

THE CHALLENGE

Cholera still affects more than 40 countries worldwide resulting in an estimated **2.9 million** cases and **95,000 deaths** per year. Cholera continues to disproportionately affect the poorest and most vulnerable communities in high risk affected countries. Cholera spread, incidence and severity is exacerbated by rapid and often unplanned urbanisation and population growth; climate change; food insecurity; extreme weather events or trends and complex settings especially where conflict and unrest holds sway and health and WASH services are weak.

Every case and death from **cholera is preventable** with the tools we have today: effective cholera prevention and control interventions are well established. However, current efforts focus more on emergency response that has little impact on long-term control or eradication over time.

The Health and WASH sector now recognises that an integrated approach using Oral Cholera Vaccine (OCV) where appropriate combined with improved surveillance, preparedness for response and significant investment in long term sustainable WASH coverage in target high risk communities is the way forward. This is the approach that IFRC is committed to.

- There are an estimated 2.9 million cholera cases and 95,000 deaths per year globally
- 2 billion people without access to safe water are potentially at risk for cholera
- 89 million people live in cholera "high risk" areas in Africa alone
- Providing access to basic WASH requires \$40-80 per person in initial investment costs

THE RESPONSE

A ROADMAP TO END CHOLERA

The roadmap to end cholera is based on a vision to prevent predictable outbreaks worldwide by 2030, which would directly contribute to reaching SDGs 3 and 6 and indirectly support other goals related to poverty, disease and malnutrition. Achieving this will require scaling up a comprehensive, multi-sectoral approach that aligns the Global Task Force for Cholera Control (GTFCC) and other partners and stakeholders including IFRC behind a shared plan with key milestones, objectives and outcomes including the resources to realize deliverables.

For more information, please contact:
The IFRC WASH Unit at WASH.geneva@ifrc.org

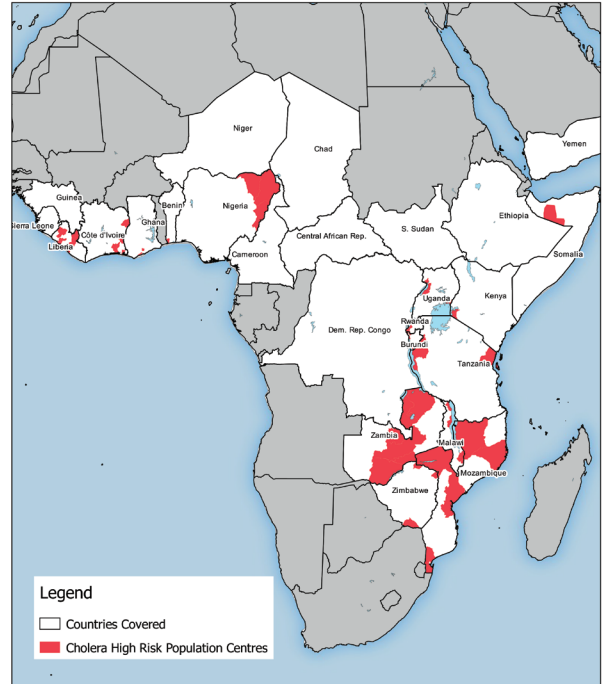
27 CHOLERA HIGH RISK COUNTRIES TARGETED*

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر



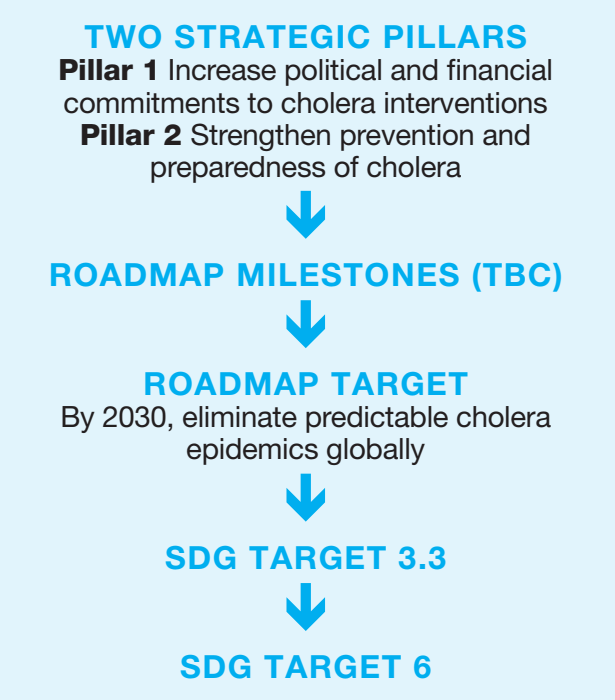
One WASH Cholera project

20 September 2017



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: IFRC, GADM, Natural Earth

* Haiti and Bangladesh not shown



WHO WE TARGET: Phase 1 scoping

ONE WASH INITIATIVE TRACK TABLE			
Target country	Implementing National Societies Partnering with IFRC	Target population	Indicative Budget
Bangladesh	Bagladesh Red Crescent Society	400,000	10,000,000
Benin	Benin Red Cross	350,000	9,200,000
Burundi	Burundi Red Cross	180,000	5,300,000
Cameroon	Cameroon Red Cross	TBC	TBC
Chad	Red Cross of Chad	TBC	TBC
Central Africa Republic	Central African Red Cross Society	TBC	TBC
Côte d'Ivoire	Red Cross Society of Côte d'Ivoire	450,000	9,400,000
Democratic Republic of Congo	Red Cross of the Democratic Republic of Congo	550,000	12,600,000
Ethiopia	Ethiopian Red Cross Society	TBC	TBC
Ghana	Ghana Red Cross Society	170,000	6,000,000
Guinea Conakri	Red Cross Society of Guinea	TBC	TBC
Haiti	Haiti Red Cross	170,000	3,000,000
Kenya	Kenya Red Cross Society	500,000	4,600,000
Liberia	Liberian Red Cross Society	50,000	4,800,000
Malawi	Malawi Red Cross Society	380,000	5,400,000
Mozambique	Mozambique Red Cross Society	TBC	TBC
Niger	Niger Red Cross society	TBC	TBC
Nigeria	Nigerian Red Cross Society	200,000	7,350,000
Rwanda	Rwandan Red Cross	200,000	4,900,000
Sierra Leone	Sierra Leone Red Cross Society	TBC	TBC
Somali	Somali Red Crescent Society	270,000	5,500,000
South Sudan	South Sudan Red Cross Society	TBC	TBC
Uganda	Uganda Red Cross Society	440,000	6,400,000
United Republic of Tanzania	Tanzania Red Cross Society	140,000	6,500,000
Yemen	Yemen Red Crescent Society	300,000	11,400,000
Zambia	Zambia Red Cross Society	500,000	3,900,000
Zimbabwe	Zimbabwe Red Cross Society	200,000	4,000,000
Total one WASH		4,900,000	120,250,000

OUR STRATEGY

- Operate in full alignment with the GTFCC and cholera roadmap
- Contributing with Governments and other partners to comprehensive Cholera preparedness, response and prevention plans
- Undertake in-depth mapping of high risk communities to identify specific needs
- Support Government counterparts and other actors to deploy Oral Cholera Vaccine (OCV) campaigns when appropriate
- Deliver sustainable long-term Water, Sanitation and Hygiene (WASH) programmes
- Integrate community based approaches that would include early detection and response through community based surveillance and Oral Hydration Points
- Advocate at all levels, globally, regionally, nationally and locally for cholera eradication

OUR CONTRIBUTION

- In Phase 1 during the next 5 years (2018-2022) reach a minimum of 5 million High Risk people with an integrated cholera eradication initiative (One WASH)
- Utilising our global position and local networks as the primary delivery platform
- Providing technical and programming support with robust monitoring and evaluation at project level
- Forge broadened partnerships with stakeholders at all levels with inclusion of target populations and as auxiliary to governments
- Continue responding to cholera outbreaks and epidemics wherever they occur