



### PEOPLE AFFECTED

**3703 cases**

FROM 12 HEALTH DISTRICTS

**74 deaths**

**2 % case fatality rate (CFR)**



**6 million people at risk**

### FUNDING NEEDS

**US\$ 5 million**

is needed by WHO and partners to support priority actions to respond to the outbreak and to prepare at risk districts over the next 6-8 months.

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Photo: WHO/Niger

### AT A GLANCE

WHO has been scaling up its response to an outbreak of cholera in Niger, which has spread to 12 health districts. This outbreak has had over 3700 cases, an additional six million people are at risk of infection and there is a high risk of cross-border spread to other Lake Chad Basin countries. WHO and partners need additional support to be able to prepare at-risk areas and control the outbreak.

### CURRENT CONTEXT

Since 5 July, a total of 3703 cholera cases including 74 deaths (CFR: 2%) have been reported in Niger. The outbreak began across the border in Nigeria (Maradi Region). Cases are being reported from 12 health districts (Madarounfa, Maradi ville, Guidan Roundji, Dakoro, Aguié, Malbaza, Madaoua, Birni N'Konni, Keita, Gaya, Damagaram Takaya and Mirriah) and the outbreak is spreading.

The number of risk factors and the lack of capacity to scale up the response increases the possibility of spread within Niger and neighbouring countries. The public health risk has been assessed as very high at national level and high at regional level.

Between 1971 and 2017, the country has reported 10 major outbreaks, normally during the rainy season.

### THE NATIONAL RESPONSE PLAN

On the 21st of September, the Niger Ministry of Public Health adopted a National Response Plan for this cholera outbreak 2018 which requires US\$ 5 million.

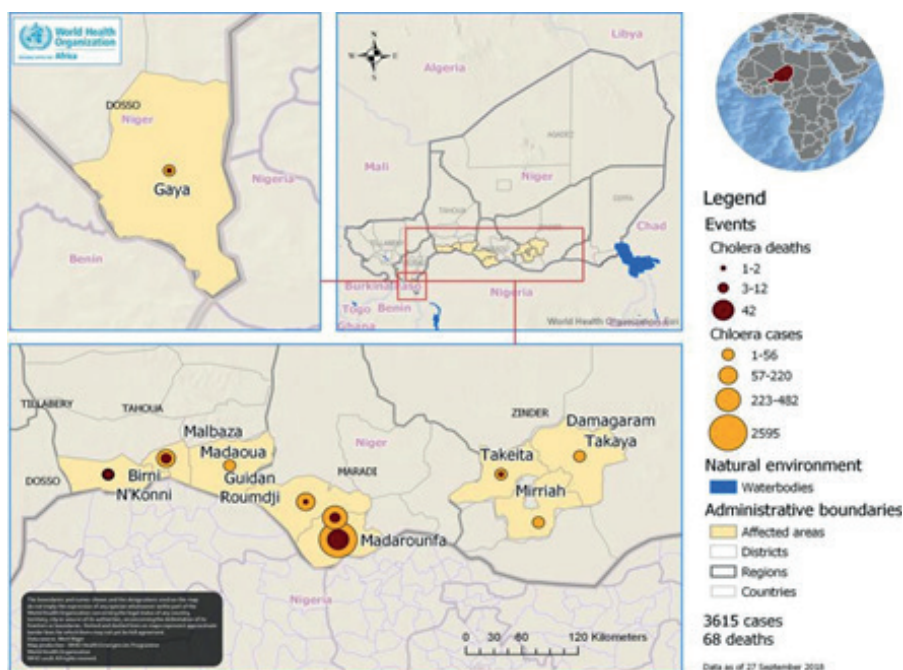
## Cholera - key facts

1. Cholera is an acute diarrhoea disease that can kill within hours if left untreated
2. Researchers have estimated that each year there are 1.3 million to 4.0 million cases, and 21 000 to 143 000 deaths worldwide due to cholera
3. Most of those infected will have mild or no symptoms, and can be successfully treated with oral rehydration solution
4. Severe cases will need rapid treatment with intravenous fluids and antibiotics
5. Provision of safe water and sanitation is critical to control the transmission of cholera and other waterborne diseases
6. Safe oral cholera vaccines should be used in conjunction with improvements in water and sanitation to control outbreaks and for prevention in areas known to be at high risk for cholera
7. A global strategy on cholera control with a target to reduce deaths by 90% was launched in 2017



## The WHO Contingency Fund for Emergencies (CFE)

In order to ensure the response efforts for this cholera outbreak can take place quickly and effectively, WHO has allocated US\$ 675 000 from the Contingency Fund for Emergencies (CFE). However, the CFE cannot provide all the resources that will be needed.



**Figure 1** - Geographic distribution of affected and at-risk health districts, *Cholera Outbreak, Niger, July-Oct 2018*

Seven key strategies will be implemented to control the epidemic in Niger:

1. Strengthen coordination mechanisms at all levels to support the response (US\$ 32 000)
2. Establish case management which will set-up and staff community treatment centres and provide free care to ensure adequate treatment for all cases (US\$ 695 000)
3. Strengthen surveillance including laboratories in health facilities and communities (US\$ 400 000)
4. Improve communication and community mobilization, putting in place teams to raise awareness (US\$ 745 000)
5. Water, sanitation and health activities (US\$ 3 300 000)
6. Vaccinate the population in newly affected and at-risk districts
7. Step-up a monitoring/evaluation mechanism (US\$ 71 700)

## WHO AND ITS PARTNERS RESPONSE AND PREPAREDNESS ACTIVITIES

In line with the National Plan and with the Health Strategic Response Plan, funding is required to support the following activities:

- Establish/revitalize cholera control coordination at the national level and in targeted regions and health districts
- Mobilize local resources by deploying teams to coordinate the response in affected and at risk regions and health districts
- Strengthen detection, investigation and surveillance in health district including training health workers in context-specific surveillance and providing monitoring tools



## FUNDING NEEDS

An immediate

**US\$5 million**

is required for priority actions  
in the next 6 - 8 months  
to mount a continued and effective  
response to this cholera outbreak

HEALTH  
**EMERGENCIES**  
programme

- Strengthen the community monitoring systems by carrying out water quality monitoring (portable kits for microbiological and chemical control)
- Strengthen water and sanitation especially in cholera treatment centres and health facilities; distribute water purifiers to households and rehabilitate the supply of drinking water
- Promote health measures, rehabilitate and maintain latrines in public areas and organize secure funerals
- Ensure effective case management by providing training to healthcare workers, ensuring infection prevention and control measures in community treatment centers and providing hygienic discharge kits for patients
- Promote community engagement and behaviour change by organizing community meetings to understand barriers to behaviour change, training and engagement of community leaders and deploying community volunteers
- Support logistics activities including the transfer of critical personnel and materials to regions and health districts
- Ensure planning and organization of vaccination campaigns
- Strengthen multi-sectoral approaches and cross-border collaboration
- Monitor, adapt according to the evolution of the outbreak and evaluate the Response Plan
- Establish and implement preparedness measures in at risk districts

## FUNDING REQUIREMENT US\$ 5 MILLION

The current efforts of WHO and partners need additional support to be able to control the outbreak and effectively support the Government of Niger. This will include conducting disease surveillance, case investigation, case management, providing laboratory supplies, deploying multidisciplinary teams in affected districts, undertaking risk communication and social mobilization, administering oral cholera vaccination and building capacities in at-risk areas.



Photo: WHO/Niger