



Conflict, Cash, and Cholera

OE Watch Commentary: Cholera, an infection of the small intestine, is largely preventable through public health measures such as ensuring the water and food supply are not contaminated with the bacterium *Vibrio cholerae*. However, as the accompanying article relates, the disease is still stubbornly prevalent in several parts of Africa, mostly due to two big factors: conflict and cash-strapped governments. Not surprisingly with regards to conflict, the Democratic Republic of the Congo (DRC), which has been wracked by violence from the failure of President Kabila to step down at the end of his term, as well as ongoing fighting among various groups over the country's vast mineral riches, has been struck particularly hard by cholera. Médecins Sans Frontières reported 55,000 cases, including 1,190 deaths last year. Besides the difficulties in providing needed sanitation programs in conflict areas to prevent the disease, the country's instability has also precluded significant tax revenue being raised to adequately fund public health programs. Compounding the problem is that a significant portion of the tax revenue that is raised is diverted to attempts to quell the unrest, as opposed to being used in disease prevention efforts. Thus, the DRC is a prime example of both conflict and a lack of funding resulting in cholera outbreaks.

The war-torn countries of Somalia and South Sudan have also been hit hard by the disease, with approximately 78,000 cases for Somalia and 17,000 for South Sudan reported in 2017. As conflict in both of those countries has continued into 2018, it is expected that cholera will continue to be a problem. Interestingly, much like the DRC, both countries have natural resources – large oil deposits in South Sudan and a stunning coastline in Somalia that many years ago sprouted numerous resorts – but due to conflict are unable to be fully developed and provide the needed financing for public health programs.

Some African countries are not in the midst of large-scale fighting, but due to mismanagement and/or corruption, lack the funds to combat cholera. Such is the case for Zimbabwe, which under Robert Mugabe has gone, as some describe it, “from Africa's breadbasket to a basket case.” Mugabe was forced to resign in November 2017, but the damage to the economy and the public health system cannot be immediately reversed. The result is outbreaks of cholera and typhoid, from, as the accompanying article describes, an “appalling” sanitation system.

Zimbabwe is hardly the only country in the eastern and southern regions of Africa described in this article that lacks appropriate infrastructure for public health. In the twelve countries constituting that area, only 53 percent of the people have access to potable water and just 30 percent to basic sanitation. 21 percent still practice open defecation. For those who do contract cholera, the health care infrastructure, such as the quality and quantity of hospitals, is often equally weak, greatly reducing the chances they will survive. All of this is preventable, but not when the two factors mentioned earlier - cash-strapped governments and conflict - are present. **End OE Watch Commentary (Feldman)**

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Boko Haram's presence in northeast Nigeria has resulted in a lack of potable water, leading to cholera outbreaks. Clean water stations, such as the one pictured here, serve some of the people displaced by the fighting.

Source: European Commission DG Echo/Solidarites International, https://www.flickr.com/photos/eu_echo/37745611354/, CC BY-NC-ND 2.0.

Source: Tonderayi Mukeredzi, “Africa's all too preventable cholera crisis,” *IRIN (Zimbabwe contributor)*, 1 February 2018. <http://www.irinnews.org/news/2018/02/01/africa-s-all-too-preventable-cholera-crisis>

Southern and East African countries are facing a severe cholera outbreak that is exposing the failure in public sanitation and the impact of government neglect.

Portia Manangazira, the director of Epidemiology and Disease Control in Zimbabwe's Ministry of Health and Child Care, acknowledged that the public health and sanitation situation in the country was “appalling”, and the nation could do much better to stop “creating” avoidable health crises.

The [Zambian] government and the WHO blame poor waste management and inadequate personal hygiene for the contamination of water and food in the townships, which has driven the epidemic.

Zimbabwe's cash-strapped government has struggled to make those investments in sewerage infrastructure and water management systems, with cholera outbreaks becoming more frequent since the early 1990s when the economy first stalled.