



Agostinho Jorge/ARC

Cholera is not only preventable - it can be eliminated with timely, targeted investments in water, sanitation, hygiene and community health.

Cholera continues to strike the world's most vulnerable people, fueled by conflict, rapid and unplanned urbanization, and weak health and sanitation systems. Climate change is making the situation worse, deepening inequalities and putting millions more at risk.

But there is hope. Every case of cholera — and every death — is preventable.

We have the tools and knowledge to stop cholera. Proven interventions for prevention and control exist. With the right investment, we can eliminate cholera — and in doing so, strengthen the well-being, livelihoods and resilience of communities.

While preparedness and timely response to cholera remain critical, we must go further. It's time to scale up medium and long-term prevention strategies in countries most at risk.

Our efforts are fully aligned with the global strategy for cholera control, Ending Cholera: A Global Roadmap to 2030, launched by the GTFCC in 2017. This ambitious roadmap to reduce cholera deaths by 90% in over 20 countries has been embraced by the global community, including the IFRC as a key partner, as the coordinated path to ending cholera as a public health threat.

Global cholera situation (January to August 2025)



**Total cases:
409 222**



**Deaths:
4738**



**Countries officially
reporting cases:
31**



**Countries in
acute crisis:
6**

Pillars of our approach: From emergency response to medium and long-term solutions



Improve preparedness, early detection and response

We support National Societies and communities through community-based surveillance for early detection, community case management, referrals, WASH, RCCE and support OCV campaigns.¹



A long-term integrated WASH approach to prevent cholera

We invest in integrated water, sanitation and hygiene (WASH) systems to sustainably reduce and prevent cholera by increasing access to safe water and sanitation, and changing behavior.



Advocacy, coordination, and resource mobilization

As host of the GTFCC's Country Support Platform (CSP), we coordinate technical assistance at country and regional levels, and support with advocacy and resource mobilisation.



Esther Nsapu / IFRC



Victor Lacken / IFRC

Our unique added value

The IFRC and Red Cross and Red Crescent National Societies are uniquely positioned to address cholera prevention and control. Our comparative advantages include local presence, speed, coordination, and scalability:

- 1 Local presence and continuity:** Our branch and volunteer network means we're embedded in affected communities before, during, and after cholera outbreaks—enabling meaningful preparedness, rapid response, and sustained follow-up that transitions response into medium-term prevention measures.
- 2 Speed saves lives:** Strategically pre-positioned capacity and trigger-activated funding (through our preparedness and readiness funding mechanisms, such as simplified Early Action Protocols) significantly reduces response time. The sooner we respond, the less impact an outbreak will have.
- 3 Scalable response:** We scale through branch-to-branch support and deploy Emergency Response Units (ERUs) for larger outbreaks—providing community case management, safe water, sanitation and hygiene promotion, infection prevention and control (IPC), and community-based surveillance (CBS) in affected communities. Short, specific online training modules will dramatically expand our trained volunteer base, and support retention of local expertise.
- 4 Unified strategy:** A comprehensive cholera contingency plan aligns all funding, programs, and training toward a coordinated approach, maximizing effectiveness across the National Society.

¹. WASH: Water, sanitation and hygiene promotion; RCCE: Risk communication and community engagement; OCV: Oral cholera vaccine

Our key actions

Surveillance

Volunteers contribute to early detection by identifying, and referring, potential cholera cases, via active case finding or existing community based surveillance systems. Our National Societies work closely with the Ministry of Health (MoH) and other partners to strengthen monitoring, active case finding, community-based surveillance and contact tracing.



Oral Cholera Vaccines (OCV)

National Societies train volunteers to support OCV campaigns led by Ministries of Health, focusing on hard-to-reach areas. Volunteers mobilize communities, administer door-to-door vaccinations, identify unvaccinated households, and manage misinformation. WASH interventions are increasingly integrated into campaigns.



Integrated cholera contingency planning by National Societies



Community to Clinical Case Management

80% of cholera cases can be treated through ORT. Trained community volunteers recognize dehydration levels, administer ORT and refer severe cases. ORT access can be scaled through strategic placement of Oral Rehydration Points in high-case areas. Where additional resources are needed, Health ERUs can deploy to support community case management, IPC as well as CTC setup.



WASH Intervention Teams and RC - CATI

Red Cross Case Area Targeted Intervention (RC-CATI) Teams respond immediately to affected communities, carrying out household and community WASH assessments and interventions to break cholera transmission (including household and common-use facility disinfection). Teams identify medium-term interventions for sustained prevention.

Cross-cutting: Integrated across all preparedness and response

National Societies and IFRC ensure effective coordination with health authorities, partners, and communities for unified cholera response. Gender-sensitive Risk Communication and Community Engagement (RCCE) builds trust, dispels rumors, and ensures equitable access to life-saving services and information.

Investing in a cholera-free world

To eliminate cholera and stop recurring outbreaks, from 2025 to 2030 the IFRC is scaling up efforts in 20 priority countries through a combined strategy of preparedness, rapid response and long-term prevention.

The IFRC will focus on consolidating existing capacity and identifying key gaps in: Angola, Bangladesh, Burundi, Cameroon, Comoros, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Nepal, Nigeria, Somalia, South Sudan, Sudan, Tanzania, Yemen, Zambia, Zimbabwe.

Our goal:
Cholera-free communities

By 2030, our integrated approach aims to reach at least 5.5 million people living in high-risk cholera hotspots. Through community-driven preparedness solutions, we are directly contributing to the GTFCC's target of reducing cholera deaths by 90% and eliminating the disease in 20 countries by 2030.

Join us in ending cholera

By investing in our integrated cholera initiative, you can help expand access in under-served areas, strengthen cholera preparedness and response, and end the burden of this preventable disease for good.

Support us to...

- Train our volunteers, and we will ensure these skills are in the communities and remain there allowing immediate responses.
- Equip our National Society teams, and we will ensure kits are pre-positioned near high-risk areas where they have greatest impact.
- Ensure trained and skilled rapid response profiles and teams are ready to support National Societies to respond quickly to cholera outbreaks
- Implement medium and long-term WASH solutions in key cholera afflicted areas, and we will ensure their sustainability, contributing to long-term prevention.



Angola Red Cross

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