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Global Insight covers areas of topical interest and is meant to provide the reader with an initiation to the subject and its policy implications. The analysis is meant to be simple yet elegant, and without sacrificing depth, useful to a broad policy community. We welcome and encourage comments and suggestions.

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Confronting Cholera — Lessons learnt from collaboration between the World Health Organisation and the South African government

by
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Cholera is a good example of how well - or badly - the state and civil society can work together to overcome communicable diseases. In South Africa the very low death rate versus case ratio highlights the ability of health services to respond quickly to the epidemic. However, this is reversed by the desperate backlog in clean water provision and sanitation, especially in communities which are often illiterate and ignorant of health-impact behaviours. This has resulted in a clarion call for government to accelerate planned service delivery and educate the public, which in turn needs to assume greater responsibility for its own health and well-being.

What is the problem?

Cholera is a very infectious water-borne disease which is nearly always related to poverty due to the inaccessibility of clean water and adequate sanitation to vulnerable communities. Caused by infection of the intestine with the bacterium *Vibrio Cholera*, cholera causes massive, watery diarrhoea shortly after infection. This severe watery diarrhoea can rapidly lead to dehydration, subsequent loss of circulation and blood volume, and ultimately to death. It is mainly spread by drinking water or eating food contaminated by infected faeces. The bacterium can also live in brackish rivers and coastal waters. The disease can thus spread rapidly in areas where sewage and drinking water supplies are inadequately treated.

Successful treatment of cholera depends on rapid replacement of fluid and electrolyte losses, either orally or intravenously. With proper treatment, mortality can be less than 1 per cent of reported cases, but in unprepared communities, the death rate can be as high as 50 per cent, largely because of a lack of facilities for treatment, or because treatment is given too late.

The regional context: Disease as a threat to sustainable development in Africa

Communicable diseases remain the most pressing and critically important health problem in Africa. The most common causes of death and illness in the southern African region are HIV/AIDS and sexually transmitted diseases, acute respiratory tract infections, diarrhoeal diseases, malaria, tuberculosis, and vaccine preventable infections. A strong disease surveillance system is the foundation of an effective prevention and control programme. Strengthening the surveillance system through an integrated approach is the preferred strategy for Africa.

reported one case of cholera and Northern Cape has remained cholera free.

Government acknowledged that the provision of sanitation had gone much more slowly than it would have liked. Seven million people still needed clean water and about 21 million, most rural South Africans, have no access to sanitation. On 9 February 2001 President Thabo Mbeki informed the South African public that special attention would be given to a more vigorous extension of the system of sanitation to contain the outbreak of water-borne diseases.

The Department of Water Affairs and Forestry continued to supply purified water and sanitation. Funding from the European Union will help to speed up this process. It will lead to an integrated inter-departmental approach to sanitation, linking water supply, housing, local government, health and education within the framework of the municipal infrastructure programme. A National Inter-Sectoral Strategy for Cholera Control has been prepared by the Departments of Water Affairs and Forestry and Health, which endorses a multi-sectoral approach beyond health and water affairs, starting at the local level and working to national level.

Health education and promotion throughout the country is continuing through the media, school systems and press. Surveillance systems are in place and the epidemic is monitored daily.

Conclusion

"Health for All" was initiated by the World Health Assembly in 1977, which recognised health as a fundamental social goal. Successive international health promotion conferences have enhanced this by emphasising the need for increased community participation and a multi-sectoral approach in promoting healthy public policies.

In South Africa the community's acceptance of responsibility for health, among other things, was slowed by the years of apartheid where a minority government determined the quality and accessibility of health services available to the disenfranchised. However, in the nascent democracy of South Africa, civil society will do well to accept some responsibility and support government in whatever way possible, while government commits itself to the provision of basic water and sanitation to affected communities.

Policy Recommendations

In a nutshell, a two-pronged attack will help contain the disease: those who are ill must be treated quickly, and those who are not ill must be protected through access to piped water, sanitation and education on basic hygiene practices.

In South Africa the WHO experts recommended the following:

Management of the epidemic:

- The roles and responsibilities of different sectors involved in the control of the epidemic should be redefined.
- Inter-sectoral coordination should be emphasised to increase accountability.

Water and Sanitation:

Short and medium term strategies to strengthen water and sanitation supplies should be formulated, including rehabilitation of existing water sources, provision of emergency water supply, and sanitation where needed.

The Health Sector:

- Closer monitoring, supervision and training of health personnel at local community level should occur to minimise errors related to case diagnosis and reporting.
- Community awareness on the risk factors associated with public gatherings during the outbreak should be increased.
- The existing health promotion strategy related to cholera prevention and control should be reviewed and updated.
- The capacity of rehydration centres should be improved to alleviate the burden on hospitals.
- A short-term strategy for cholera preparedness and response in unaffected areas should be developed.
- Addressing the shortage of human resources through redeployment of staff within and outside the cholera affected areas should continue.

References:

http://www.who.int/disease-outbreak-news/disease_indices/chol_index.html.

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