

Practical strategies and operational lessons from recent cholera responses in crisis-affected contexts

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FCV Countries in WHO African Region affected by Cholera 2025 - 2026

277,221

Cases
24 countries

6,001

Deaths

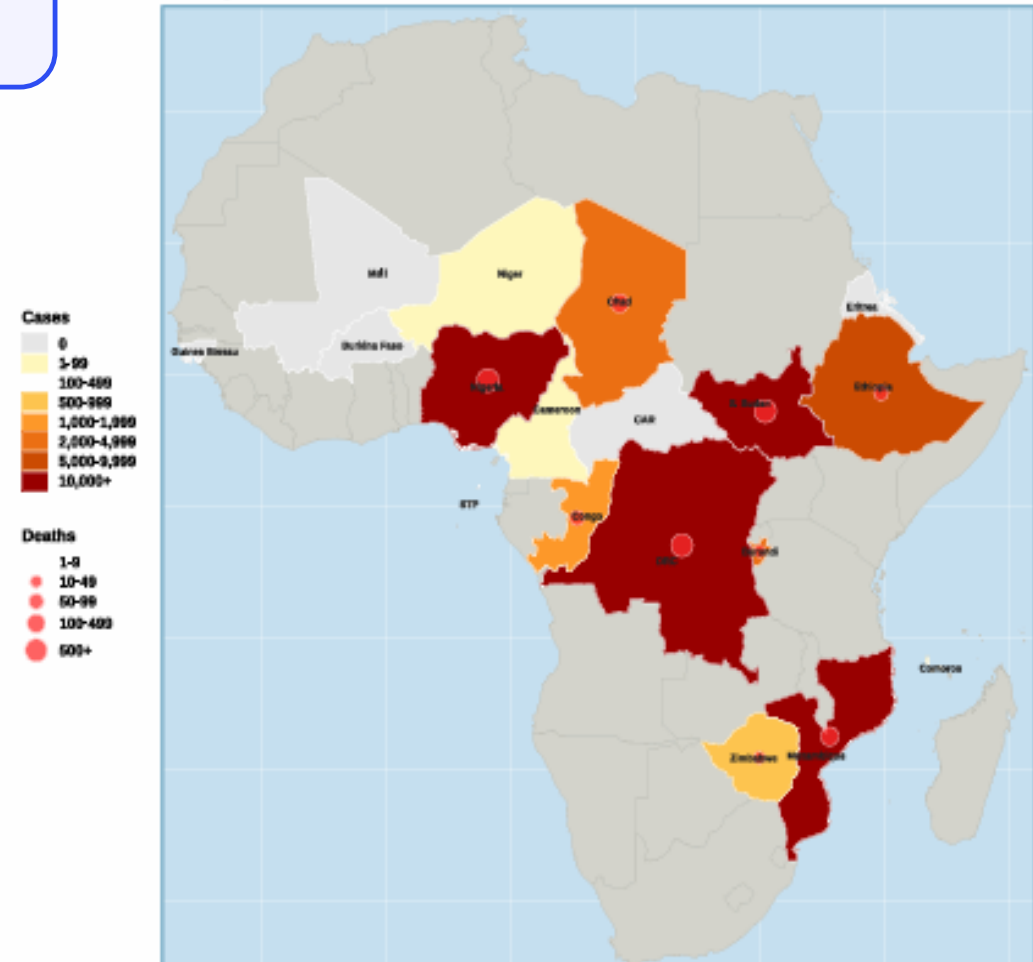
2.2%

CFR

	Country	Total Cases	Total Deaths	CFR
1	Burundi	4,208	18	0.4%
2	Cameroon	3	0	0%
3	Chad	2,979	167	5.6%
4	Comoros	40	0	0%
5	Congo	1,086	91	8.4%
6	Dem. Rep. of Congo	88,586	2,560	2.9%
7	Ethiopia	8558	85	1%
8	Mozambique	12,536	116	0.9%
9	Niger	5	0	0%
10	Nigeria	24,424	545	2.2%
11	South Sudan	84,899	1,317	1.6%
12	Zimbabwe	593	21	3.5%
	Total	227,917	4920	2.2%

FCV Countries: Cumulative Distribution Since 2025

Start date: 01 Jan 2025 | Data through 10 Apr 2026
Shading = Cases | Red circles = Deaths



Affected countries are those with at least one reported cholera case since 01 Jan 2025

FCV countries reported 82.2% of all cases and 82% of all deaths

Overview: Humanitarian and cholera context of three (03) FCV countries in AFRO

DRC

Cases: 88,586
Deaths: 2,560
CFR: 2.9%

Humanitarian Situation

5.3 Million IDPs
7.5 M in health need

South Sudan

Cases: 84,899
Deaths: 1,317
CFR: 1.6%

Humanitarian Situation

1.2 Million IDPs, 529K
refugees
6.3M in health need

Mozambique

Cases: 12,536
Deaths: 116
CFR: 0.9%

Humanitarian Situation

577K displaced, 412K IDPs,
489K in health need
723,000 affected from
recent flood

Common Challenges

- Conflicts
- Insecurity
- Attacks on health workers
- Access constraints
- Constraint access
- Displacements
- Poor living conditions
- Poor WASH structures
- Endemic cholera hotspots
- Climate events
- Funding gaps
- Human resource gaps
- Workforce fatigue

FCV countries in the African Region navigate a complex **multi-hazard environment** of concurrent outbreaks, humanitarian crises, and climate shocks, placing immense pressure on already fragile health systems.

These overlapping challenges compound one another, requiring integrated, multi-hazard strategies rather than siloed disease-by-disease responses.

Practical Strategies



Strengthen Multisectoral & Partner Collaboration

Health, Disaster, WASH, Shelter, Security, access negotiations



Decentralization of Care

Taking care close to the people – ORPs, CTUs, CTCs.



Early case detection

Strengthening AWD surveillance and active case search



Integrated Community Interventions

RCCE, Emergency WASH Measures, ORS distribution



Supplies and Logistics

Prepositioning of critical response supplies



Targeted Oral Cholera vaccination

Reactive oral cholera vaccine vaccination in targeted communities

These are integrated, multi-hazard strategies rather than siloed disease-by-disease responses.

Practical Strategy for Cholera Response in Eastern Chad (2025)

Decentralized, community-based care and skill strengthening reversed transmission trends and saved lives

Flood-affected, hard-to-reach settings in Chad

Context

Eastern Chad, 2025

Operational constraints:

- Flood-affected areas
- Hard-to-reach communities
- High urgency to reach patients closer to home



Intervention

Decentralized care at community level

- Community-based service delivery
- Decentralized access to timely care
- Skill strengthening for front-line responders

Core message

Bring effective cholera care closer to communities to reduce delays and improve outcomes.

Impact

Transmission trends reversed

- Faster access to appropriate care
- Improved local response capacity
- Improved outcomes

Week	36	40
Case load	433	143
Mortalities	20	1

Saved lives

Life-saving impact in flood-affected, hard-to-reach settings.

Early detection and adapted surveillance with RRT deployment for rapid prevention and response interventions

Flood setting with Humanitarian conflict

Context

 Tete Province, Mozambique, 2026

Operational constraints:

- Floods disrupted surveillance in Tete Province
- Cholera risk increased in high-transmission districts

Intervention



Integrated Community Interventions

- Adapted surveillance without standard systems
- Reconstructed case data from facility registers
- Deployed RRTs for rapid verification and response

Core message

Bring effective cholera care closer to communities to reduce delays and improve outcomes.

Impact



Transmission trends reversed

- Cases reduced by **19% in one week**
- **Zero deaths reported** in EW15
- Faster, targeted response despite weak surveillance systems in flood setting



Practical Strategy for Cholera Response in Ethiopia, 2024 - 2025

Integrated Community based interventions with RRT deployment for rapid response interventions

Impact

Transmission trends reversed

Context

Kebele, Ethiopia 2024

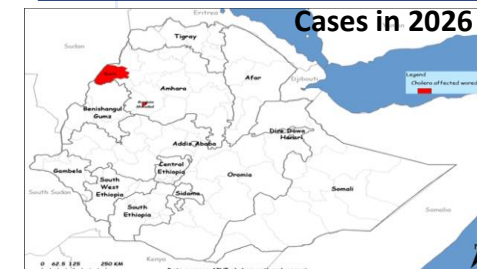
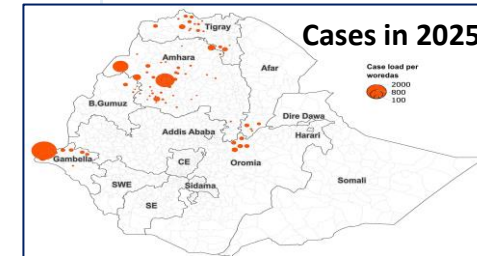
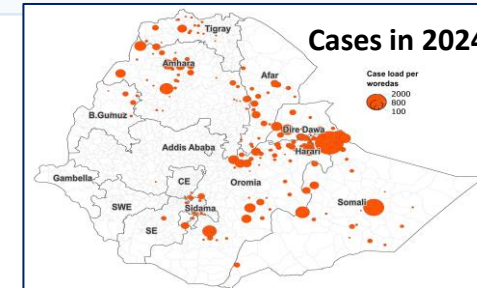
Operational constraints:

- Holy water sites – contamination
- Humanitarian situation with 105 affected woredas

Intervention

Integrated Community Interventions

- Deployed trained Kebele RRTs
- Engagement of religious and local leaders
- Installation of community ORPs
- Door to door hygiene promotion outreach
- Household water treatment



- ❑ Coordination and collaboration
 - Partner collaboration
 - Strengthen government leadership
- ❑ Early detection
 - Strengthened AWD surveillance
 - RDT use at the field level
- ❑ Prompt and appropriate case management
 - Bringing care closer to the people: ORPs, CTUs/CTCs

- ❑ Risk communication and community engagement
 - Engaging communities on hygiene, sanitation and health promotion
- ❑ Counter measures
 - Prepositioning of critical medical supplies
 - Deployment of Reactive OCV
- ❑ Resources – Human and Funds
 - Anticipatory Action
 - Localization of the response

- **The African Region faces complex, overlapping emergencies demanding a multi-hazard, multisectoral approach.**
- **Sustained political commitment and adequate funding is critical to protect vulnerable populations, respond to outbreaks and support frontline responders.**

Strengthen Resilience

WHO remains committed to building health system resilience, rapid detection, and coordinated response.

Capacity Building Building

Continued focus on capacity-building, and community engagement to reduce morbidity and mortality.

Collaboration

We call on Member States and partners to renew resource allocation and collaboration to safeguard health security across the region.

WASH investments

Critical investment in WASH infrastructures urgently needed especially at community level for sustained response



Thank you