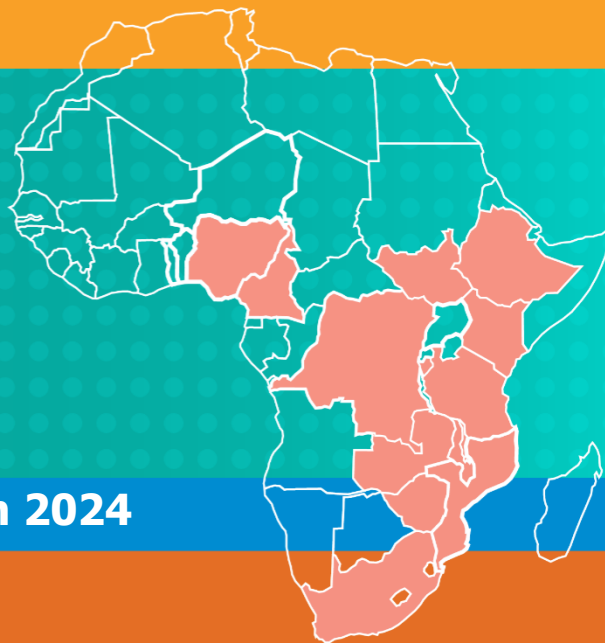


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 18 March 2024

Data reported: as of 17 March 2024



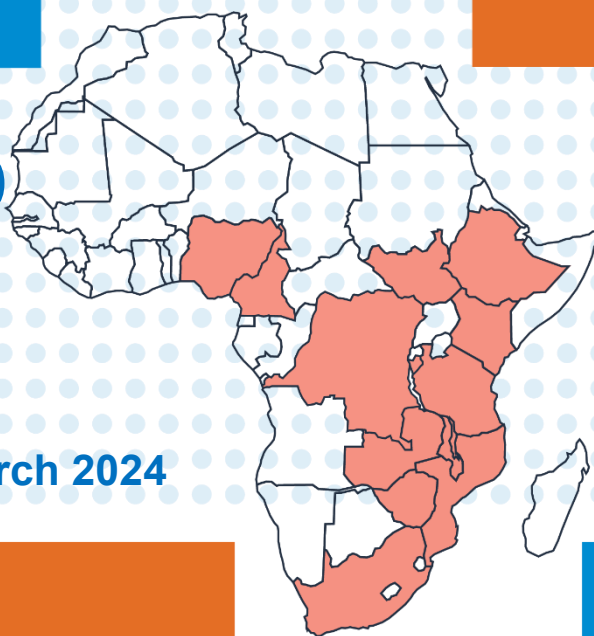
**World Health
Organization**

African Region

Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 18 March 2024

Data reported: as of 17 March 2024



Situation update

Regional Cholera Update

Grade 3

Cumulative Cases
 343 047

Cumulative Deaths
 6 271

CFR
1.8%

Overview

The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. Five countries are categorized as being in acute crisis (Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia, and Zimbabwe), though there has been sustained decrease in weekly case incidence in Zambia and Zimbabwe. The southern region of the continent, now in the rainy season, is experiencing resurging outbreaks. The increase in rainfall levels is causing floods and landslides in communities. This raises the risk of outbreaks in countries that have not reported new confirmed cases. The seasonality of cholera outbreaks is an issue for countries to consider. They need to improve preparedness and readiness, heighten surveillance, and scale up preventive and control measures in communities and around border crossings. This will prevent outbreaks, engender early response and reduce cross-border transmission.

In Epidemiologic week 11 of 2024, eight countries- **Burundi, Comoros, Ethiopia, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe**- reported a total of 2 714 new cases. Transmission is currently active in 13 countries. In 2024, Comoros confirmed an outbreak linked to cross border transmission.

Since the beginning of the year 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) as of 17 March was 56 417 and 1 162 deaths, respectively, with a case fatality ratio of 2.1%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 95.0% (53 611) of the total cases and 95.8% (1 113) of total deaths this year.

As of 17 March 2024, a cumulative total of 343 047 cholera cases, including 6 271 deaths (CFR: 1.8%), have been reported (Table 1) since 1 January 2022. The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Zimbabwe accounts for 73.7% (252 705) of the cumulative cases and 63.9% (4 010) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 17 March 2024

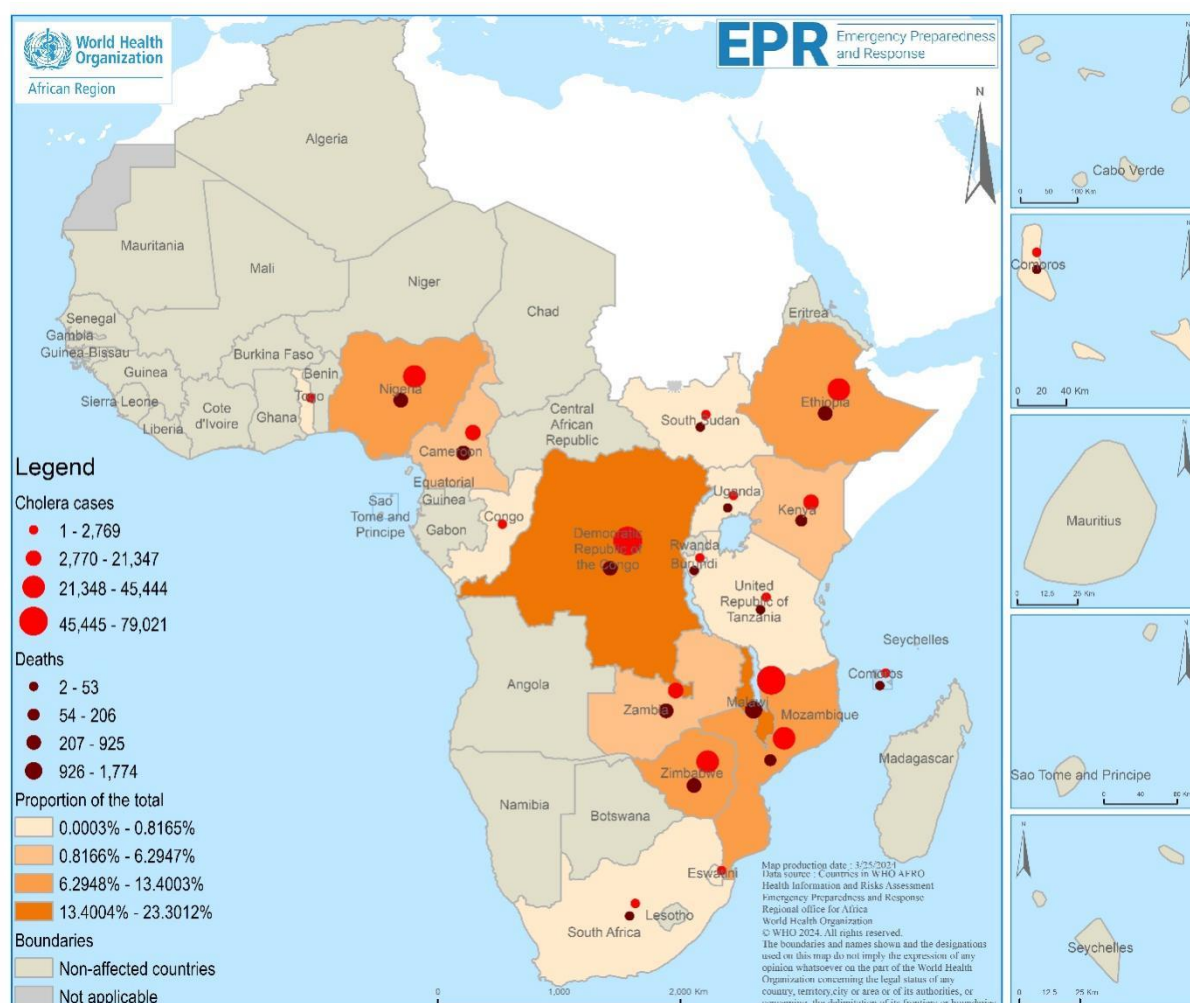


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 17 March 2024

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	79 840	935	1.2	9 465	174	1.8	Jan-22	10-Mar-24
Malawi	59 298	1 774	3.0	174	3	1.7	Mar-22	17-Mar-24
Mozambique	46 597	172	0.4	5 476	10	0.2	Sep-22	17-Mar-24
Ethiopia	37 996	526	1.4	6 760	59	0.9	Aug-22	17-Mar-24
Zimbabwe	28 974	603	2.1	14 457	283	2.0	Feb-23	17-Mar-24
Nigeria	27 691	727	2.6	169	2	1.2	Jan-22	28-Jan-24
Zambia	21 755	709	3.3	17 453	587	3.4	Jan-23	17-Mar-24
Cameroon	20 649	484	2.3	48	0	0	Jan-22	17-Mar-24
Kenya	12 521	206	1.6	147	0	0	Oct-22	18-Feb-24
United Republic of Tanzania	2 902	55	1.9	1 821	32	1.8	Feb-23	16-Mar-24
Burundi	1 472	9	0.6	102	0	0	Jan-23	17-Mar-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
South Africa	1 395	47	3.4	5	0	0	Feb-23	13-Feb-24
Comoros	319	12	3.8	319	12	3.8	Feb-24	17-Mar-24
Uganda	101	10	9.9	20	0	0	Jul-23	10-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
TOTAL	343 047	6 271	1.8	56 417	1 162	2.1		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 17 March 2024

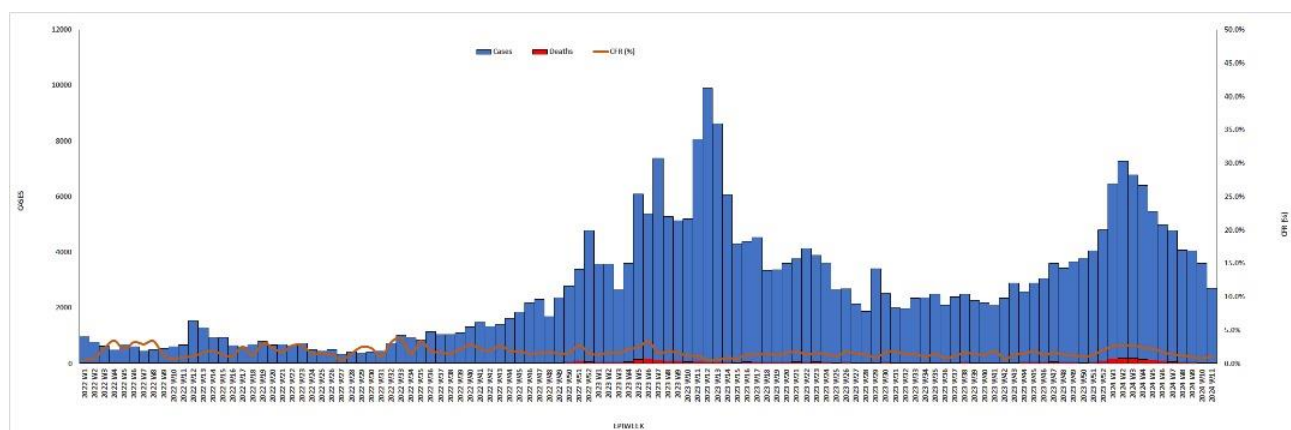


Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 17 March 2024

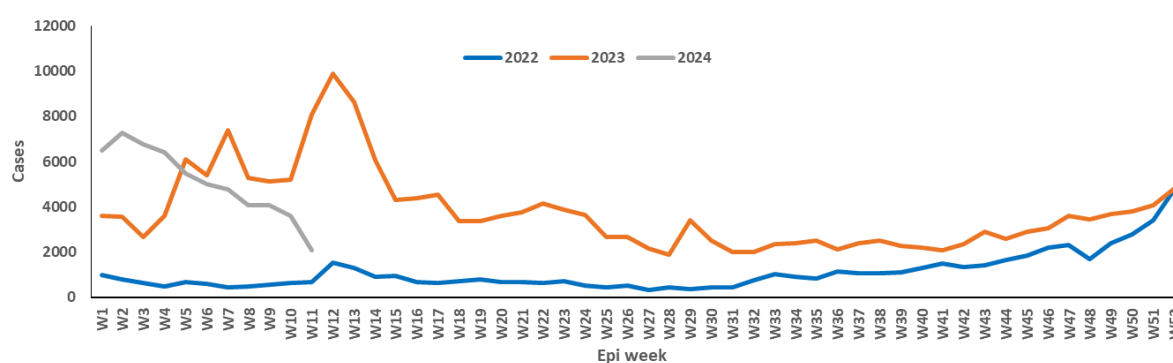
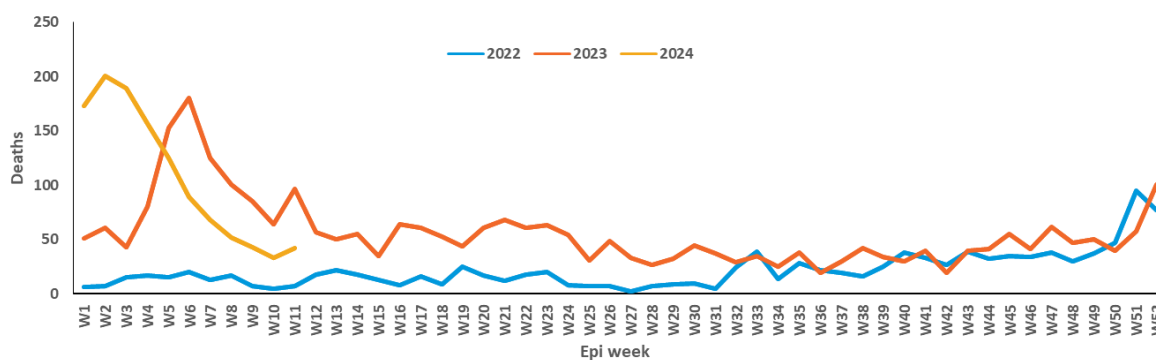


Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 17 March 2024



Country specific updates



The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

As of 17 March 2024, a cumulative of 28 974 cholera cases with 603 deaths (CFR 2.1%) have been reported from the ten provinces. In week 11 of 2024 new cases increased by 9.5% from 916 in week 10 to 1 030. New deaths also increased by 38.5% from 13 in week 10 of 2024 to 18. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (11 236), Manicaland (6 281), and Mashonaland Central (3 466) which account for 72.4% (20 983 cases). The case fatality ratio (CFR) in week 11 was 1.8%, higher than a CFR of 1.4% reported in week 10.

As of 17 March 2024, sixty-two (62) districts have reported at least a case of cholera.

Figure 5: Epicurve of Cholera outbreak in Zimbabwe as of 17 March 2024

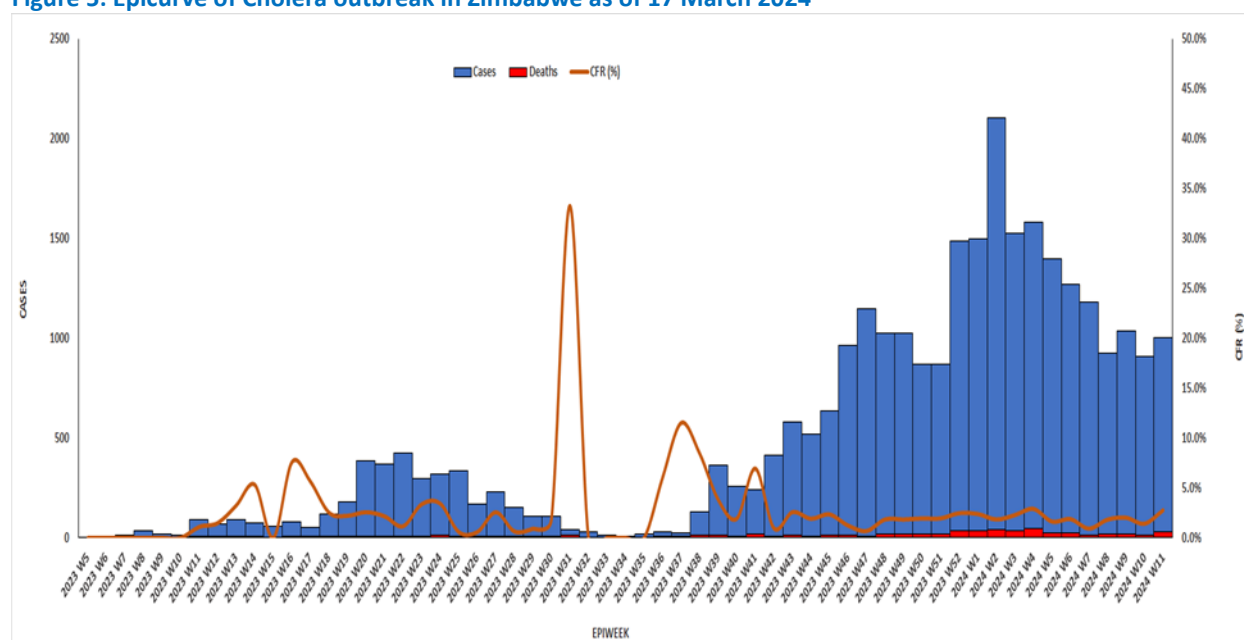
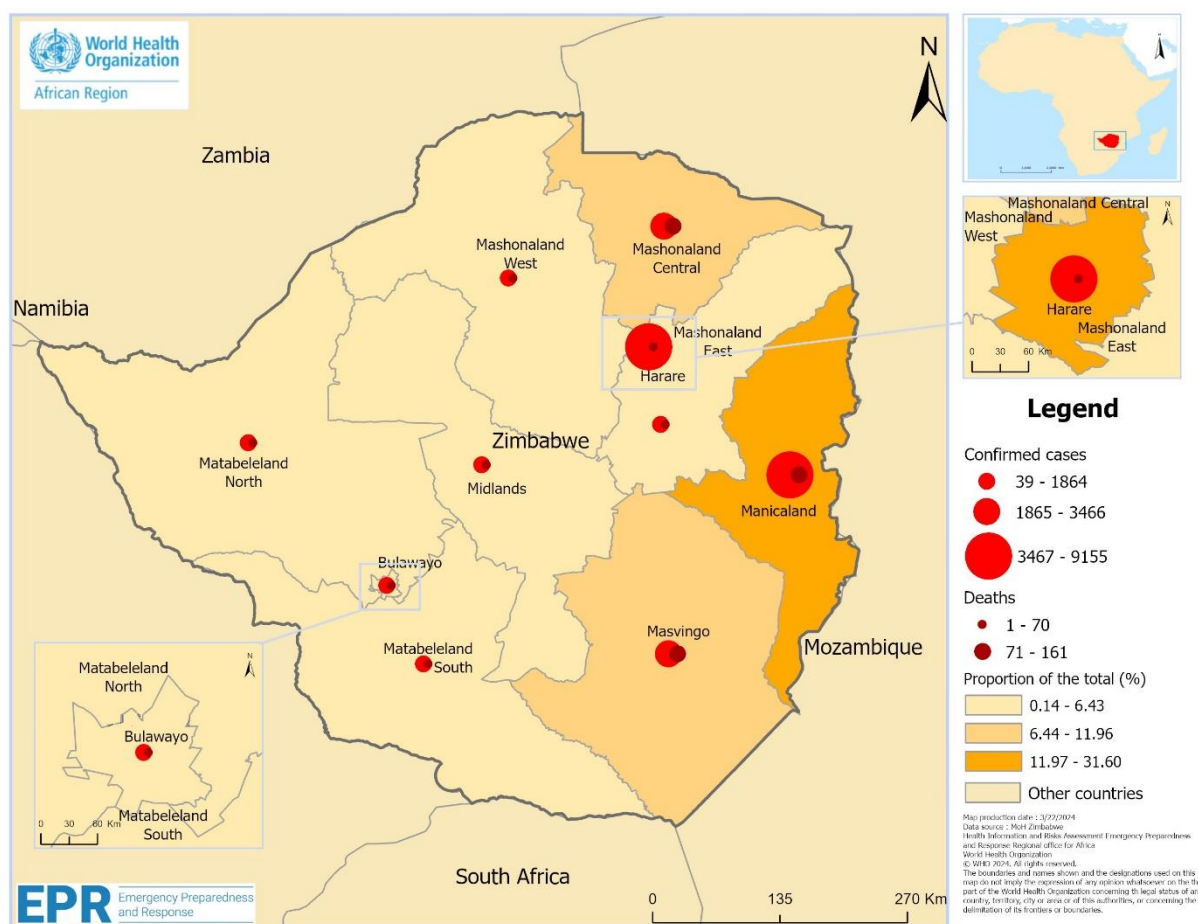


Figure 6: Map of Zimbabwe showing cholera affected provinces as of 17 March 2024



Public Health Actions

- A total of 25 cholera kits (tents, beds, drugs, IV fluids, ORS, PPEs,) were handed over to the MoHCC.
- A total of six oral rehydration points (ORPs) were set up in Mbire and one in Hwange.
- Cholera commodities were dispatched from WHO to the National Pharmacy Central Warehouse which contained 4 cholera kit central module drugs (1.1); 2 cholera kit central module renewable supplies; 8 cholera kit periphery module drugs (2.1); 5 cholera kit periphery renewable supplies (2.2); 4 cholera kit community module drugs (3.1); 1 cholera kit periphery module logistics (2.4); gowns (10 000); 14 x 48 square meter tents; and 10 rolls of boundary fence.

Challenges/Gaps

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Lack of consumables for water quality testing.



Cumulatively this year, as of 17 March 2024, there have been 21 755 reported cases and 709 deaths (CFR = 3.3%). In week 11 of 2024, new cases decreased by 19.9% from 562 in the previous week to 450. New deaths however increased from two deaths in the previous week to six. 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. Heroes' stadium as a central treatment centre has been closed and handed over to the Ministry of Sports.

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. To scale up access to care and further reduce deaths, decentralization of care has been scaled up through establishment of oral rehydration points and cholera treatment units closer to communities. Ndola, the third largest city in the Copperbelt province is the industrial and commercial centre of the province. It is about 10 kilometres from the border of the Democratic Republic of the Congo (DRC). There is a lot of cross border movement which also led to the cross-border transmission and outbreak in Haut Katanga province in DRC. It is important to note that the Zambian President declared a national disaster on 29 February 2024 in view of drought and crop failure.

Figure 7: Epicurve of cholera cases and deaths in Zambia as of 17 March 2024

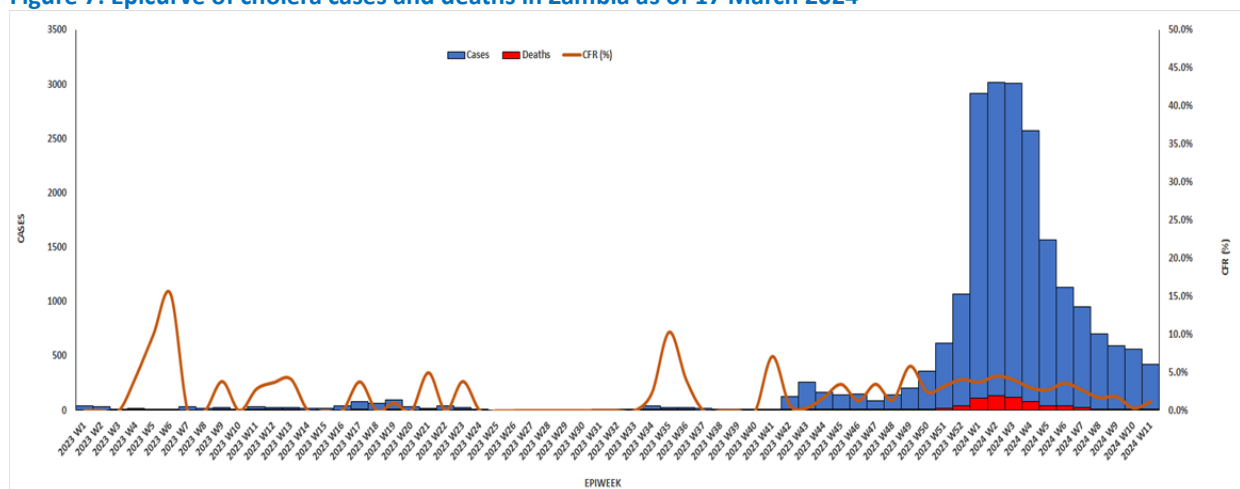
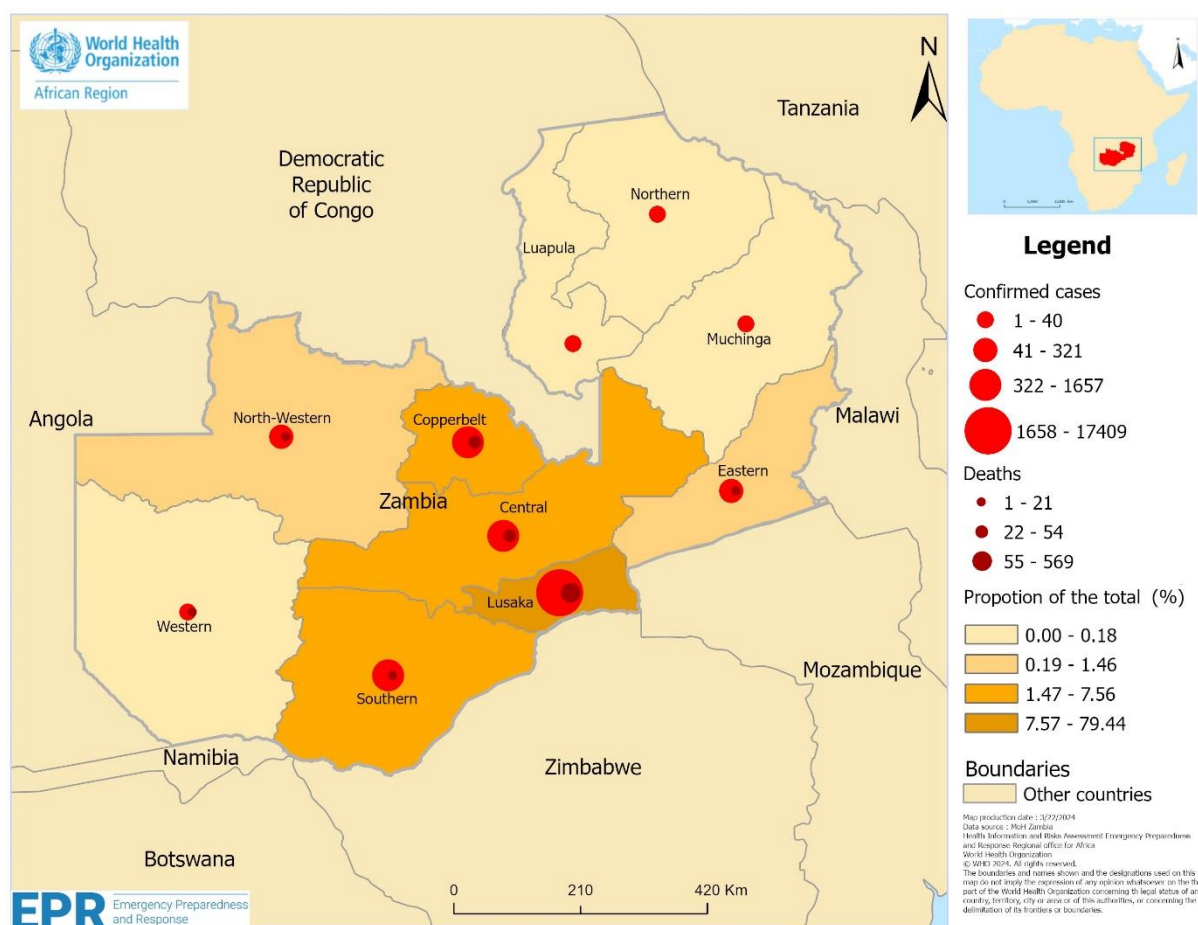


Figure 8: Map of Zambia showing cholera affected provinces as of 17 March 2024



Public Health Actions

- A total of 333 health care worker volunteers were deployed to Lusaka and Chilanga with WHO support.
- A total of 60 new cholera beds were delivered to the WFP warehouse by WHO.
- A total of 50 buckets of 45 kg of granular chlorine, 9,000 litres of liquid chlorine and 33,300 bags of oral rehydration salt sachet were delivered by the US Embassy to Zambia National Public Health Institute (ZNHPI).
- A tent was set up in Lumbembe Cholera Treatment Centre (CTC).
- A total of three drums of 120 litres were installed in Matero, George and Chipata CTCs.

Challenges/Gaps

- Limited human resources for effective support to response activities within a rapidly evolving outbreak.
- Due to stigma some families abandon those with cholera and have fear of contracting the disease.



As of 17 March 2024, cumulative number of cases and deaths are 319 and 12 respectively (CFR=3.8%). In epi week 11, new cases increased by 184.8% from 46 in the previous week to 131. There were five new deaths reported epi week 11 compared to one death in the previous week. Cases are now in the three Islands of Grande Comore, Mwali and **Ndzuwani**. The outbreak persists in Ngazidja, particularly in the Central District, where the capital city, Moroni, is situated. In Grande-Comore, five out of seven districts are affected. However, the Central District stands out as the epicenter of the epidemic. Cholera cases have been reported in various neighborhoods within Moroni, including Hankounou, Wireless, Bacha, Badjanani, Naziko, and Coulée. All three Island have now been affected with cases on the increase in Ndzuwani in Anjouan Island which is densely populated.

The Ministry of Health of Comoros officially declared an outbreak of cholera on 2 February 2024.

Figure 9: Epicurve of cholera outbreak in Comoros as of 17 March 2024

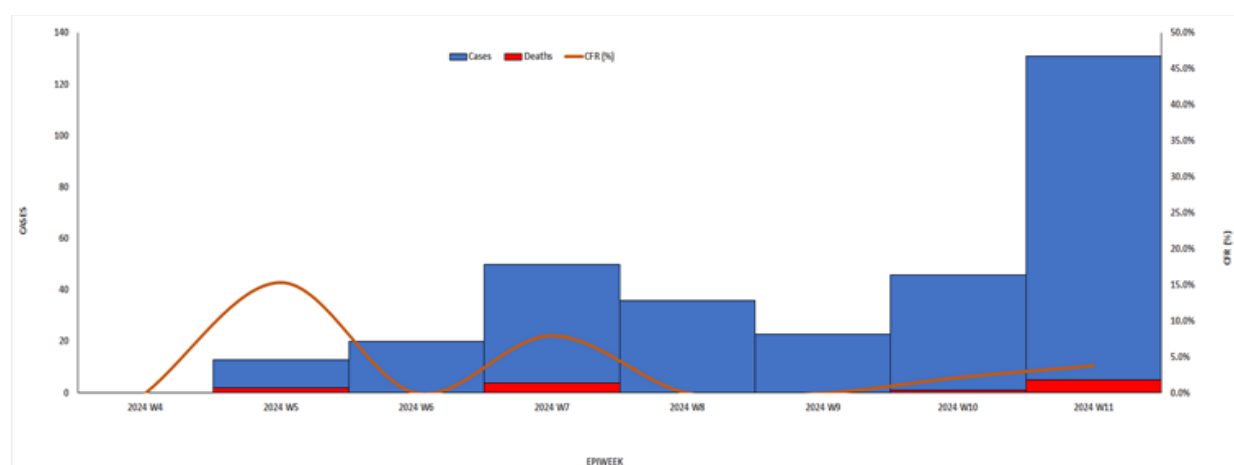
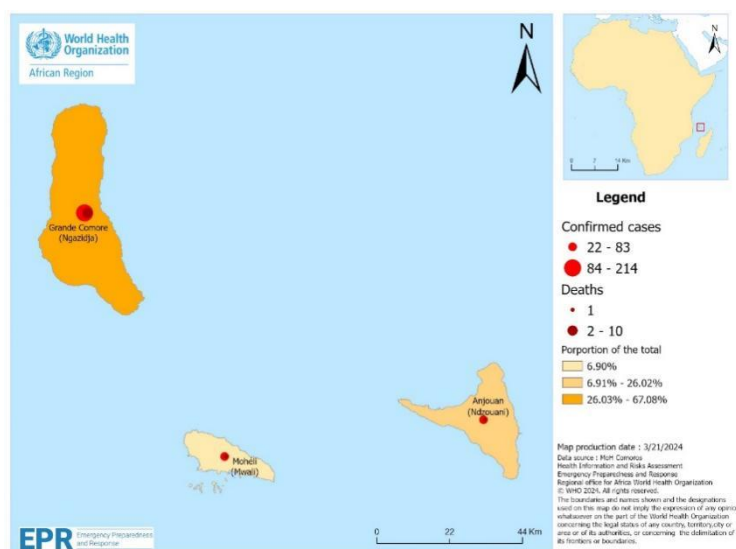


Figure 10: Map of Comoros showing cholera affected areas as of 17 March 2024



Public Health Actions

- A team of responders were trained on the case area targeted intervention (CATI) strategy by WHO.
- A total of 20 journalists were trained on risk communication and crisis communication with the support of COMPASS and UNICEF.

Challenges/Gaps

- Insufficient human resources for the investigation of confirmed cases and the follow-up of contacts of confirmed cases.
- Insufficient picot beds in Anjouan.
- Late reporting of investigated cases.
- Resistance of the infected persons to go to health facilities for treatment.

United Republic of
Tanzania

Grade 3

Cumulative Cases
2 902

Cumulative Deaths
55

CFR
1.9%

The cumulative number of cases from the country since 22 January 2023 to 16 March 2024 are 2 902 and 55 deaths with a CFR= 1.9%. In week 11 of 2024, new cases decreased by 36.1% from 208 in week 10 to 133. In week 11 of 2024, new deaths decreased by 33.3% from three deaths in the previous week to two new deaths. The regions with active cases are Dar es Salaam, Dodoma, Kagera, Katavi, Manyara, Morogoro, Mwanza, Rukwa, Shinyanga, Simiyu and Singida.

Figure 11: Epicurve of cases and deaths in United Republic of Tanzania as of 16 March 2024

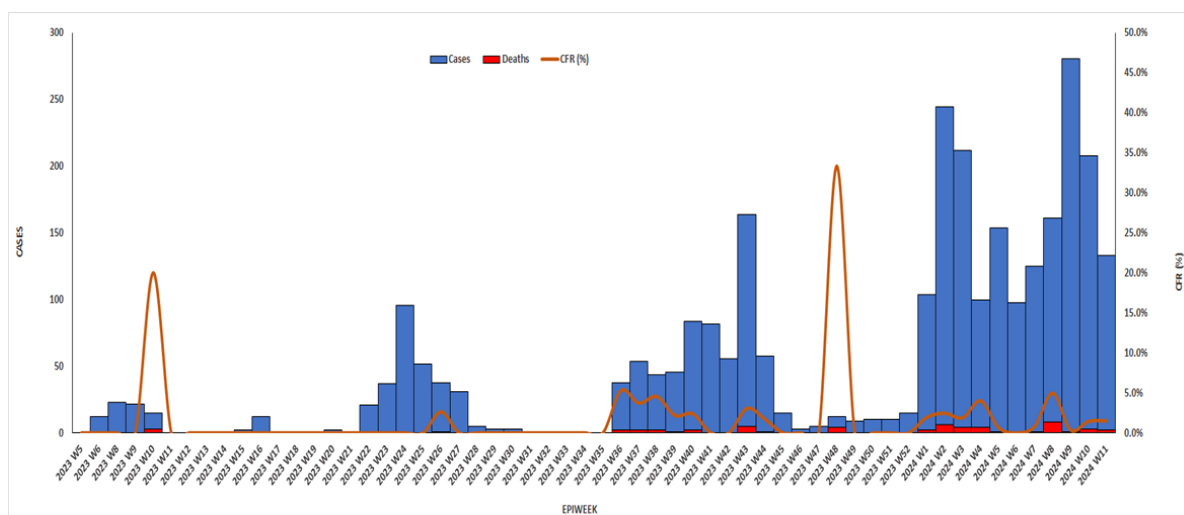
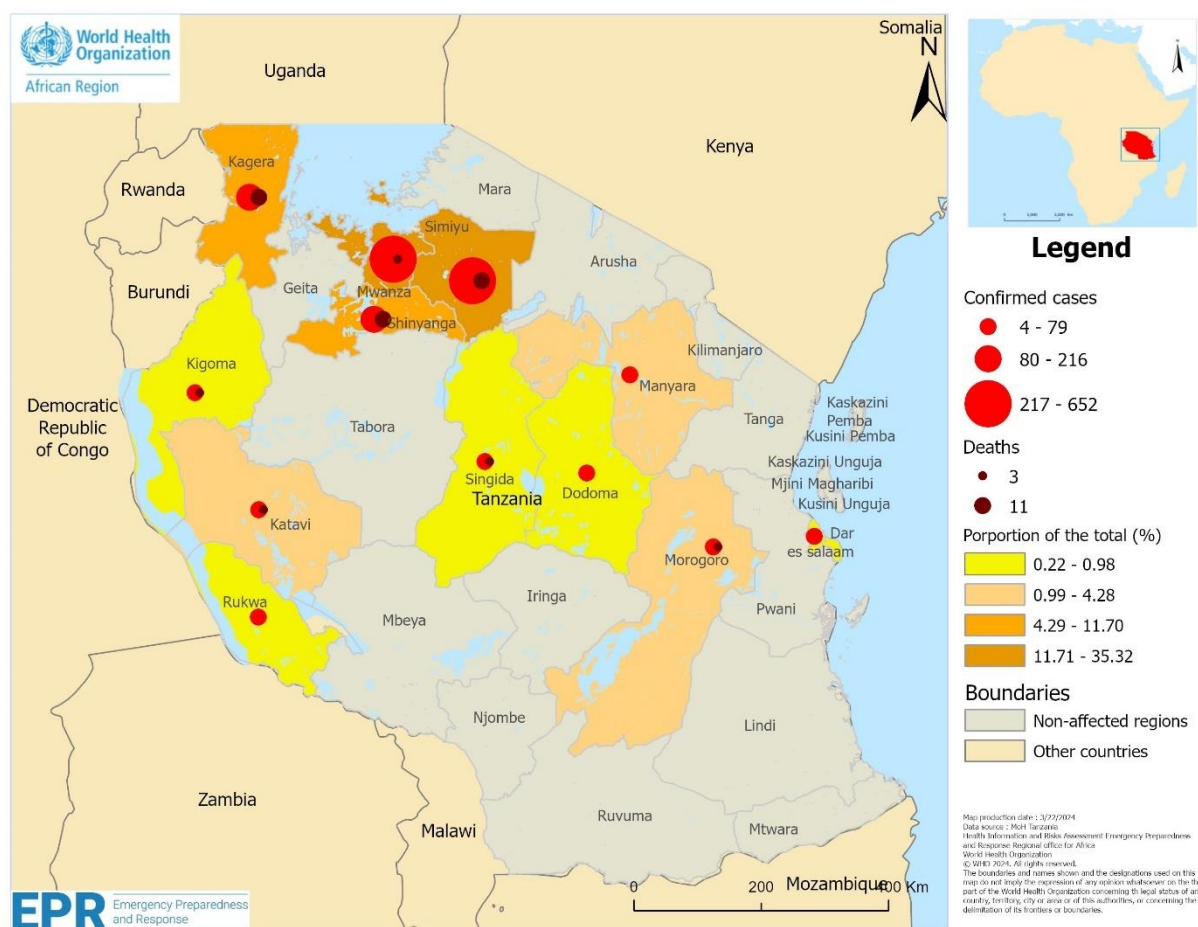


Figure 12: Map of United Republic of Tanzania showing cholera affected areas as of 16 March 2024



Public Health Actions

- A total of 61 health care workers working in four CTCs were oriented in Mwanza and Kagera regions for strengthening case management and IPC practices during cholera outbreak.
- A total of 11 oral rehydration points (ORPs) were established in hotspots reporting high number of cases in Mwanza and 5 islands in Kagera region.
- Travelers' health screening on 21 775 passengers arriving and departing from countries with cholera outbreaks was conducted with no symptoms and signs of cholera found among the passenger
- Water Quality testing was conducted at 23 Points of Entry to monitor residual chlorine at 49 draw points out of which 28 (57%) were found to have free residual chlorine. Measures were taken to chlorinate water sources to ensure safe water supply.
- Medical supplies were distributed to Singe CTC and Babati DC hospital CTC in Manyara region.


Challenges/Gaps

- Difficulty accessing all affected areas due to poor road infrastructure.
- Inadequate fund to support response interventions.
- Inadequate clean and safe water supply.
- Inadequate hand washing facilities at households and public facilities

- A total of 491 households were provided with health education on cholera prevention in Babati DC In Manyara by the RCCE experts.
- A total of 491 households were inspected and supplied with 24 550 aqua tabs Babati DC in Manyara region by the WASH team.
- A total of 30 facilities were visited for active cases search and sensitization on alert reporting. Also, 30 health care workers and 50 community health workers were trained on early warning, detection of alerts and alert reporting in three Municipalities (Temeke, Ubungo and Kinondoni) in collaboration with Amref, in Dar es salaam by the surveillance team.
- A total of 104 203 households were inspected by CHWs in Gichameda and Kisangaji respectively and educated on cholera prevention and household water treatment using aqua tabs and boiling, water quality testing was conducted in 15 homes across both locations.

Burundi

Grade 3

Cumulative Cases
 **1 472**

Cumulative Deaths
 **9**

CFR
0.6%

As of 17 March 2024, a cumulative total of 1 472 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 11 of 2024 new cases decreased by 60.0% from 10 new cases in the previous week to four 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 Gatumba (DS Isare), Buterere I (DS Bujumbura Nord), Gihosha (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Rukana II (DS Cibitoke) and Buterere II (DS Bujumbura Nord) with 145, 112, 108, 107, 86 and 80 confirmed cases respectively.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. The epicurve (figure 13) shows the effort in controlling the outbreak with cases peaking at epi week 38 of 2023 before the steady decline of cases till epi week 51 of 2023. There has been an average of about 10 cases weekly, the CFR remained low since epi week 24 of 2023 with no death reported.

Figure 13: Epicurve of cases and deaths in Burundi as of 17 March 2024

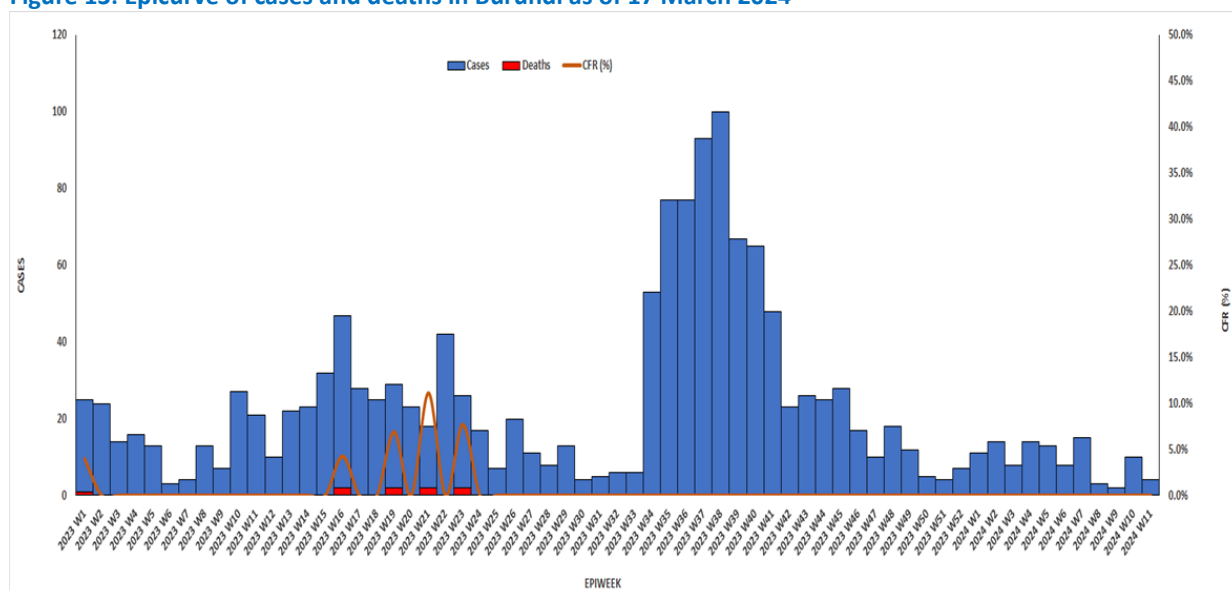
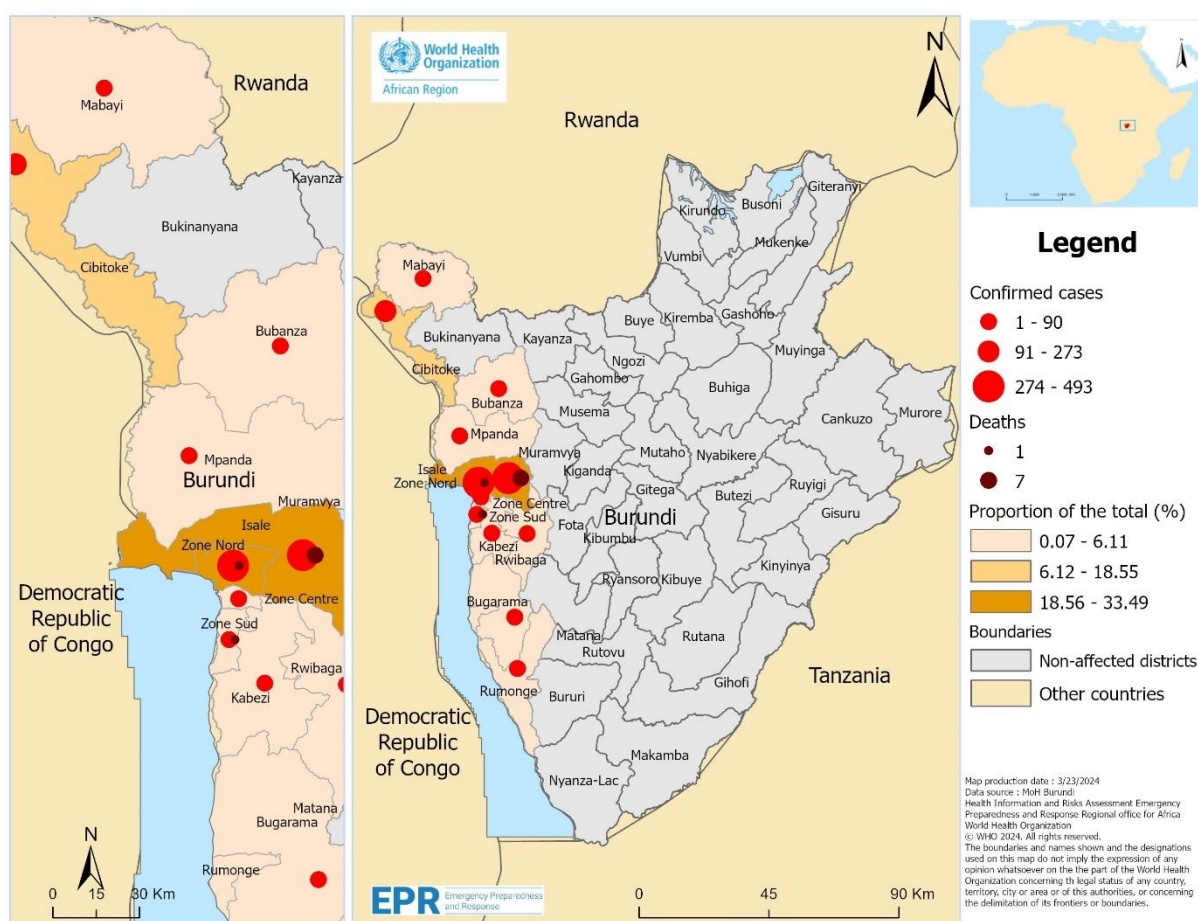


Figure 14: Map of Burundi showing cholera affected areas from October 2022 to 17 March 2024



Cameroon

Grade 3

Cumulative Cases
20 649

Cumulative Deaths
484

CFR
2.3%

Cumulatively, from 1 January 2022 to 17 March 2024, Cameroon has reported 20 649 cases with 484 deaths (CFR = 2.3%). No new case nor death was reported in week 11 of 2024. The situation in the situation is stable with sporadic cases.

Figure 15: Trend of cholera cases in Cameroon from October 2021 to 17 March 2024

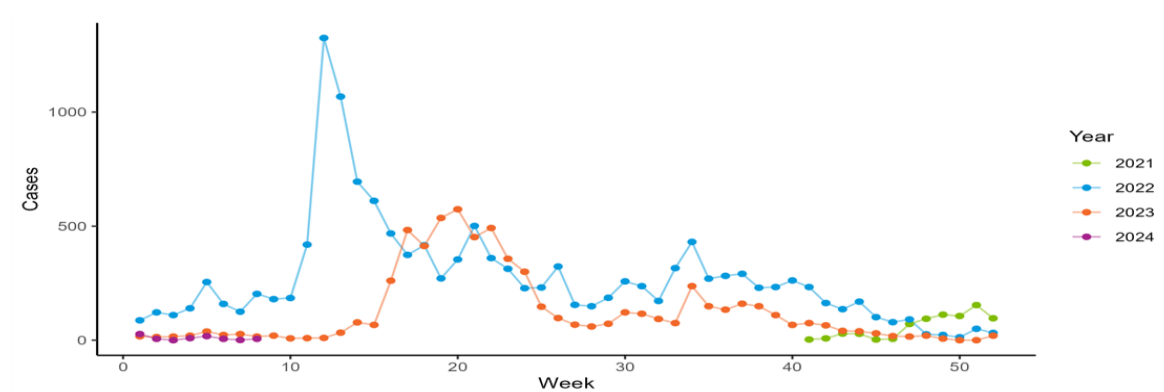
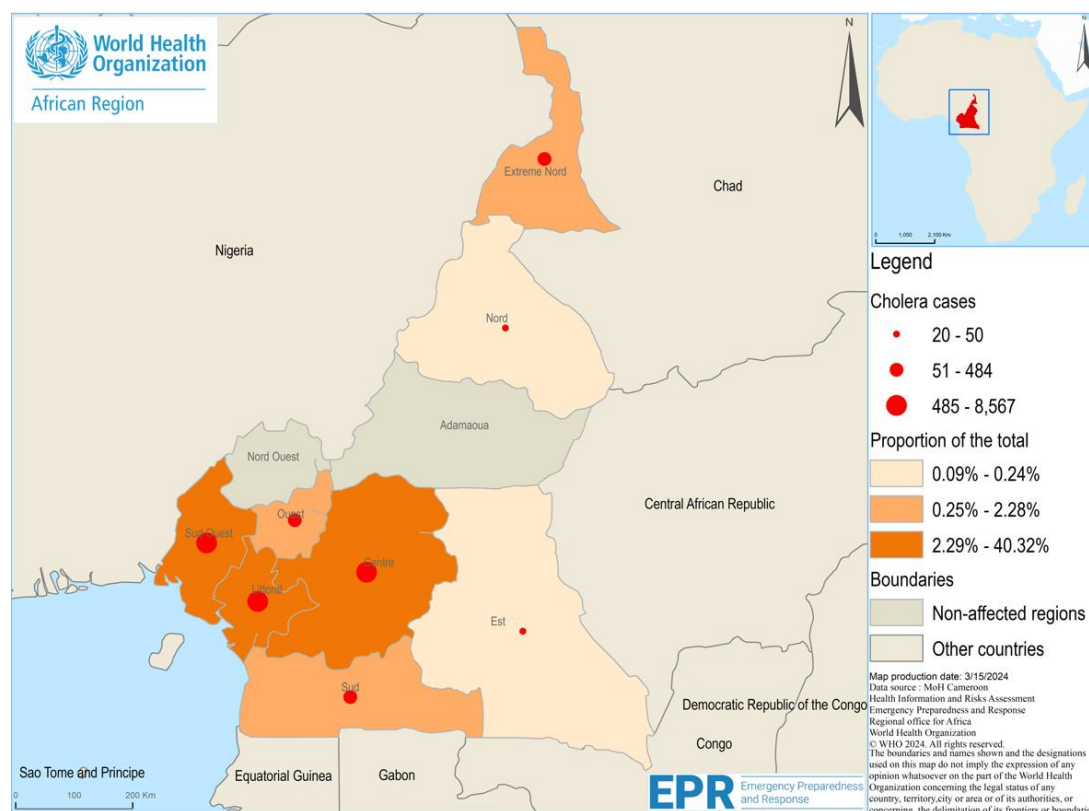


Figure 16: Map of cholera cases in Cameroon from October 2021 to 17 March 2024





As of 17 March 2024, Ethiopia reported a cumulative case total of 37 996 with 526 deaths (CFR = 1.4%). In week 11 of 2024, new cases decreased by 34.1% from 546 to 360. New deaths in week 11 decreased by 66.7% from three deaths in the previous week to one. The cholera outbreak is currently active in 59 woredas spanning eight regions: Somali (28 woredas), Oromia (10 woredas), Dire Dawa (7 woredas), Afar (5 woredas), SER (3 woredas), Sidama (2 woredas), Harari (2 woredas) and CER (2 woredas). A total of 214 cholera treatment centres (CTCs), 142 cholera treatment units (CTUs), and 529 functional oral rehydration points (ORPs) have been established in affected regions.

Figure 17: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 17 March 2024

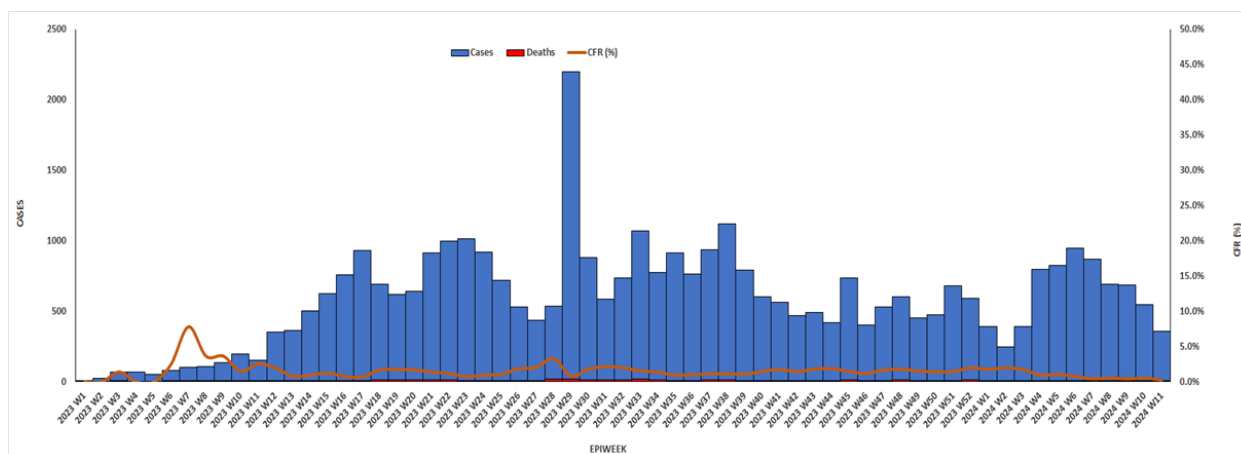
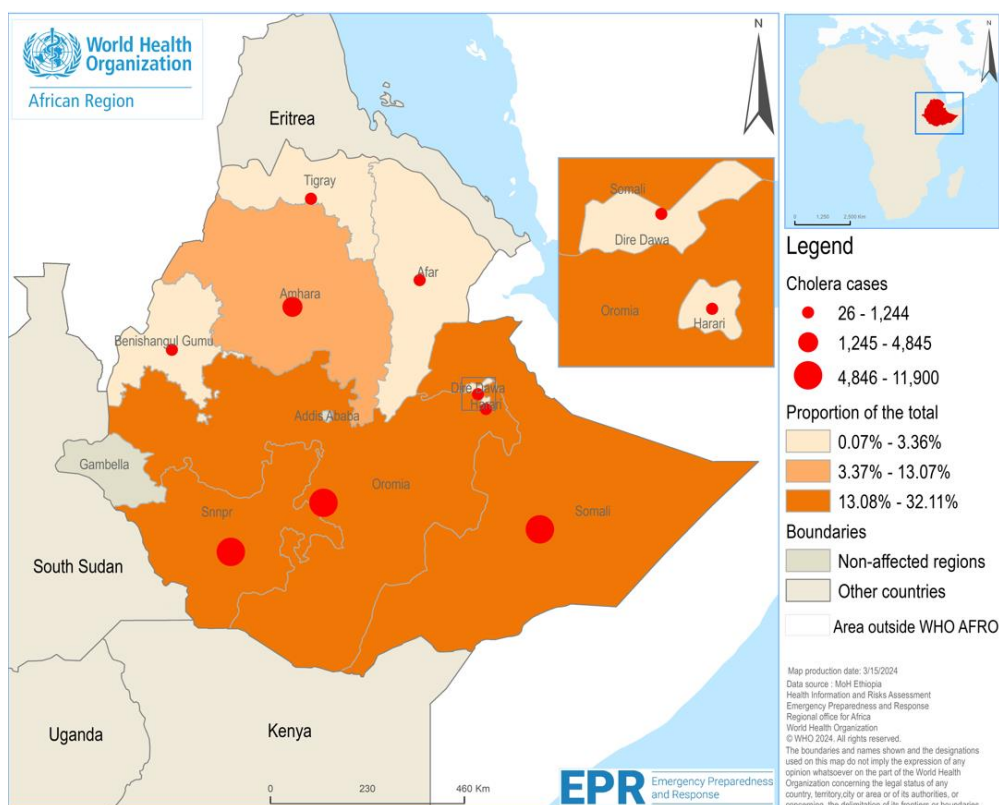


Figure 18: Map of Cholera outbreak in Ethiopia from October 2022 to 17 March 2024



Public Health Actions

- A comprehensive orientation and mentoring of 40 healthcare workers (HCWs) was conducted on essential Infection Prevention and Control (IPC) measures and standard precautions, as well as effective cholera case management.
- An oral cholera vaccination campaign was conducted in Jijiga city, Kebridahar city and Kabridahar woreda targeting 298 920.
- A total of 286 077 persons were vaccinated with overall coverage rate of 96%. WHO supported the technical and logistics component of the campaign.
- Reprioritization of woredas for about 100,000 OCV doses leftover from Tigray campaign under process for approval by ICG secretariat.
- Water quality monitoring and sanitary surveys were conducted on 10 drinking water samples (six from South Ari Woreda of Ari Zone, South Ethiopia Region, and four from Yabelo town of Borena Zone, Oromia region). Results showed the presence of E. coli in South Ari Woreda (100%) and on-site guidance for improving water quality and safety was provided.
- Monitoring and evaluation systems to effectively track progress and evaluate the impact of risk communication and community engagement initiatives were conducted in Jigjiga, Kabridahar, and Godey town of the Somali region.
- Cholera RDT kits to test 120 samples were dispatched to Afar by WHO.

Challenges/Gaps

- Difficulty accessing all affected areas and involving the water sector appropriately.
- Securing access to safe water, sanitation, and waste management.
- Need for human resources to match the expanding outbreak.
- Low-risk perception (risk susceptibility and severity) and adherence to preventive measures at individual and community levels.

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 of 2024, new cases decreased 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 with active but stable outbreaks are Lamu and Nairobi.

Figure 19: Epi Curve for cholera outbreak in Kenya, October 2022 – 18 February 2024

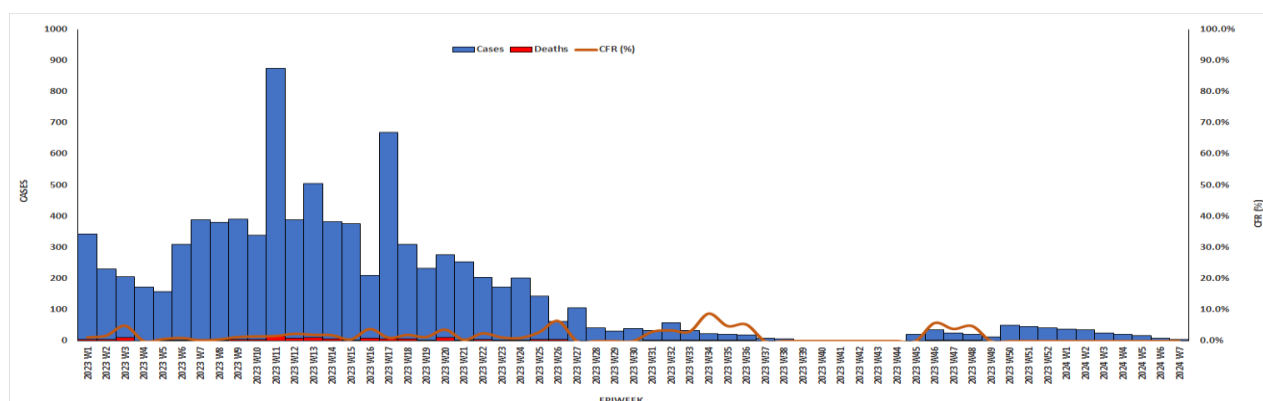
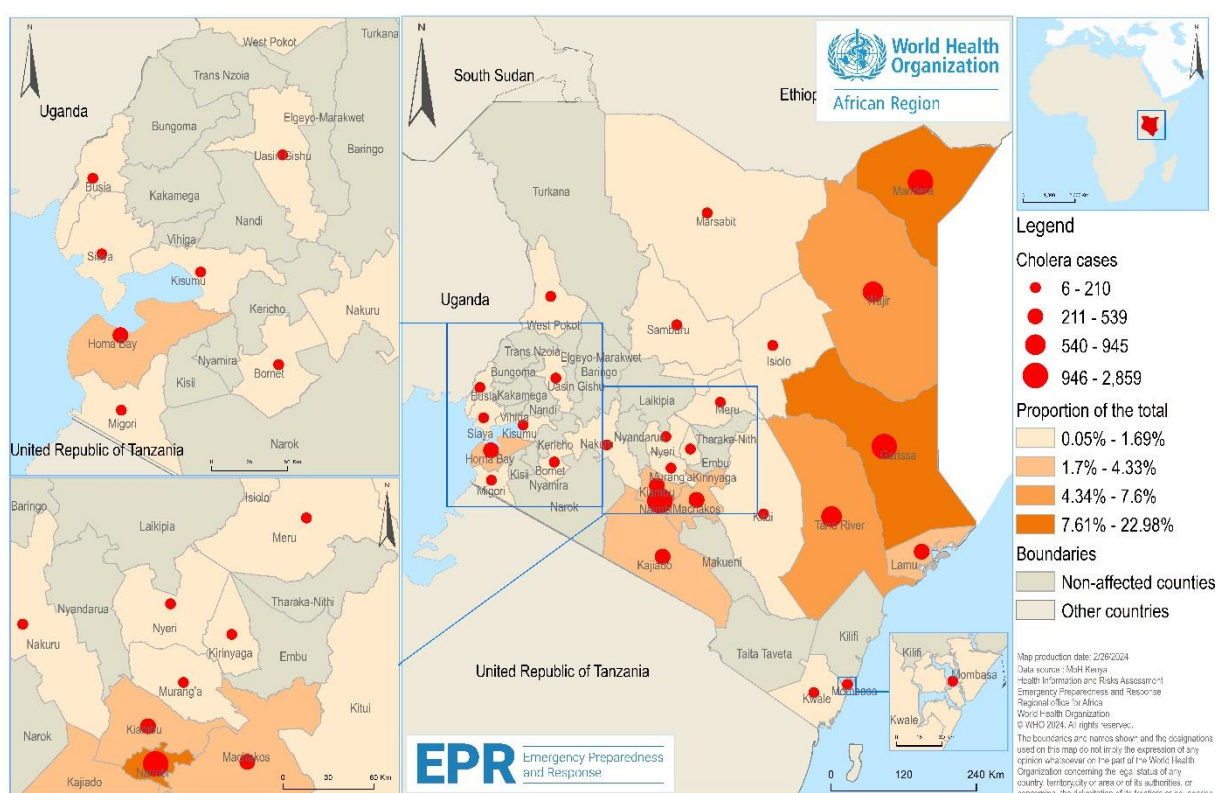


Figure 20: Map for cholera outbreak in Kenya, October 2022 – 18 February 2024



Malawi

Grade 3

Cumulative Cases
59 298

Cumulative Deaths
1 774

CFR
3.0%

A cumulative total of 59 298 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 17 March 2024. In week 11 of 2024, there was 62.5% decrease in new cases from eight in the previous week to three new cases. There was no death reported in both weeks 10 and 11. The cumulative number of deaths is 1 774 with a case fatality ratio of 3.0%.

Malawi's largest cholera outbreak of 2022/2023 was contained by Week 20 of 2023. 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. The number of cases and deaths reported in the first 9 weeks of 2024, have been significantly lower than for same period in 2023. However, the rains with potential of flooding present an ever-growing risk of escalation of cholera transmission.

Figure 21: Trend of cholera outbreak cases in Malawi, 3 March 2022 – 17 March 2024

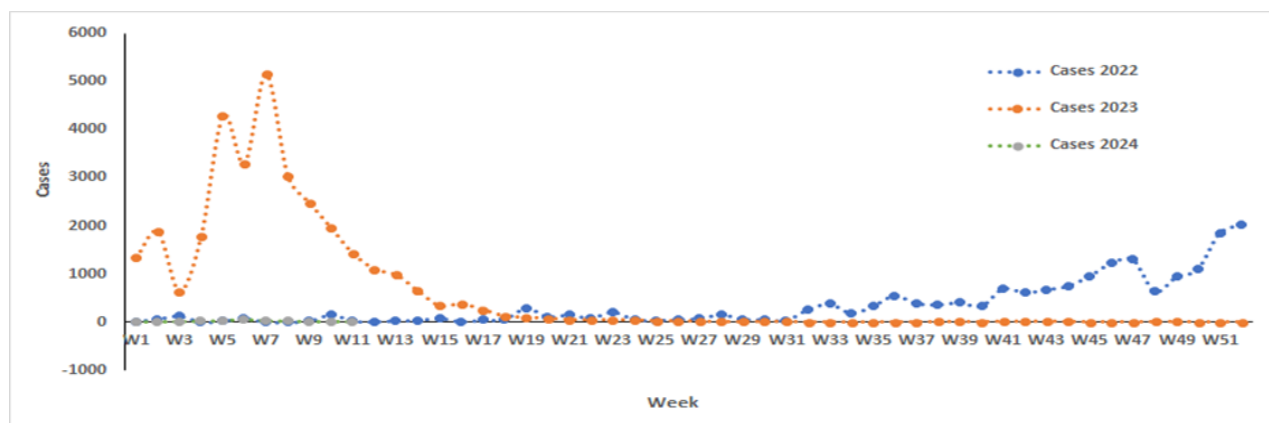
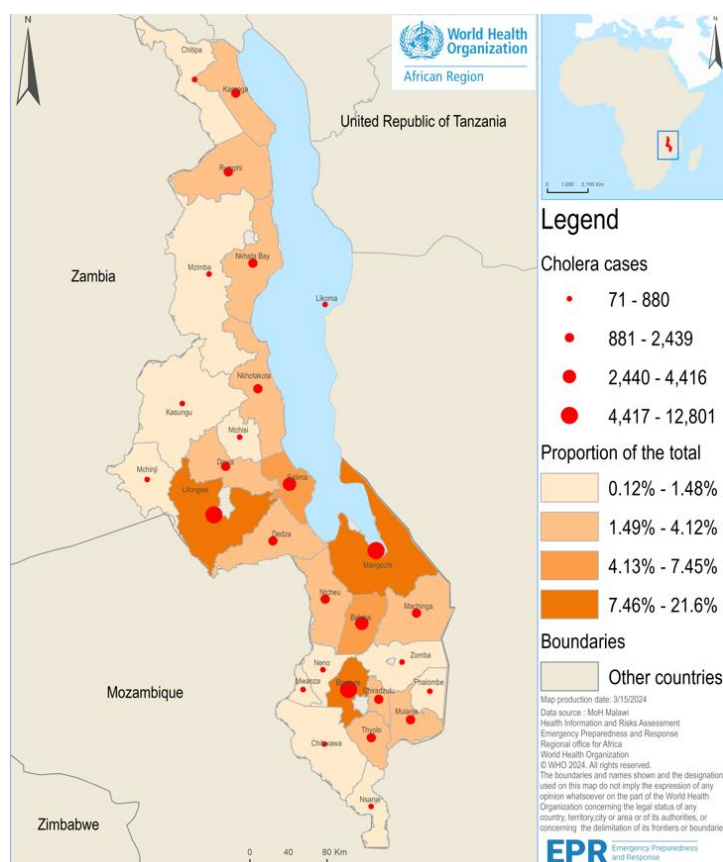


Figure 22: Map for cholera outbreak in Malawi, 3 March 2022 – 10 March 2024

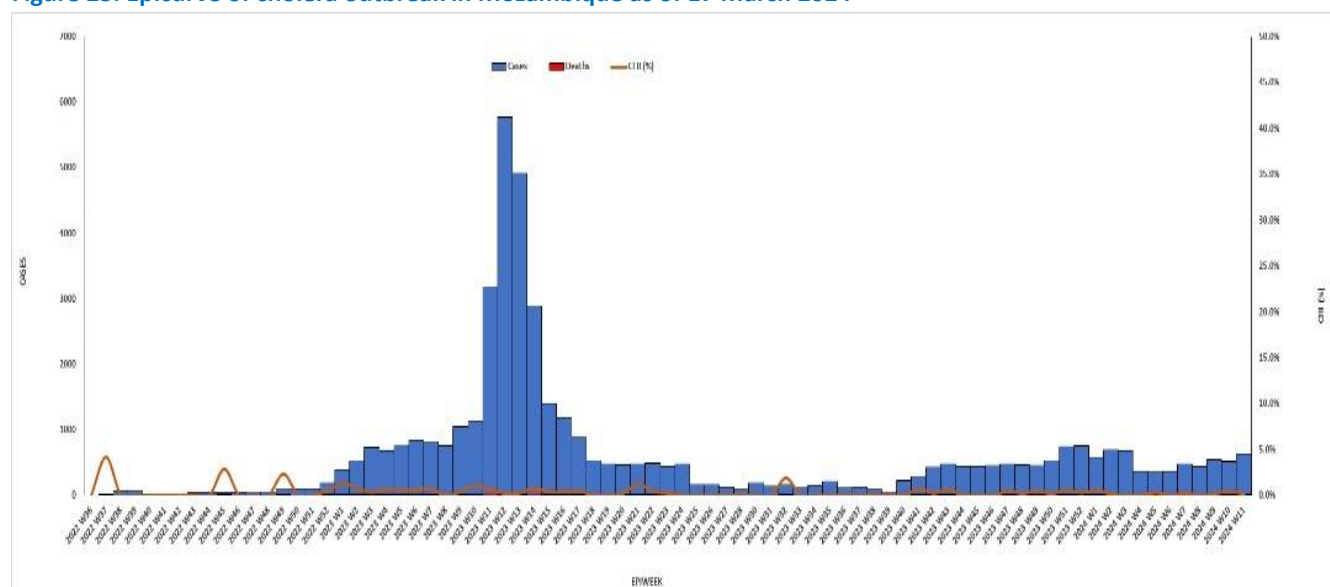




The country had reported a cumulative total of 46 597 cases, with 172 deaths (CFR 0.4%) as of 17 March 2024. In week 11 of 2024, new cases increased by 21.4% from 519 in the previous week to 630. New deaths in the reporting week decreased by 50.0% from two deaths in the previous week to one. The country is currently in its rainy and cyclone season, two factors that significantly exacerbated cholera transmission in 2023.

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 23: Epicurve of cholera outbreak in Mozambique as of 17 March 2024



Democratic Republic
of the Congo

Grade 3

Cumulative Cases
79 840

Cumulative Deaths
935

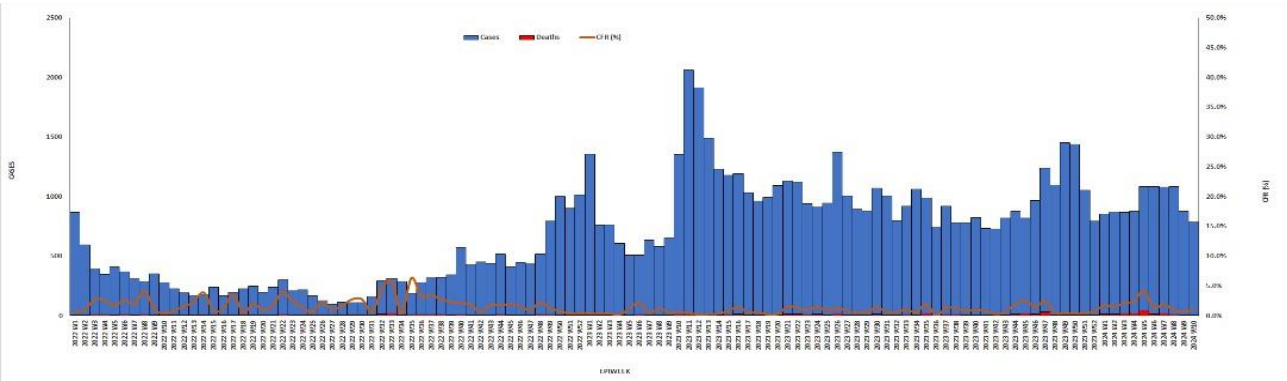
CFR
1.2%

As of 10 March 2024, the country had reported 79 840 cumulative cases, with 935 deaths (CFR = 1.2%) across 12 affected provinces. For week 10, there were 784 cases and eight deaths with the week's CFR at 1.0%. The provinces most affected are Nord Kivu, Haut Katanga and Sud Kivu. A cross border meeting of WHO country offices with Zambia was conducted on 11 March 2024.

Public health actions include establishment of alert centre in the Haut Katanga region. There was provision of 100 personal protective equipment and 150 Cary Blair transport media and 50 rapid diagnostic test kits to Kikula and CI Mura health zones.

The outbreak in Haut Katanga province was declared by the provincial government on 26 January 2024.

Figure 24: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 10 March 2024



South Africa

Grade 3

Cumulative Cases
1 395

Cumulative Deaths
47

CFR
3.4%

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

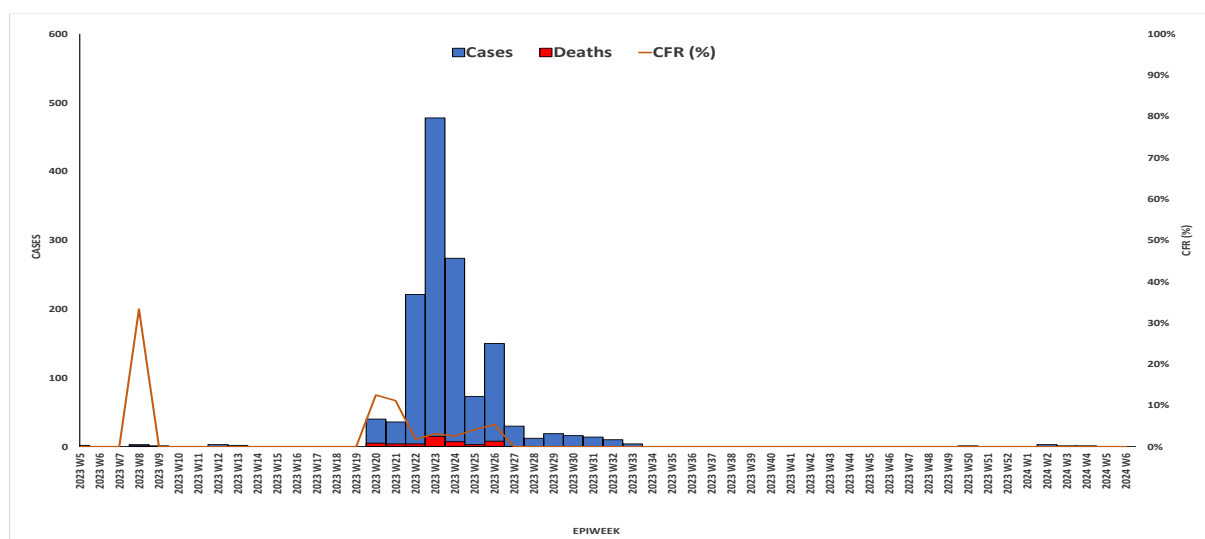
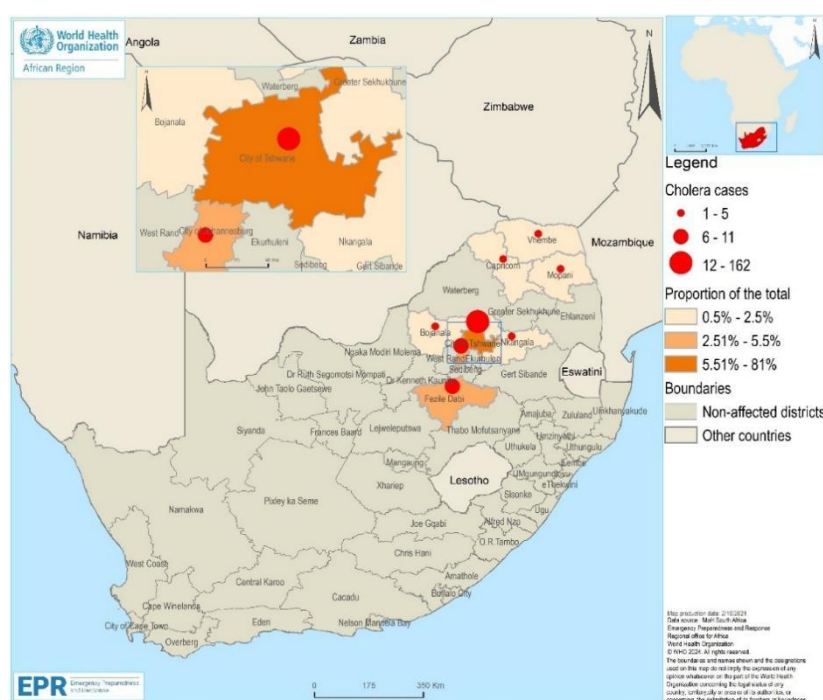


Figure 26: Map of cholera outbreak in South Africa as of 11 February 2024



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 27: Epicurve of cholera outbreak in Nigeria as of 28 January 2024

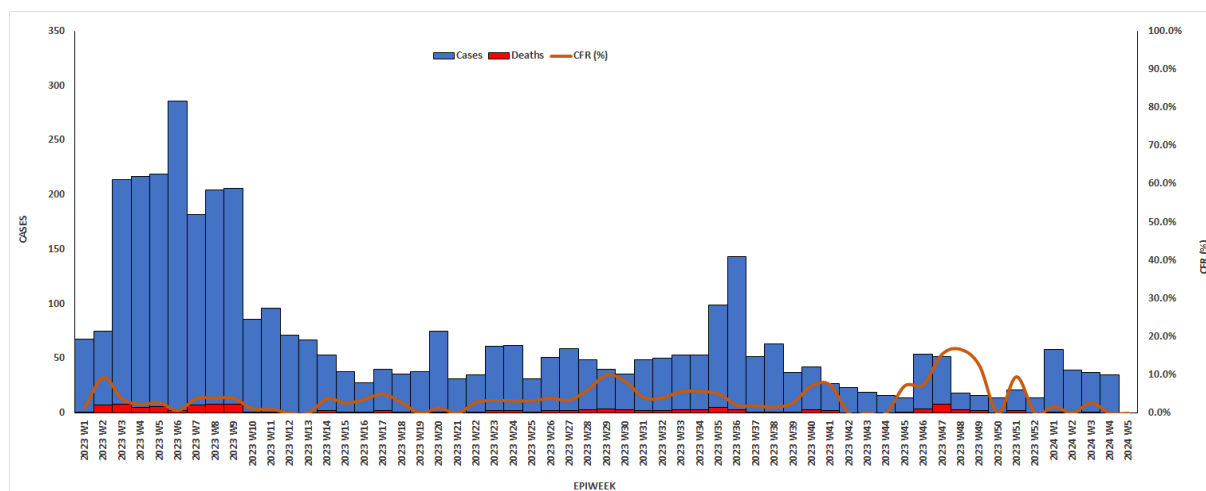
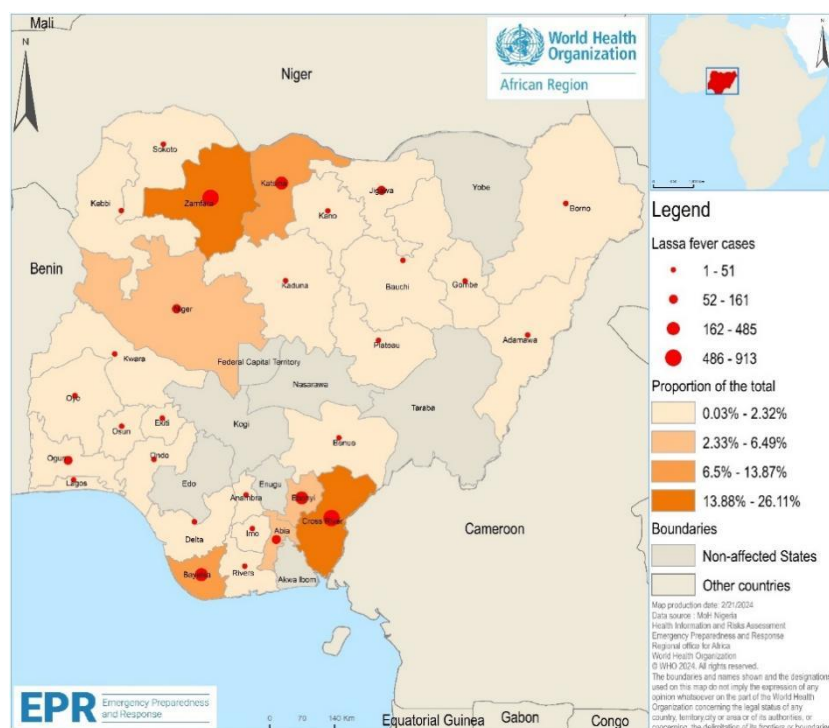


Figure 28: Map of cholera outbreak in Nigeria as of 28 January 2024



Uganda

Grade 3

Cumulative Cases



101

Cumulative Deaths



10

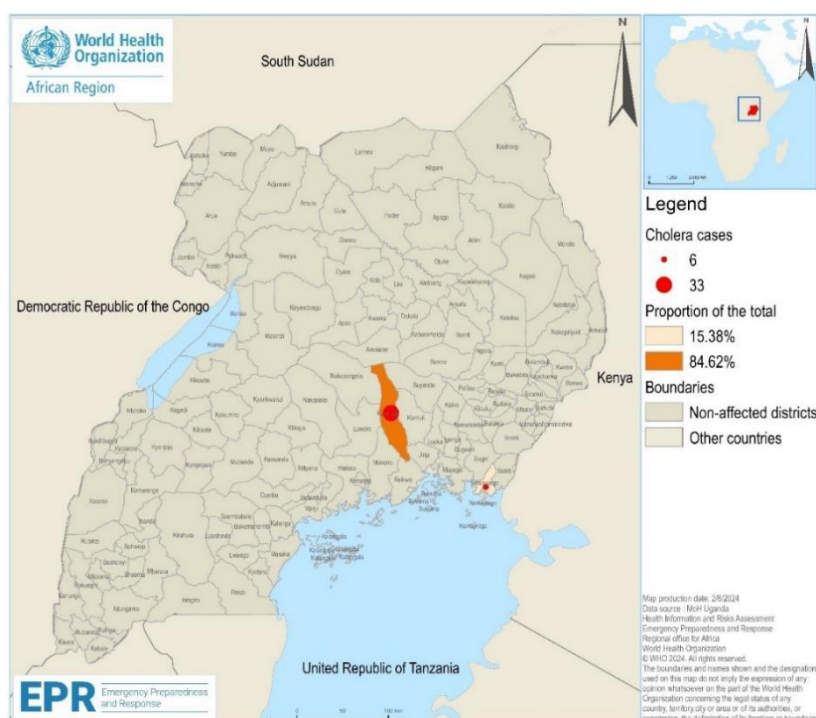
CFR

9.9%

As of 10 March 2024, the total cumulative cases and deaths since July 2023 were 101 and 10 respectively (CFR-9.9%). In 2024, there have been 20 new cases and no deaths reported.

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).

Figure 29: 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 rain and cyclone season in Southern African and the predicted above normal rainfall for greater Horn of Africa between March and May 2024, call for sustained cholera readiness and strengthen responses to interrupt transmission in countries with active outbreaks.

The epicurve of cases is declining, however, the number of cases in the first 10 weeks of 2024 is higher than the cumulative cases reported in 2022 and 2023 within the same timeframe.

WHO ACTIVITIES

Readiness:

- Twenty-Eight (28) countries under category 1 for cholera readiness: category 1 implies that the country is currently in outbreak with unaffected districts or at risk of cross border transmission or has limited capacity using cholera readiness checklist assessment tool.
- Ongoing Cholera implementation of cholera readiness measures in Madagascar in view of the cholera outbreak in Comoros.
- 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.
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.
- A readiness meeting the South Sudan WHO country office was conducted with respect to the outbreak in Sudan and the risk of importation of cases.

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.
- Developed and published the 2024 Regional Strategic Preparedness, Readiness and Response Plan for Cholera.
- Deployment of technical staff to countries as requested to address gaps in the response is ongoing.
- Cross-border collaborations on cholera response is being facilitated between Zambia and DRC as well as Zambia and Zimbabwe.
- Provision of essential medical supplies and cholera kits to countries in outbreak is ongoing.
- Technical support to countries for OCV post campaign coverage survey in Zambia and Zimbabwe is ongoing.



World Health
Organization

African Region

**For additional information, please
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Photo credit: WHO Zimbabwe- supporting MoHCC Zimbabwe in battling the cholera outbreak with essential medical supplies, treatment kits and deployment of experts for training and case management support.

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