

**Mobilisation Internationale pour
l'Élimination du Choléra et le
Contrôle des autres Maladies
Diarrhéiques en Afrique par l'Eau,
l'Hygiène et l'Assainissement**



**International Mobilization for
the Elimination of Cholera and
the Control of other Diarrheal
Diseases in Africa through
Water, Hygiene and Sanitation**

Putting water and sanitation back at the heart of strategies for the elimination of cholera and the control of other diarrhoeal diseases

While all eyes are drawn on the Covid-19 pandemic, old public health scourges are still silently ravaging thousands of people, mainly in developing countries. This is the case for cholera and other diarrhoeal diseases in Africa.

Several stakeholders in the fight against these diseases are calling for the adoption of a multisectoral strategy to sustainably eliminate cholera and better control all waterborne diseases, under African leadership and based on access to water and sanitation.

Over the past fifty years, Africa has been experiencing successive waves of cholera without achieving its elimination.

While cholera has been eliminated in several regions of the world thanks to major sanitation works and an improved access to drinking water, this infectious disease, transmitted through the ingestion of water or food contaminated with *Vibrio Cholerae*, remains one of the most important public health scourges in Africa, in spite of national and international efforts to respond to successive outbreaks.

The first outbreak of cholera in Africa took place along the 1970s oil, socio-economic, and climate crises. These were also the years of serious politico-military unrest, such as the Biafra crisis. By the end of 1971, 25 African countries had notified the World Health Organisation (WHO) a total of 72,415 cases and 11,389 deaths.

Each year, cholera affects 1.3 to 4 million people worldwide, causing between 21,000 and 143,000 deaths in nearly 70 countries, most of which in sub-Saharan Africa. These seemingly high numbers are, however, extremely underestimated. According to the WHO, officially reported cases of cholera represent only 5 to 10% of all cases.

In the last thirty years, exacerbated by climate change, urbanisation, population growth, socio-political unrest and the consequences of successive socio-economic crises, cholera has become a re-emerging disease in Africa.

In addition to countries heavily affected by cholera such as the Democratic Republic of Congo (DRC), Nigeria, Ethiopia, Somalia, Mozambique, according to the latest WHO reports, other countries are

also facing a worrying situation. These are Kenya, Cameroon, Burundi, Zambia, Uganda, Sudan, Chad, Zimbabwe, Benin, Ghana, Togo, Malawi and Niger.

However, cholera is not inevitable. Cholera must, in Africa as it did in other parts of the world, become a disease of the past.

Cholera is not only a consequence of poverty. While it is a corollary of socio-economic crises, it is also and mostly due to an impeded access to essential services. Its persistence in developing countries is the result of inappropriate response strategies where water and sanitation were no priority.

Cholera can only be sustainably eliminated through a multisectoral strategy, driven by a strong regional leadership. Cholera is not just a medical issue: a lasting response can only be provided through the concerted action of public authorities, donors, and all stakeholders in the field. While cholera only is addressed in the traditional medical approach, an improved access to drinking water and sanitation targets not only cholera but all waterborne diseases.

This is the approach advocated and implemented in the Democratic Republic of Congo. In 2007, based on epidemiological research on the factors of cholera persistence in the Great Lakes region, the DRC adopted a Multisectoral Strategic Plan for Cholera Elimination (PMSEC) involving public authorities through several sectors (Ministries of Planning, Hydraulics, and Health), the national water supplier, academics, foundations, NGOs, multilateral cooperation agencies, companies, and professional experts. The approach emphasises the need for leadership at country level and enshrines the partnership approach. Consistent with the roadmap for the elimination of cholera by 2030 proposed by the World Health Organisation's, this strategy includes a section on the rehabilitation and implementation of drinking water infrastructure, paramount to lasting elimination of waterborne diseases.

Hence considering the opportunity to expand this approach to other countries and set up an international coalition for its implementation.

An international coalition under the auspices of the African Union would be the most appropriate to bring the multisectoral approach to cholera elimination tested in the DRC to the entire continent.

The 9th World Water Forum in Dakar provides an opportunity to call for a paradigm shift in order to eliminate cholera for good in Africa and achieve better control of other diarrhoeal diseases.

Collectively, we have the scientific evidence and technical resources to go beyond the sole control of cholera epidemics.

We refuse to consider this disease as fate for some African countries that would have to respond time and again to cholera epidemics. On the contrary, we believe that cholera can be eliminated in Africa through access to water and sanitation, as it has been elsewhere in the world.

We call on all stakeholders involved in the fight against infectious diseases, access to water and to health, and the reduction of inequalities, to share this ambition.

We call on all countries involved in the fight against cholera and waterborne diseases, as well as technical and financial partners, to take part in this initiative.

We call on the African Union and in particular the Africa CDC, to take over the governance of this coalition. During the covid-19 health crisis, the African Union has successfully managed to gather the required technical and financial resources and accompany countries in the fight against this disease. Precisely, this capacity to gather partners and support countries is required for other severe public health causes, such as the elimination of cholera and the control of diarrheal diseases.

Finally, we draw the attention of the international community to the need to adopt a greater ambition than that of solely containing cholera outbreaks. If we are to eliminate this disease permanently and truly control waterborne diseases, significant investments in a long-term strategy are required. We call on the mobilisation of international donors to participate in this effort.

Sponsors of the Call

Ibrahim Assane Mayaki PhD, former Prime Minister of Niger, President of the Global Alliance Against Cholera (GAAC), Executive Secretary of New Partnership for Africa's Development

Pierre Lokadi Otete Opetha PhD, Secretary General for Public Health, Ministry of Health, Democratic Republic of Congo

Amadou Bocoum, Ambassador of Senegal

Prof. Jean-Marie Kayembe Ntumba, Dean of the University of Kinshasa, DRC

Dr. Rita Colwell, Distinguished University Professor, University of Maryland College Park, Johns Hopkins Bloomberg School of Public Health, USA

Prof. Jean-Jacques Muyembe, Director of the National Institute for Biomedical Research, Ministry of Health, DRC

Prof. Didier Bompangue Nkoko, Head of the Department of Ecology and Control of Infectious Diseases, Faculty of Medicine, University of Kinshasa, DRC

Thierry Vandeveld PhD, Delegate General of the Veolia Foundation

Amadou Sall PhD, Director of the Pasteur Institute of Dakar, Senegal

Call for signature

Appel à l'action- Replacer l'eau et l'assainissement au cœur des stratégies pour l'élimination du choléra et le contrôle des autres maladies diarrhéiques en Afrique