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**First session**

Agenda item  
16 March 2024

**Combating the Global  
Cholera Resurgence**

**Synopsis for Combating the Global Cholera Resurgence**

**Note by the Secretary-General**

The Secretary-General has the honour to transmit to the members of the World Health Organization the topic synopsis entitled “Combating the Global Cholera Resurgence.”  
(WHO/SYN/IIA/02.3).



# Combating the Global Cholera Resurgence

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## Section I—Introduction

The World Health Organization (WHO), was founded on April 7, 1948, and headquartered in Geneva, Switzerland. Its primary concern is to monitor and respond to any health crises occurring around the globe, in addition to researching better methods to deal with common health concerns. The WHO website outlines its 6 main areas of focus as health systems, promoting health through the life-course, non-communicable diseases, communicable diseases, corporate services, and preparedness, surveillance and response.

## Section II—Topic Background

Cholera, a severe diarrheal disease caused by the bacterium *Vibrio cholerae*, has surged globally in recent years. This disease, which is contracted through the consumption of contaminated food or water, primarily affects areas with inadequate sanitation and limited access to clean water. For the affected, it can lead to severe dehydration and, without treatment, death. However, with the right medical care, cholera is easily treatable. Treatments include the administration of oral rehydration solutions in most cases and, in more severe situations, intravenous fluids and antibiotics. Oral cholera vaccines (OCVs) are also crucial in preventing outbreaks, especially in high-risk areas.

Despite previous success in reducing both the incidence and fatality rates of cholera, the disease has made an alarming comeback. The World Health Organization reported in 2022 that there has been a 25% increase in the number of countries with cholera cases, from 35 to 44. As of April 2023, the threat has grown, placing an estimated 1 billion people at direct risk. This increase is not just in the number of outbreaks and vulnerable populations; the case fatality rate has also risen, now at nearly double the ideal target threshold of less than 1%.

Several factors, both short and long term, are driving this resurgence. In the short term, there is a global shortage of cholera vaccines, including OCVs, hindering efforts to immunize vulnerable populations. Additionally, extreme climate events like floods, droughts, and hurricanes disrupt water sources and displace populations, creating environments where cholera can thrive. These natural disasters, alongside other humanitarian crises caused by violent conflicts and political instability, disrupt healthcare services and result in gaps in the health surveillance and preventive measures needed to quickly identify and curtail the spread of a cholera outbreak.

Long-term factors also play a significant role. The challenges of rapid population growth and urbanization, particularly in developing countries, exacerbate the situation. Many fast-growing cities, especially in developing countries, lack adequate WASH (Water, Sanitation, and Hygiene) infrastructure. The COVID-19 pandemic has further strained health systems, diverting much-needed attention and resources from cholera control. Socio-economic issues, including poverty, limited education, and restricted healthcare access, also contribute to the disease's spread. The most vulnerable are those in poverty, who often lack access to clean water, sanitation, and accurate information on prevention.

With the upsurge in cholera worldwide, it is the responsibility of the World Health Organization (WHO) to not only monitor and respond swiftly and effectively to outbreaks but also work towards improving public health infrastructure in vulnerable regions. The WHO aims to reduce the incidence and impact of cholera globally by coordinating efforts to address short- and long-term contributing factors.

## **Section III—UN Involvement**

In 2014, the Global Task Force on Cholera Control (GTFCC) was revitalized. Working with academic institutions, NGOs, and other UN agencies, the GTFCC and its 50+ partners work to control cholera internationally. The GTFCC and WHO work on designing and implementing globally accessible cholera control and prevention. The UN does this by monitoring progress on implemented cholera control strategies and supporting countries that control and eliminate cholera. The UN also supports the development of innovative and effective approaches to cholera prevention and control in affected countries. In addition, the UN improves awareness of cholera as a global health issue through education and the disputation of incorrect information about cholera prevention and control at global, national, and regional levels.

In October 2017, the GTFCC and its partners launched a new initiative called the Global Roadmap. Its primary purpose is to reduce cholera deaths by 90% and/or eliminate cholera in 20 countries by 2030. Through community engagement, surveillance, and readiness, outbreaks should be detected early and responded to quickly to contain the outbreak. A targeted approach to preventing cholera recurrence calls for countries and their partners to focus on improving sanitation and cholera prevention techniques in hotspots. The GTFCC will support countries and their partners; in May 2018, a resolution supporting the Global Roadmap and promoting the control of cholera was passed.

In 2020, to boost GTFCC support, the Country Support Platform, or CSP, was launched. The International Federation of Red Cross and Red Crescent Societies hosted the CSP. It offers multi-sectoral operational support in addition to the advocacy, coordination, and policy guidance needed for nations to efficiently design, finance, implement, and oversee their NCPs in accordance with the Global Roadmap.

## **Section IV—Possible Solutions**

To effectively address the cholera crisis, delegates must assess existing public health policies and initiatives as well as their efficacy in managing cholera outbreaks. Delegates need to look at these policies both on a global and regional scale. As part of this process, delegates should tailor their solutions to be specific and actionable, considering the unique situations of different regions. Delegates should additionally consider funding sources and the logistics and feasibility of solutions.

Improving WASH facilities is crucial to the long-term prevention of cholera outbreaks. This means ensuring communities have access to safe drinking water, as well as building and maintaining proper waste management facilities to prevent contamination of the water supply. Strengthening healthcare systems is equally essential, including establishing cholera treatment centers, training or bringing in trained healthcare professionals, and ensuring the availability of necessary medical supplies, such as oral rehydration solutions and antibiotics. This also includes supporting research and facilitating access to cholera vaccines and treatment supplies in high-risk areas. However, it is not enough to focus solely on healthcare and prevention methods; delegates must also address the broader socioeconomic impacts of cholera on communities and work collaboratively to reach a consensus. This involves addressing challenges such as poverty, which often limits

access to clean water and sanitation and conducting public education campaigns to raise awareness about the importance of hygiene practices, the use of clean water, and cholera prevention and treatment. The goal should be to originate and develop broad support for a comprehensive strategy that effectively mitigates the spread of cholera, ensuring lasting change and improved public health outcomes globally.

## **Section V—Bloc Positions**

African: This region often faces cholera outbreaks, especially in impoverished areas affected by ongoing conflicts, scarce clean water, and insufficient healthcare facilities. Such conditions not only facilitate the spread of the cholera bacterium but also mean that the nearest health facilities could be hours away, resulting in delayed treatment and, consequently, increased mortality rates. Unsurprisingly, most cholera hotspots—areas in which cholera is endemic—are located in this region. Efforts in this region are concentrated on improving WASH infrastructure, increasing the availability of oral cholera vaccines and medical resources, and enhancing community awareness. In addition, there is an emphasis on establishing effective surveillance systems to detect and respond to outbreaks swiftly.

Asian-Pacific: Many countries in this bloc face seasonal and epidemic cholera. Many countries in this region are investing in infrastructure development to ensure clean water supplies and are also working on enhancing public awareness. Collaborative efforts with international health organizations are being strengthened to increase regional response capacity. Notably, there has been a recent resurgence in the Eastern Mediterranean region, particularly in Lebanon and Syria, emphasizing the need for a stronger surveillance system and preventive health measures in this region.

Eastern European: In Eastern Europe, cholera is less prevalent, but preparedness and rapid response systems are top priorities, given the possibility of sporadic outbreaks. Countries in this bloc are focusing on improving diagnostic capabilities and healthcare worker training to ensure swift identification and management of cholera cases. There is also a significant investment in public health education to raise awareness about the disease and its prevention.

Latin America and Caribbean: While some countries in this bloc have successfully controlled cholera, others still struggle. Particularly concerning is the recent resurgence of cholera in Haiti, exacerbated by limited access to healthcare and essential services as well as social and economic instability. The focus of this bloc is on improving surveillance systems and community education to prevent and manage outbreaks effectively, as well as addressing the social and economic factors that contribute to the spread of the disease. Efforts are also being made to improve access to clean water and sanitation, particularly in rural and impoverished areas.

Western European and Others: Countries in this bloc have been largely cholera-free for decades due to advanced water and sanitation systems. Their role has been more about providing aid and expertise in global cholera control efforts. These countries have contributed significantly to research, funding, and supporting global health initiatives, particularly in cholera-affected regions of Africa and Asia. A recent example of this support is the European Union's allocation of €1 million to assist in the humanitarian response to the cholera outbreak in Ethiopia.

## Section V—Questions That Should Be Taken Into Consideration

What regions are currently identified as cholera hotspots? What specific factors contribute to the high incidence of cholera in these regions?

What strategies can be implemented to make advancements in WASH facilities in cholera hotspots?

What role can NGOs play in combating cholera, especially in developing countries?

How can countries balance the need for immediate cholera outbreak response with long-term preventive measures?

How can international collaboration be optimized to manage the global cholera vaccine shortage and improve disease surveillance?

## Section VI—Helpful Sites and Resources

Report—WHO—Cholera: Global Situation

[bit.ly/IIMUN2024-WHO01](https://bit.ly/IIMUN2024-WHO01) (Shortened URL from who.int)

Map—European Centre for Disease Prevention and Control—Cholera Worldwide Overview

[bit.ly/IIMUN2024-WHO02](https://bit.ly/IIMUN2024-WHO02) (Shortened URL from europa.eu)

Resolution—Global Task Force on Cholera Control—Ending Cholera: A Global Roadmap to 2030

[bit.ly/IIMUN2024-WHO03](https://bit.ly/IIMUN2024-WHO03) (Shortened URL from gtfcc.org)

Database—Global Task Force on Cholera Control—Emergency Situational Updates: Multi-Country Outbreak of Cholera

[bit.ly/IIMUN2024-WHO04](https://bit.ly/IIMUN2024-WHO04) (Shortened URL from gtfcc.org)

Statement—Global Task Force on Cholera Control—Statement from the Steering Committee of the Global Task Force on Cholera Control (GTFCC)

[bit.ly/IIMUN2024-WHO05](https://bit.ly/IIMUN2024-WHO05) (Shortened URL from gtfcc.org)

Document—UNICEF—Cholera Toolkit 2013

[bit.ly/IIMUN2024-WHO06](https://bit.ly/IIMUN2024-WHO06) (Shortened URL from unicef.org)

Article—Centers For Disease Control and Prevention—Cholera: Global situation

[bit.ly/IIMUN2024-WHO07](https://bit.ly/IIMUN2024-WHO07) (Shortened URL from cdc.org)

Article—National Library of Medicine—Recent Surge in Cholera Outbreaks Globally During the COVID-19 Pandemic Era

[bit.ly/IIMUN2024-WHO08](https://bit.ly/IIMUN2024-WHO08) (Shortened URL from nih.gov)

Article—WHO—New Analysis Confirms World Seeing an Upsurge of Cholera

[bit.ly/IIMUN2024-WHO09](https://bit.ly/IIMUN2024-WHO09) (Shortened URL from who.int)

Potential Search Terms— *Vibrio cholera*, Cholera prevention strategies, Cholera treatment protocols, WASH (Water, Sanitation, and Hygiene) infrastructure, National cholera control plans, Cholera public health response, Global cholera surveillance