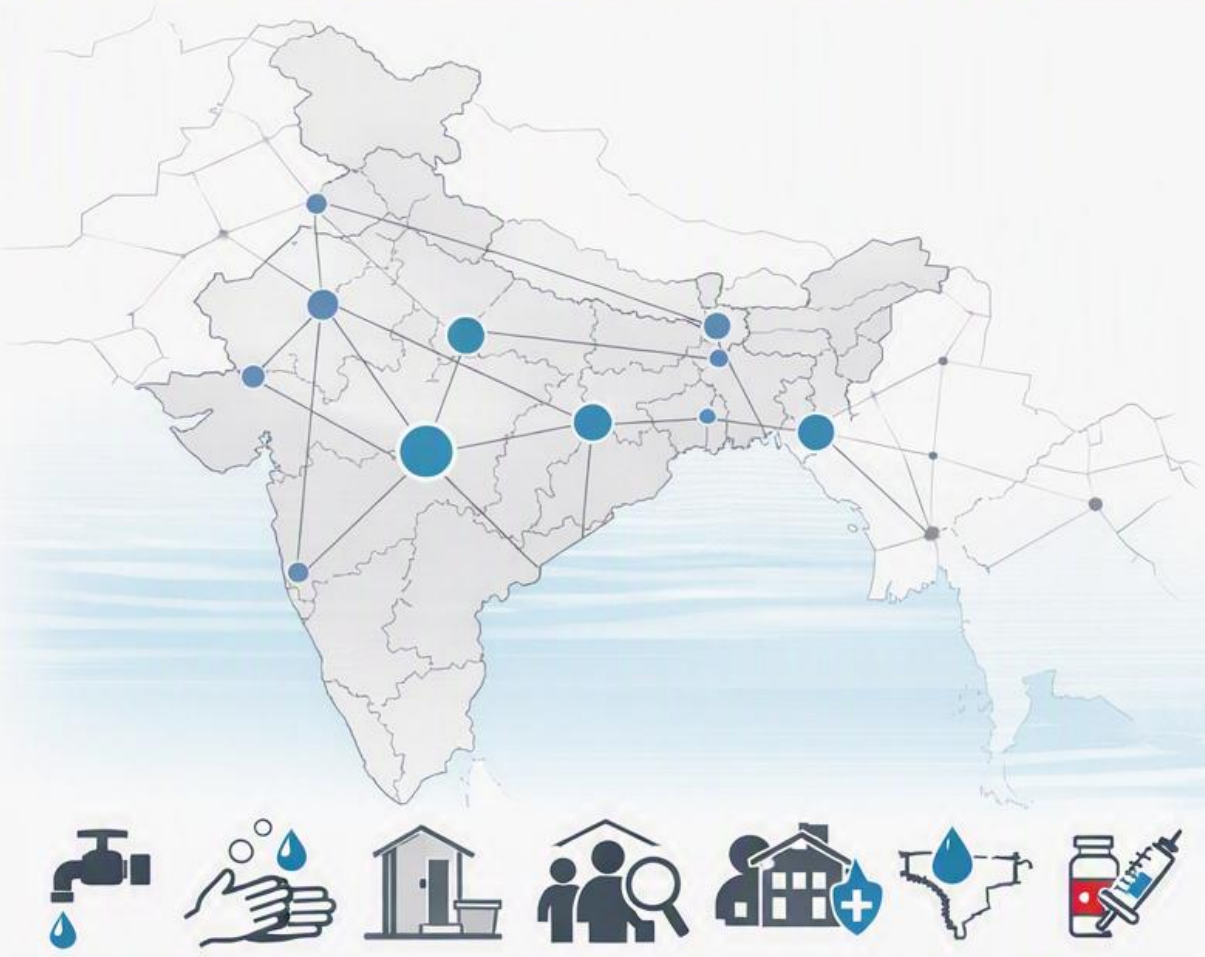
GTFCC ORIENTATION
WORKSHOP REPORT



Global Task Force for Cholera Control

18 June 2026

Indian Red Cross Society | IFRC | GTFCC

REPORT

Global Task Force for Cholera Control (GTFCC)

Orientation Workshop

18 June 2026

Indian Red Cross Society
in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC)
and the Global Task Force on Cholera Control (GTFCC)

National Headquarters and State/UT Branch Orientation | Cholera & WASH Programming | Regional Coordination

Table of Content

1. Background

The Indian Red Cross Society (IRCS), in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Global Task Force on Cholera Control (GTFCC), organised an **Orientation Workshop on the Global Task Force for Cholera Control on 18 June 2026**.

The orientation workshop brought together the Indian Red Cross Society (IRCS - National Headquarters and State/UT Branches), IFRC Country Cluster Delegation, Global Task Force on Cholera Control-Country Support Platform (GTFCC-CSP), Indian Council of Medical Research- National Institute for Research in Bacterial Infections (ICMR-NIRBI) Kolkata, Ministry of Housing and Urban Affairs, and Jal Jeevan Mission participants to discuss how India's existing public health, WASH and community systems can better align with the Global Roadmap to End Cholera by 2030.

The workshop also provided an opportunity to explore India's potential role in **regional coordination, technical exchange, research, cross-border collaboration and community-level WASH interventions** in South Asia.

2. Objectives of the Workshop

The workshop was broadly intended to:

1. Introduce the GTFCC, its global and regional coordination mechanisms, and the role of the IFRC-hosted Country Support Platform (CSP).
2. Provide overview of the cholera and acute diarrhoeal disease situation in India, including key hotspots and priority areas for action.
3. Familiarize IRCS and partners with the GTFCC's technical priorities and evidence-based approach to cholera control, including surveillance, WASH, risk communication and community engagement, clinical management, and oral cholera vaccination, and explore their application in the Indian context.
4. Identify opportunities for collaboration among IRCS, government agencies, ICMR, and other partners; explore India's potential role as a regional coordination hub; and agree on priority interventions, deliverables, timelines, responsibilities, and engagement through IRCS.

3. Participation and Institutional Representation

The workshop brought together representatives and technical experts from:

- Indian Red Cross Society (IRCS) National Headquarters;
- IRCS State/UT Branches;

- International Federation of Red Cross and Red Crescent Societies (IFRC);
- Global Task Force on Cholera Control (GTFCC) / IFRC Country Support Platform;
- Indian Council of Medical Research (ICMR), including the National Institute of Research in Bacterial Infections (NIRBI), Kolkata;
- Ministry of Housing and Urban Affairs, including the Central Public Health and Environmental Engineering Organisation (CPHEEO);
- Representatives associated with government programmes and WASH-related initiatives;
- Other technical and institutional partners.

The participation and discussion from, among others, Gujarat, Manipur, Maharashtra, Haryana and other State/UT Branches. Representatives from hotspot States including Assam, Odisha, West Bengal, Karnataka and Maharashtra were also invited to provide inputs.

4. Global Task Force on Cholera Control: Framework and Opportunities

The opening technical session provided an overview of the GTFCC and its approach to cholera control.

The central objective highlighted was **early detection and immediate response**, requiring effective surveillance systems and rapid response mechanisms. It was emphasised that cholera control cannot be approached only as a health-sector response. Safe water, sanitation and hygiene are fundamental to sustainable cholera prevention and therefore require strong multi-sectoral collaboration.

The GTFCC approach was described around five principal technical areas:

- Water, sanitation and hygiene (WASH);
- Surveillance and reporting;
- Oral cholera vaccination;
- Community engagement; and
- Clinical case management.

Leadership, coordination and partnership were identified as essential to ensuring that these technical components work together.

The discussion also highlighted that country priorities may differ. Some countries may need to focus on all five technical areas, while others may have stronger systems in some areas and therefore require targeted support in others.

The session also explained the institutional architecture supporting implementation of the global cholera roadmap.

The **GTFCC Secretariat is hosted by WHO**, while the **Country Support Platform is hosted by IFRC**, working with national authorities to translate global technical guidance into country-level action.

The Country Support Platform originally focused on three major functions:

- Supporting countries to develop or implement national cholera plans;
- Mobilising resources for cholera control; and
- Providing multisectoral technical support.

The platform subsequently expanded its scope following a 2024 mid-term review to include:

- Research and evidence-based implementation;
- Outbreak preparedness and response; and
- Cross-border and regional coordination.

The workshop emphasised the potential for India to provide **peer-to-peer technical support** to countries where expertise and institutional capacity are required. India was specifically identified as a potential source of experience in areas such as large-scale campaigns, surveillance, WASH and public health programming.

5. Cholera and Acute Diarrhoeal Disease Epidemiology in India

Technical presentation was delivered by **Dr. S.S. Das and colleagues from ICMR-NIRBI, Kolkata**.

The presentation provided an overview of the global and Indian cholera epidemiological situation. According to the presentation:

- Global cholera incidence has increased significantly in recent years.
- The presentation referred to an estimated more than 800,000 cases and nearly 6,000 deaths globally in 2024.
- India was described as being in the moderate incidence category in the Southeast Asian region.
- India was identified as having the highest number of reported cases in the Southeast Asian region in the data presented.
- Approximately 12,000 cases were reported during the first four months of 2025, exceeding the number reported during the whole of 2024 according to the data presented.
- 58 deaths were reported in India in 2024.

> *More than 800,000 cases and nearly 6,000 deaths globally in 2024 - India recorded the highest case count in the Southeast Asian region, with 58 deaths reported in 2024 and roughly 12,000 cases in just the first four months of 2025.*

These figures were presented during the workshop and should be interpreted in the context of the datasets and periods referenced by the presenters.

The ICMR also presented significant cholera and acute diarrhoeal disease burden in several parts of India. The States repeatedly identified as important areas of concern included:

- West Bengal;
- Maharashtra;
- Karnataka;
- Gujarat;
- Punjab;
- Assam; and
- parts of Bihar and Uttar Pradesh.

The presentation also identified specific urban and geographical areas, including parts of Kolkata and surrounding districts in West Bengal, Bengaluru and other locations in Karnataka, Nashik and Mumbai in Maharashtra, Ludhiana in Punjab, and Gandhinagar, Anand and Vadodara in Gujarat.

The presenter cautioned that laboratory-confirmed data do not necessarily represent the full burden because reporting and submission of samples are not systematic across all States. ICMR-NIRBI reported confirmation of **1,481 Vibrio cholerae strains during 2020-2025**.

ICMR-NIRBI reported involvement in outbreak investigations in:

- Jajpur, Odisha, during May-June 2025; and
- Indore, during December 2025-January 2026.

ICMR, together with State and national health authorities, deployed epidemiologists and laboratory scientists, collected samples and undertook laboratory confirmation.

The discussion demonstrated the importance of connecting with communities:

Community-level detection → State health authorities → National surveillance → Laboratory confirmation → Response

This provides a potential area for collaboration with IRCS, particularly through the Red Cross volunteer network and community-based surveillance mechanisms.

6. Seasonality

The workshop highlighted the strong seasonal component of cholera and acute diarrhoeal disease.

The ICMR presentation indicated that cases typically increase during the **monsoon period, particularly June to September**, with corresponding increases in mortality.

The GTFCC presentation similarly highlighted the period from approximately May to September as particularly relevant for preparedness and response planning.

This has implications for IRCS preparedness, suggesting that community awareness, surveillance, WASH preparedness and branch-level planning should ideally be undertaken **before and during the monsoon season**, rather than only after outbreaks have occurred.

7. Regional Dimension - India as a Potential Asian Coordination Hub

A central theme of the workshop was the growing opportunity for India to play a strategic leadership role in strengthening regional cholera coordination across Asia. Participants discussed the evolution of the Country Support Platform in Asia, which has supported cholera control efforts in Bangladesh and Nepal and is increasingly expanding its focus toward a broader regional approach. As the platform moves into a new phase of regional engagement, India is identified as a strong candidate to serve as a regional anchor, given its geographical position, technical expertise, public health institutions, and extensive Indian Red Cross Society (IRCS) network.

The workshop highlighted several areas where regional collaboration could add value, including the exchange of good practices, operational learning, cross-border coordination, collaborative research, joint programming, technical knowledge sharing, outbreak preparedness and response, and strengthened surveillance and information-sharing mechanisms. Participants recognized that many of the challenges associated with cholera control crosses national boundaries and therefore require coordinated regional solutions.

Emphasis was placed on the importance of cross-border collaboration framework. The India-Nepal border was cited as a key example due to its porous nature, frequent movement of people, shared water resources, strong social and family connections across communities, and the presence of cholera hotspots on both sides of the border. Participants noted that efforts to prevent and control outbreaks may be less effective when interventions are implemented in isolation, emphasizing the need for coordinated surveillance, information sharing, preparedness planning, and response activities across neighbouring countries.

The workshop also reflected on the successful experience of India-Nepal collaboration during polio eradication efforts, demonstrating how sustained cross-border coordination can contribute to disease control outcomes. Similar collaborative approaches were considered relevant for cholera prevention and response. Nepal's experience in integrating cross-border considerations into outbreak response planning, research, and technical collaboration was highlighted as a useful example.

8. Antimicrobial Resistance – Emerging Red Flag

One of the most serious issues raised during the workshop was the emergence of antimicrobial resistance.

The discussion referred to concerns around **carbapenem resistance** and its potential implications for cholera treatment and outbreak mortality.

The presenters described the emergence of such resistance as a major warning signal requiring investigation, containment and information sharing. The relevant research had reportedly been published in 2025, and participants were encouraged to review and disseminate the findings.

The workshop recognised that antimicrobial resistance reinforces the need to prioritise **prevention, WASH, early detection and rapid response**, rather than relying predominantly on treatment.

9. Oral Cholera Vaccine

The workshop discussed the role of oral cholera vaccine (OCV) as one component of a comprehensive cholera control strategy.

ICMR shared experience from vaccine implementation work conducted through State health systems. One community-based intervention had vaccinated approximately **30,000 people**, while the discussion also referred to a larger implementation study involving **60,000 doses**. The ICMR team reported that more than 95% of the cost in the referenced intervention was attributable to the vaccine itself, with relatively limited additional cost to the health system when existing systems were leveraged.

The GTFCC/IFRC representative explained that **reactive OCV** may be available during outbreaks. Requests need to come through the relevant State government and follow the prescribed epidemiological and administrative process. The vaccine and associated implementation support may be provided through the GTFCC mechanism.

The workshop stressed that vaccination should be viewed as a tool that can provide short-term protection during outbreaks while longer-term WASH systems are strengthened.

10. Proposed Collaboration between IRCS, GTFCC and government entities

The workshop identified considerable potential for collaboration between IRCS, government and GTFCC. Three major areas were proposed:

10.1 Regional Coordination Hub

IRCS, IFRC and relevant technical institutions could explore establishing an India-based regional coordination mechanism for cholera control in Asia.

10.2 Regional Expert Consultation workshop

A regional expert consultation/workshop could bring together experts and institutions from India, neighbouring countries to discuss cholera, diarrhoeal disease prevention, surveillance, WASH, research and outbreak preparedness.

10.3 Operational Learning and Cross-Border Collaboration

IRCS in close collaboration with IFRC could facilitate operational learning and knowledge exchange with neighbouring National Societies and government/technical institutions in countries such as Nepal and Bangladesh.

These three areas were explicitly identified during the workshop as potential interventions through the GTFCC initiative. ICMR expressed willingness to participate in regional workshops, trainings and collaborative activities.

11. Research-to-Policy Gap

A recurring issue during the workshop was the gap between research, policy and implementation.

Participants noted that considerable research is undertaken in India, but findings do not always reach policy makers or get translated into programmes. The workshop therefore identified the need to:

- Consolidate relevant research;
- Make research evidence more accessible;
- Identify evidence gaps;
- Link researchers with policy makers;
- Translate evidence into practical interventions; and
- Establish mechanisms for learning from implementation.

The discussion suggested that a platform or dashboard could potentially help consolidate research and evidence related to cholera, WASH and waterborne diseases. This could be an important area for IRCS-IFRC-ICMR collaboration.

12. Role of IRCS State and UT Branches

The workshop placed significant emphasis on the role of IRCS State and UT Branches in advancing cholera and diarrhoeal disease prevention efforts. It was highlighted that many Branches are already implementing activities closely aligned with cholera control priorities, including hygiene promotion, WASH interventions, community awareness, school engagement, youth and Junior Red Cross programmes, disaster response, water treatment, community mobilisation, and social media campaigns. The key challenge identified was not the introduction of entirely new initiatives, but rather the need to systematically organize, scale, document, and report these existing efforts within a common framework aligned with the GTFCC Roadmap.

A major opportunity discussed was the development of a national IRCS-led programme that mobilizes its extensive volunteer network to support cholera and diarrhoeal disease prevention. Such an initiative could combine hygiene promotion, safe water practices, household water treatment, and community awareness activities under a coordinated national campaign.

Emphasis was placed on school-based interventions through Junior Red Cross networks. Participants highlighted the potential to deliver practical and interactive WASH and hygiene education on topics such as handwashing, safe drinking water, household water treatment, safe water storage, and diarrhoeal disease prevention. Interactive demonstrations, games, and participatory learning approaches were recommended to increase engagement and behaviour change among children.

State Branch experiences demonstrated the feasibility of this approach. Manipur State Branch shared successful examples from relief and displacement settings, including handwashing promotion, water management, chlorine tablet distribution, and school hygiene activities implemented across flood-affected communities. Gujarat State Branch highlighted its extensive Junior Red Cross and school network, expressing readiness to participate in a future programme. These experiences provide a strong foundation for developing scalable, evidence-informed interventions that can be replicated across the country.

The workshop laid emphasis that IRCS already possesses relevant WASH communication materials, including materials on household water treatment and hygiene promotion. Rather than developing all materials from the beginning, it was proposed to:

- Review existing IRCS materials;

- Adapt them to the GTFCC framework;
- Translate them into additional regional languages;
- Convert selected content into digital formats;
- Produce short videos/reels; and
- Develop a common communication package for State/UT Branches.

This would allow faster implementation and preserve institutional experience.

13. Digital "Stop Diarrhoea" Campaign

A second major operational proposal was development of a **nationwide digital campaign on "Stop Diarrhoea" together with Central Bureau of Communication (CBC).** The campaign could involve:

- IRCS National Headquarters;
- State/UT Branches;
- Ministry of Health and Family Welfare;
- ICMR;
- Ministry of Housing and Urban Affairs;
- Water and sanitation-related ministries/departments;
- Other government agencies;
- IFRC/GTFCC; and
- Partner organisations.

The workshop proposed short, simple and visually engaging messages, particularly videos/reels of approximately 30 seconds, focusing on practical behaviours such as:

- Handwashing;
- Safe drinking water;
- Household water treatment and storage
- Prevention of waterborne diseases.

Regional languages were strongly recommended to improve reach and relevance. The campaign could utilise the social media channels of IRCS, State Branches, ICMR, government ministries and other partners.

14. Water, Sanitation and Wastewater Management

A presentation by **Dr. V.K. Chaurasia, Advisor, CPHEEO, Ministry of Housing and Urban Affairs**, provided an overview of government efforts related to urban wastewater management.

The presentation highlighted the scale of wastewater generation and ongoing investments under programmes including:

- Swachh Bharat Mission;
- AMRUT; and
- National Mission for Clean Ganga (NMCG).

The speaker explained that wastewater management remains a major challenge despite substantial infrastructure investment, particularly because of issues related to capacity utilisation, operation and maintenance, technical capacity and implementation.

The presentation also emphasised the importance of proper design and separation of water supply and sewerage infrastructure, including appropriate distances between pipelines, sewerage systems and groundwater sources.

The discussion with the Central Public Health and Environmental Engineering Organisation (CPHEEO) highlighted that while investments in water and sanitation infrastructure are essential, infrastructure alone is insufficient to sustainably reduce the risk of cholera and other waterborne diseases. Achieving lasting public health impact requires complementary efforts in capacity building, behaviour change, hygiene promotion, technical training, improved operation and maintenance systems, community engagement, and stronger coordination among government agencies, civil society organizations, and technical institutions.

It was emphasized that this presents a significant opportunity for collaboration, particularly given the comparative advantages of the Indian Red Cross Society (IRCS). Through its extensive volunteer network, deep community presence, and nationwide branch structure, IRCS is well positioned to bridge the gap between infrastructure investments and household-level behaviour change. The discussion emphasized that effective cholera prevention requires communities not only to have access to safe water and sanitation services, but also to understand, adopt, and sustain hygiene behaviours.

The workshop therefore identified the potential for a collaborative model that brings together the complementary strengths of key stakeholders: **government-led infrastructure development, technical expertise from sector institutions, evidence and research generated by ICMR, technical guidance from GTFCC and IFRC, and the extensive community mobilization capacity of IRCS**. Such a partnership could create a comprehensive approach that links policy, infrastructure, evidence, and community action.

It was recognized that IRCS could play a central role in translating national policies and technical guidance into practical community-level interventions through volunteer engagement, school-based programmes, public awareness campaigns, and outreach to vulnerable populations. This collaborative approach would not only strengthen cholera

prevention and preparedness efforts but also support broader public health and WASH objectives, demonstrating how coordinated action across sectors can achieve greater and more sustainable impact than any single institution working alone.

15. Revitalisation of IRCS WASH Response Capacity

The workshop also discussed the need to strengthen IRCS's own WASH response capacity. The National Headquarters indicated that the organisation is in the process of:

- Reviving its water and sanitation response mechanism;
- Replacing or rehabilitating deteriorated water purification units;
- Strengthening WASH equipment and capacity; and
- Conducting refresher training for Water and Sanitation Response Team members.

It was noted that some WASH response teams had not received refresher training for a considerable period. This provides an opportunity to align IRCS WASH preparedness with GTFCC cholera preparedness and outbreak response requirements.

16. Key Proposed Activities

Based on the workshop discussion, the following activities emerged as priority areas:

Action	Lead / support	Expected output
Confirm focal points from IRCS and IFRC country delegation	IRCS / IFRC / GTFCC-CSP	Named focal points and first meeting note
Engage WASH platforms (Jal Jeevan Mission and Swachh Bharat)	IRCS with IFRC support	Discussion on the potential entry points for IRCS
Explore surveillance informed hotspot mapping	MoHFW/IDSP/ICMR counterparts/IRCS with GTFCC-CSP technical framing	Data sharing and use of the GTFCC methodology
Develop STOP Diarrhoea communication package	IRCS communications and disaster/health teams; CSP/GTFCC support	Draft multilingual campaign package by CBC, MOHFW
Registration and preparation in IIWW	IRCS: Kisok package IFRC: 10 participants registration from IRCS, IFRC and GTFCC	Demonstrate the work of IRCS branches
Prepare regional expert consultative workshop concept note	GTFCC-CSP / IFRC with IRCS, interested government and partner inputs	Short concepts note and proposed agenda

17. Suggested Immediate Follow-Up Actions

Based on the workshop discussion, the following immediate actions are recommended:

The way forward should be framed as a time-bound collaboration pathway, not a broad strategy document. The immediate objective is to convert the orientation into a limited number of agreed actions that can be followed up with government, technical and Red Cross partners.

Immediate actions: next 0–6 months

- Nominate focal points from IRCS, IFRC Country Cluster, GTFCC/CSP and relevant government partners for a small follow-up group.
- Hold a focused discussion with Swachh Bharat Abhiyan, Jal Jeevan Mission on where IRCS and its branch networks can add practical value to existing WASH priorities.
- Request a technical discussion with Ministry of Health and Family Welfare – IDSP and ICMR counterparts on using available surveillance, laboratory and environmental information to identify priority geographies for targeted interventions.
- In Close collaboration with Central Bureau of Communication develop STOP Diarrhoea / cholera prevention communication package, including multilingual household messages, branch mobilisation and online visibility.
- Participation in the 9th India International Water Week (IIWW) to be held in New Delhi from 22-26 September 2026, and demonstrate the work of IRCS and GTFCC in WASH.

Strategic actions: 6–12 months

- Convene a regional expert consultative workshop on cholera prevention, WASH and surveillance collaboration, in close collaboration with SEARO-WHO.
- Explore cross-border cooperation modalities for early information sharing and response support during outbreaks, using existing Movement and government coordination channels.
- Document early results from branch-level action and use evidence to refine scale-up options for additional states or districts.
- Assess whether India requires a more formal cholera collaboration roadmap or can integrate cholera priorities into existing ADD, WASH and disaster preparedness mechanisms.

18. Overall Conclusions

The Global Taskforce for Cholera Control Orientation Workshop provided an important platform for IRCS to understand the GTFCC framework and assess how the organisation could contribute to national and regional cholera prevention and control.

The workshop demonstrated that India has significant technical expertise and institutional capacity, particularly through ICMR and government WASH programmes. At the same time, the discussion highlighted continuing challenges related to surveillance, under-reporting,

WASH infrastructure and utilisation, behaviour change, community-level awareness, antimicrobial resistance and cross-border coordination.

For IRCS, the most significant opportunity is to position its **community reach and volunteer network as a complementary resource to government technical and surveillance systems**.

The workshop identified three strategic directions:

- Strengthening partnerships within India – Jal Jeevan and Swachh Bhart Abhiyaan;
- Developing regional coordination and collaboration; and
- Implementing practical community and school-level interventions through IRCS State/UT Branches.

The workshop concluded with recognition that the discussions should be translated into concrete interventions, including school-level and community-level WASH activities. Participants from Andhra Pradesh and Maharashtra specifically welcomed the orientation and requested that interventions be planned for implementation during the current financial year.

Towards a cholera-free future through partnership, preparedness and community action.

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