Cholera: mechanism for control and prevention

Revision of draft resolution considered by the Executive Board at its 127th session reflecting comments and proposals made by Bangladesh on behalf of Member States, and by the United States of America

The Executive Board,

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

RECOMMENDS to the World Health Assembly the adoption of the following resolution:

The Sixty-fourth World Health Assembly,

PP1 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;

PP2 Recognizing that cholera not only occurs in epidemics but is also a common cause of endemic morbidity that results in the suffering of millions of people is being neglected despite its prevalence in epidemic form in an endemic area causing suffering to millions, particularly among vulnerable populations [Bangladesh];

PP3 Reiterating that the spread of cholera is a consequence of poverty, lack of adequate supply of potable water, deficient sanitation, poor hygiene, contamination of food, unplanned human settlement, especially in urban areas, and inadequate health care;

PP4 Acknowledging that effective public health interventions such as proper and timely case management, improved environmental management and adequate appropriate use of cholera vaccines all depend on a solid system of surveillance and a coordinated programmatic and multisectoral approach that includes access to appropriate health care, community involvement, open and transparent sharing of information, and sustained policy dialogue;

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1 See document EB127/2010/REC/1, summary record of the first meeting, section 5.
2 Document EB127/4.
PP5  Affirming that progress in achieving the health-related Millennium Development Goals 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;

PP6  Recognizing that control of cholera is now entering a new phase with the development of safe, effective and affordable oral cholera [Bangladesh] vaccines, and that this approach is complementary to, and should not substitute for, traditional the existing effective prevention [Bangladesh] and control measures;

1.  URGES all Member States:

   (1)  to consider health, water and environmental issues as integral and interrelated parts of development policies and plans, and accordingly to allocate resources and undertake action, including health 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, environmental conditions and cultural practices;

   (3)  to work towards mobilizing sufficient technical and financial resources for coordinated and multisectoral measures for prevention and control of cholera, as well as other diarrhoeal diseases, in the spirit of international solidarity;

   (4)  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 are not based on technically justifiable grounds of public health [USA];

   (5)  to make proper planning and preparations, while undertaking mass vaccination campaigns with considerations to administer, where appropriate [Bangladesh] oral cholera vaccines, and administer vaccination in conjunction with other recommended prevention and control methods and not as a substitute for such methods;

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 through improved collaboration with other relevant stakeholders coordination of, and greater synergy among, the activities of WHO and other relevant stakeholders, and to strengthen the secretariat of the Global Task Force on Cholera Control in terms of human and financial resources with a view to increasing support to countries affected by or at risk of cholera [Bangladesh];
(3) to provide support to countries for building their capacity for effective control and prevention measures, including surveillance, laboratory capacity [Bangladesh], risk assessment, data collection and monitoring, and vaccine deployment;

(4) to promote interventions to change behaviour and food safety measures, including training and advocacy programmes, in order to improve sanitary and hygienic practices as critical components of cholera prevention and control;

(5) to continue to support further research on—including clinical trials of, safe, efficacious and affordable cholera vaccines, and to promote transfer of technology transfer of relevant vaccine manufacturing technologies [Bangladesh] to countries affected by or at risk of cholera in order to build capacity for local production of cholera vaccines;

(6) to liaise with the GAVI Alliance relevant international funding agencies [Bangladesh] in exploring possible support for introducing oral cholera vaccines in low-income developing countries;

(7) 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.