



Overview of the investment case in support of

# ENDING CHOLERA

## A GLOBAL ROADMAP TO 2030

*Ending Cholera—A Global Roadmap to 2030* was the first step in operationalizing the new global strategy for cholera control. It sets out a path toward a world in which cholera is no longer a threat to public health, targeting a 90% reduction in cholera deaths and elimination of cholera in 20 countries by 2030. A key next step has been the creation of an investment case<sup>1</sup> for the *Global Roadmap*. This important collaboration among the Global Task Force on Cholera Control (GTFCC) partners and cholera-affected countries has outlined the costs and benefits of implementing the *Global Roadmap*, providing vital data for countries, donors, and implementing partners as we work together to end cholera. The investment case in support of the *Global Roadmap* has **four key findings** that will help countries, donors, and implementing partners best direct their resources.

### **1. The Global Roadmap goals are feasible: ending cholera is possible and we have the tools to do it.**

- Cholera kills 95,000 people per year and sickens 2.9 million more, and we can often predict where it will occur. The global community has assisted countries in generating geospatial maps indicating areas at highest risk – cholera “hotspots” – allowing for more targeted public health interventions. For example, **90% of cholera cases in Africa are concentrated in hotspots inhabited by less than 5% of the total population.**
- As modelled, the benefits generated by successful implementation of the *Global Roadmap* are staggering. **Over 34 million cholera cases and 1.1 million cholera deaths can be prevented over the 2018-2030 period, at a cost of just \$11 per year for each person living in a cholera hotspot.**

### **2. Going after cholera holds the power to bring immense benefits for a wide range of WASH-related diseases and development challenges.**

- Implementing the *Global Roadmap* will accelerate progress on Sustainable Development Goal 6: *Safe water, sanitation, and hygiene for all*. But it will also have a powerful effect on SDG 3, *Good health and well-being*, by reducing the burden of cholera and other water-related diseases such as dysentery, shigella, trachoma, and typhoid. Overall, it would prevent **1.7 billion cases of diarrhoea and 0.9 million diarrhoea deaths.**
- But the true benefits go even further. WASH improvements in cholera hotspots will also help achieve SDG 2, *Zero hunger*, and SDG 4, *Quality education*, by reducing transmission of diarrhoeal diseases and other infections that contribute to malnutrition, which impacts the long-term physical and cognitive development of children; SDG 5, *Gender equality*, by reducing time spent by women and girls to obtain safe water; SDG 11, *Sustainable cities and communities*,

<sup>1</sup> Investment case model and analysis led by MMGH Consulting and Guy Hutton, UNICEF, in collaboration with GTFCC partners.

by mitigating the risks of urbanization; and SDG 8, *Decent work and economic growth* by preventing cholera and water-related diseases and reducing productivity losses.

### **3. If we focus WASH resources in cholera hotspots, we can not only reduce inequality but also increase our return on investment.**

- Because cholera is a highly sensitive, highly specific indicator for extreme poverty, targeting cholera hotspots is an effective and equitable way to prioritize the delivery of WASH investment to achieve maximum impact.
- In fact, investment case data show that **the benefit-cost ratio more than doubles**, from a return of \$4.30<sup>2</sup> per dollar spent meeting Millennium Development Goal targets for combined water supply and sanitation interventions globally, to a return of **\$10 for every dollar invested in WASH in cholera hotspots**.

### **4. Cholera control is as much an economic investment as it is an investment in health and human lives.**

- Currently, cholera is estimated to cost an average of \$57 per person or \$26 billion globally each year due to costs related to emergency response, healthcare, and loss of life. These estimates do not include the indirect economic and social consequences related to cholera, which reduce national GDP by as much as 2.5%.
- The estimated investment required for achieving the Roadmap goals is on average **\$11 per person living in hotspots per year** or \$5 billion per year during 2018-30, of which WASH costs are 85%. In turn, countries will derive **\$620 billion in economic benefits by 2030** or \$1.9 trillion by 2040 when the investment in the *Global Roadmap* will have delivered its full benefits.

## **CALL TO ACTION**

Armed with the results of the investment case, the partners of the GTFCC are moving ahead with urgency to realize the goals of the *Global Roadmap*. There are four areas that require prioritized allocation of resources:

### **1. Support National Cholera Plans for control or elimination.**

National Cholera Plans (NCPs) will play a central role in *Global Roadmap* implementation. Each country will develop its plan in alignment with its health and development priorities. NCPs will set country-specific goals, identify multisectoral cholera control activities and mobilize funds from domestic sources and international donors.

### **2. Invest fully in SDG 6, prioritizing cholera hotspots.**

To forever change the global map of poverty, we need to invest in full realization of SDG 6. However, we can eliminate cholera for a tiny fraction of this cost: **the estimated WASH improvements needed for achieving the *Global Roadmap* goals are less than 3% of the SDG 6 total**. This makes prioritization of cholera hotspots a useful way of maximizing WASH resources, **with a return of \$10 for every dollar invested**.

### **3. Invest fully in Gavi, the Vaccine Alliance.**

Gavi is a critical GTFCC partner, financing and facilitating delivery of OCV, both through its OCV stockpile and pre-emptive OCV use in cholera hotspots for Gavi-eligible countries. Gavi replenishment takes place in 2020. Without a fully funded Gavi, the goals of the *Global Roadmap* become unattainable.

### **4. Support the GTFCC to leverage our investments.**

Strengthening the GTFCC mechanism is vital for meeting country demand for technical support, monitoring, and policy guidance in driving forward their country-owned strategies. **This mechanism is estimated to require an average of \$7 million annually** – less than 0.2% of the total cost of *Roadmap* implementation for 2018-30.

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<sup>2</sup> Hutton, G. Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. 1-67 (2012).