities and overall overstretched emergency response capacity due to numerous parallel large-scale and high-risk outbreaks and other public health emergencies and/or emergencies with effects on public health.
- Limited experienced cholera response staff available for deployments to support national emergency response.
- Inadequate financial resources to respond in a timely and effective manner across all levels.
- A lack of resources (financial and material) for prevention, readiness and preparedness activities.

Next Steps

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

- Updated cholera scenario planning/prioritization for a potential severe El Niño event (global, regional and national level)
- WHO will continue to advocate for investment in cholera response, highlighting that long-term investment is critical for a sustainable solution, and in the interim investment is needed for rapid emergency response to the current surge in cases.
- WHO and UNICEF will continue to work together and with other partners to streamline the critical cholera material pipeline to maximize the availability based on 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 scarce 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.

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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](#)
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- [Global Task Force on Cholera Control \(GTFCC\)](#)
- [Public health surveillance for cholera- Interim guidance, February 2023 \[EN\] \[FR\]](#)
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- [Cholera outbreak in Hispaniola 2022 - Situation Report](#)
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