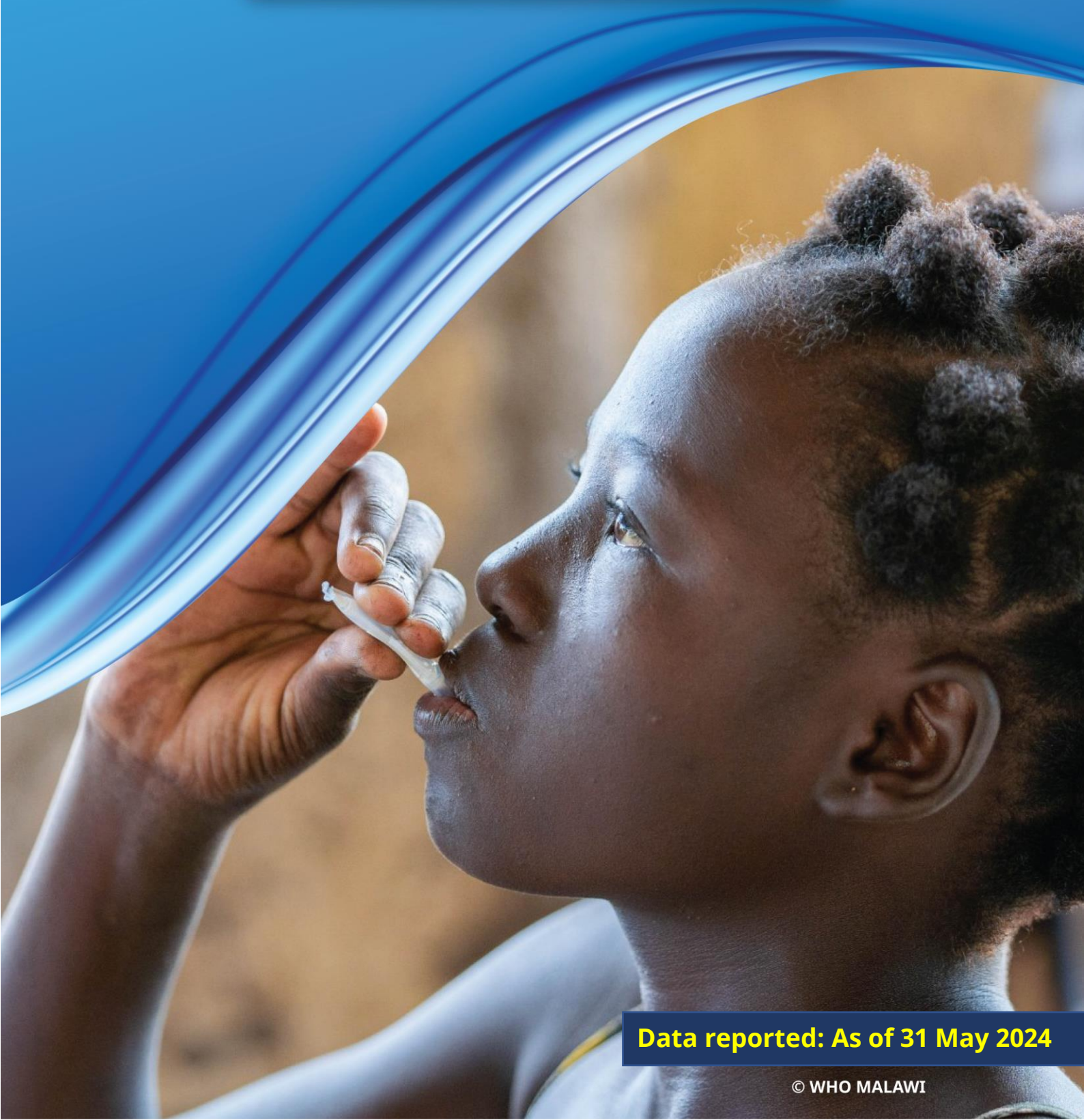


May 2024

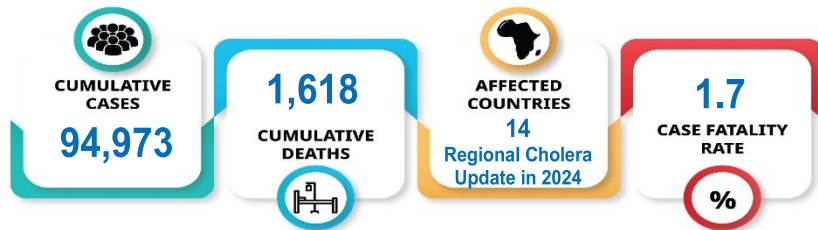
# Cholera in the **WHO African Region**

Monthly Regional Cholera Bulletin



Data reported: As of 31 May 2024

## Situation update



## Overview

The cholera outbreak in the WHO African Region in 2024 has affected 14 countries (Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe). Three countries – Comoros, the Democratic Republic of the Congo (DRC), and Ethiopia are currently categorized as being in acute crisis.

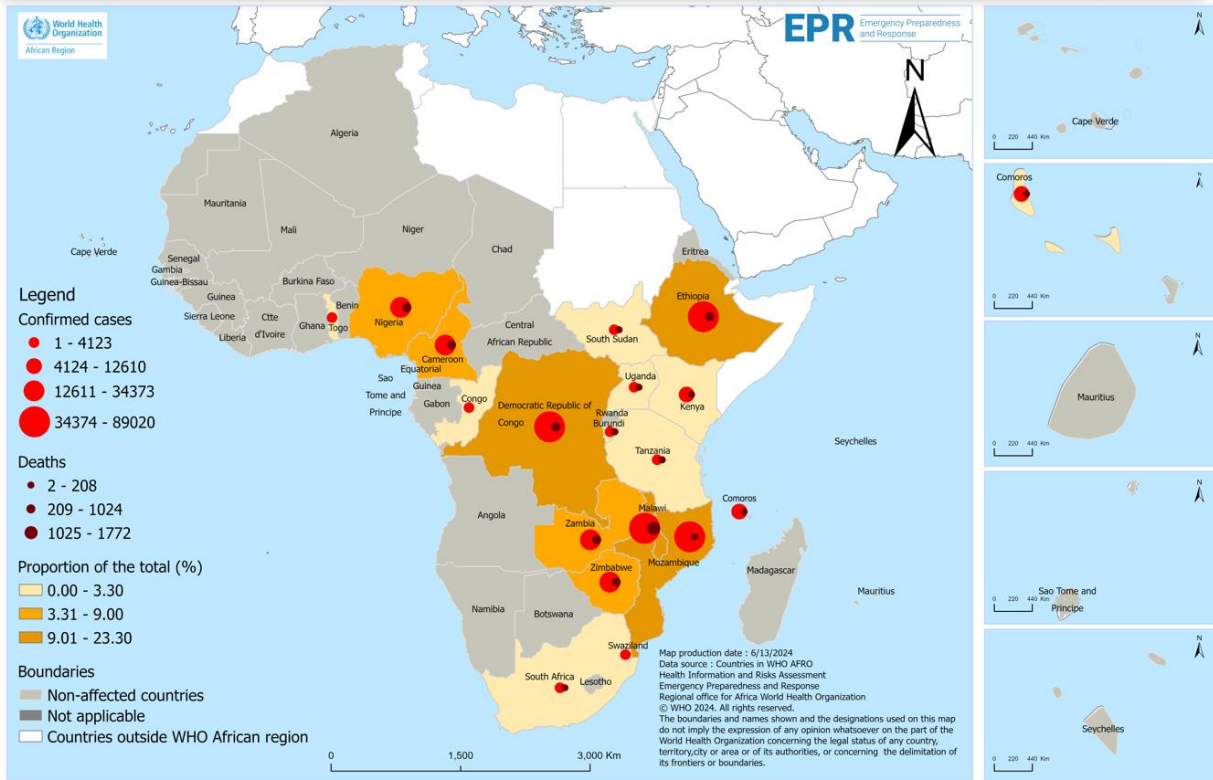
The Eastern subregion of the continent, now in the rainy season, is experiencing resurging outbreaks. The El Nino phenomenon has caused both droughts in (Zambia, Zimbabwe) and an increase in rainfall levels, causing floods and landslides in some communities (Kenya, Tanzania). This will exacerbate the increase in cholera cases and raises the risk of outbreaks in districts and countries that have not reported new confirmed cases or previously controlled cholera outbreaks. The seasonality of cholera outbreaks continues to be an issue for countries to consider. There is need for member states to improve cholera 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.

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 31 May was 94 973 and 1 618, respectively, with a case fatality ratio of 1.7%. Five countries- Comoros, DRC, Ethiopia, Zambia, and Zimbabwe account for 86.5% (82 141) of the total cases and 94.6% (1 530) of total deaths reported this year. In 2024, the Comoros confirmed a cholera outbreak linked to importation from a passenger who arrived in Moroni on a boat on January 31, 2024.

In May 2024, eleven countries – **Burundi, Comoros, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, United Republic of Tanzania, Uganda, Zambia and Zimbabwe** – reported a total of 13 247 new cases and 126 deaths (CFR = 1.0%).

As of 31 May 2024, a cumulative total of 381 392 cholera cases, including 6 733 deaths (CFR: 1.8%), have been reported (Table 1) since 1 January 2022. The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Zimbabwe account for 73.3% (279 467) of all cumulative cases and 63.7% (4 290) of all cumulative deaths reported. Transmission is currently active in 13 countries.

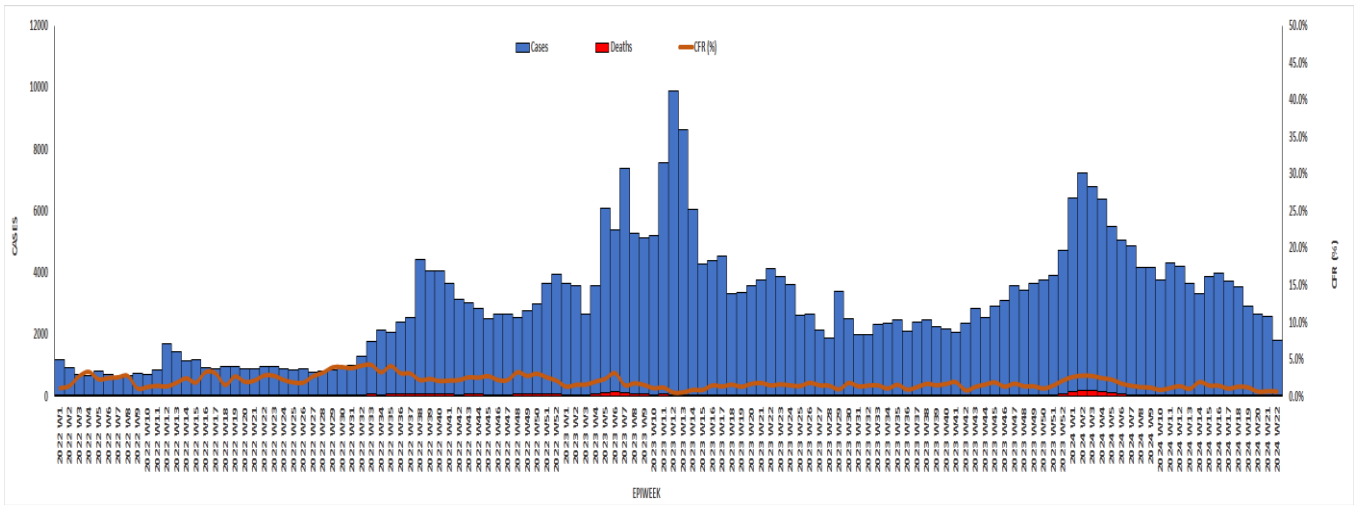
**Figure 1** Distribution of cholera cases and deaths in WHO African Region 1 January 2022— 31 May 2024



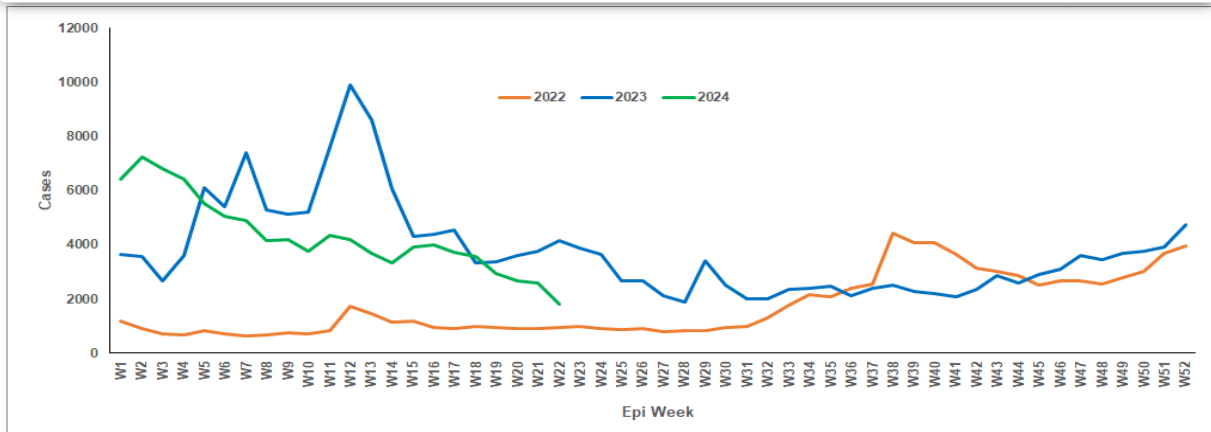
**Table 1 Cholera Cases and Deaths in WHO African Region 1 January 2022 to 31 May 2024**

Country	Cases in 2024 only	Deaths in 2024 only	CFR (%) 2024 only	Cumulative cases	Cumulative deaths	CFR (%)	Date outbreak	Last update
Zimbabwe	19 856	396	2.0	34 373	715	2.1	Feb-23	31-May-24
Zambia	18 977	619	3.3	23 279	741	3.2	Jan-23	31-May-24
Democratic Republic of Congo	18 028	259	1.4	88 403	1 020	1.2	Jan-22	31-May-24
Ethiopia	17 339	130	0.7	48 572	605	1.2	Aug-22	31-May-24
Comoros	7 941	126	1.6	7 941	126	1.6	Feb-24	31-May-24
Mozambique	7 862	17	0.2	48 749	178	0.4	Sep-22	31-May-24
United Republic of Tanzania	2 995	50	1.7	4 123	71	1.7	Feb-23	31-May-24
Nigeria	815	14	1.7	28 337	739	2.6	Jan-22	28-Apr-24
Burundi	519	1	0.2	1 889	11	0.6	Jan-23	31-May-24
Malawi	265	1	0.4	59 370	1 772	3.0	Mar-22	31-May-24
Kenya	239	1	0.4	12 610	208	1.6	Oct-22	31-May-24
Uganda	77	4	5.2	158	14	8.9	Jul-23	21-May-24
Cameroon	49	0	0.0	20 650	484	2.3	Jan-22	31-May-24
South Africa	11	0	0.0	1 401	47	3.4	Feb-23	4-Apr-24
South Sudan	0	0	0.0	1 471	2	0.1	Feb-23	16-May-23
Republic of the Congo	0	0	0.0	63	0	0.0	Jul-23	26-Jul-23
The Kingdom of Eswatini	0	0	0.0	2	0	0.0	Mar-23	23-Jul-23
Togo	0	0	0.0	1	0	0.0	Dec-23	18-Dec-23
<b>TOTAL</b>	<b>94 973</b>	<b>1 618</b>	<b>1.7</b>	<b>381 392</b>	<b>6 733</b>	<b>1.8</b>		

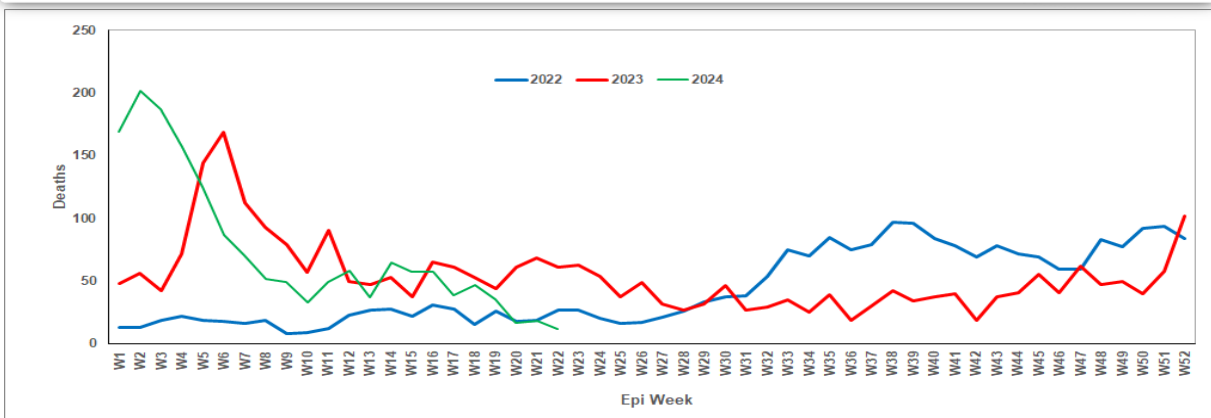
**Figure 2** Epi Curve of cholera cases and deaths in WHO African Region 1 January 2022 – 31 May 2024



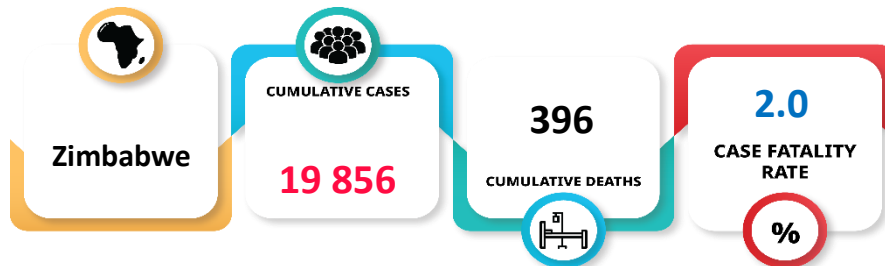
**Figure 3** Trends of cholera cases in WHO African Region 1 January 2022 – 31 May 2024



**Figure 4** Trends of cholera deaths in WHO African Region 1 January 2022 – 31 May 2024



## Country specific updates



This year, as of 31 May 2024, a cumulative of 19 856 cholera cases with 396 deaths (CFR 2.0%) have been reported from the ten provinces of Zimbabwe. Sixty-six (66) health districts out of the 72 health districts have reported at least a case of cholera since the outbreak started on 12 February 2023 in Chegutu town, Mashonaland West Province. In May, new cases decreased by 49.6% from 2 480 in April to 1 250. New deaths also decreased by 78.3%, from 60 in April to 13.

About 51% of the cases are females. Approximately 14% of the reported cases are children under five years old. Most of the reported cases are between 20 and 40 years old. Of the deaths, 53% are males, most of the reported deaths are between 20 and 40 years old. Approximately 11% of the reported deaths are children under five years old.

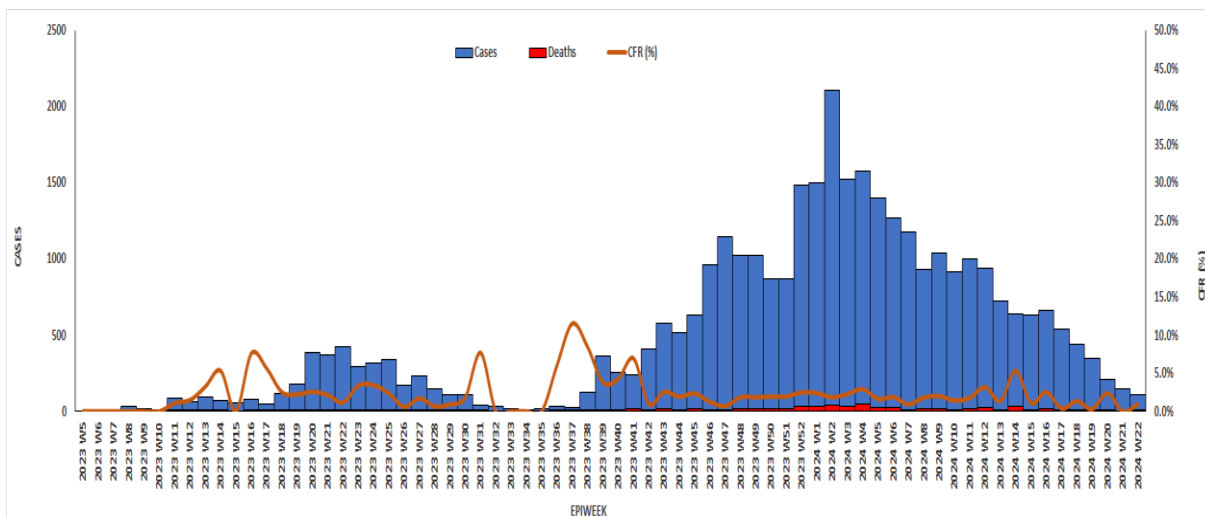
The three provinces with the highest number of cumulative cases since 2023 are Harare, including Chitungwiza City (12 694), Manicaland (6 658), and Mashonaland Central (4 384), which account for 69.1% (23 736 cases). The case fatality ratio (CFR) in May was 1.0%, lower than the CFR of 2.4% reported in April. The weekly epi curve has shown a downward trend since epi week 11, with the exception of a rise in cases in epi week 16.

### WHO activities

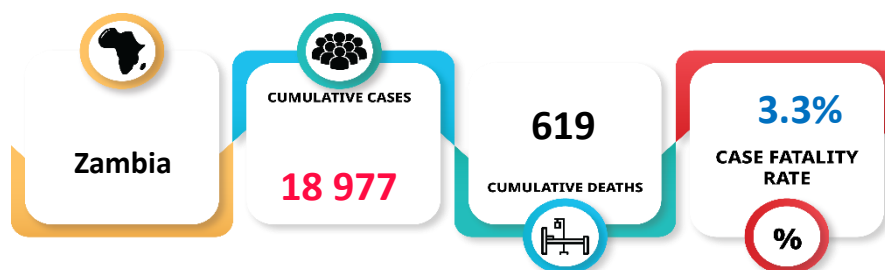
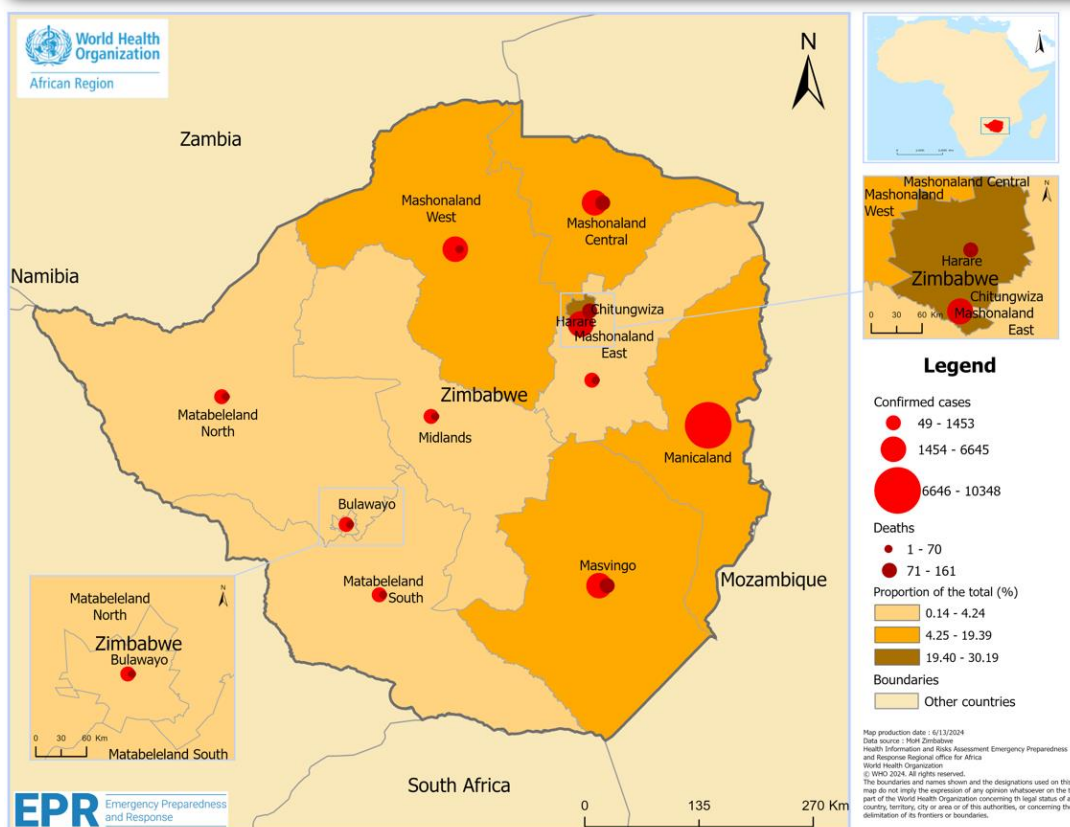
- Refresher trainings on RCCE to health practitioners and targeted awareness to community and religious leaders were conducted in Masvingo.
- Data collectors were trained, and data collection for the post-OCV campaign coverage survey was completed.
- Technical officers from the Incident Management Team members were deployed to over 40 cholera treatment centres (CTCs) to conduct supportive supervision, training on CTC registers, orient on and support CTC staff to start cholera mortality audit.
- An orientation on PRSEAH was conducted for 30 district gender focal points Mutare.
- During the PRSEAH orientation, 40 Cholera T-shirts embedded with cholera messaging were distributed.
- An intra-action review meeting in Kadoma City health department was conducted during the month.
- A total of 71 people participated in the webinar series for Mashonaland Central and continued with a focus on the management of cholera in pregnancy facilitated by MoHCC Obstetricians and gynecologists association, WHO AFRO, in collaboration with UNFPA.

- A webinar on paediatric patients was also conducted.
- Dispatch of medicines (Zinc and Ciprofloxacin tablets), canvas covers for cholera beds and laboratory supplies to Natpharm (RDTs, culture and serology reagents), Cholera investigation kits, community module kits with soap and gloves. These were dispatched to Natpharm.

**Figure 5** Epicurve of Cholera outbreak in Zimbabwe as of 31 May 2024



**Figure 6 Map of Zimbabwe showing cholera-affected provinces as of 31 May 2024**



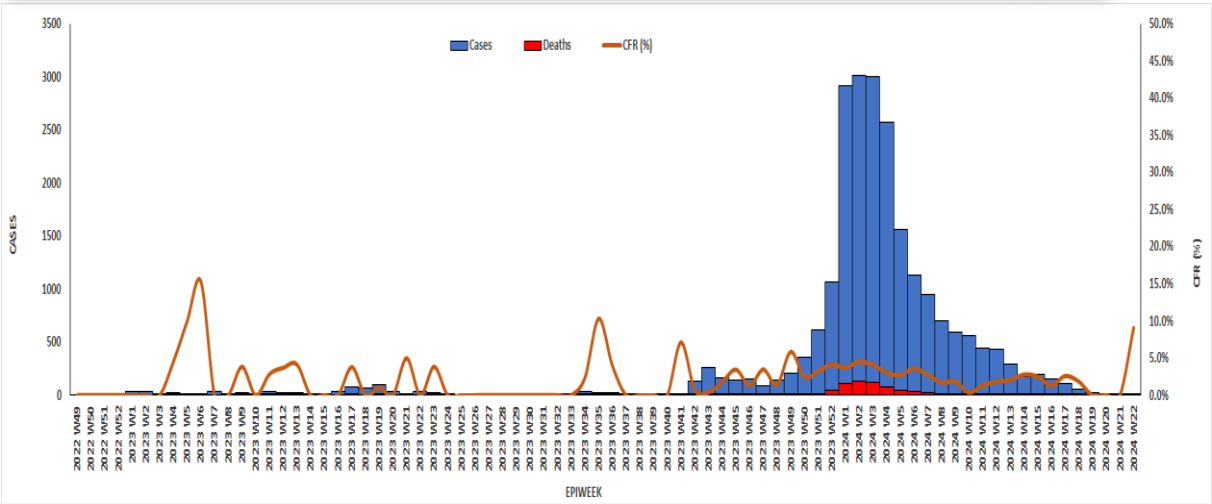
This year, as of 31 May 2024, there have been 18 977 reported cases and 619 deaths (CFR = 3.3%) from all 10 provinces and 70 districts of Zambia. In May 2024, new cases decreased by 81.8% from 648 in April to 118. Similarly, new deaths in May decreased by 86.7% from 15 to two. The CFR in May at 1.7% was lower than the 2.3% reported in April. The weekly epi curve has shown a consistent decline in cases in the past 18 weeks, as shown in Figure 7.

At the peak of the outbreak, the highest level of government response was activated and coordinated by the Disaster Management and Mitigation Unit (DMMU) under the office of the Vice President. Following the persistence of the outbreak and upsurge in cases and deaths from the Copperbelt province, an integrated community approach has been instituted.

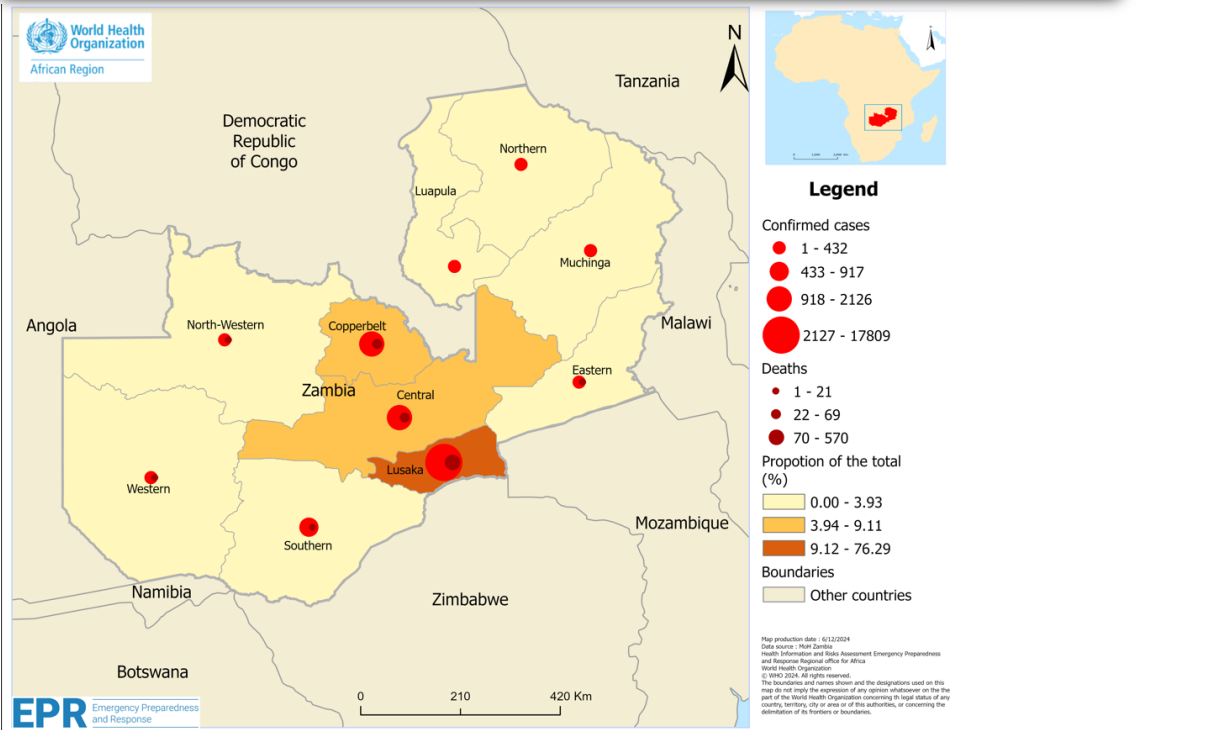


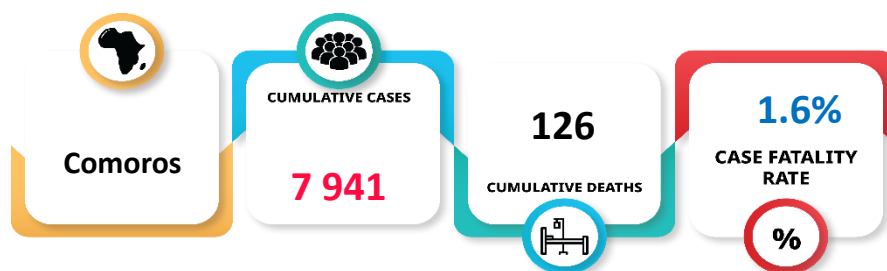
Since the beginning of the outbreak in January 2023, the cumulative number of cases and deaths are 23 279 and 741, respectively with a CFR of 3.3%. The health facility CFR is 1.4%.

**Figure 7** Epicurve of cholera cases and deaths in Zambia as of 31 May 2024



**Figure 8** Map of Zambia showing cholera-affected provinces as of 31 May 2024





As of 31 May 2024, the cumulative number of cases and deaths in Comoros are 7 941 and 126, respectively (CFR=1.6%). In May 2024, there was an increase in the number of new cases and deaths. New cases increased by 81.4% from 2 589 in April to 4 697, new deaths also increased by 15.7%, from 51 in April to 59. The CFR, however, decreased from 2.0% in April to 1.3% in May. The Island of Ndzuwani/Anjouan accounts for about 87% of cases in the country. About 57% of the cases are males. In the densely populated Anjouan Island, all seven districts have reported cases. The town of Mutsamudu is the epicenter of the cholera epidemic on Anjouan Island. The number of cases have been on the increase weekly till it peaked at epi week 17 before the recent decline in epi week 18.

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

### WHO Activities

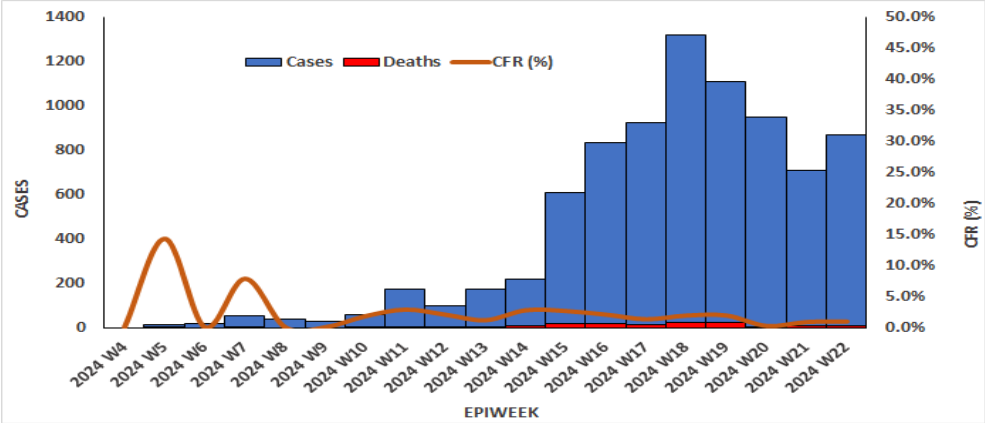
Provided support the response in Anjouan, by delivery of medical equipment and provision of Cary Blair medium to support laboratory testing

Supported with vehicles for transportation at the district level for investigation and supervision outings to Ngazidja, Mwali, and Ndzuwani.

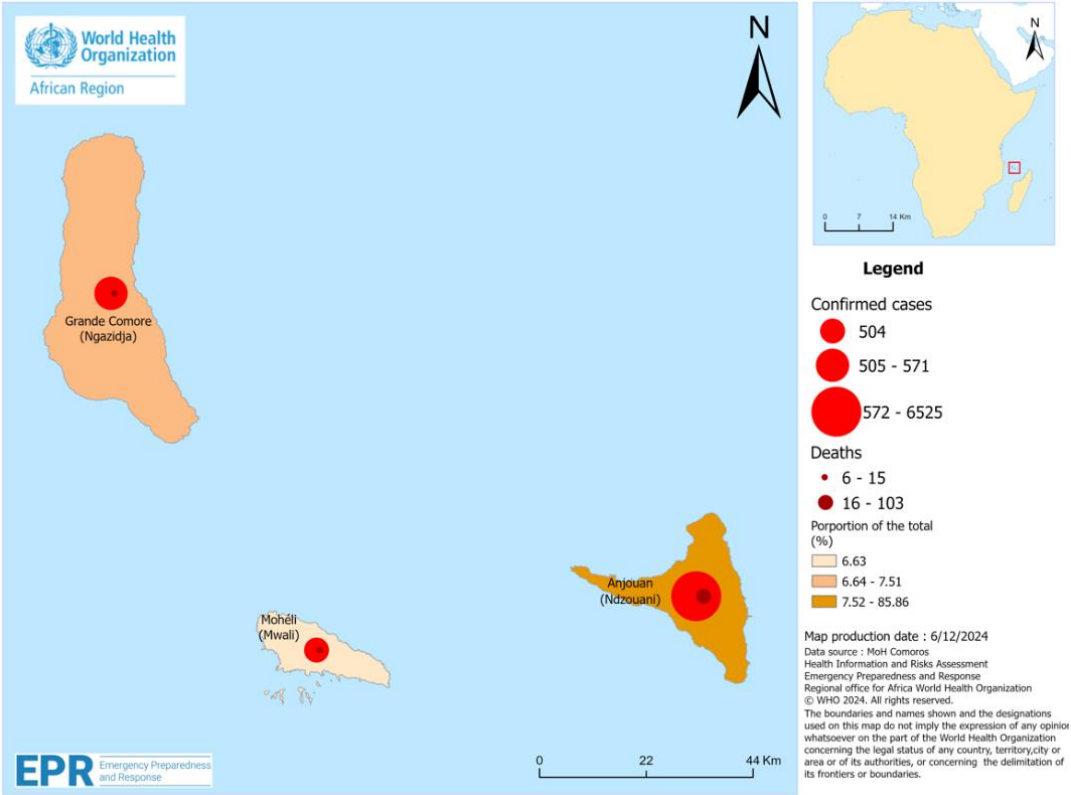
### Challenges

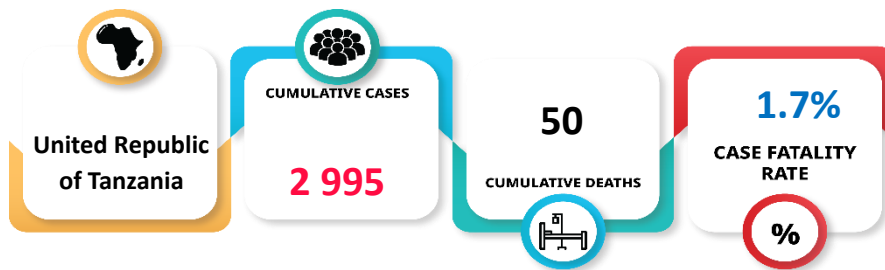
Hesitancy of patients to attend treatment facilities and insufficient Ringer’s lactate for the treatment of patients.

**Figure 9** Epicurve of cholera outbreak in Comoros as of 31 May 2024



**Figure 10** Map of Comoros showing cholera-affected areas as of 31 May 2024





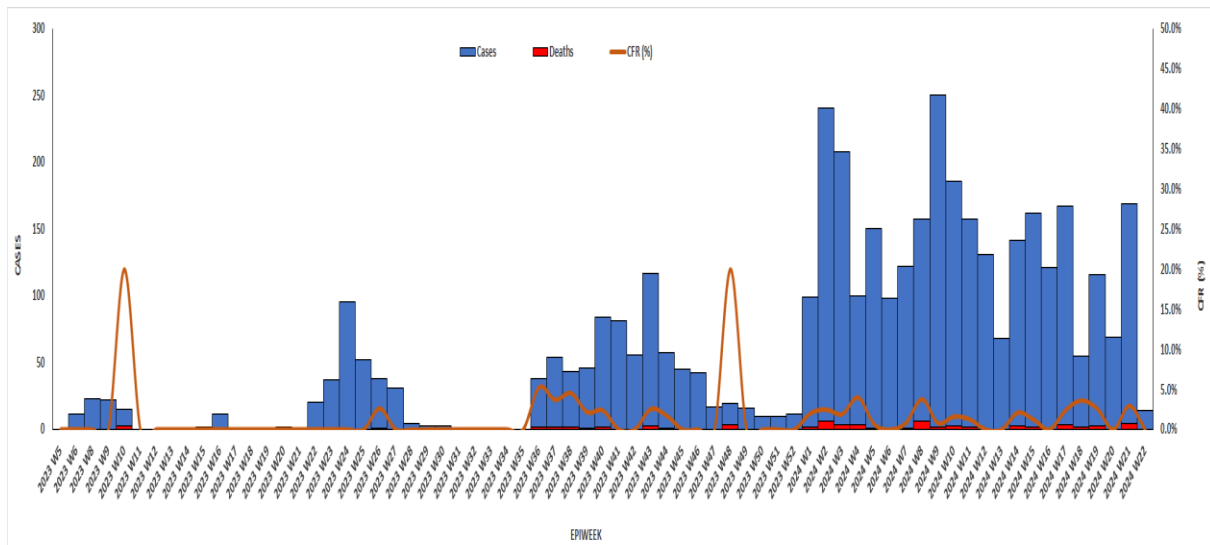
For the year 2024, the cumulative number of cases reported from Tanzania as of 31 May was 2 995 and 50 deaths with a CFR of 1.7%. In May, new cases decreased by 27.0% from 592 in April to 432, while new deaths increased by 11.1% from nine deaths in April to 10 in May. The CFR increased from 1.5% in April to 2.3% in May. The number of cases from the weekly epicurve showed a reduction in cases in epi week 22 compared to epi week 21. Control measures need to be reinvigorated in the short to medium term. The regions with active cases are Dodoma, Dar es Salaam, Geita, Mara, Morogoro, Mwanza, and Simiyu.

The cumulative number of cases in the country from 22 January 2023 to 31 May 2024 are 4 123 and 71 deaths [CFR= 1.7%].

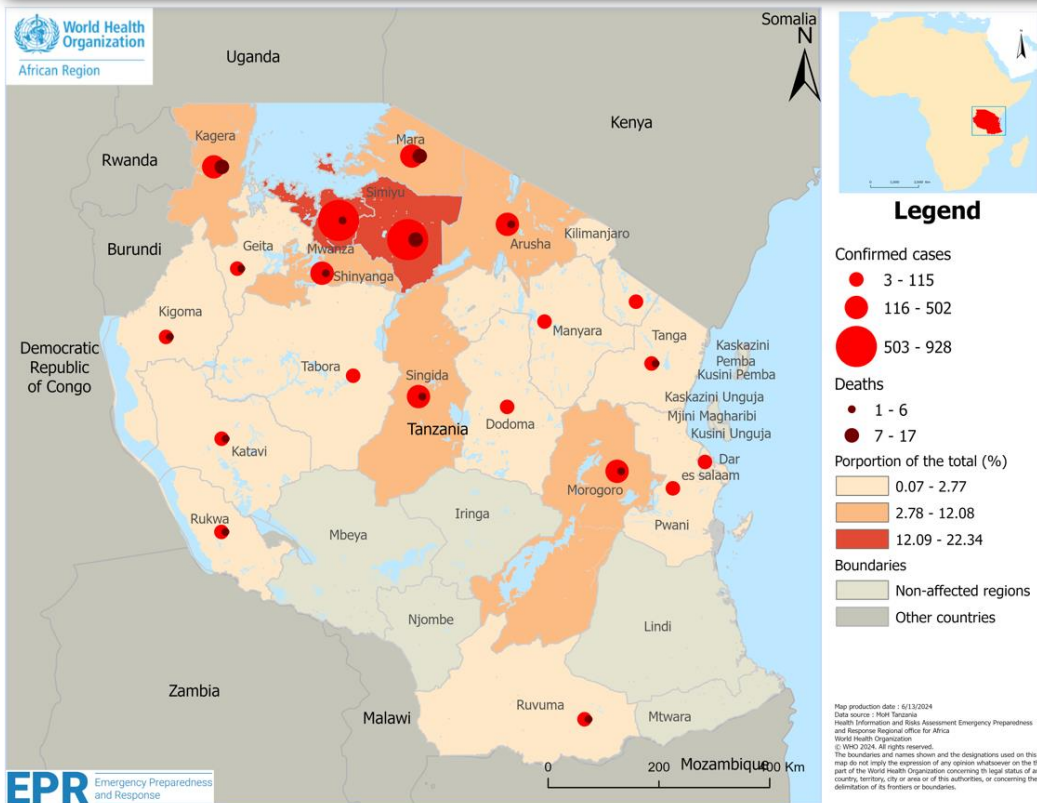
#### WHO Activities

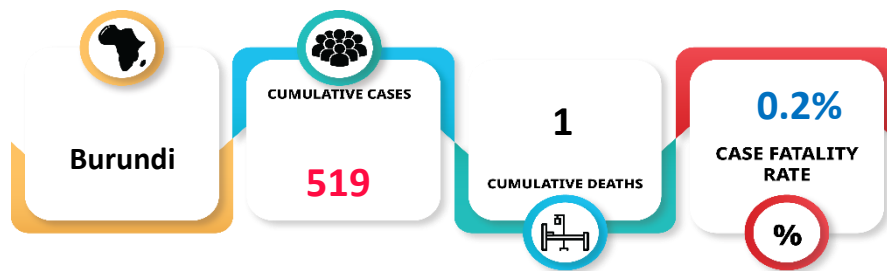
- Water quality testing was conducted at three Points of Entry in the cholera-affected regions and in regions bordering cholera-affected countries to monitor residual chlorine at critical draw points; five (55.6%) out of nine sampling points were found to have adequate residual chlorine.
- Supplied Cholera-related commodities to Manyara region and Makojo Village.
- Orientation of healthcare workers on cholera case management was carried out in Dodoma.

**Figure 11** Epicurve of cases and deaths in the United Republic of Tanzania as of 31 May 2024



**Figure 12** Map of the United Republic of Tanzania showing cholera affected areas as of 31 May 2024



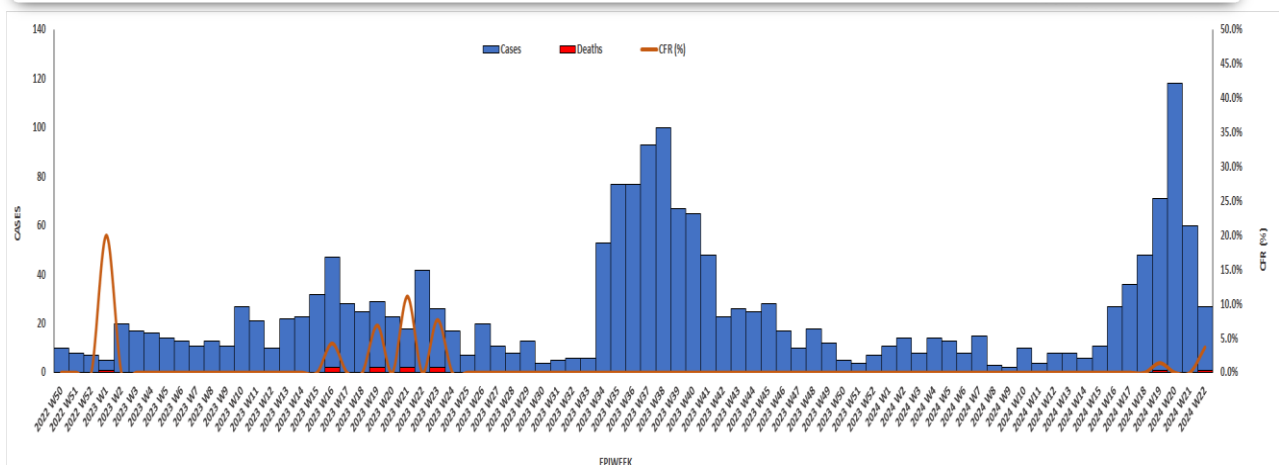


In the year 2024, from 01 January to 31 May, a cumulative total of 519 cases and one death were reported from Burundi. In May 2024 new cases increased by 301.3% from 80 cases in April to 321. The CFR is 0.2% in 2024. The cumulative number of cases and deaths since January 2023 till date is 1 889 and 10 respectively with a cumulative CFR of 0.5%. Of total cases since January 2023, males comprise 54.4% of total cases with persons aged 11 to 20 years old (22.2%) being the most affected, followed by those aged 21 to 30 years old (22.1%) and children under five years old (18.2).

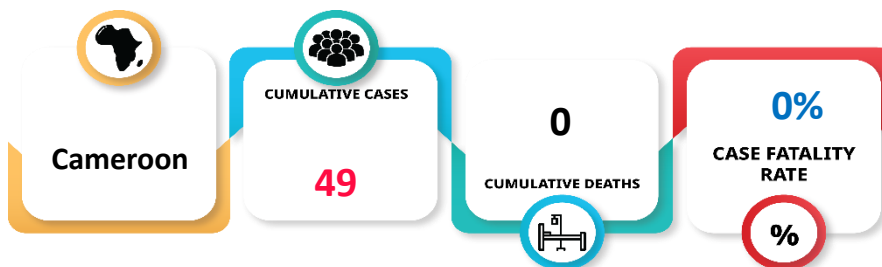
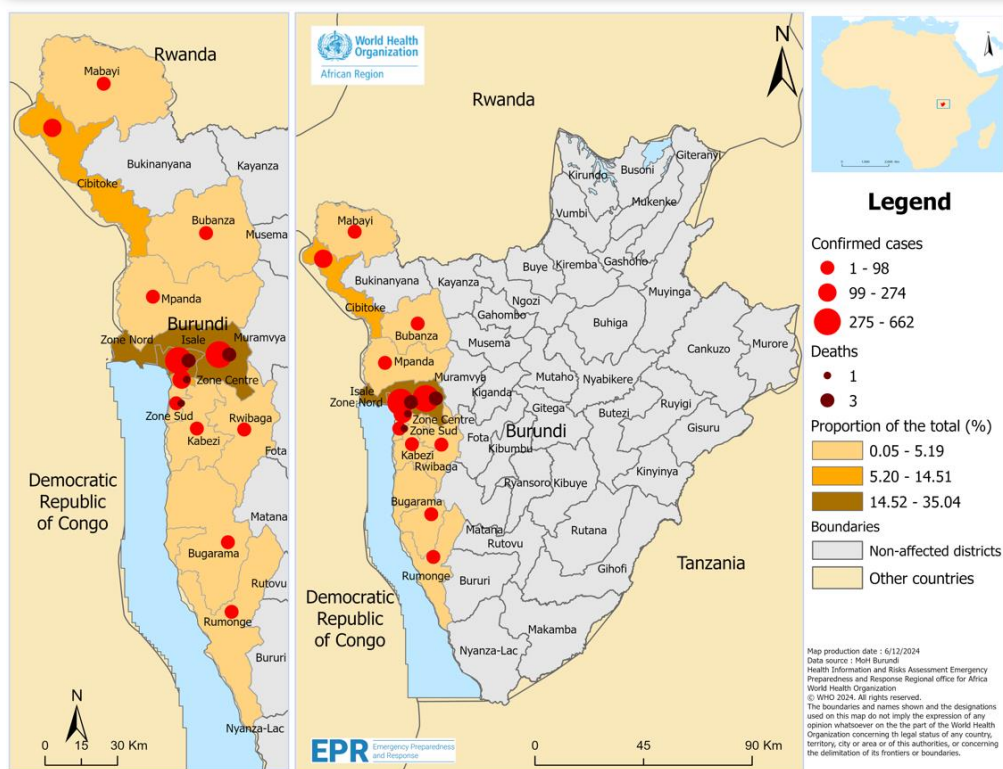
Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. Areas of the country which have recorded the most cases since the start of the epidemic are Gatumba (DS Isare), Buterere I (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Gihosha (DS Bujumbura Nord), Buterere II (DS Bujumbura Nord), and Rukana II (DS Cibitoke).

The epi curve (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. However, in the last three weeks of April 2024, cases have increased mainly from the districts of Bujumbura Centre, Nord and Isare.

**Figure 13** Epicurve of cases and deaths in Burundi as of 31 May 2024

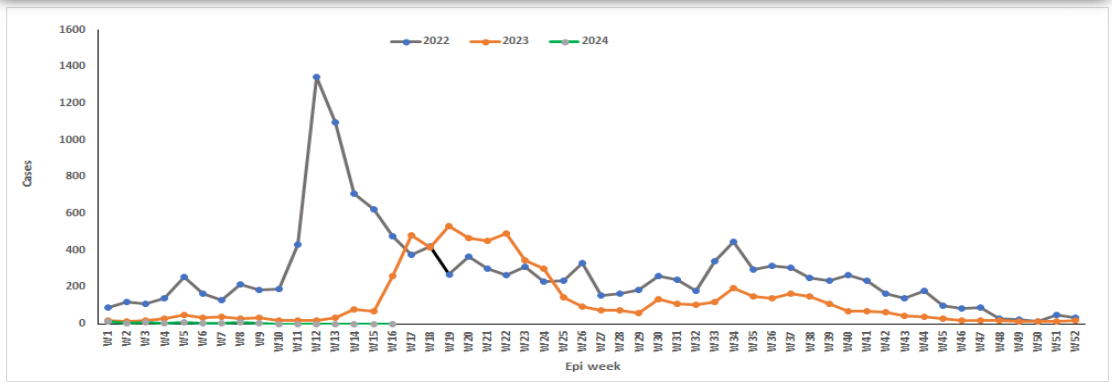


**Figure 14** Map of Burundi showing cholera-affected areas from October 2022 to 31 May 2024

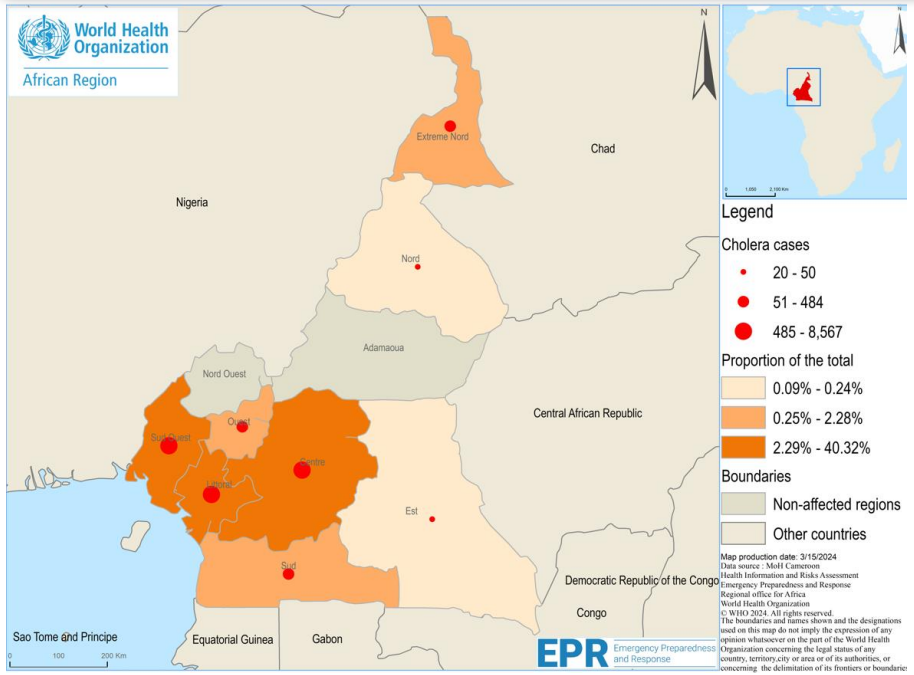


In year 2024, as of 31 May, Cameroon had reported 49 cases with no death. The situation in the country is stable with sporadic cases. In April 2024, only one new case was reported and no case reported in May. Cumulatively, from 1 January 2022 to 31 May 2024, Cameroon has reported 20 650 cases with 484 deaths (CFR = 2.3%).

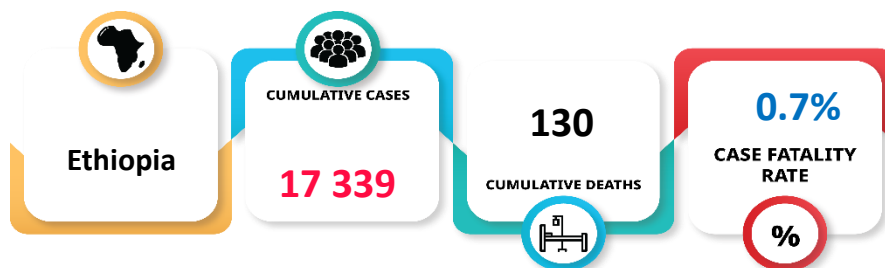
**Figure 15** Trend of cholera cases in Cameroon from October 2021 to 28 April 2024



**Figure 16** Map of cholera cases in Cameroon from October 2021 to 28 April 2024







This year, as of 31 May 2024, Ethiopia has reported a cumulative case total of 17 339 cases with 130 deaths (CFR 0.7%). In May 2024, new cases decreased by 31.6% from 4 293 in April to 2 938. Similarly, new deaths decreased by 61.1% from 36 in April to 14. The CFR reduced from 0.8% in April to 0.5% in May. The cholera outbreak is currently active in 77 woredas in the following provinces: Oromia (26), Somali (13), Afar (12), Amhara (9), Dire Dawa (8), Harari (7), and SER (1).

From October 2022 till 31 May 2024, Ethiopia has reported a cumulative case total of 48 572 with 605 deaths (CFR = 1.2%).

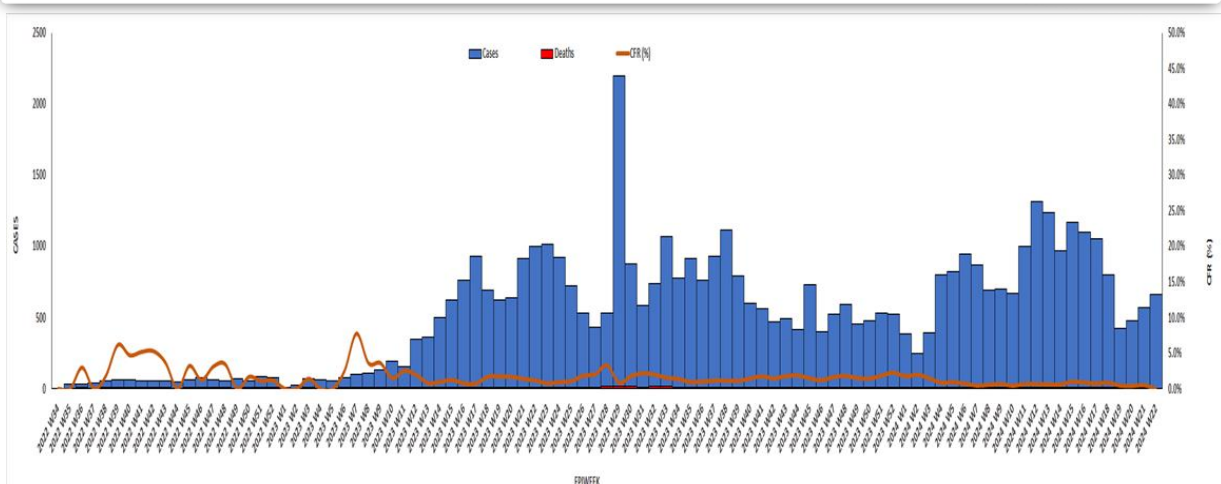
### WHO Activities

- As part of the national response, advocacy to religious leaders continues to be made at the Holy water sites, which have been areas endemic for the transmission of cholera.
- The WHO country office has supported the response with deployment of personnel to Jijiga, Dire Dawa, Amhara and Oromia.
- Cholera kits continue to be distributed to all cholera-affected areas to treat cases.

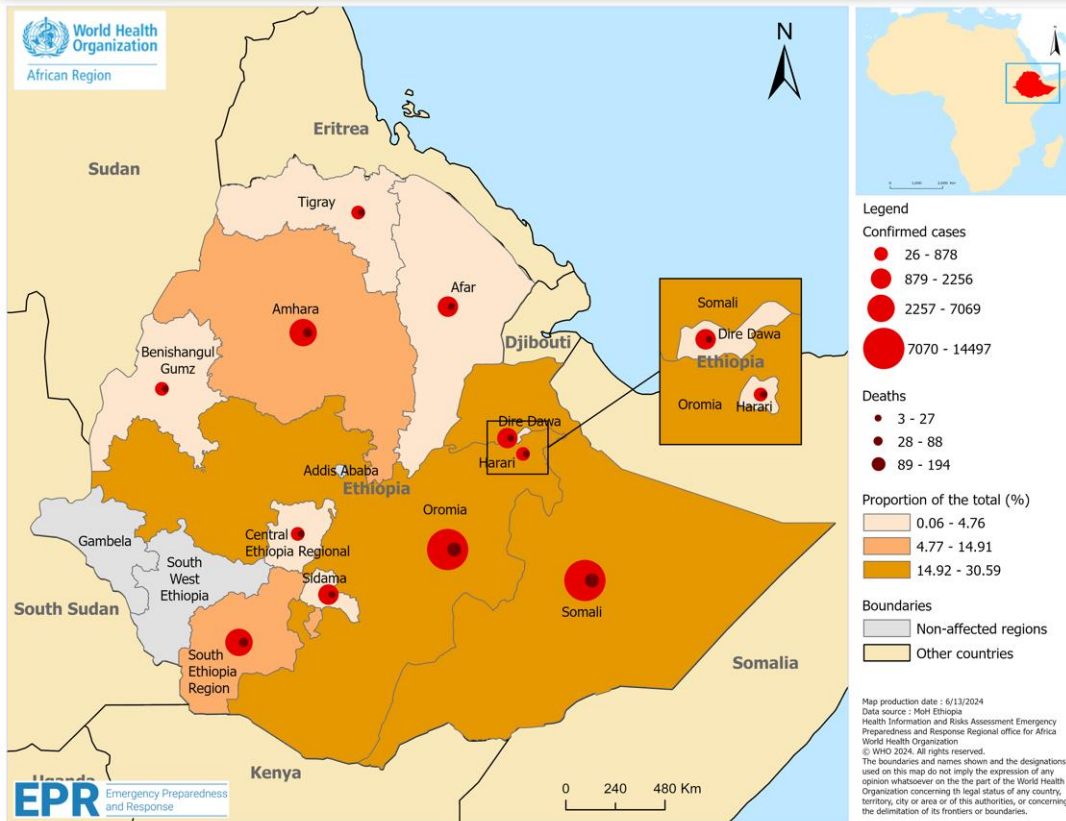
### Challenges

Insufficient funds and insecurity which compromises the response in Oromia and Amhara.

**Figure 17** Epicurve of Cholera outbreak in Ethiopia from October 2022 to 31 May 2024



**Figure 18** Map of the Cholera outbreak in Ethiopia from October 2022 to 31 May 2024

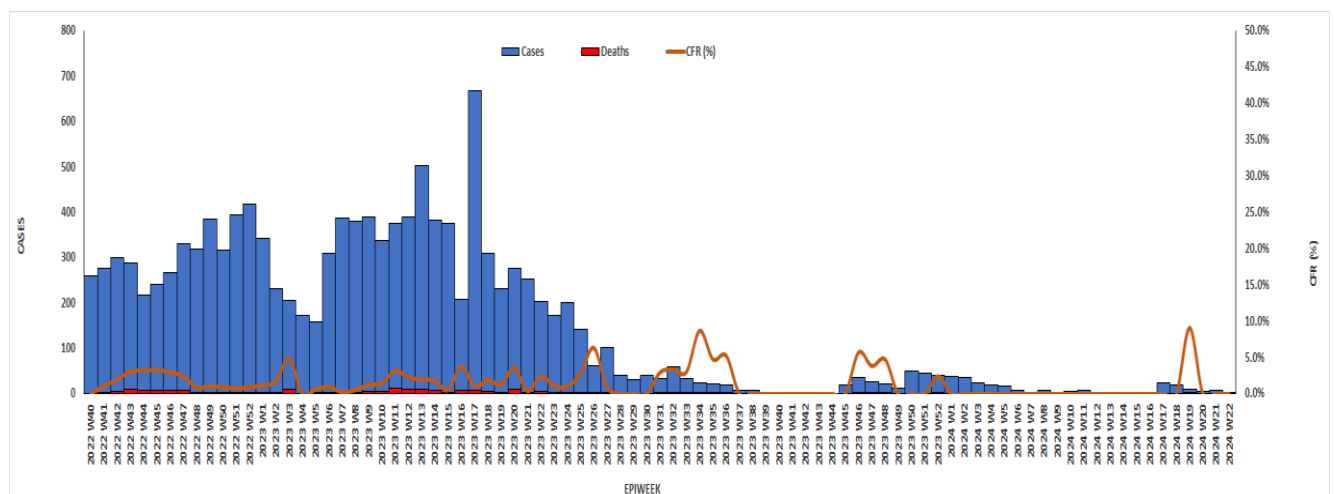




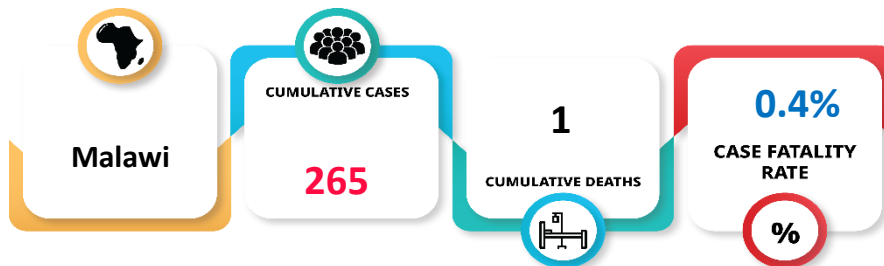
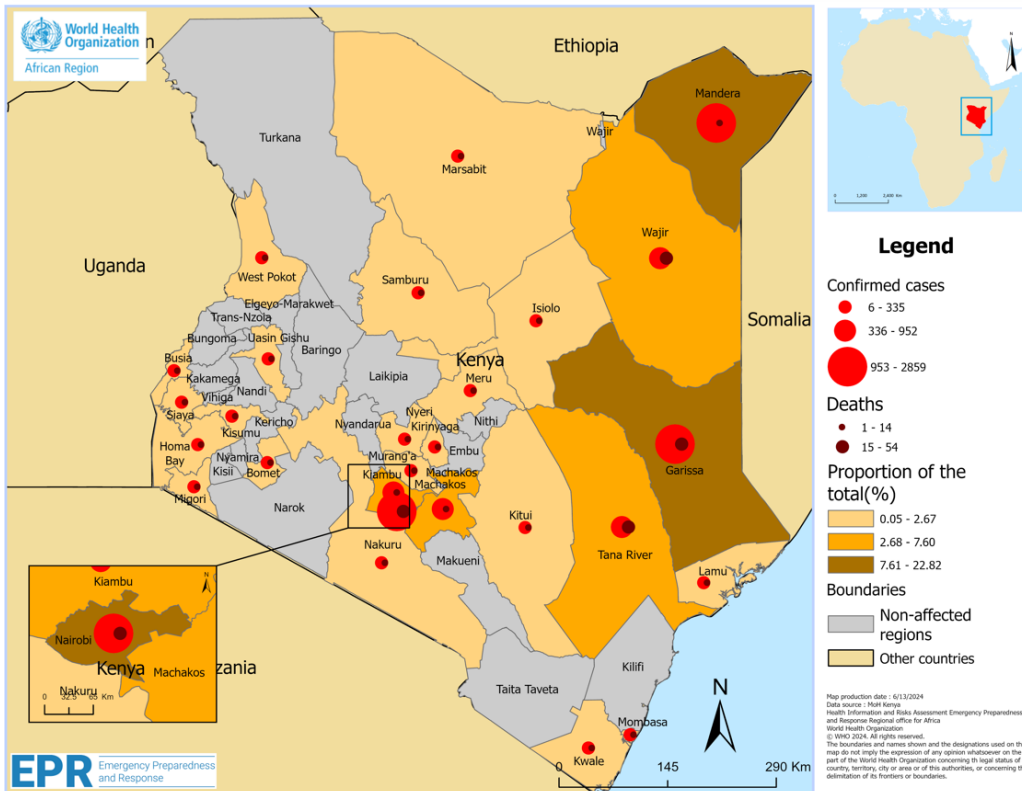
This year, as of 31 May 2024, a total of 239 cases of cholera, one death were reported from the country. In May 2024, new cases increased by 72.0% from 25 in April to 43. The CFR was 2.3% in May 2024. The first wave that began in Oct of 2022 was controlled, with the last case reported on 19 September 2023 (epi week 38 of 2023). The counties with active but stable outbreaks are Lamu, Nairobi, Isiolo, and Tana River.

The impact of the Flood on Cholera cases in Kenya which occurred in the third week of March 2024 led to the increase in cholera cases. As of 31 May 2024, counting from 2022, Kenya has reported a cumulative total of 12 610 cases with 208 deaths (CFR=1.6%).

**Figure 19** Epicurve for cholera outbreak in Kenya October 2022 – 31 May 2024



**Figure 20** Map of cholera outbreak in Kenya as of 31 May 2024

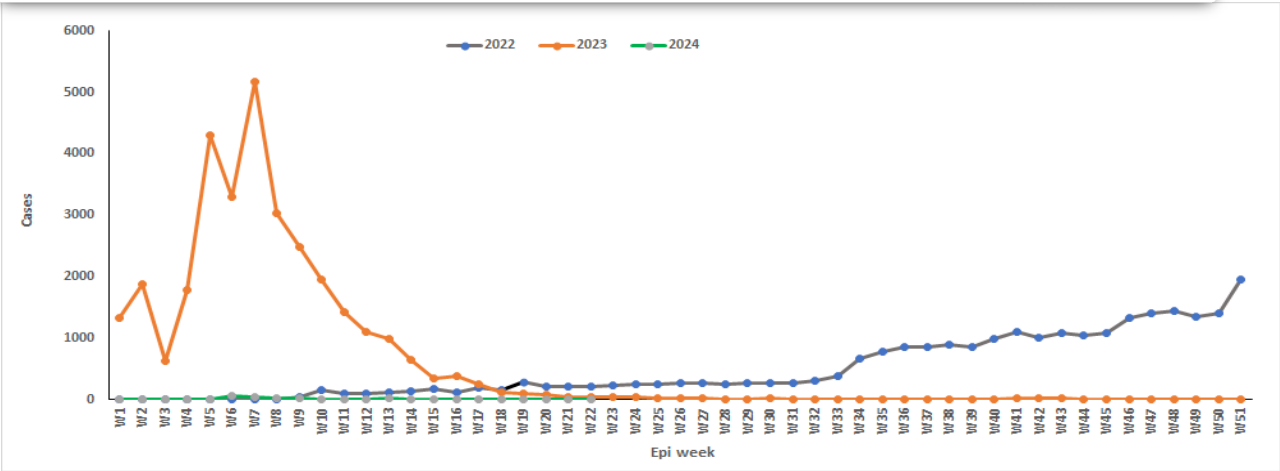


In Malawi, as of 31 May 2024, a cumulative of 265 cases had been reported, with one death (CFR=0.4%). In May 2024, new cases decreased by 63.3% from 30 in April to 11. No death was reported in both April and May this year. The cumulative cases and deaths since the onset of the outbreak in March 2022 are 59 370 and 1 772, respectively, with a CFR of 3.0% to date.

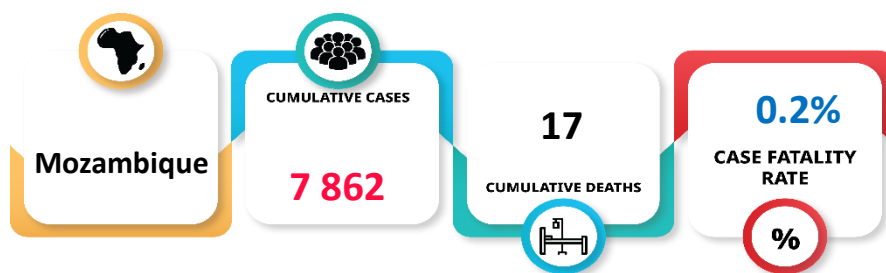
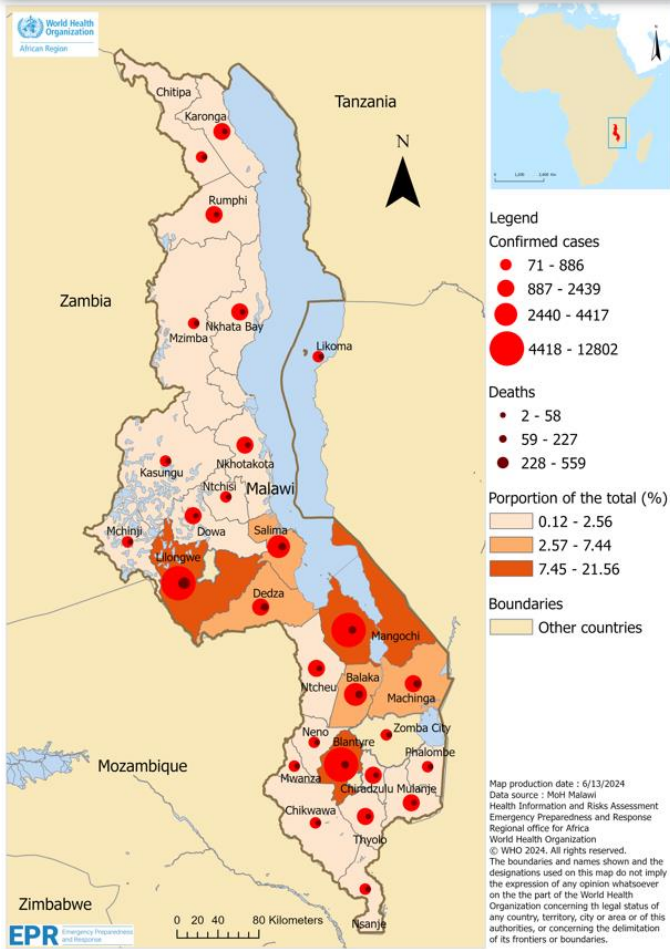
Malawi’s largest cholera outbreak of 2022/2023 was contained by Week 20 of 2023. The 2023/2024 cholera season began on 01 November 2023, and the reporting has been adjusted to reflect the

number of cholera cases reported by the government in the current cholera season. The number of cases and deaths reported in the first 18 weeks of 2024 has been significantly lower than for the same period in 2023. However, the rains with the potential of flooding present an ever-growing risk of escalation of cholera transmission.

**Figure 21** Trend of cholera cases in Malawi 3 March 2022 – 31 May 2024



**Figure 22** Map for cholera outbreak in Malawi 3 March 2022 – 31 May 2024

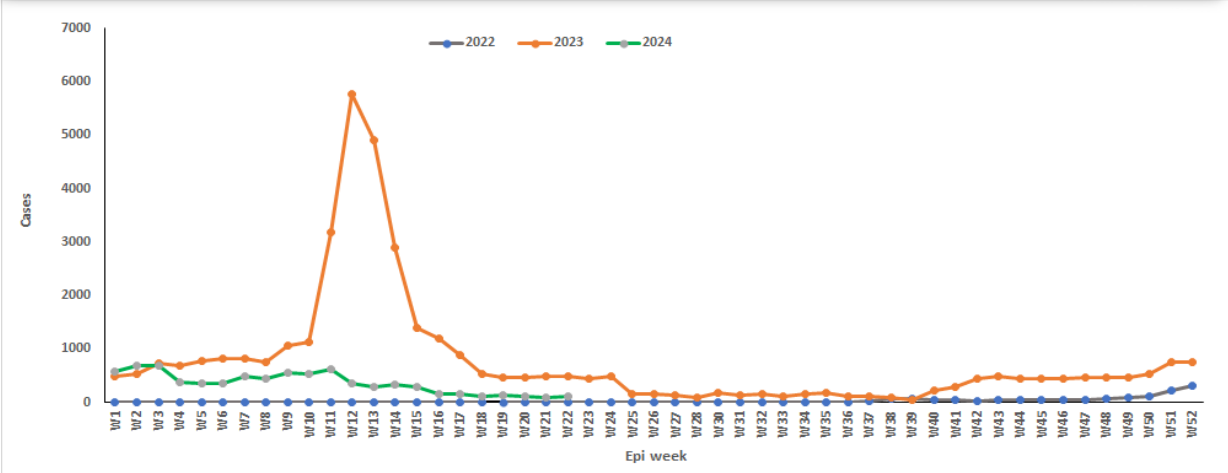


For year 2024, as of 31 May, the country had reported a cumulative total of 7 862 cases, with 17 deaths (CFR 0.2%). In May 2024, new cases decreased by 40.4% from 943 in April to 562, while new deaths decreased by 50.0% from two in April to one in May. The CFR in April and May were both 0.2%. From 1 October to date, eight provinces have been affected, with 24 districts having active cases. Cases have been on the decline in the last three weeks of April, as shown in the epicurve below. From the onset of

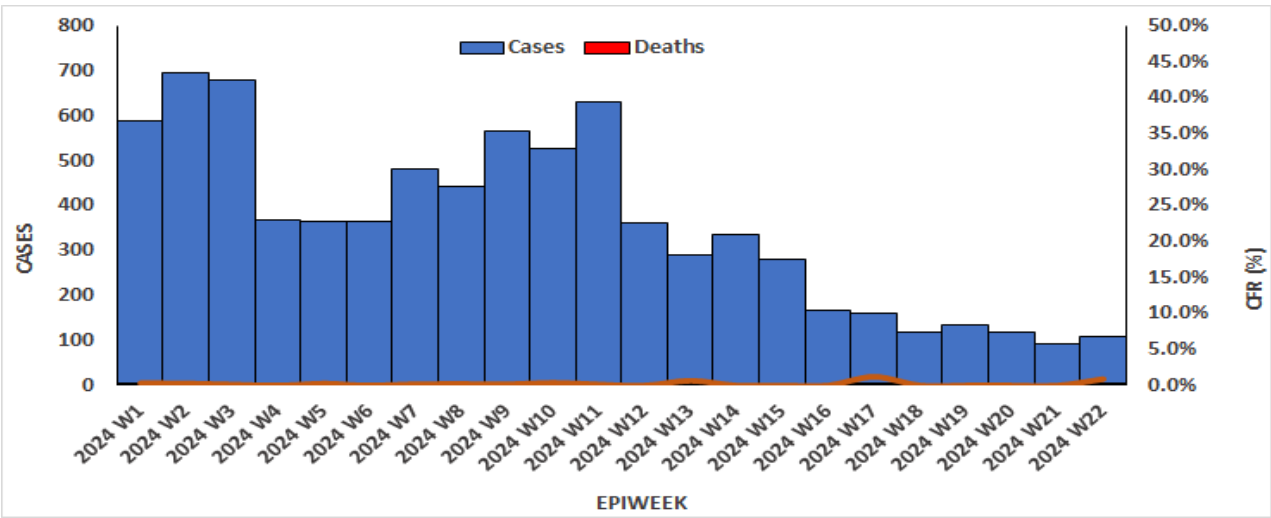
the outbreak in September 2022, a cumulative total of 48 749 cases, with 178 deaths (CFR 0.4%), have been reported as of 31 May 2024.

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

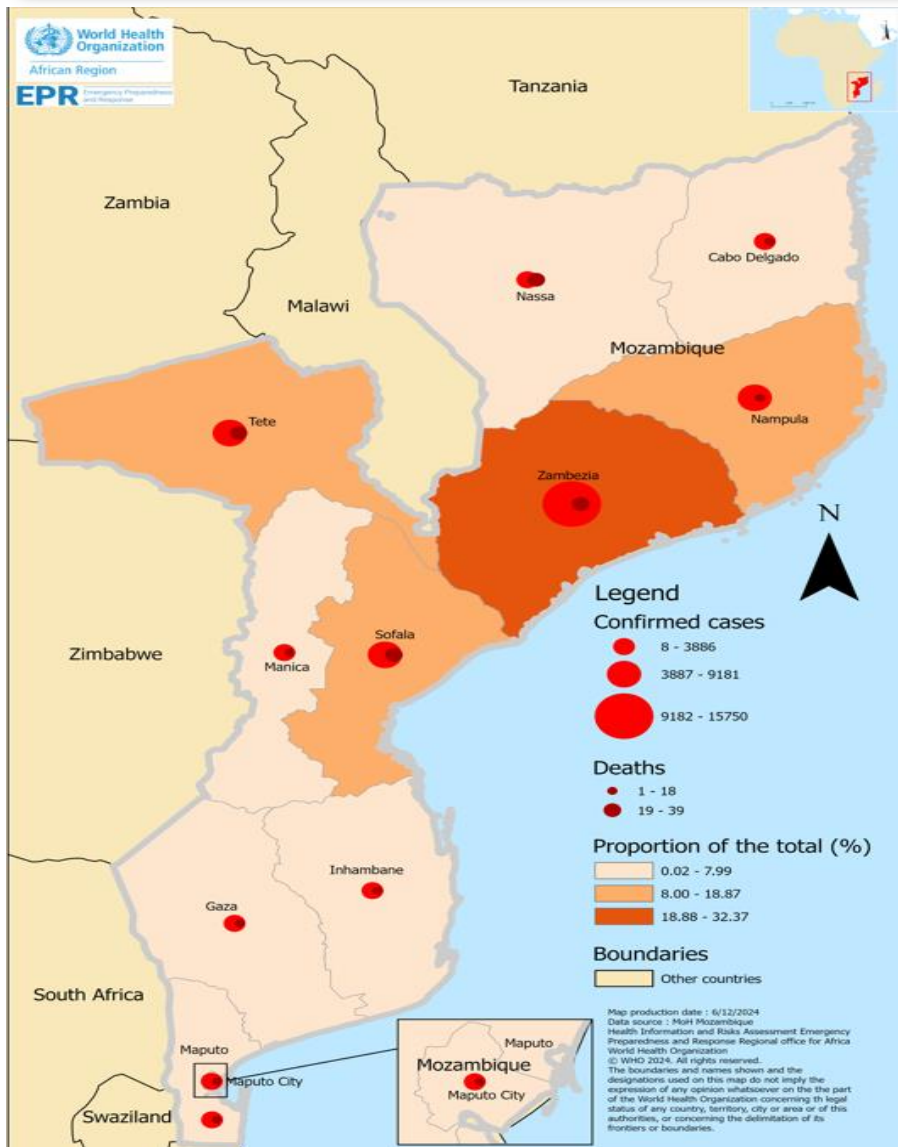
**Figure 23** Trend of cholera cases in Mozambique from 2022 to 31 May 2024



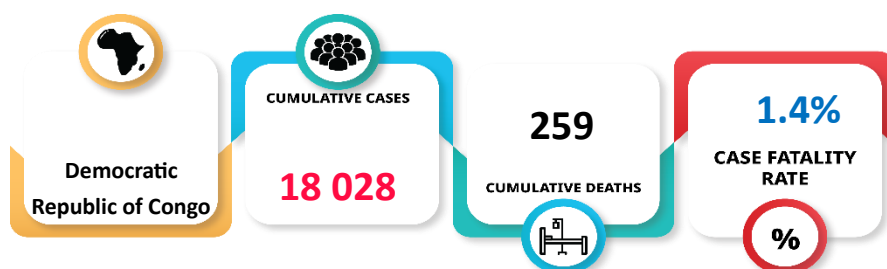
**Figure 24** Epicurve of cholera outbreak in Mozambique from 1 January to 31 May 2024



**Figure 25** Map of cholera outbreak in Mozambique as of 31 May 2024





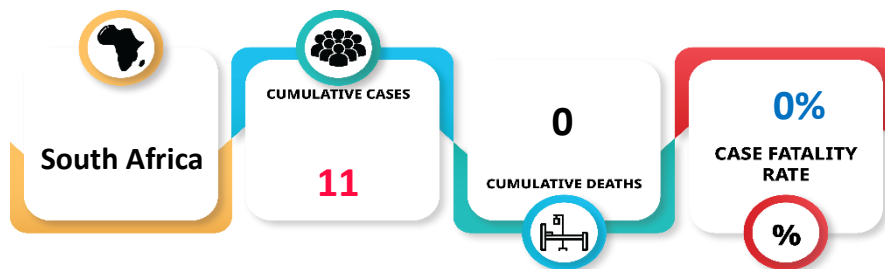
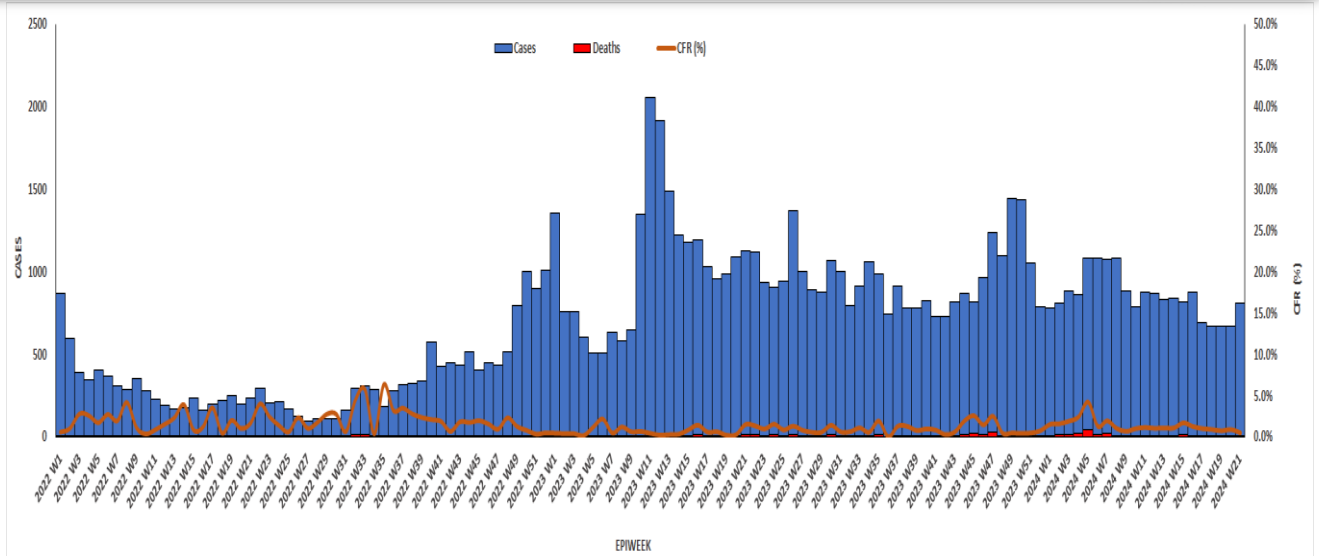


As of 31 May in year 2024, DRC had reported 18 028 with 259 deaths (CFR = 1.4%). In May 2024, new cases decreased by 12.5% from 3 235 in April to 2 832. Similarly, the CFR decreased from 1.3% in April to 0.7% in May. So far, 96 health zones in 13 provinces have been affected since January 2024. North Kivu represents 61% (11,075 cases, 16 deaths) of the country's cases, Haut-Katanga 14.8% (2,682 cases, 141 deaths), South Kivu, 9.2% (1,659 cases, 12 deaths, Haut Lomami 8 % (1436 cases, 36 deaths), Lualaba 1.8% (322 cases, 5 deaths) and Tanganyika 2.3% (409 cases, 3 deaths). Flooding in Kalemie, Uvira, and Haut-Lomami increases the risk of a cholera outbreak in these already endemic areas. Since the onset of the outbreak in January 2022, the country has reported 88 403 cumulative cases, with 1 020 deaths (CFR = 1.2%).

#### WHO Activities

- Establishment of 12 additional oral rehydration points (ORPs) in the city of Lubumbashi and around the Faculty of Medicine of the University of Lubumbashi.
- Supply of Ringers Lactate, ORS and doxyxyclyne to Haut Katanga, university clinics of Lubumbashi and aquatabs distributed at Camp Baya.
- Installation of 20 chlorination points in Kasai, provision of laboratory kits by the WHO, and the deployment of 110 liters of ringer lactate at the Bulape health zone.
- Supply of water to CTC in Rusayo by WHO, and installation of four water purification sites in the Minova zone in South Kivu with the support of UNICEF. There is also ongoing household decontamination activities in outbreak areas.

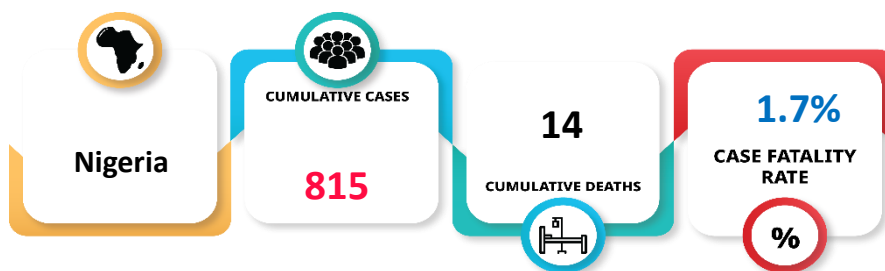
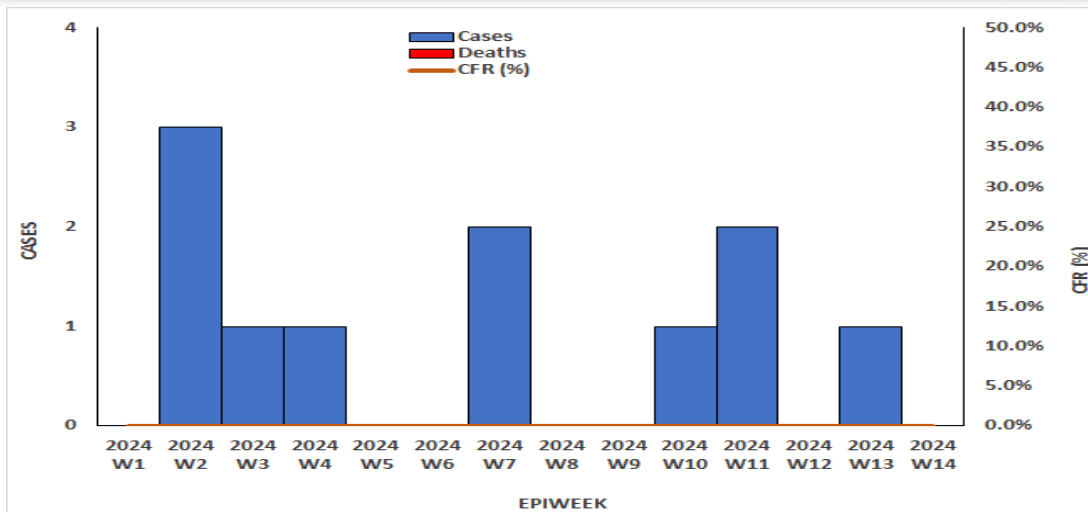
**Figure 26** Epicurve for cholera outbreak in the Democratic Republic of the Congo as of 31 May 2024



In year 2024, a cumulative of 11 cases with no deaths have been reported from South Africa. Last report was of four cases and no death in March. Of the 11 cases this year, Limpopo reported 10, and Gauteng reported one (1). All of the cases were confirmed by laboratory culture at public laboratories. There have been two imported cases in 2024.

From February 2023 to 04 April 2024, South Africa reported a cumulative total of 1 401 suspected cases, with 47 deaths (CFR=3.4%). Readiness activities are ongoing in the provinces with support from the WHO country and regional offices.

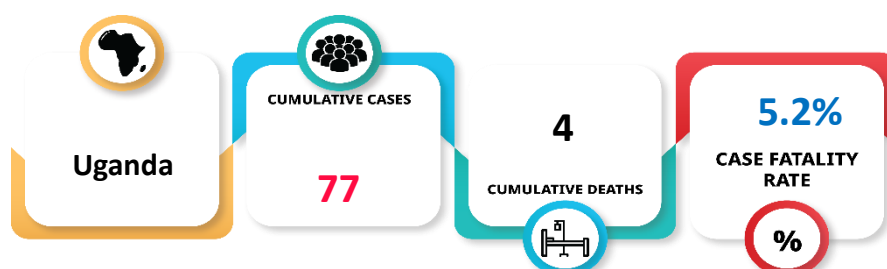
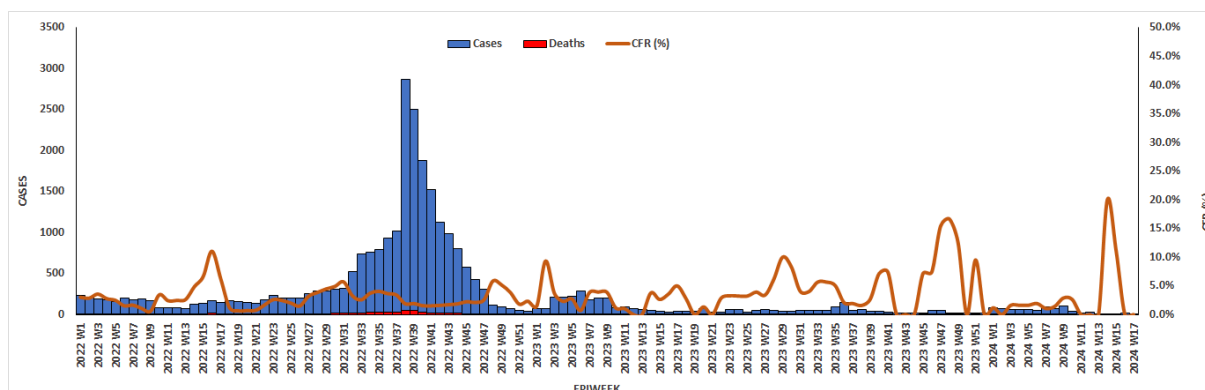
**Figure 27** Epicurve of cholera outbreak in South Africa January to April 2024



In the year 2024, the cumulative total of cases and deaths reported were 815 and 14 deaths, respectively, with a CFR of 1.7%. There were 44 cases in April, with three deaths (CFR:6.8%). The date of the latest national report for Nigeria as at the time of this bulletin is 28 April 2024. The cholera outbreak in the country has been ongoing since January 2022. Of the suspected cases since the beginning of the year, age groups <5 years are primarily affected, followed by the age groups 5 - 14 years in aggregate of both males and females. Of all suspected cases, 49% are males and 51% are females.

As of 28 April 2024, there has been a cumulative total of 28 337 with 739 deaths (CFR = 2.6%).

**Figure 28** Epicurve for cholera outbreak in Nigeria as of 28 April 2024

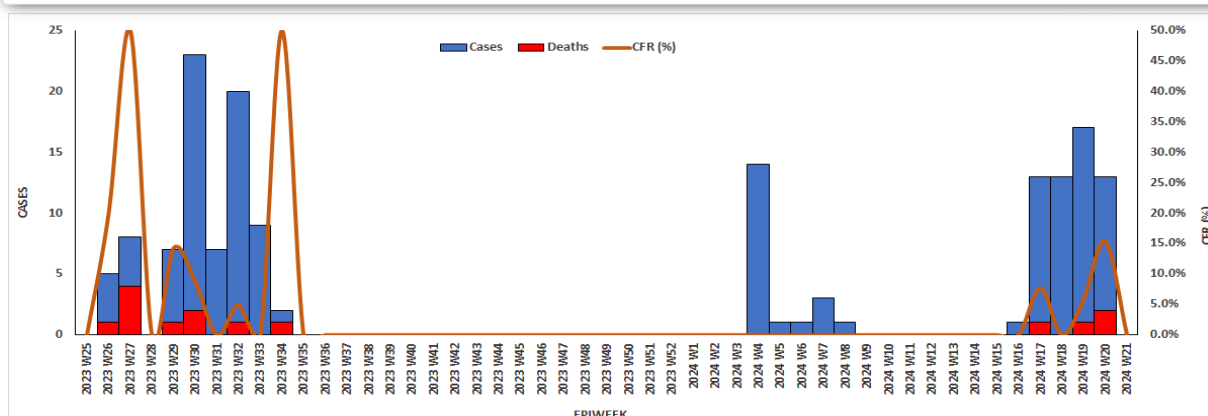


There have been 77 cases reported with four deaths (CFR-5.2%) as of 21 May 2024. New cases increased by 207.1% from 14 in April to 43. Similarly, new deaths increased by 200.0% from one death in April to three in May. The CFR for April and May 2024 were 7.1% and 7.0% respectively.

The new outbreak started on 20 April 2024 in the Kyotera District of the Masak region. The cumulative number of cases is 57(15 confirmed and 42 suspected cases). Four deaths have been registered since the outbreak started (1 probable and 3 suspected) in this new wave as a result of the floods. Response activities are ongoing. Some of the challenges in the response are open defecation, unsafe water, poor food handling, and limited capacity to use cholera RDT at lower levels and cholera RDTs, and transport.

As of 21 May 2024, the total cumulative cases and deaths since July 2023 were 158 and 14, respectively (CFR-8.9%).

**Figure 29** Epicurve for cholera outbreak in Uganda as of 21 May 2024



## Cholera IMST Pillar response actions

### Coordination

The Incident Management Support Team (IMST) AFRO has continued to coordinate the response by providing technical support and resources needed by Member States responding to the cholera outbreak through WHO country offices.

- Conducted 18 technical coordination meetings with countries in the month of May.
- The German Government provided EURO 500,000 for the cholera response in the region.
- Scaled up Cholera response and readiness in East Africa due to the current flooding situation.
- Planned provision of technical support training to Zimbabwe on decommissioning CTCs was done.

### PRSEAH

The first PRSEAH Regional workshop held in Ethiopia. The main objective was to outline the achievements of 2022-2023 biennium, discuss the challenges encountered in day-to-day activity implementation, and harness innovative strategies around working collaboratively with PSEA interagency networks, partners including MoH throughout AFRO country offices.



**WHO Ethiopia hosts Regional workshop on Preventing and Responding to Sexual Exploitation, Abuse, and Harassment in Addis Ababa**

### **Risk Communication and Community Engagement (RCCE)**

- Supported Tanzania to review and contextualize existing qualitative and quantitative socio-behavioural assessment tools for use in one of the hotspot regions.
- Completed data collection and analysis with financial resources provided by AFRO.
- Continued WHO-led integrated community-based response activities at sub-national and community level were conducted jointly with government and other partners through monitoring, sensitization and mentorship during the Technical Support Supervision (TSS).
- Supported the ongoing dissemination of key messages through national broadcasters and community radios, Door-to-door engagements by community health volunteers and use of megaphones to reach markets and bus parks/stations.
- Supported mobilization and demand creation for OCV during campaigns as well as the post-campaign surveys in Zambia and Zimbabwe
- Continued generating evidence through assessments during TSS, engagement of community leaders and members and community feedback channels aimed at informing interventions that address concerns, rumours and misinformation. This included unique community groups due to their beliefs or challenging living conditions, such as fisherfolk, religious groups, artisanal miners, residents of unplanned settlements, among others.

- Supported Kenya, Tanzania and Uganda WCOs in collaboration with A-CDC, WHO, IFRC, UNICEF and UK-HAS on Risk Communication and Community Engagement (RCCE) Cross-border Readiness Training conducted from 15-19 April 2024.
- Supported two countries in response (Tanzania and Zimbabwe) and one in readiness (South Sudan) on the RCCE regional workshop in Brazzaville on 09-12 April 2024 convened to develop the regional costed implementation plan for the regional community protection strategy adopted during the 73rd Regional Committee in 2023.

## Infection Prevention and Control & Water, Sanitation and Hygiene (IPC/WaSH)

- Conducted a webinar for 198 participants from 20 countries on IPC-WASH for the Cholera Response in the Eastern Southern Africa (ESA) Region on 30 May 2024, aimed at addressing the critical need for enhanced IPC-WASH practices tailored to cholera outbreaks.
- Supported the Intra action review for Zimbabwe on identification of gaps in IPC and developing priority recommendations or actions for IPC pillar.
- Provided technical support on IPC/WASH to Zimbabwe, Zambia and Tanzania including following up on implementation of plans.
- Provided technical guidance and shared training material, tools to South Sudan and Kenya in the cholera outbreak preparedness following the reported floods in the region. IPC / WASH in collaboration with RCCE and case management and have rolled out Cholera preparedness trainings for 30 participants from Malakal in Upper Nile State in South Sudan.

### Challenges

- Limited funding for IPC activities in affected member states and at regional office.

### Planned activities

- Finalizing IPC Cholera package, with SOPs, updated training materials and tools for use
- Drafting of a concept note on the development of Case Management and IPC standardized training materials for WHO AFRO.

## Case Management

The following Cholera case Management activities were conducted in May 2024:

### Activities

- Conducted a webinar on strengthening community case management with key stakeholders from MoH and WCOs of 11 member states with 63 participants focusing on early Oral Rehydration Points set-up in a cholera response as opposed to a delayed set-up.
- Supported the mortality audit for cholera deaths in the community and health institutions in Zimbabwe; with a total of 347 deaths reviewed (121 community and 226 institutional) from 53 health facilities in 8 districts. Data cleaning, analysis, and report writing scheduled for June 2024.
- Provided technical guidance to Ethiopia, South Sudan and Kenya in the cholera outbreak preparedness following the reported floods in the region.
- Conducted the quantification for cholera supplies needed in the worse case scenario for South Sudan to better prepare the WCO for response.
- Supporting the outbreak in DRC (Kasai, Nord Kivu and Haut Katanga) by sharing training packages with the teams on the ground.
- Provided funding for the rehabilitation of 2 treatment centres in Nord Kivu
- Reviewed and submitted a request to AFRO on behalf of Haut Katanga on strengthening community case management.
- Deployment of a case management officer to Comoros to conduct trainings for Health care workers on case management activities.
- Provided technical support to Zambia on the outbreak in Eastern Province.

### Challenges

- Limited funding for case management activities in affected member states and at regional office.
- There is a lack of formalized regional, national, subnational, and facility key performance indicators (KPIs) for cholera case management that can be tracked and used for reporting at all levels.
- Shortage of cholera beds: Ethiopia and Tanzania
- Inadequate healthcare workers to support case management response at national and WCO levels (Ethiopia).

### Planned activities

- Development of cholera case management KPIs with support from HQ/GTFCC



## Surveillance

The Surveillance and Data Management pillar remains pivotal in the cholera response across the African continent. This pillar supports countries with robust surveillance systems to monitor and respond promptly to cholera outbreaks. Key activities include:

- Supporting countries to facilitate and enhance cross-border surveillance to prevent the spread of cholera across regions.
- Conducting regular follow-ups to assess surveillance progress, including continuous communication with countries, providing technical assistance, and ensuring timely reporting of new cases.
- Assisting countries in managing cholera-related data through the implementation of standardized data collection tools to ensure accurate and timely data reporting.

## Vaccination

- The vaccination pillar has been supporting countries to conduct reactive vaccination in the Region, including providing supportive supervision.
- The pillar supported Zambia to finalize the post vaccination campaign coverage survey (PCCS) report for the vaccination campaign in January.
- Provided Comoros with vaccines for the vaccination campaign, technical support for its implementation is planned.
- The pillar is following up with Kenya's request for vaccines from ICG.

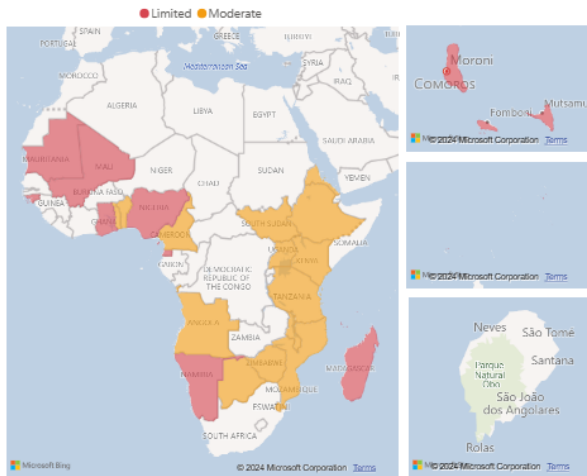
## Preparedness and readiness

The following cholera preparedness and readiness activities were conducted in April 2024:

- Cholera preparedness and readiness assessment in all the 47 member countries out of which 26 countries completed the assessment.

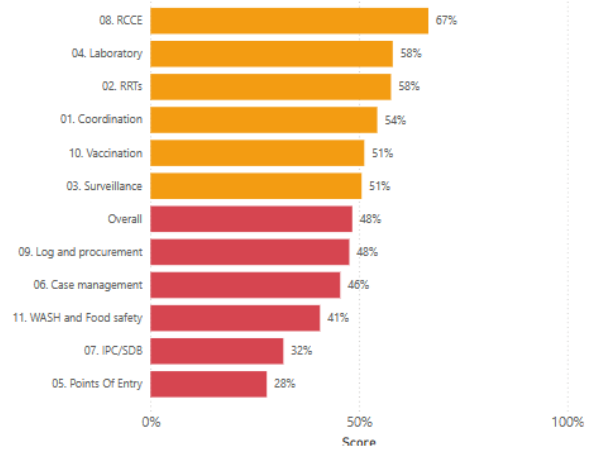
Data Period

2024



(Overall)

Response Pillar Status



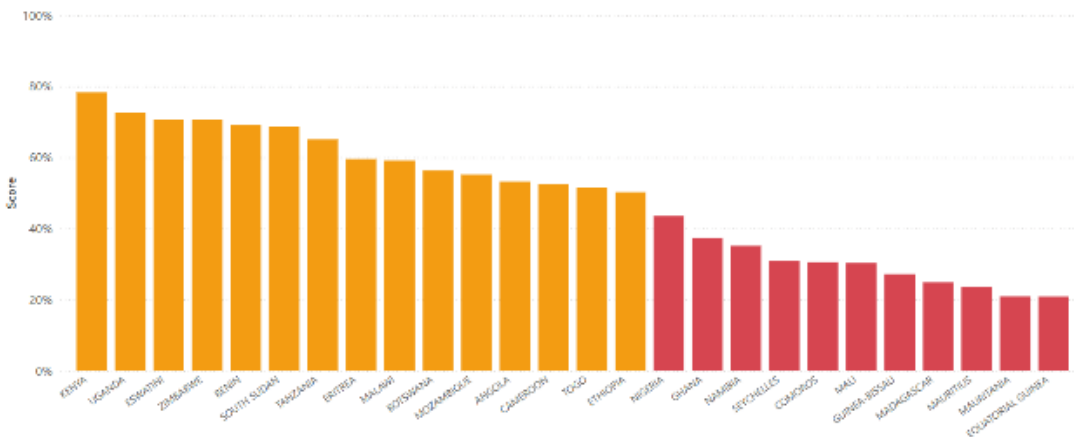
Data Period

2024

Response Pillar

Overall

Limited 0 - 49%  
Moderate 50 - 79%  
Adequate 80 - 100%



- Overall readiness capacity for cholera is limited (48%) across the AFRO region with no country having adequate capacity.
- No pillar had adequate capacity, with RCCE being the best performing, while limited capacity was noted in logistics and procurement (48%), case management (46%), WASH and Food safety (41%), IPC/SDB (32%) and POE (28%).
- There is ongoing support to the countries regarding gaps identified and remedial measures.
  - Engaged countries that are anticipated to be affected by the floods and updated their cholera contingency plans.

- ii. Finalized the identification of Priority Areas for Multisectoral Interventions (PAMIs) for Kenya and Mozambique, process initiated for South Africa and Namibia.
- iii. Supported the SADC secretariat in developing the regional Cholera preparedness and response implementation plan
- iv. Ongoing support to South Sudan and Mozambique on the finalization of their National Cholera Plans

### Challenges

- Inadequate resources for intensive integrated response interventions
- Climate issues and effect on cholera transmission
- Difficulty accessing some affected communities and vulnerable populations due to conflicts
- Poor multisectoral response and inadequate coordination by government of member states
- Poor sustainability of interventions at community level

### Conclusion

The cholera outbreaks in the African Region have persisted since 2022. There have been several driving factors which include natural disasters and climate change such as cyclones/flooding which occurred in Mozambique, and Malawi in early 2023, drought and floods which fueled the cholera outbreaks in Ethiopia and Kenya in 2023. Conflicts have a role in the outbreaks in Cameroon and Nigeria and is responsible for the persistent outbreak in the Democratic Republic of the Congo, parts of Ethiopia and Mozambique (Cabo Delgado) making affected communities inaccessible to response teams. Additionally, concurrent multiple disease outbreaks e.g. Mpox, wild polio, measles, COVID-19, other health emergencies, unreliable and inaccessible safe water supply, poor sanitation with increased cross-border movements and in-country rural to urban migration have also served as driving factors for cholera outbreaks across the Region. In the Horn of Africa and Southern Africa, climate-induced natural disasters such as the El Niño phenomenon, drought, cyclones and flooding in the subregions have contributed to the magnitude of the outbreak and longer lasting outbreak periods in many of the affected countries

In 2024 there is need for improvement in cholera preparedness and readiness and strengthened responses in affected countries to interrupt transmission of cholera, control and prevent future outbreaks.



**For additional information, please contact**

***Incident Manager Regional Cholera IMST:***

**RAMADAN Otim Patrick**

**e-mail: [ramadano@who.int](mailto:ramadano@who.int)**

**Editorial Team:**

Adebola Olayinka | Olaolu Aderinola | Felix Sanni | Saliou Diallo | Fleury Moussana | Mouhiddine Hamma  
| Tamayi Mlanda | Joyce Nguna | Mildred Chirwa