

The Beginning of the End for Cholera in Africa

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Abstract

Cholera is an important public health problem in Africa. AFENET is contributing to the multi-faceted efforts to reduce its impact. AFENET does this through supporting Ministries of Health and working with international and local partners. Outbreak response has been the mainstay of understanding and controlling Cholera in Africa. The work of the African Corps of Disease Detectives (ACoDD) fellows during the recent Cholera outbreak in Zimbabwe is highlighted in this issue. New initiatives hold significant promise. One initiative supported by the World Health Organization Regional Office for Africa (WHO AFRO) has over 80% of African countries committed to reducing the impact of this stubborn public health problem by 90%. By 2030. Africa is becoming healthier.

KEYWORDS

Cholera, WHO-AFRO, ACoDD, Africa, Outbreak response, Zimbabwe

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Editorial

The peril that is cholera continues to plague efforts towards a healthier African continent and the world through recurrent outbreaks. Over 50 percent of all globally reported cases are from Africa [1]. An estimated 120,000 people die of the disease globally each year [2]. Cholera has been termed “a significant cause of illness and death in many African countries” and “a persistent health problem in sub-Saharan Africa and worldwide” [3-4]. The African Field Epidemiology Network (AFENET) continues to work with different partners through the use of multi-faceted approaches to counter this stubborn public health problem. Though projects like AFRICHOL and AFENET LAB, strengthening surveillance, studying the feasibility of a vaccine and strengthening public health laboratory capacity have been explored as means of controlling future cholera outbreaks [5-6].

Outbreak response remains the principal means of controlling and studying cholera on the continent. AFENET member programs continue to deploy residents and alumni (through initiatives like ACoDD) to aid in surveillance and response efforts [7-8]. One of the more recent examples of this is featured in this issue, namely, the Cholera outbreak response efforts in Zimbabwe [8]. This issue highlights the experiences and lessons learned during the 2018 Cholera outbreak in Zimbabwe. Some of the articles featured in this issue showcase how AFENET residents and alumni can support Ministries of Health in their efforts to respond to outbreaks. They also demonstrate the benefits of a trained and coordinated public health workforce in the face of an ever present public health problem like Cholera.

Forty seven African countries have adopted “The Regional Framework for the Implementation of the Global Strategy for Cholera Prevention and Control” [9]. A key aim of the framework is the reduction by 90% of the magnitude of cholera outbreaks by 2030 [9]. Globally, the efforts of the Global Task Force on Cholera Control and the Global Alliance Against Cholera and other Waterborne Diseases towards the prevention and elimination of cholera mark its importance as a public health problem [10-11]. The eventual elimination of Cholera will require the coordination of several aspects including epidemiological surveillance and continual research [12]. AFENET

is privileged to be a part of this effort to better health outcomes in Africa by ending cholera’s endemicity on the continent. Include your work here, organize in paragraph.

Competing interests

The authors declare no competing interest

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