

Cholera: mechanism for control and prevention

The Executive Board,

Having considered the report on cholera: mechanism for control and prevention,

RECOMMENDS to the Sixty-fourth World Health Assembly the adoption of the following resolution:

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 million – 5 million cases and 100 000 – 130 000 deaths per year;¹

Reiterating that the spread of cholera is a consequence of poverty, 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, and inadequate health care;

Acknowledging that effective public health interventions such as proper and timely case management, improved environmental management, improved hygiene, 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 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 Sphere standards in emergencies;

¹ WER, no.13, 2010, 85, 117 – 128.

Noting that, in emergency health crises, and in emergencies where the situation threatens sanitary conditions, WHO's work as the humanitarian health cluster lead is intertwined with the 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 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,

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 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 systems 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 make proper planning and considerations to administer vaccination, where appropriate, in conjunction with other recommended prevention and control methods and not as a substitute for such methods;

¹ And regional economic integration organizations.

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;
- (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;
- (4) to provide technical support to countries for building their capacity for 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;
- (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 the feasibility and assessment of the appropriate and cost-effective use of oral cholera vaccines in low income countries and the definition of target groups;
- (9) to liaise with relevant international funding agencies for 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 efforts made in cholera prevention and control.

Ninth meeting, 21 January 2011
EB128/SR/9

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