

**Guinea(/country/gin)**

## Evading the cholera epidemic

News and Press Release

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CONAKRY, 12 December 2011 (IRIN) - With just two cholera cases reported in 2011 Guinea escaped a West and Central Africa-wide cholera epidemic that infected 85,000 people and killed 2,500 in the first ten months of 2011. [ <http://www.irinnews.org/report.aspx?reportid=93949> ] Luck, as well as targeted prevention efforts on the part of aid agencies and the government, brought this about, specialists told IRIN, but a far deeper overhaul of the water and sanitation system is needed country-wide to diminish the likelihood of such disease outbreaks in the long term.

After a cholera outbreak in 2009 the government and aid agencies boosted prevention efforts - making chlorine to sterilize water more readily available, spreading hand washing and clean water storage messages, and improving access to drinking water in schools and villages. These efforts have paid off: "Cholera is one of the few highlights" in Guinea this year, said UNICEF head in Guinea, Julien Harneis.

Fish feces and hand washing

Prevention worked better than in the past partly because aid agencies have developed a more sophisticated understanding of what drives cholera country by country. In coastal areas of Guinea, including the capital Conakry, fish proved to be an effective cholera host - passing on the disease through their feces at markets across the city.

Cases dropped significantly once the fish storage and transportation process was cleaned up, said aid workers. "Approaches to cholera treatment and prevention are more sophisticated now - and are based on more in-depth scientific understanding," said Harneis, who had recently returned from a regional workshop in Senegalese capital, Dakar on how cholera is spread in the region.

A cholera emergency contingency team made up of representatives from the Ministry of Health, the International Committee of the Red Cross, administrators from the principal hospital, Donka, NGOs such as Action Contre la Faim and UN agencies, including UNICEF, now meets regularly to discuss early warning and response.

While both hygiene practices and access to clean water are the problems in Guinea, the latter is an issue of pollution rather than access - some 95 percent of Conakry residents have access to drinking water- and the country, known as the reservoir of West Africa, is flush with fresh water sources.

When it comes to hygiene, one marker of poor practices is that diarrhoea prevalence is similar in areas with high or low access to clean water, and in Conakry is double that of rural regions. -

WASH head at UNICEF in Guinea, Lalit Patra, told IRIN: "The vast majority of people use unsanitary shared latrines and the seaside is used for defecation in large parts of the city."

More emphasis needs to be put on improving water storage, in closed, clean containers, according to UNICEF.

NGO Action contre la faim attacks cholera prevention from all sides - conducting street theatres to warn residents of at-risk neighbourhoods of how to contract and prevent cholera, backed up by house-to-house visits where they distribute hygiene kits and give further advice.

In Matoto in northeast Conakry, a scary-looking actor, personifying cholera, infects all who approach him. In the question and answer session following the skit, animator Kablu Abubakar Mohamed asks the audience - mainly women and children - "How can someone be contaminated by cholera?" A woman grabs the microphone to answer: "With dirty hands - and when you store your water well," she said.

Hand washing and other hygiene practices have improved, Joint National Director of Community Health, Hawa Touré, told IRIN. "People are doing better - they wash their hands, there are more toilets in schools, but there remains too much to do."

Lots of water, but is it clean?

Emergency prevention and response in Guinea is working well now, but a more holistic water and sanitation strategy is needed to prevent future outbreaks, said Lalit Patra, head of WASH at UNICEF.

Cholera is unlikely to disappear anytime soon - the nature of cholera has changed in the region, to become 'hyper-endemic' - that is, ever-present, with regular peaks, say aid agencies.

There has been no systematic water quality surveillance in Guinea to date, but it is highly likely to be dirty, as sources are not protected and sewage can enter pipes.

While the work of aid agencies such as ACF and UNICEF has had an impact - UNICEF has for instance helped build more water points and latrines in schools for instance, and has worked with communities in 120 villages to try to stop open defecation [ <http://www.irinnews.org/report.aspx?reportid=83127> ] - more resources are needed to scale up such work throughout the country, and more thought needs to go into how to make water access cheaper, said Patra.

The government, private sector and large agencies have traditionally turned to drilling boreholes as the answer to lack of water, but at \$10,000-12,000 per borehole, this approach is very expensive, said Patra. Cheaper solutions include using local equipment to manual drilling - which has been tried successfully in Chad and the Democratic Republic of Congo; installing hand-pumps; or building water pipe systems in mountainous regions. "I was shocked that nothing else had yet been tried here," he told IRIN.

Patra came to Guinea after his experience of promoting governance and community management of locally-appropriate WASH technologies in Bangladesh, Indonesia and India.

Trying alternatives would not be easy - trainers would need to be imported from abroad and a monopoly by French and Germany manufacturers of WASH parts would need to be dismantled, said Patra, who suggests India as a cheaper alternative.

But bold steps are needed to keep Guinea cholera-free in the long term. As Harneis put it: "We have been lucky.but whether or not we get cholera next year - that is the real lesson."

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Assessment

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