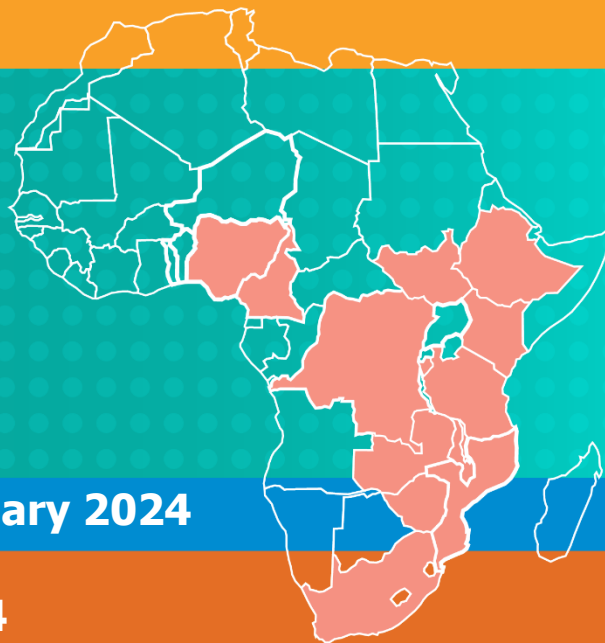


# Cholera in the WHO African Region



**Weekly Regional Cholera Bulletin: 19 February 2024**

**Data reported: as of 18 February 2024**



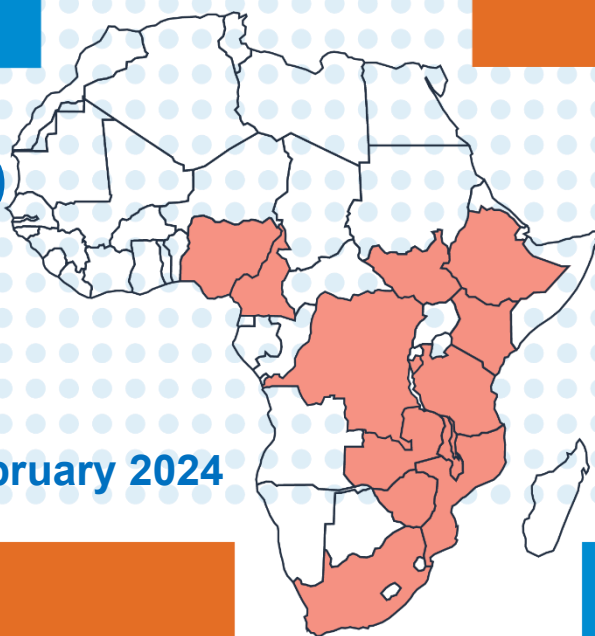
**World Health  
Organization**

African Region

# Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 19 February 2024

Data reported: as of 18 February 2024




## Situation update

Regional Cholera Update

Grade 3

Cumulative Cases  
 326 013

Cumulative Deaths  
 6 071

CFR  
1.9%

## Overview

The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. Six countries are categorized as being in acute crisis<sup>1</sup> (Democratic Republic of the Congo, Ethiopia, Mozambique, United Republic of Tanzania, Zambia, and Zimbabwe). The southern region of the continent, now in the rainy season, is seeing resurging outbreaks. The increase in rainfall levels is causing floods in communities and landslides, with a heightened risk of outbreaks in countries not reporting new confirmed cases. The seasonality of cholera outbreaks is an issue for countries to consider, and there is a need to enhance preparedness and readiness, heighten surveillance, and institute preventive and control measures in communities and around border crossings to prevent and mitigate cross-border transmission.

In Epidemiologic week 07 of 2024, ten countries- **Burundi, Cameroon, Comoros, Ethiopia, Kenya, Malawi, Mozambique, United Republic of Tanzania, Zambia, and Zimbabwe**- reported a total of 3 216 new cases. Transmission is currently active in 14 countries with no recent report of new cases from Eswatini (last case reported 18 April 2023), Republic of the Congo (last case reported 26 July 2023), and South Sudan (last case reported 16 May 2023) and Togo (last case reported 12 December 2023).

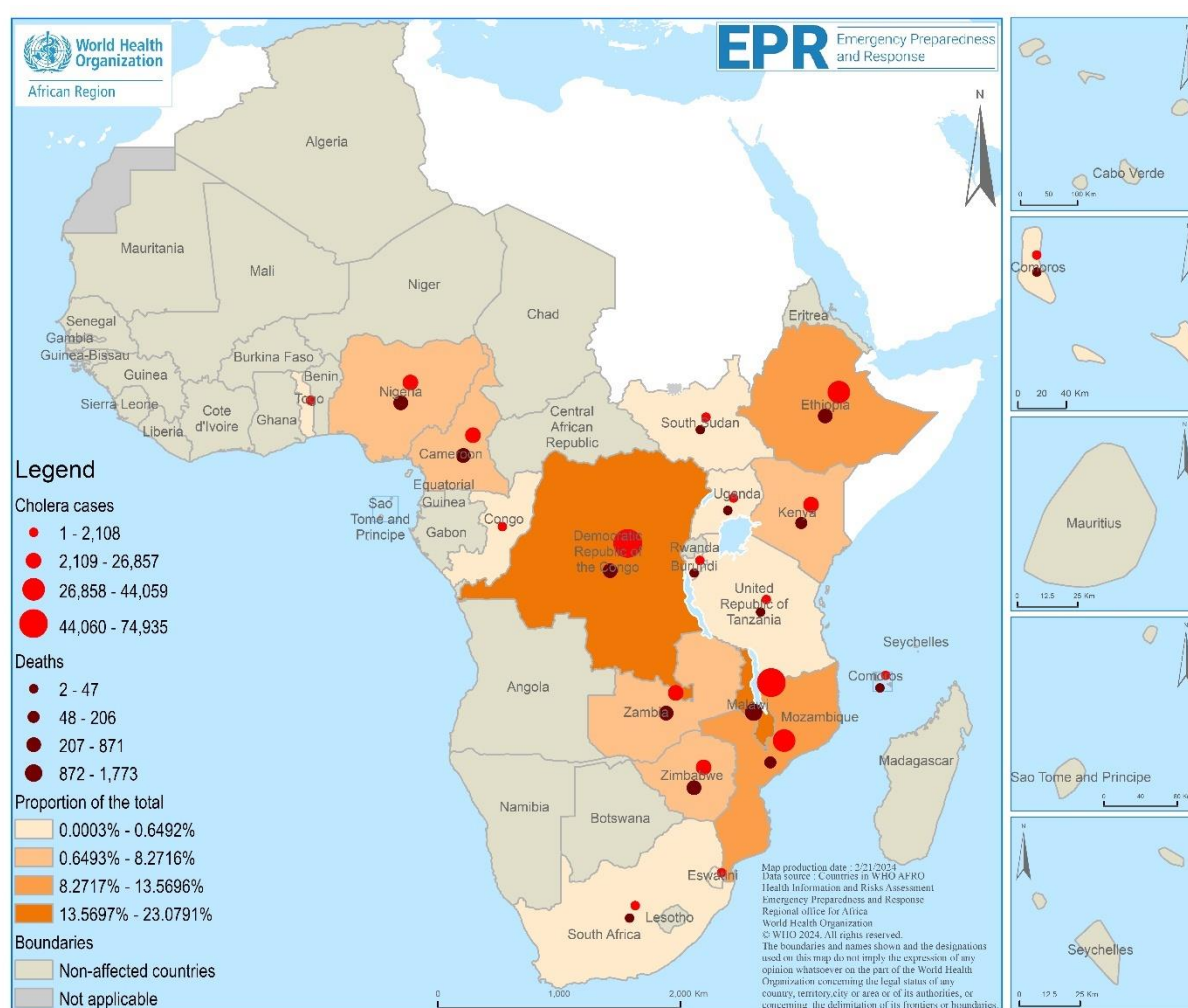
<sup>1</sup> Global strategic preparedness, readiness and response plan for cholera. April 2023 – April 2024. Geneva: World Health Organization; 2023 <https://www.who.int/publications/m/item/global-strategic-preparedness--readiness-and-response-plan-for-cholera>



Since the beginning of the year 2024, as of 18 February, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) was 40 115 and 965 deaths, respectively, with a case fatality ratio of 2.4%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 95.7% (38 397) of the total cases and 97.1% (937) of total deaths this year.

As of 18 February 2024, since 1 January 2022, a cumulative total of 326 013 cholera cases, including 6 071 deaths with a case fatality ratio (CFR) of 1.9% had been reported (Table 1). The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 74.1% (241 619) of the cumulative cases and 66.7% (4 051) of all cumulative deaths reported.

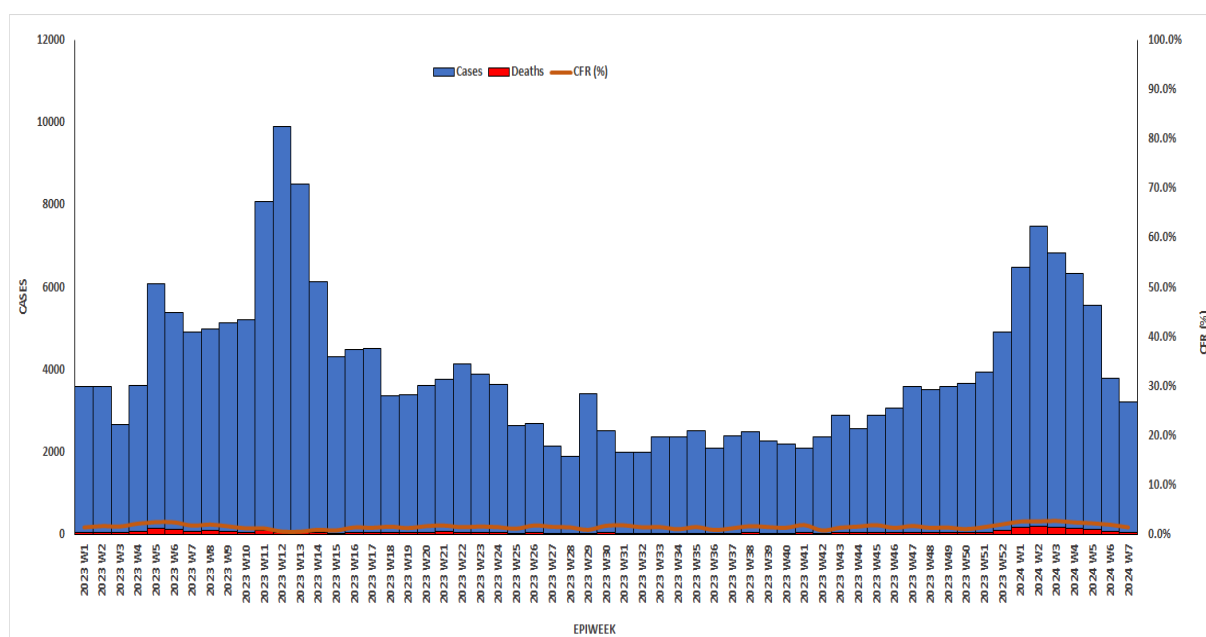
**Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 18 February 2024**



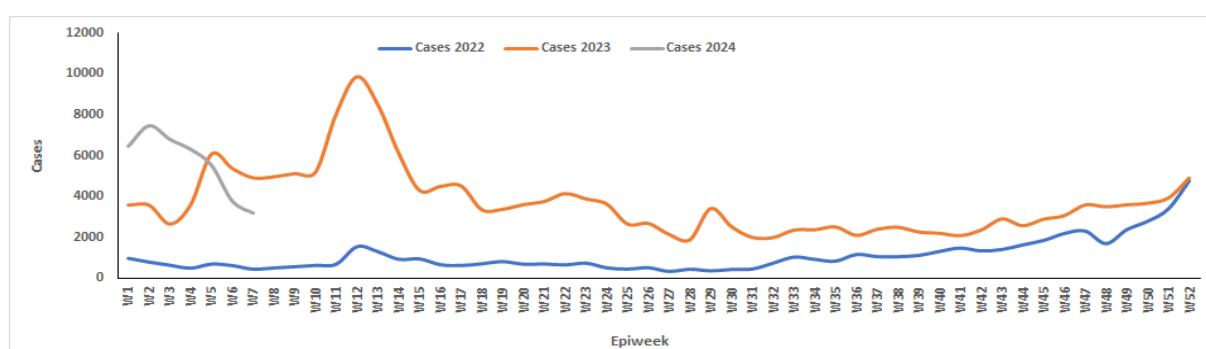
**Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 18 February 2024**

| Country                      | Cumulative cases | Cumulative deaths | CFR (%)    | Cases in 2024 only | Deaths in 2024 only | CFR (%) 2024 only | Date outbreak started | Last update |
|------------------------------|------------------|-------------------|------------|--------------------|---------------------|-------------------|-----------------------|-------------|
| Democratic Republic of Congo | 74 935           | 871               | 1.2        | 4 560              | 110                 | 2.4               | Jan-22                | 04-Feb-24   |
| Malawi                       | 59 262           | 1 773             | 3.0        | 138                | 2                   | 1.4               | Mar-22                | 18-Feb-24   |
| Mozambique                   | 44 458           | 168               | 0.4        | 3 454              | 6                   | 0.2               | Sep-22                | 18-Feb-24   |
| Ethiopia                     | 35 273           | 512               | 1.5        | 4 235              | 45                  | 1.1               | Aug-22                | 18-Feb-24   |
| Nigeria                      | 27 691           | 727               | 2.6        | 169                | 2                   | 1.2               | Jan-22                | 28-Jan-24   |
| Zimbabwe                     | 25 086           | 536               | 2.1        | 10 569             | 216                 | 2.0               | Feb-23                | 18-Feb-24   |
| Cameroon                     | 20 641           | 484               | 2.3        | 40                 | 0                   | 0                 | Jan-22                | 18-Feb-24   |
| Zambia                       | 19 474           | 679               | 3.5        | 15 579             | 560                 | 3.6               | Jan-23                | 18-Feb-24   |
| Kenya                        | 12 521           | 206               | 1.6        | 147                | 0                   | 0                 | Oct-22                | 18-Feb-24   |
| United Republic of Tanzania  | 2 108            | 41                | 1.9        | 1 038              | 18                  | 1.7               | Feb-23                | 18-Feb-24   |
| South Sudan                  | 1 471            | 2                 | 0.1        | -                  | -                   | -                 | Feb-23                | 16-May-23   |
| Burundi                      | 1 453            | 9                 | 0.6        | 83                 | 0                   | 0                 | Jan-23                | 18-Feb-24   |
| South Africa                 | 1 395            | 47                | 3.4        | 5                  | 0                   | 0                 | Feb-23                | 13-Feb-24   |
| Uganda                       | 96               | 10                | 10.4       | 15                 | 0                   | 0                 | Jul-23                | 04-Feb-24   |
| Comoros                      | 83               | 6                 | 7.2        | 83                 | 6                   | 7.2               | Feb-24                | 18-Feb-24   |
| Republic of the Congo        | 63               | 0                 | 0          | -                  | -                   | -                 | Jul-23                | 26-Jul-23   |
| The Kingdom of Eswatini      | 2                | 0                 | 0          | -                  | -                   | -                 | Mar-23                | 23-Jul-23   |
| Togo                         | 1                | 0                 | 0          | -                  | -                   | -                 | Dec-23                | 18-Dec-23   |
| <b>TOTAL</b>                 | <b>326 013</b>   | <b>6 071</b>      | <b>1.9</b> | <b>40 115</b>      | <b>965</b>          | <b>2.4</b>        |                       |             |

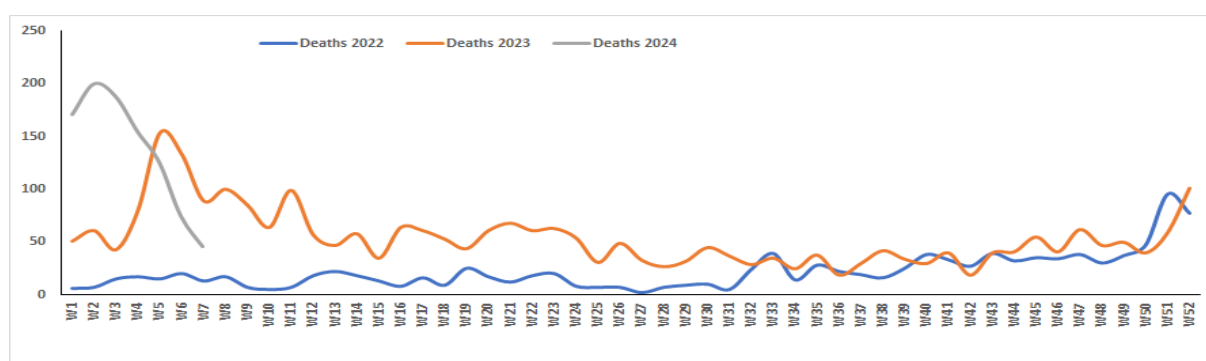
**Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 18 February 2024**



**Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 18 February 2024**



**Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 18 February 2024**

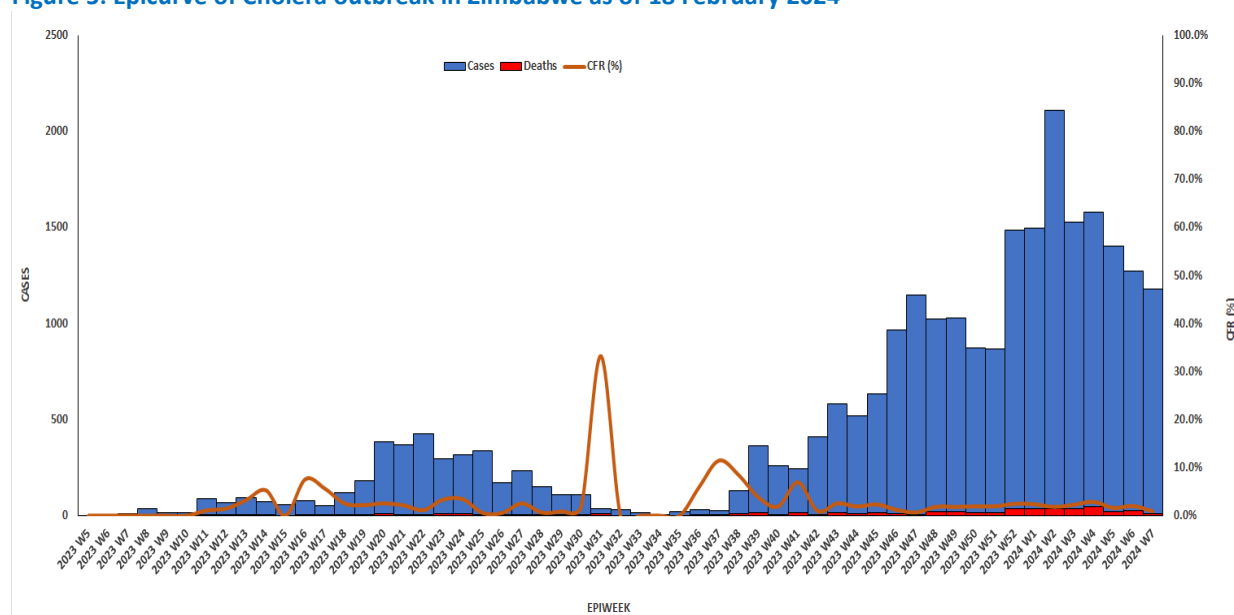


## Country specific updates

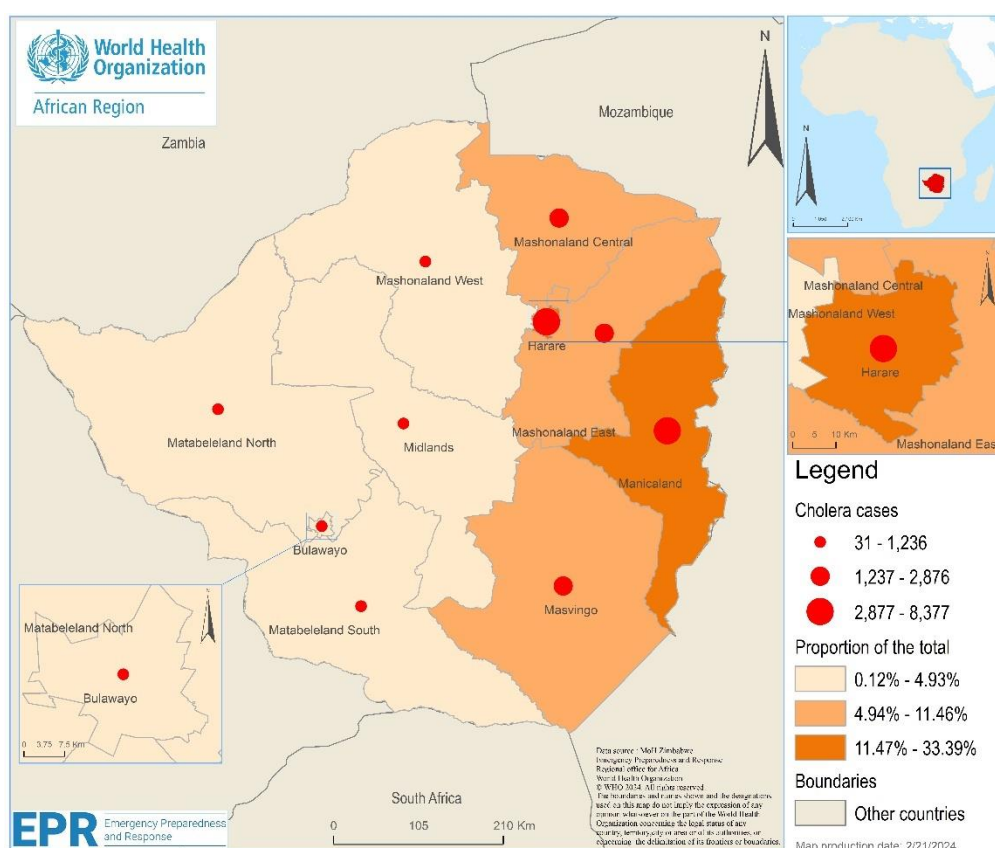
As of 18 February 2024, cumulative cholera cases reported from the ten provinces of the country were 25 086 with 536 deaths (CFR 2.1%). In week 07/2024 new cases decreased by 7.2% from 1 273 new cases in week 06/2024 to 1 181 new cases. New deaths decreased by 57.7% from 26 in week 06/2024 to 11 in week 07/2024. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (10 272), Manicaland (6 039), and Masvingo (2 796) which account for 76.2% (19 107 cases). Mashonaland Central province accounted for the highest number of deaths in week 07 with five deaths. The case fatality ratio (CFR) remained high at 1.6% in week 07 though lower compared to a CFR of 3.5% in week 06.

The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 11 February 2024, sixty-one (61) districts have reported at least a case of cholera.

Figure 5: Epicurve of Cholera outbreak in Zimbabwe as of 18 February 2024



**Figure 6: Map of Zimbabwe showing cholera affected provinces as of 18 February 2024**



### Public Health Actions

- Oral cholera vaccination campaign is ongoing in Harare province.
- Oral cholera vaccination campaign in six provinces (Masvingo, Mashonaland West, Mashonaland East, Mashonaland Central, Manicaland and Midlands) have been completed with vaccine coverages above 96%.
- A six-bed stabilization centre was set up by WHO in Marondera district.
- A total of two oral rehydration post (ORP) sets were donated to Mazowe district for set up in Glendale community by WHO.
- A total of five ORP kits provided by WHO was used by MSF to set up ORPs in Hwange district in Mashonaland North.
- A total of 500 community health workers were trained in Harare and Chitungwiza from 15-17 February 2024 with support from WHO and Africa CDC.

### Challenges/Gaps

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Lack of consumables for water quality testing.
- Religious biases in accessing health care for cholera treatment.

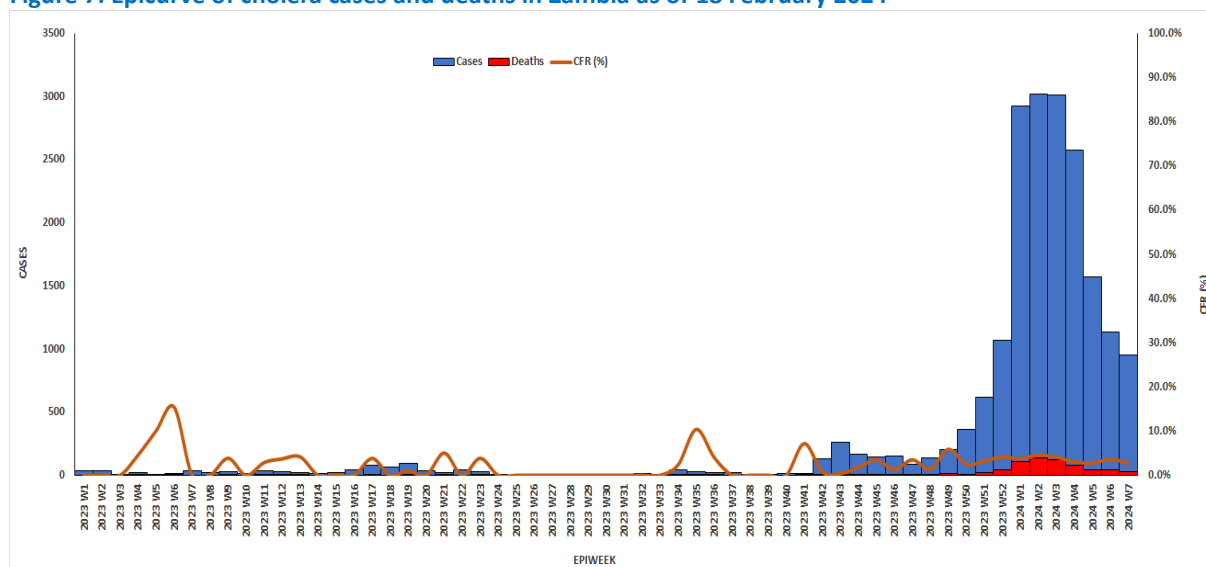


Cumulatively this year, as of 18 February 2024, there have been 19 474 reported cases and 679 deaths (CFR = 3.5%). In week 07/2024, new cases decreased by 15.7% from 1 131 in the previous week to 953 new cases. New deaths decreased by 36.6% from 41 deaths in the previous week to 26. All the 10 provinces are reporting cases. The total number of districts reporting case are 70.

The highest level of government response has been activated and coordinated by Disaster Management and Mitigation Unit (DMMU) under the office of the Vice President.

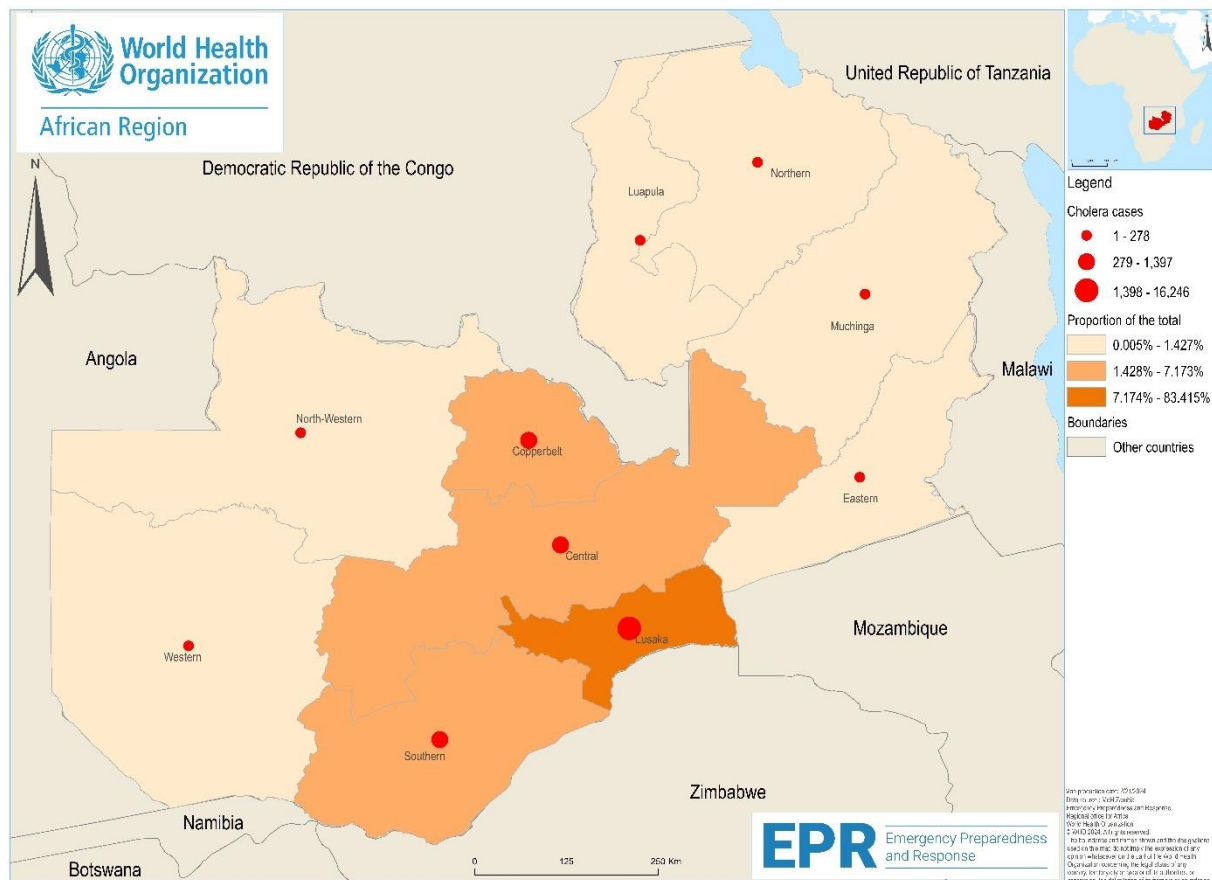
The most affected areas are all the sub-districts in Lusaka District (especially the peri-urban), fishing areas in Luangwa district, sewage compound in Chongwe district using water from the wells. Cases and deaths are now on the increase in the Copperbelt and Southern provinces in the last two weeks. Decentralization of care is already in process.

Figure 7: Epicurve of cholera cases and deaths in Zambia as of 18 February 2024





**Figure 8: Map of cholera cases and deaths in Zambia as of 18 February 2024**



### Public Health Actions

- Plans are being made for a safe N'cwala annual traditional ceremony scheduled for 22-24 February 2024.
- A total of 254 volunteer health care workers were trained for Matero and Chipata sub-districts.
- Mortality surveillance training of 50 personnel was conducted.
- Household list for post vaccination coverage survey is ongoing.
- Health facilities assessment on continuity of essential health services in Lusaka district was conducted.
- A total of three tents have been erected in Chipata and five tents in Matero.

### Challenges/Gaps

- Limited human resources for effective support to response activities within a rapidly evolving outbreak.
- Inadequate RDTs, Carry Blair, rectal swabs & biochemicals for confirmation.
- Weak cross-border collaboration.

The cumulative number of cases from the country since 22 January 2023 to 18 February 2024 are 2 108 and 41 deaths with a CFR= 1.9%. In week 07/2024, new cases increased by 27.6% from 98 in week 06/2024 to 125 new cases. In week 07/2024, there was one death reported death compared to no death in the previous week. This new outbreak began after the last confirmed case on 25 July 2023. The response in affected regions has been well coordinated. Regions affected are Dodoma, Kagera, Katavi, Manyara, Mara, Morogoro, Mwanza, Shinyanga, Simiyu and Tabora. Available resources were redistributed according to need. For instance, 10 cholera beds from Tanganyika DC were sent to CTCs in Mpimbwe DC to support management of cases in Katavi region. Mental health and psychosocial support (MHPSS) have been provided in the Manyara region.

Figure 9: Epicurve of cases and deaths in United Republic of Tanzania as of 18 February 2024

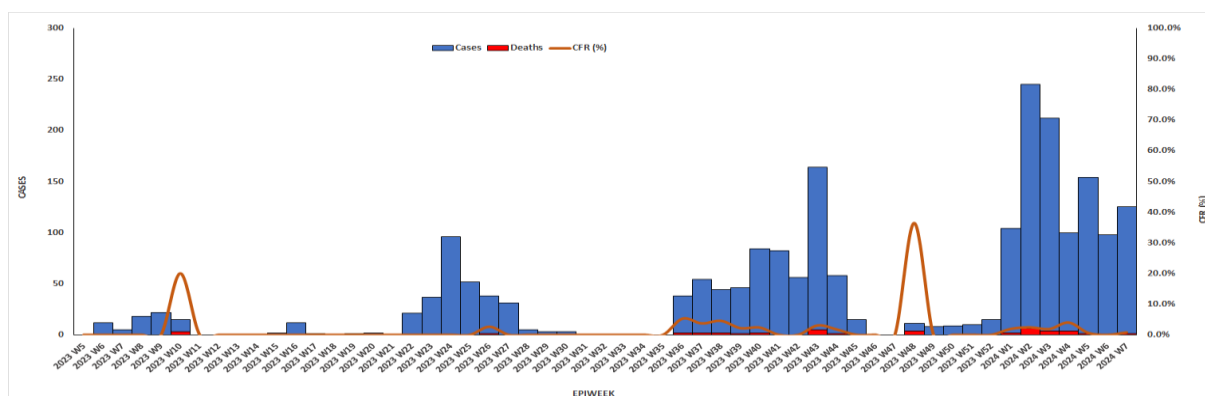
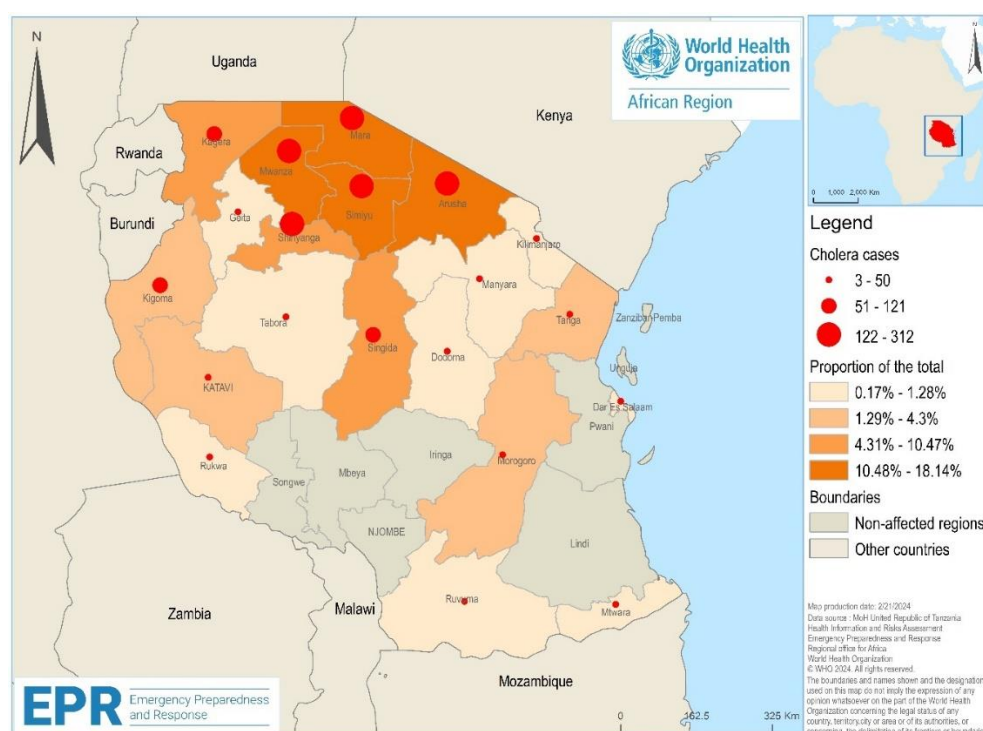


Figure 10: Map of cases and deaths in United Republic of Tanzania as of 18 February 2024



Burundi

Grade 3

Cumulative Cases  
1 453

Cumulative Deaths  
9

CFR  
0.6%

As of 18 February 22024, a cumulative total of 1 453 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 07/2024 new cases decreased by 87.5% from eight new cases in the previous week to 15 new cases. There has been no death reported since week 24.

The areas which have recorded the most cases since the start of the epidemic are those of Gatumba (DS Isare), Gihosha (DS Bujumbura Nord), Buterere I (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Rukana II (DS Cibitoke) and Mparambo I (DS Cibitoke) with 145, 109, 108, 105, 86 and 72 confirmed cases respectively.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023.

Figure 11: Epicurve of cases and deaths in Burundi as of 18 February 2024

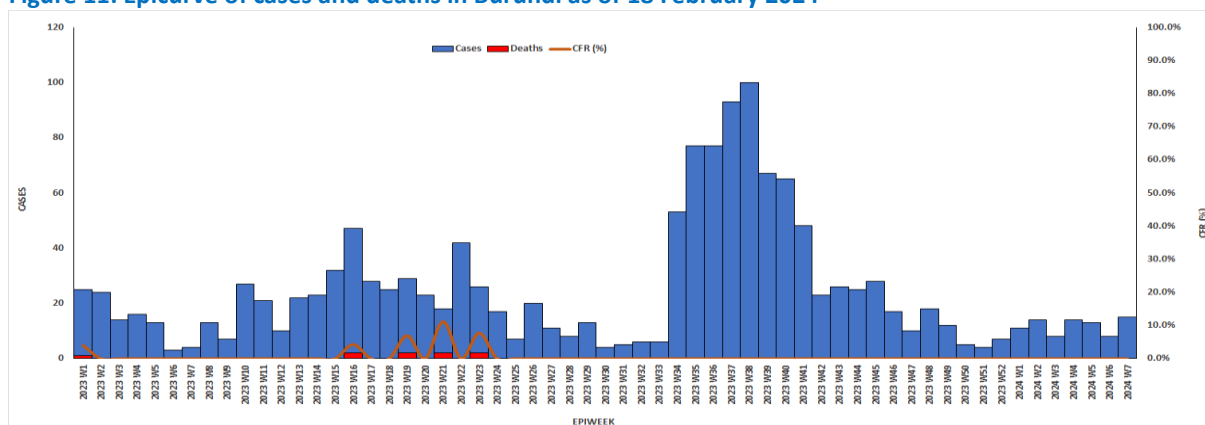
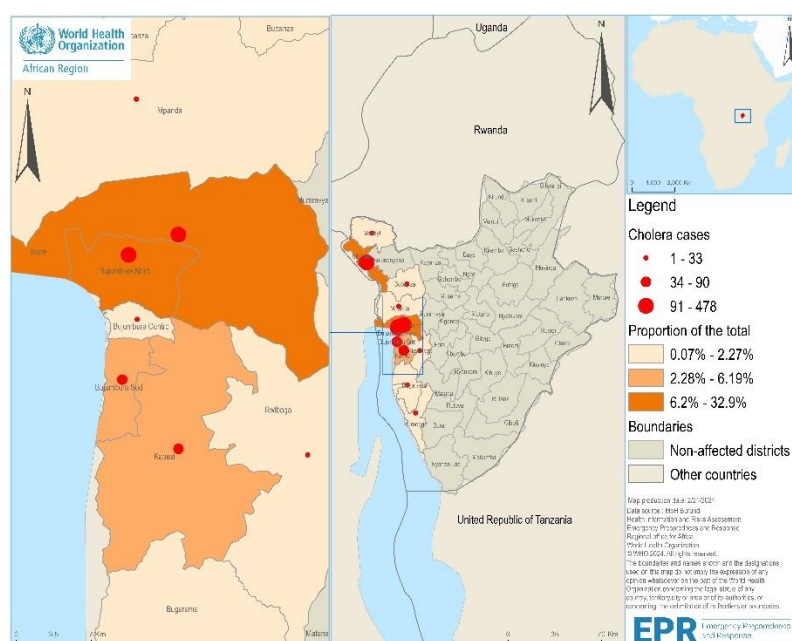


Figure 12: Map of Burundi showing cholera affected areas from October 2022 to 18 February 2024



Cameroon

Grade 3

Cumulative Cases



20 641

Cumulative Deaths



484

CFR

2.3%

As of week 07/2024, new cases decreased by 80.0% from five cases in the previous week to one. No new deaths were reported since week 03/2024. Cumulatively, from 1 January 2022 to 18 February 2024, Cameroon has reported 20 641 cases with 484 deaths (CFR = 2.3%).

Figure 13: Epicurve of cholera cases in Cameroon from October 2021 to 18 February 2024

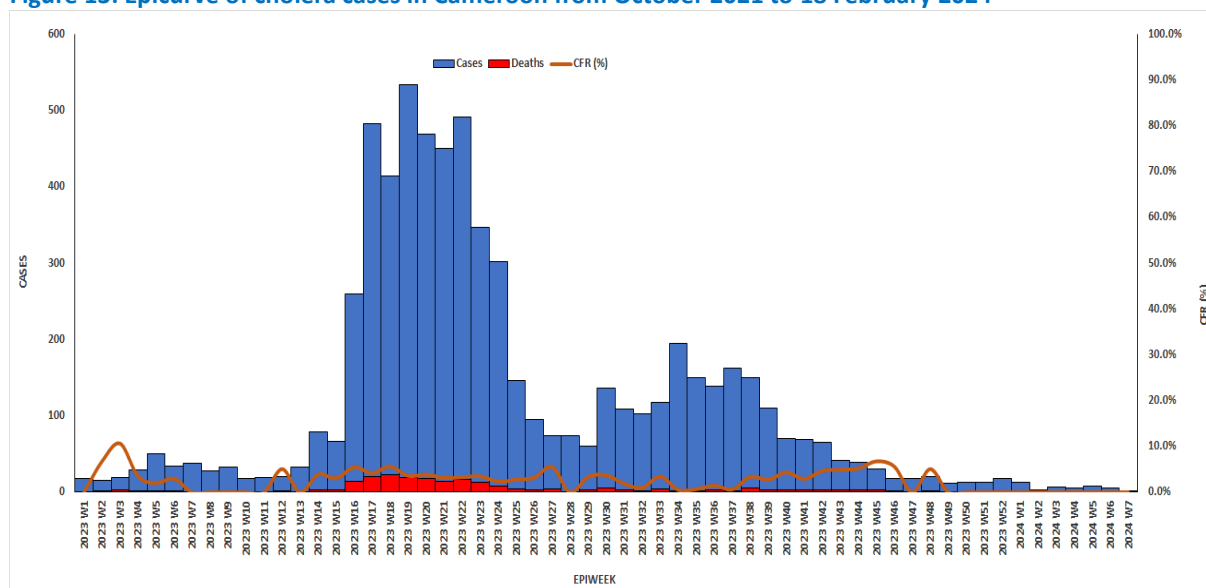
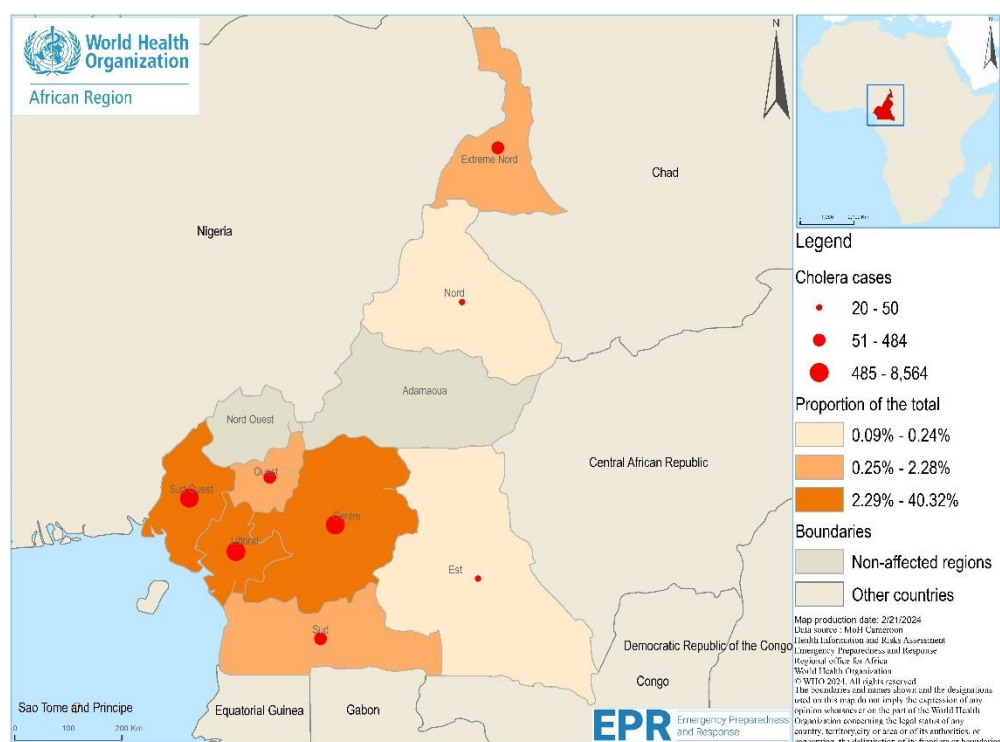


Figure 14: Map of cholera cases in Cameroon from October 2021 to 18 February 2024





As of 18 February 2024, Ethiopia reported a cumulative case total of 34 273 with 512 deaths (CFR = 1.5%). As of week 07/2024, new cases decreased by 44.1% from 829 to 463. In weeks 07, new deaths decrease by 50.0% from six deaths in the previous week to three. The cholera outbreak is currently active in 51 woredas spanning six regions: Somali (21 woredas), Oromia (16 woredas), Dire Dawa (7 woredas), Afar (3 woreda), Harari (3 woredas), SER (1 woreda), Amhara (0 woredas), B/Gumuz (0 woreda) CER (0 woreda) and Sidama (0 woreda). Donated medical supplies and logistics for the establishment of 16 new ORPs at Kebridahar of the Somali region (3) and the Oromia region (13) as part of strengthening community case management.

Figure 15: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 18 February 2024

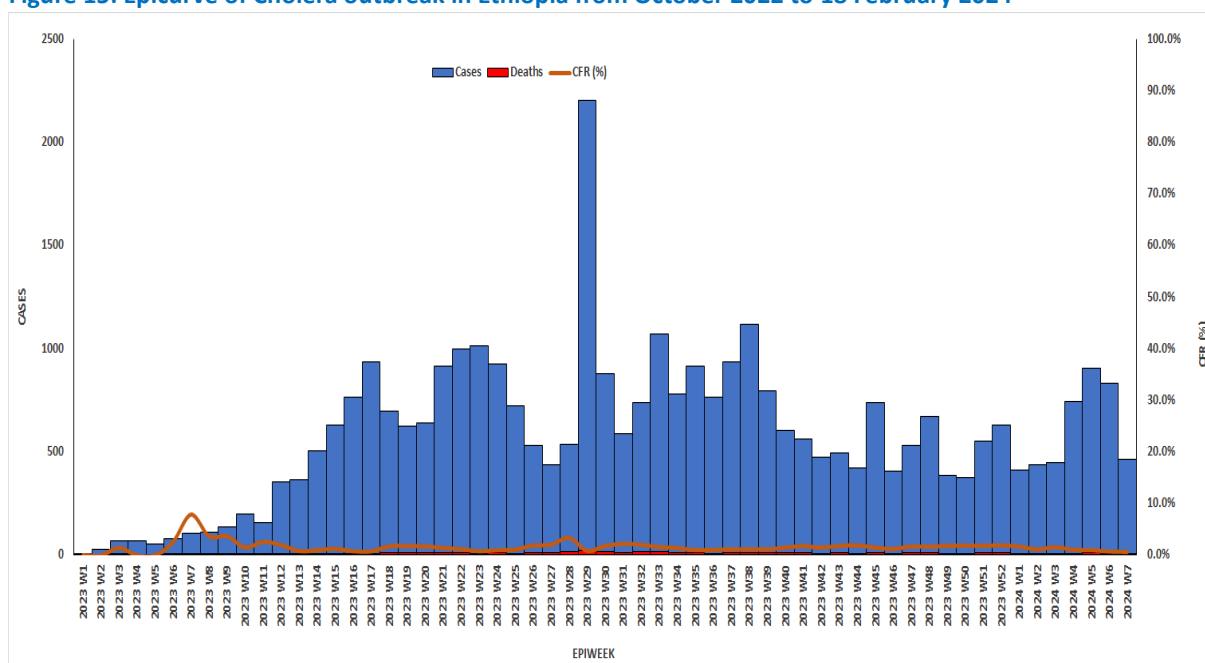
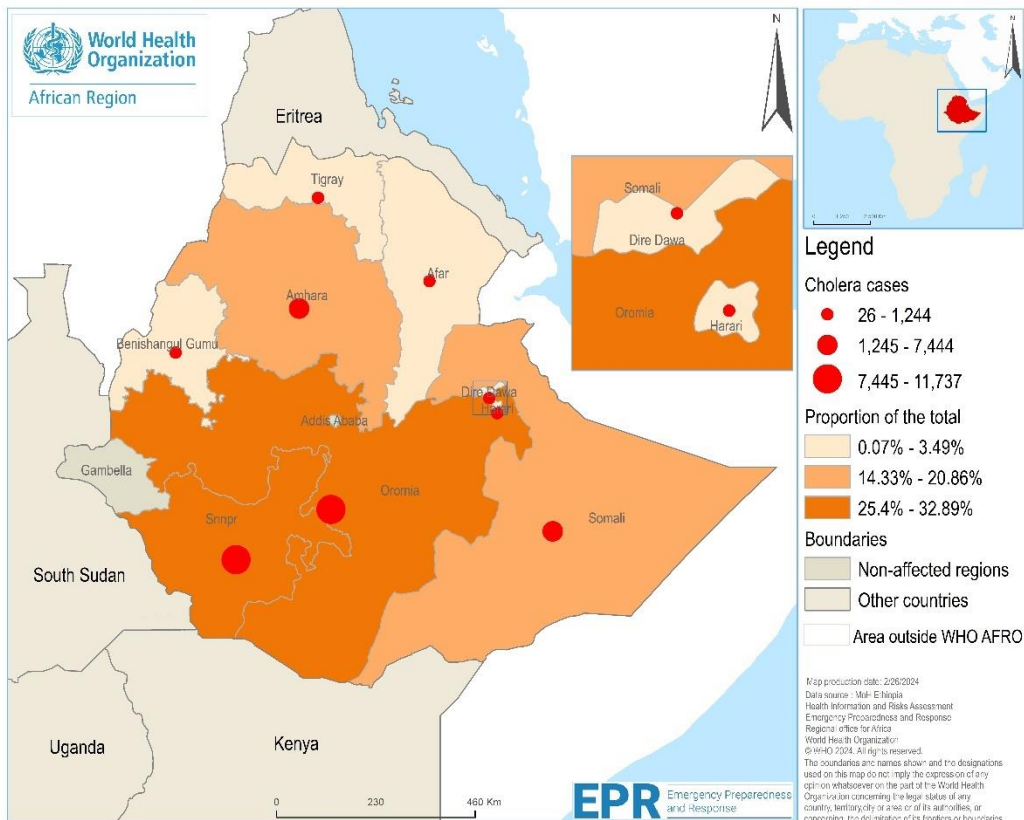




Figure 16: Map of Cholera outbreak in Ethiopia from October 2022 to 18 February 2024



**Public Health Actions**

- The ongoing Oral Cholera Vaccine (OCV) campaign in Tigray for any Adverse Events Following Immunization (AEFIs) is under monitoring.
- Screening at designated entry points was conducted with 4070 passengers screened at BIA and eight land crossing points of entry during this epi week with no reportable event found from the screened passengers.

**Challenges/Gaps**

- Difficulty accessing all affected areas and involving the water sector appropriately.
- Challenges in securing access to safe water, sanitation, and waste management.
- Need for human resources to match the expanding outbreak.
- Delay/late reporting due to security and communication/network challenge.

Kenya

Grade 3

Cumulative Cases  
12 521

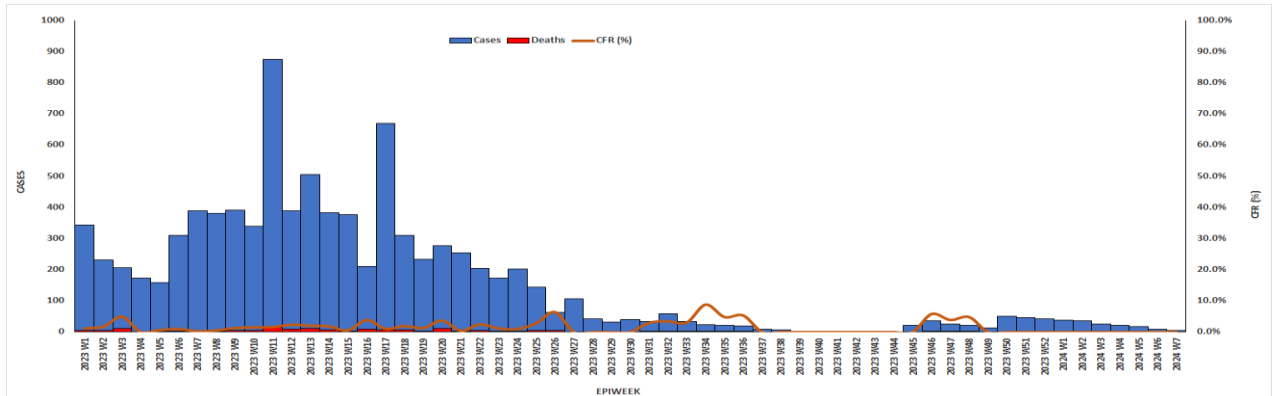
Cumulative Deaths  
206

CFR  
1.6%

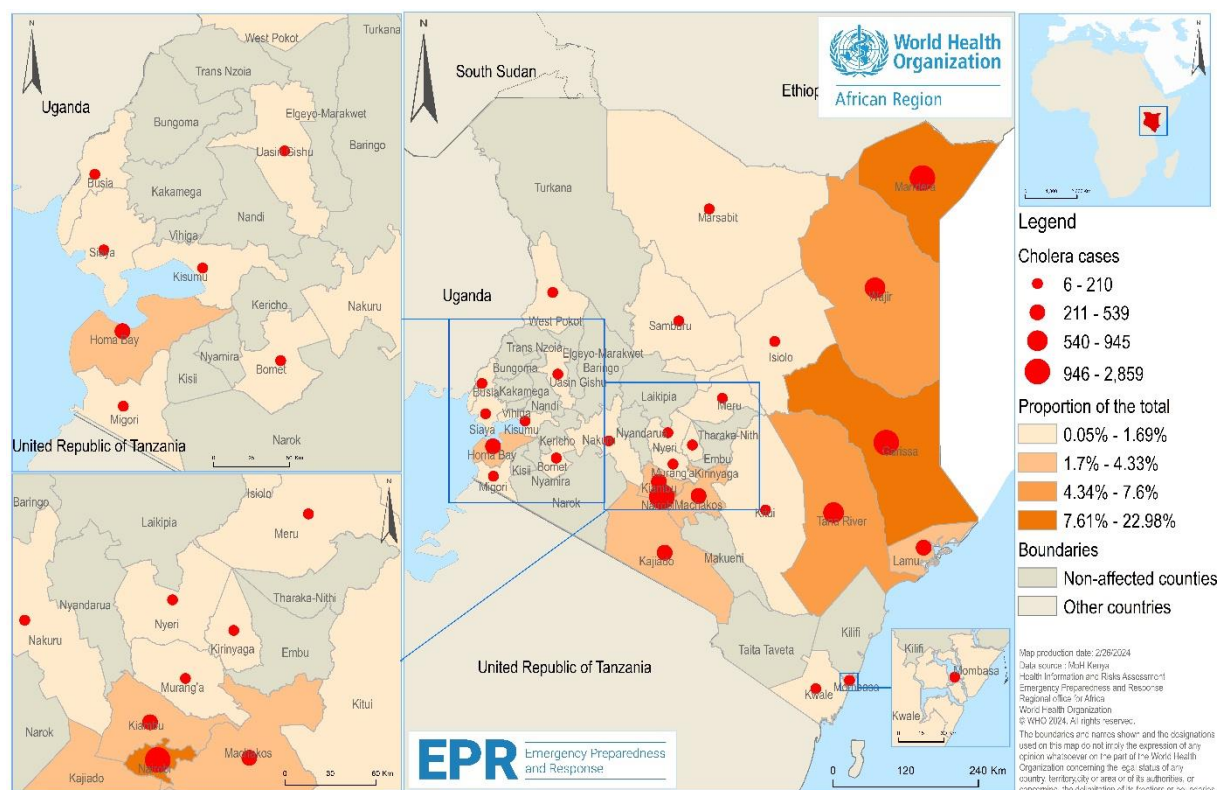
As of 18 February 2024, a cumulative total of 12 521 cases were reported since the onset of the outbreak with 206 deaths (CFR=1.6%). In week 07/2024, new cases decreased by 50.0% from eight to four. There was no reported death in weeks 06 and 07 of 2024. The first wave that began in Oct of 2022 was controlled with last case reported on 19 September 2023 (epi week 38 of 2023). The active counties are Lamu and Nairobi. The Ministry of Health, counties and the partners are implementing critical

outbreak response interventions in the affected communities. A total of 79 water samples were collected and analyzed from Mandera East, Wajir East, Dadaab and Fafi sub counties (Week 5, 6 & 7) for water quality monitoring.

**Figure 17: Epi Curve for cholera outbreak in Kenya, October 2022 – 18 February 2024**



**Figure 18: Map for cholera outbreak in Kenya, October 2022 – 18 February 2024**



A cumulative total of 59 262 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 18 February 2024. In week 07/2024, there was 57.6% decrease in new cases from 59 in the previous week to 25 new cases. No new death was reported in week 07/2024 compared to two deaths in the previous week. The cumulative number of deaths is now 1 773 with a case fatality ratio of 3.0%.

The 2023/2024 cholera season began on 01 November 2023 and the reporting has been adjusted to reflect the number of cholera cases reported in the current cholera season by the government.

Figure 19: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 18 February 2024

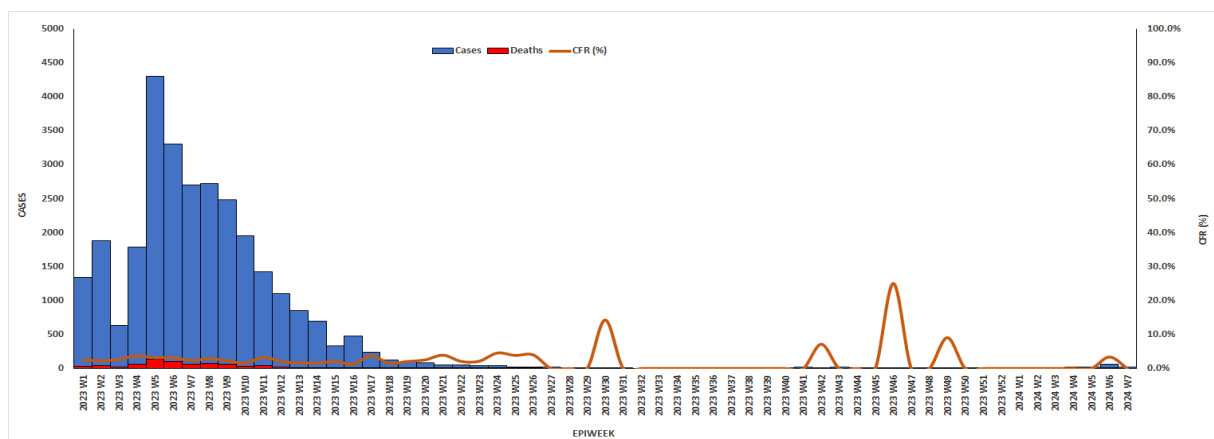
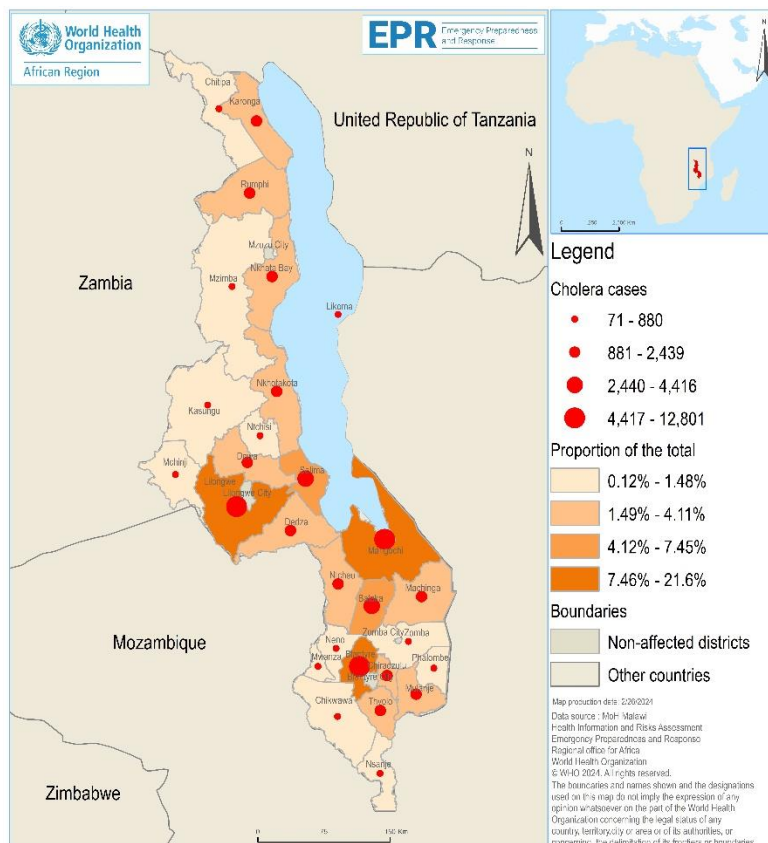


Figure 20: Map for cholera outbreak in Malawi, 3 March 2022 – 18 February 2024





The country had reported a cumulative total of 44 458 cases, with 168 deaths (CFR 0.4%) as of 18 February 2024. In week 07/2024, there was 9.3% increase in new cases from 365 in the previous week to 399 new cases. There was one new death was reported in week 07/2024 compared to no death in the previous week. The country is currently in its rainy and cyclone season, two factors that significantly exacerbated cholera transmission in 2023. The response efforts have been hindered by security issues, including attacks on health workers and community leaders by some community members. The government is addressing the situation, and measures have been implemented by partners to ensure the safety of those responding to the outbreak. Community engagement with anthropological assessments, and infodemic management have been prioritized. WHO has provided support to Tete, Sofala and Nampula province in reviewing their cholera response plan.

The Ministry of Health decided to restart the counting of cholera cases starting on 1st October 2023, which corresponds with the beginning of the rainy season. Thus, starting from week 47, data from the MOH consider two periods: 1st cholera outbreak from 14 September 2022 until 30 September 2023; and 2nd cholera outbreak from 1st October 2023-ongoing.

**Figure 21: Epicurve of cholera outbreak in Mozambique as of 18 February 2024**

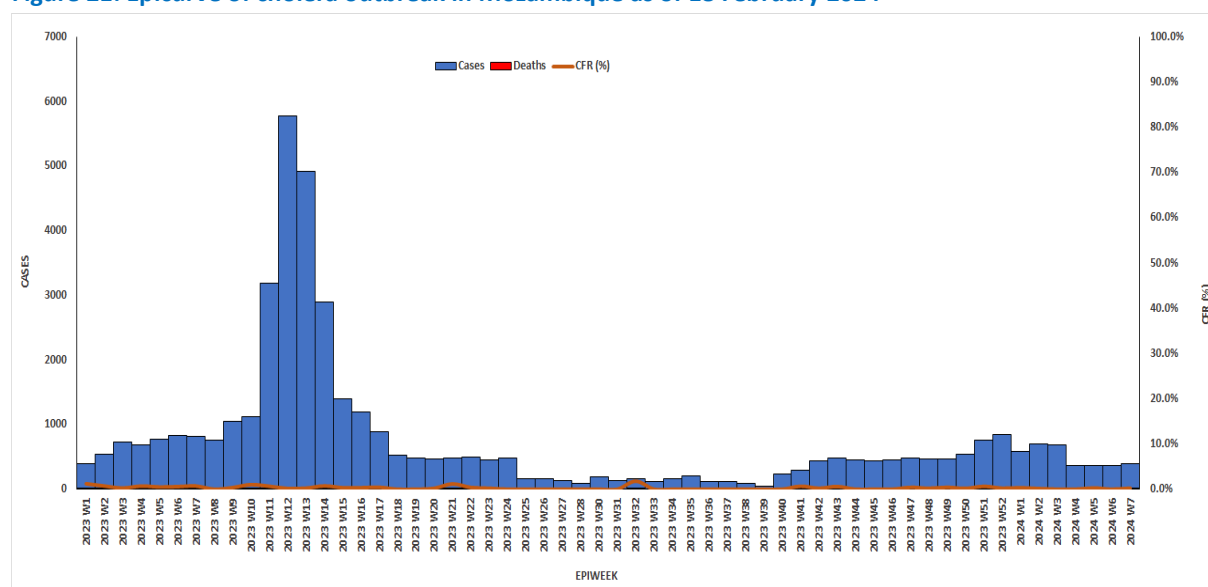
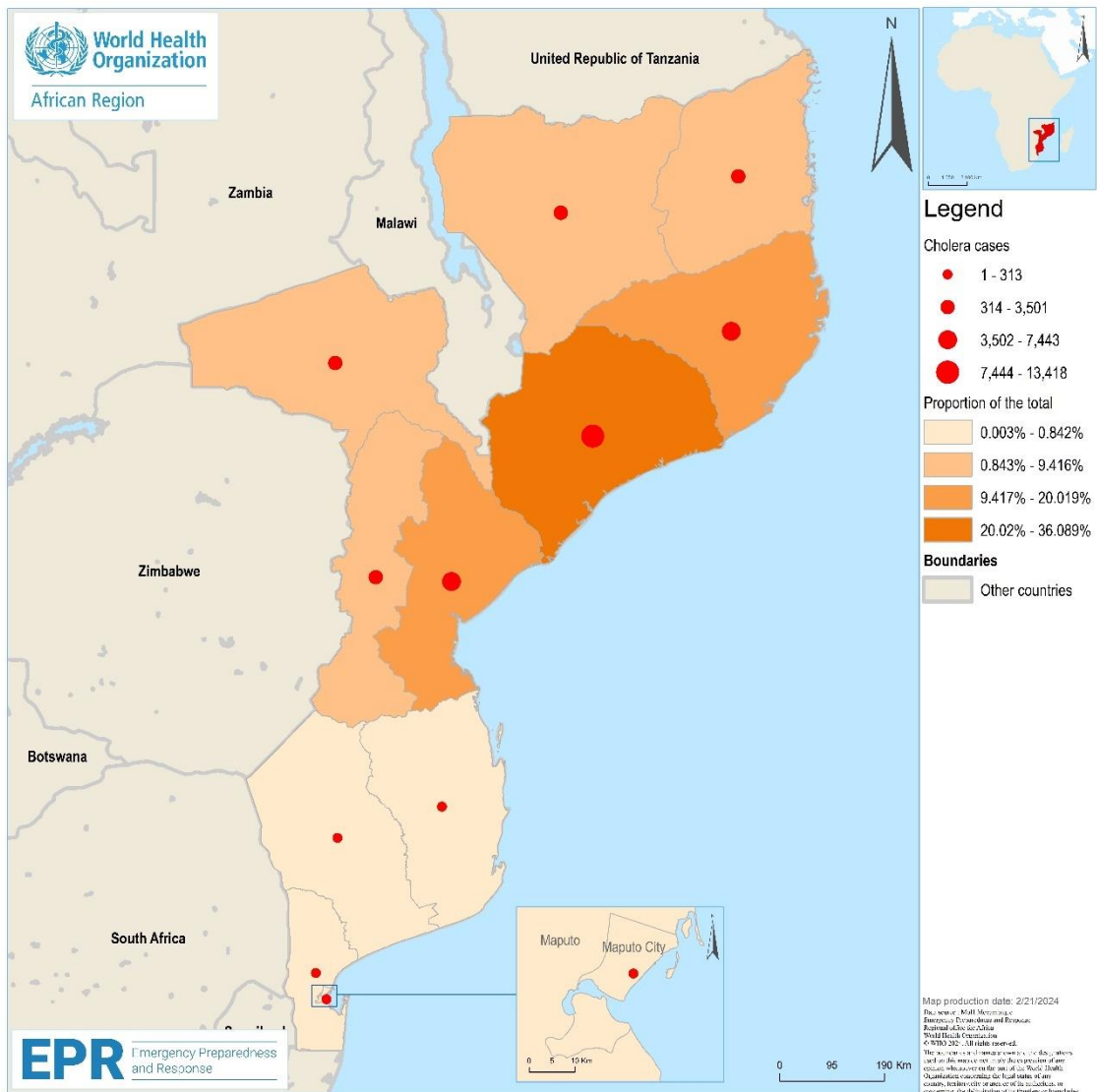


Figure 22: Map of cholera outbreak in Mozambique as of 18 February 2024



As of 04 February 2024, the country had reported 74 935 cumulative cases, with 871 deaths (CFR = 1.2%) across 12 affected provinces.

An outbreak in Haut Katanga province was declared by the provincial government on 26 January 2024. From 01 January to 02 February 2024, the province reported 577 cases and 42 deaths (CFR=7.3%). The government response continues to be supported by WHO and UNICEF. Some of the key response actions on WASH include; decontamination of 3,111 households in and around notified cases in the Kenya (1953), Kampemba (1128) and Sakania health zones in Kasumbalesa (30); installation of 61 chlorination sites, including 50 in the Kenya health zone and 11 in the Kampemba health zone; briefing for hygienists at UTC Kisanga on chlorination dosages.



Figure 23: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 28 January 2024

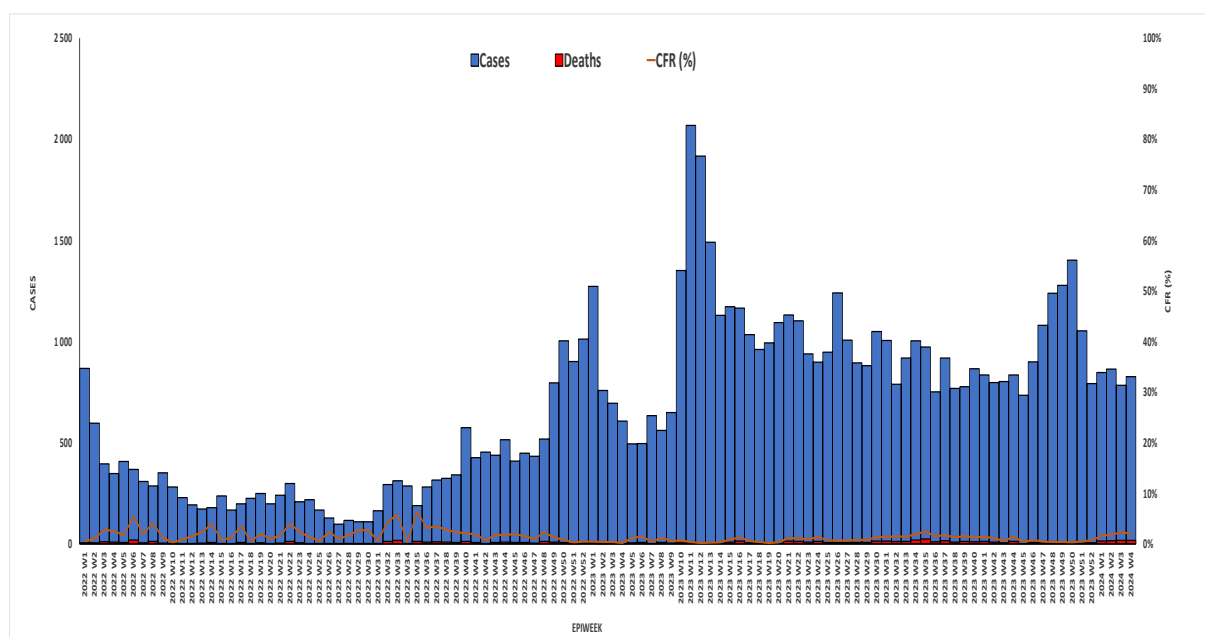
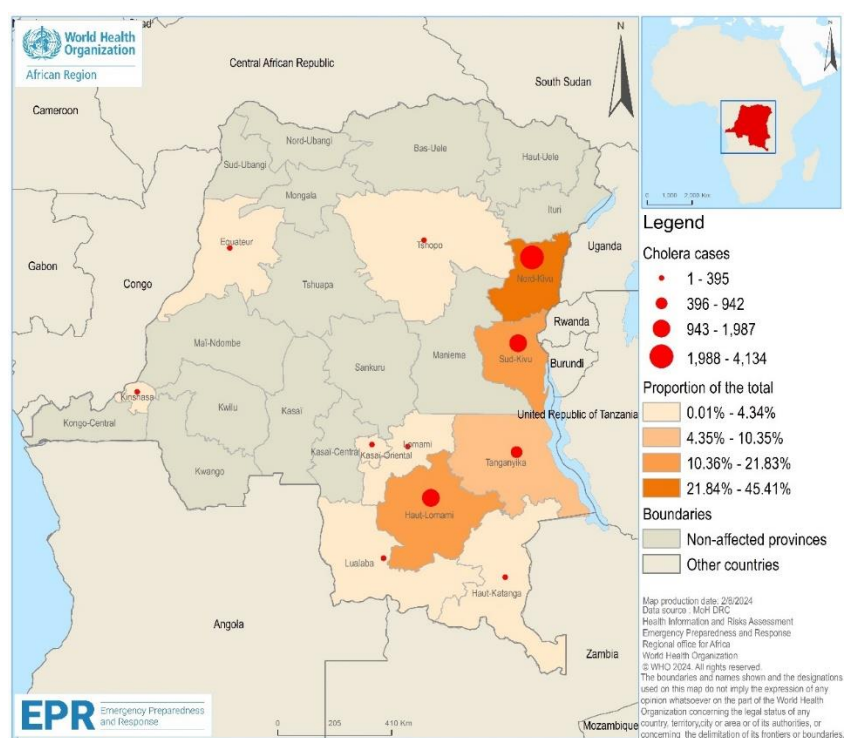


Figure 24: Map of cholera outbreak in Democratic Republic of the Congo as of 28 January 2024

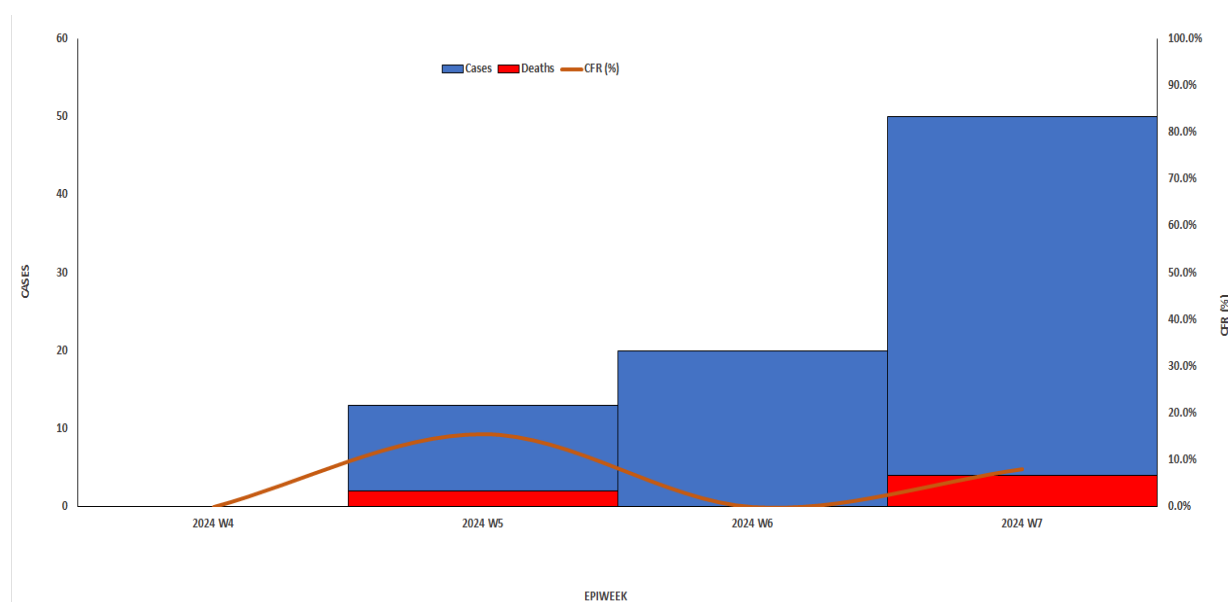




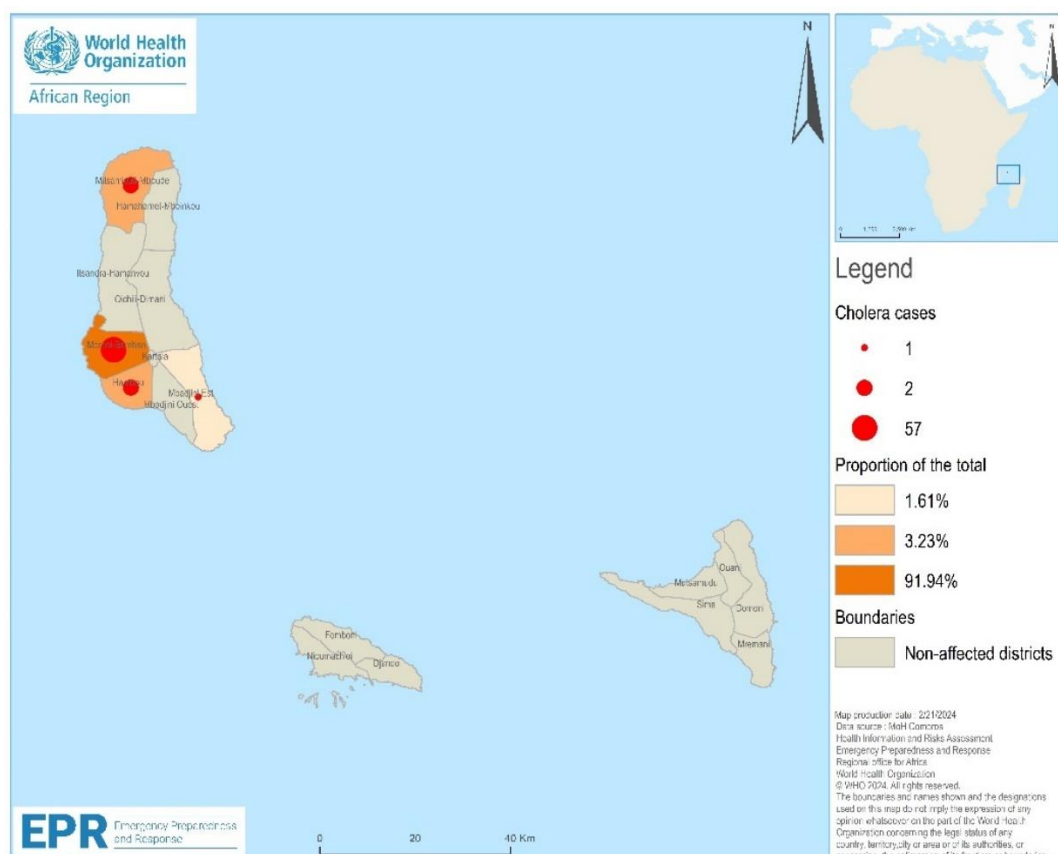
As of 18 February 2024, cumulative number of cases and deaths are 83 and 6 respectively (CFR=7.2%). In epi week 07, new cases increased by 150% from 20 in the previous week to 50. Four new deaths were reported compared to no death in the previous week. On 18th February the highest number of cases in single day (16 cases and one death) was reported. There is still a likelihood of a potential intensification of local transmission.

The Ministry of Health of Comoros officially declared an outbreak of cholera on 2 February 2024. Six cases were initially confirmed between 2 and 3 February 2024 among 25 suspected cases (14 crew members and 11 passengers) who travelled from Tanzania to Comoros in the same boat. From 2 - 6 February 2024, 16 confirmed cases (13 RDT+ and 3 epi-linked) and 2 deaths (CFR 12.5%) were reported. Investigations to determine the source of infection are ongoing.

**Figure 25: Epicurve of cholera outbreak in Comoros as of 18 February 2024**



**Figure 26: Map of cholera outbreak in Comoros as of 18 February 24**



### Public Health Actions

- Coordination meetings held daily.
- Supplies weighing 1,289kg (101 RDT cholera kits, 2 cholera investigation kits, 1 lab cholera kit, 25 sprayer disinfectant, 4 kit cholera hardware module support, and 1 Isothermal box) were provided by WHO.
- Cholera kits to strengthen the implementation of the Case area targeted intervention (CATI) were provided by UNICEF.
- Antibiogram and typing of *Vibrio cholerae* strain are in progress.
- Bed capacity at the Samba treatment centre was increased from 16 to 30 beds.
- Decontaminated households and schools.

### Challenges/Gaps

- Difficult field work due to heavy seasonal rains.
- Absence of a culture medium for the antibiogram.
- Absence of a TCBS culture medium (alkaline peptone water enrichment medium).
- Insufficient human resources for the investigation of confirmed cases.



As of 13 February 2024, South Africa reported a total of 1 395 suspected cases, with 47 deaths (CFR=3.4%). The last outbreak was contained in July 2023. Last week, two imported cases from Zimbabwe were reported (in Limpopo). Response and readiness interventions are being scaled up. No new deaths have been reported in 2024.

Figure 27: Epicurve of cholera outbreak in South Africa as of 11 February 2024

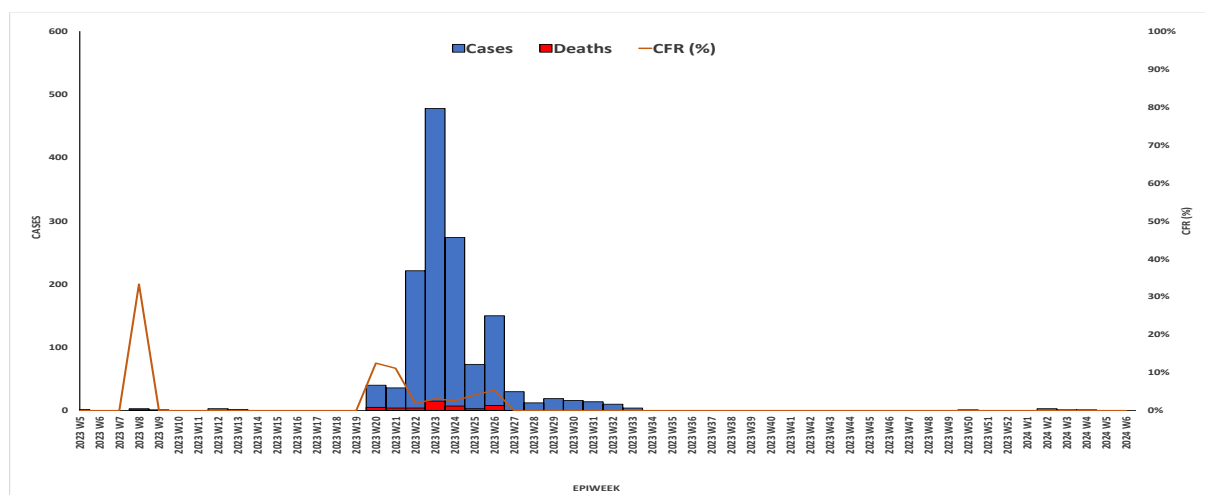
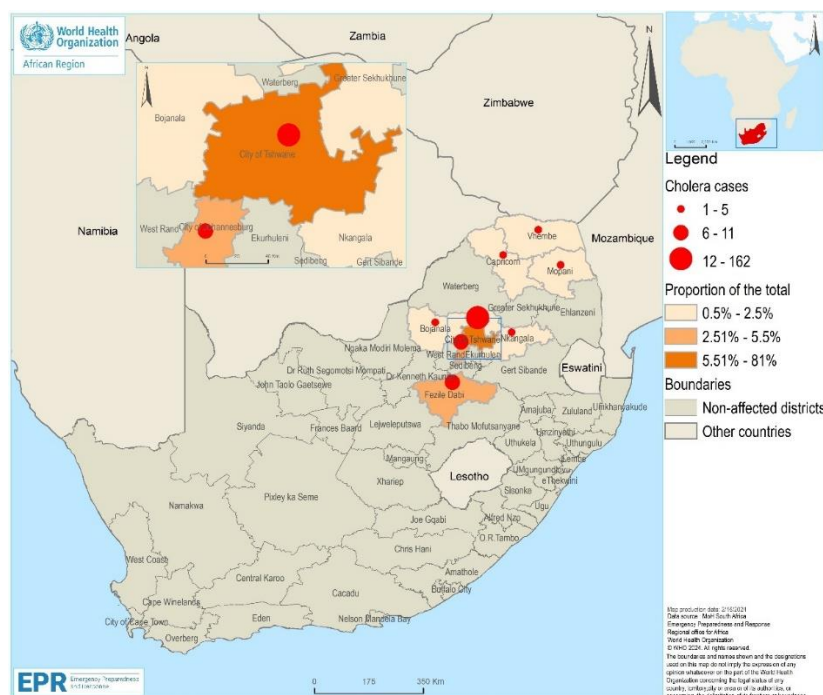


Figure 28: Map of cholera outbreak in South Africa as of 11 February 2024



Nigeria

Grade 3

Cumulative Cases  
27 691

Cumulative Deaths  
727

CFR  
2.6%

The cholera outbreak in the country has been ongoing since January 2022. As of 28 January 2024, there was a cumulative total of 27 691 with 727 deaths (CFR = 2.6%).

Response is being coordinated by the national multi-sectoral TWG hosted at Nigeria Centre for Disease Control and Prevention (NCDC), in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners.

Figure 29: Epicurve of cholera outbreak in Nigeria as of 28 January 2024

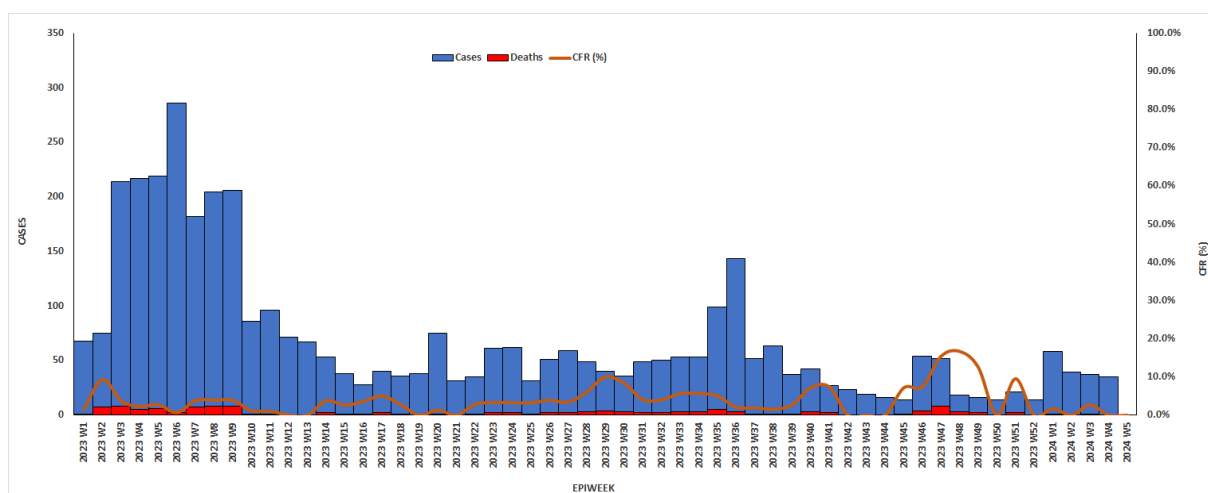
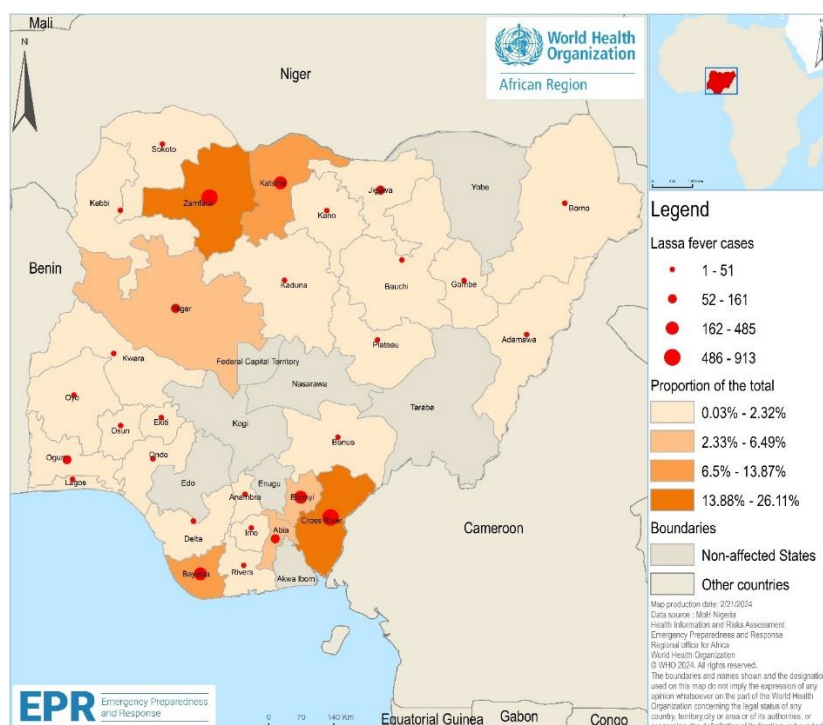


Figure 30: Map of cholera outbreak in Nigeria as of 28 January 2024





Togo

Grade 3

Cumulative Cases



01

Cumulative Deaths



0

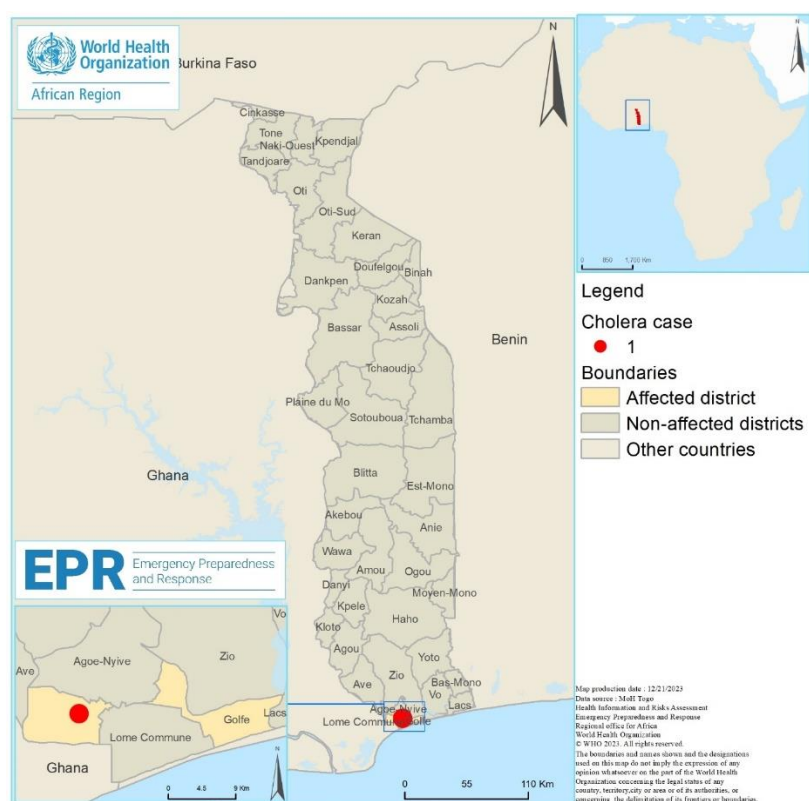
CFR

0%

On 09 December 2023, the Gulf district management team was alerted by the SIMR officer from the CMS ADAKPAME to the suspicion of cholera in a person presenting with diarrhoea, vomiting, abdominal pain and dehydration. This was confirmed on 11 December by the INH laboratory, with culture identification of vibrio cholerae ogawa, and an investigation was carried out on the same date. A sample was taken during the investigation and found to be positive by the rapid cholera test.

The investigation revealed that the exposure factor was the consumption of untreated borehole water.

Figure 31: Map of cases in Togo as of 12 December 2023



Uganda

Grade 3

Cumulative Cases



96

Cumulative Deaths



10

CFR

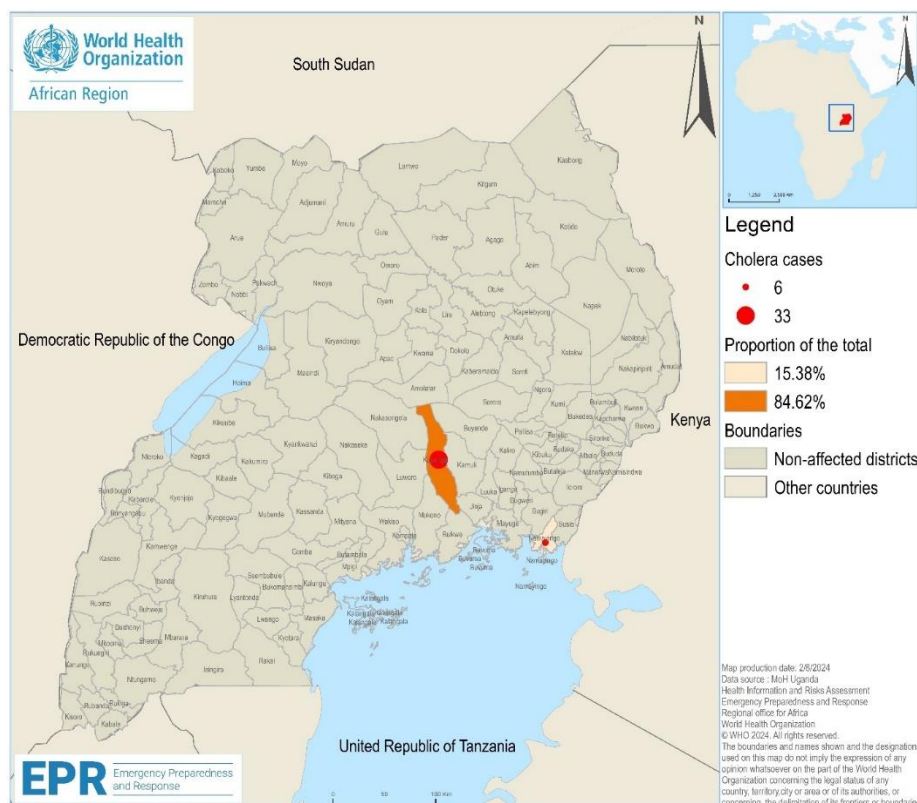
10.4%

As of 04 February 2024, the total cumulative cases and deaths since July 2023 were 96 and 10 respectively (CFR-10.4%). Prior to this new outbreak, there have been no new cases reported since week 35 of 2023.

On the 21st January 2024, the Port health focal point person at Elegu PoE notified Adjumani DHT of a cluster of 14 suspected cholera cases that had arrived from Khartoum (Madani). The suspected cases were purportedly asylum seekers from Sudan to Uganda. 13 of the 14 suspects ate seemingly

contaminated fruits bought from the roadside in Nimuli before crossing the Ugandan border through Elegu PoE. The 13 suspects who ate the fruits had similar signs and symptom of profuse diarrhea, vomiting and abdominal pain and were evacuated to Nyumanzi isolation unit at Nyumanzi HC III near the reception centre in Adjumani district for live saving intervention. Four samples of the suspected cases were confirmed with PCR test.

**Figure 32: Map of cases and deaths in Uganda as of 04 February 2024**



## Conclusion

The cholera outbreaks in the African Region have occurred in the context of **natural disasters such as flooding** (Mozambique, Malawi), **drought** (Kenya and Ethiopia), **conflict** (Cameroon, Democratic Republic of the Congo, Nigeria, Ethiopia) and **multiple disease outbreaks** including Mpox, wild polio, measles, COVID-19, etc. Many countries have **limited** and strained resources, **shortage** of medical commodities, including cholera kits and Oral Cholera Vaccine (OCV). **Poor** sanitation and unreliable water supplies with increased **cross-border movements** continue to serve as driving factors for the outbreak across the region. The new year 2024 poses another challenge with El nino and the cyclone season commencing.

## WHO ACTIVITIES

### Readiness:

- Risk categorization for countries has been reviewed into three categories: category 1 (28 countries) implies that the country is currently in outbreak or at risk of cross border transmission or have limited capacity using cholera readiness checklist assessment tool.
- Collection of data using the updated web-based cholera readiness assessment tool is ongoing.
- A tracking tool for monitoring framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 across the countries has been developed and rolled out.
- The identification of Priority Areas for Multisectoral Interventions (PAMIs/Hotspots) was conducted in Malawi, supported by WHO.
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.
- Cholera readiness for countries particularly those approaching the cholera season in Southern Africa is ongoing, supported by WHO.
- Comprehensive assessment of the implementation of the Regional Framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 was conducted.

### Response:

- Coordination and provision of technical guidance by the Cholera Incident Management Support Team of the WHO AFRO through tele-conference meetings with all AFRO countries in response.
- Eleven tons of essential cholera supplies, packaged by the OSL team at the Hub in Nairobi, are scheduled for delivery to Zambia via chartered flight on 5 February 2024.
- Technical and financial support to countries for cholera response interventions- Tanzania and Mozambique WHO country offices is ongoing.
- Cross-border collaborations on cholera surveillance has been strengthened.
- Deployment of staff to countries as requested by countries is ongoing (currently to Zimbabwe, Comoros).
- Provision of essential medical supplies and cholera kits to all countries in outbreak is ongoing.
- Response and technical inputs on training across all response pillars has been strengthened.
- Technical support to countries on vaccination strategies for reactive OCV campaign- Zambia and Zimbabwe is ongoing.



World Health  
Organization

African Region

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Photo credit WHO Zimbabwe, Health care workers vaccinating with the oral cholera vaccine in Zimbabwe

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