

## Current major event

### New WHA Resolution for Cholera Prevention and Control

Recognizing the reemergence of cholera as a significant global public health threat, the Seventy-first World Health Assembly adapted WHA 71.4 (2018) resolution on cholera prevention and control calling Member states and the Director General to strategically prioritize cholera prevention and urging cholera endemic countries to implement the global roadmap that aims to reduce deaths from cholera by 90% by 2030.

### Editorial note

Cholera remains a persistent public health problem in many countries Eastern Mediterranean Region (EMR) of World Health Organization (WHO) and incidence has been raising in recent. The occurrence and severity of cholera outbreaks in the region are greatly enhanced by the consequences of continuing political instability and civil conflict affecting many countries in the EMR.

In the past five years, the number of countries in region that have experienced large-scale and recurring cholera epidemics have increased. These countries include Afghanistan, Iraq, Somalia, Sudan and Yemen. These outbreaks have caused significant morbidity and mortality among vulnerable populations in both emergency and endemic settings. The recent estimate of regional burden of cholera indicates that a total of 1,191,226 suspected cases of cholera including 3,086 associated deaths were reported between 2017 and 2018. Yemen has been the most affected with 1,109,884 cases including 2,305 deaths followed by Somalia with 5,239 cases.

In May 2018, the World Health Assembly (WHA) recognized the reemergence of cholera as a significant global public health problem and adopted resolution 71<sup>st</sup> WHA on cholera prevention and control. The resolution calls upon Member states and the Director General of the WHO to strategically prioritize cholera prevention and control. It urges cholera endemic countries to implement the global roadmap that aims to reduce deaths from cholera by 90% by 2030. Silent points of the resolution have been summarized (*see table*)

The 71<sup>st</sup> WHA resolution acknowledges that prevention and control of cholera

### Salient points of the 71<sup>st</sup> WHA resolution for Cholera prevention and control

- Revitalization of the Global Task Force on Cholera Control to support Member States, and to further reinforce advocacy, strategic leadership and coordination with partners at all levels
- Cholera control is both a matter of emergency response in the case of outbreaks, and a matter of development when the disease is endemic in high-risk contexts, such as in camps for refugees and internally displaced people
- All States Parties must strengthen capacity for preparedness in compliance with IHR(2005), early detection and treatment, laboratory confirmation, case management and immediate and effective response to outbreaks in order to reduce the public health, social and economic impact
- Strengthened community involvement, social mobilization in cholera prevention, early detection, household water treatment and storage, and other related water, sanitation and hygiene response activities;
- Enhance research capacities through international cooperation for better prevention and control, including research for improved vaccines and better rapid diagnostics and treatment; and monitoring AMR
- Establish national targets, when applicable, and make financial and political commitments to cholera control with national Sustainable Development Goal implementation plans
- Management of the oral cholera vaccine stockpile to enable a sufficient global supply, including the support to and monitoring and evaluation of oral cholera vaccine use, and where appropriate vaccine campaigns, in cooperation with relevant organizations and partners, including UNICEF and the GAVI

requires a well coordinated and multisectoral approach that includes access to appropriate health care, early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviors, with adjunct use of oral cholera vaccines, strengthened surveillance and information sharing, strengthened laboratory capacity and community involvement, including action on the social determinants of health.

The 71<sup>st</sup> WHA resolution reinforces the “Ending Cholera: A Global Roadmap” to 2030 that was launched in 2017 by the Global Task Force on Cholera Control (GTFCC) and underscores the need for a coordinated approach to combat the disease with country-level planning for early detection and response to outbreaks, and long-term preventive water, sanitation and hygiene (WaSH) interventions. This roadmap sets a new strategy to reduce mortality from cholera by 90% by 2030 in line with the SDGs and eliminate the disease in up to 20 countries, through enhancing the response to outbreaks and strengthening prevention and preparedness through a multi-sectoral approach.

This new resolution is expected to bring a new momentum to scale up of the long-term cholera prevention and control strategy, through a multi-sectoral approach including improved coordination, surveillance, laboratory diagnostic, case management, water, sanitation and hygiene and oral cholera vaccines. The WHO/EMRO will work with the cholera affected countries in the region for the implementation of the 71<sup>st</sup> WHA resolutions on cholera prevention and control.

### Update on outbreaks in the Eastern Mediterranean Region

**MERS** in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **dengue** in Sudan.

### Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

#### Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 34%]

Egypt (A/H9N2) [4 (0)]

#### Ebola virus disease (EVD): 2018

Democratic Republic of Congo (DRC) [55 (28), 50.9%]

#### Rift Valley fever : 2018

Kenya [54 (11), 20.4%]

#### Cholera: 2017-2018

Somalia [5 239 (39), 0.7%]

Yemen [1 109 884 (2 305), 0.2%]

Tanzania [2 538 (52), 2%]

#### Diphtheria: 2018

Yemen [1 838 (97), 5.3%]

Bangladesh [7 823 (43), 0.5%]

#### MERS: 2012-2018

Saudi Arabia [1 849 (716), 38.7%]

#### Yellow Fever: 2017-2018

Brazil [1 261 (409), 32.4%]