Policy Briefing:

Ending Recurrent Cholera in Cameroon: Lessons from the 2021 to 2022 Outbreak

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Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held on June 4, 2022 (51st edition), focusing on the theme "Cholera Epidemic in Cameroon: Experiences and Lessons Learnt", presented by Dr. Nicole Fouda Mbarga of WHO Cameroon, with contributions from the South West Regional Delegate of Public Health.

Context:

Cholera has been endemic in Cameroon since 1971 and has recurred every year since 2018. The outbreak declared in October 2021 had reached 31 districts in seven regions, with 8,135 suspected cases and 151 deaths by the time of the session, more than 75 percent of cases in the South West. The response was led by the Ministry of Public Health with WHO, UNICEF and MSF, while the root causes, unsafe water and poor sanitation, sit with other sectors.

Key Issues:

1. **Root causes outside the health sector:** Unsafe water, open defecation, septic tanks draining into streams and businesses without toilets drive transmission, but water, housing, commerce and councils were largely absent from the response.
2. **Hard-to-reach and cross-border areas:** Island districts near Nigeria start outbreaks, lack laboratories and are costly to reach, and cross-border coordination with Nigeria has been limited.
3. **Laboratory confirmation:** Only 5.9 percent of suspected cases were culture-confirmed, and the South West initially had no confirmation laboratory.
4. **Unsustained response funding:** In Limbe, cases fell to zero under a well-run treatment centre, then rose again when funds ran out. Staff incentives promised had not been paid, and volunteers lacked basic equipment.
5. **Overstretched teams:** The same staff were managing COVID-19, yellow fever, polio and the Africa Cup of Nations alongside cholera.

Discussion Highlights:

- Participants agreed that cholera is a marker of poverty and cannot be eliminated by the health ministry alone.
- Oral cholera vaccine coverage rose from under 60 percent in 2020 to about 89 percent after better communication.
- FETP-trained field epidemiologists were running much of the regional response.
- Hotspot mapping using the Global Task Force method had just been completed, a first step toward elimination by 2030.
- The town hall pledged 1,000,000 FCFA to recognise the Limbe treatment centre staff.

Recommendations:

- **Launch a multisectoral elimination plan:** The Prime Minister's office, with MINSANTE as technical lead, should adopt the national cholera elimination plan with budgeted roles for the ministries of water and energy, housing and urban planning, commerce, education and transport and for councils. The planned high-level advocacy meeting is the first step.
- **Invest first in mapped hotspots:** Government and partners should direct water, sanitation and preventive vaccination to the priority hotspot districts year by year, starting with maritime districts of the South West and the Littoral.
- **Enforce sanitation standards:** Councils and line ministries should require working toilets and water in new buildings, markets, bars, schools, motor parks and travel agencies, ending administrative tolerance of non-compliance.
- **Strengthen confirmation and early detection:** MINSANTE should extend cholera culture to all ten regions, pre-position WHO-endorsed rapid tests at district level, and support the University of Buea laboratory as the South West reference.
- **Formalise cross-border coordination with Nigeria:** MINSANTE and regional delegations should hold regular cross-border meetings with Nigerian counterparts on surveillance data sharing and synchronised vaccination in border and maritime districts.
- **Protect response staff and community workers:** MINSANTE should pay promised incentives to treatment centre staff, and partners should equip community health workers (transport, boots, raincoats, megaphones). Diaspora groups can support this directly.

Next Steps: The town hall committed to send 1,000,000 FCFA within two weeks to recognise the staff of the Limbe cholera treatment centre, and the Chair was to follow

up with the regional delegate. The national high-level advocacy meeting on cholera elimination was expected the following month.

Conclusion: Cameroon's 2021 to 2022 outbreak showed that a determined health response can bring cases down, but not keep them down while water and sanitation remain inadequate. Elimination by 2030 depends on other sectors acting, on vaccination as a bridge and on steady support for frontline staff.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of June 4, 2022. Recording: https://www.youtube.com/watch?v=xzLpLmK0VuY