# Organização Mundial da Saúde
## Angola

# CHOLERA FLASH UPDATE 3

**REPORTING PERIOD:**
**27 JANUARY 2025**
**9 FEBRUARY 2025**
**Estimated Funding Needs:**
**2.3 million**



Mobilized Funds $708,098

Funds Needed $1,591,902
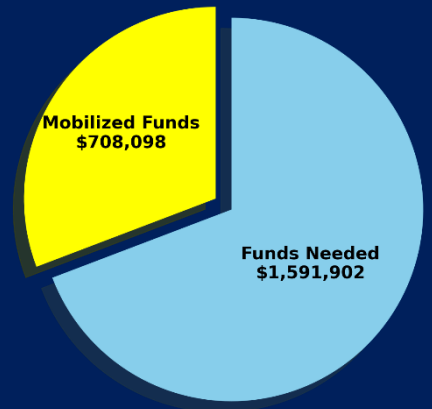
## EPIDEMIOLOGICAL OVERVIEW (AS OF 9 FEBRUARY 2025)

With the confirmation of the first case on 7 January 2025, the Ministry of Health declared an outbreak of Cholera.

**TOTAL 3,043 CASES AND 101 DEATHS** have been reported. Luanda province is the most affected, with 1,501 cases.

The first case was registered in the Cacuaco Municipality of Luanda Province, which is in a suburban area, with a population of around 1,225,220 inhabitants.

10 out of 21 provinces affected. (Cuanza Sul, Cunene, Bengo, Zaire, Cuanza Norte, Malanje, Luanda, Huila, Huambo and Icolo e Bengo). 42 out of 326 municipalities affected.

## WHO's contributions during the reporting period

- **Leadership and Coordination:** Took part in field visits alongside the Minister of Health to the hotspots including Bengo and Cacauco. Held briefings with EU & European Embassies as well as with Global Fund and private sector
- **Vaccination:** Supported MoH during the 5-day vaccination campaign in 3 provinces.
- **Health Information and Epidemiology:** Supported MoH to produce daily epidemiological bulletins.
- **Safe Water:** Trained stakeholders on digital solution for water sources mapping. Supporting MoH with collecting water samples for analysis.
- **Resource Mobilization:** Worked with MoH to mobilize in kind donations from private sector



Distribution of Cases and Deaths by Age Group
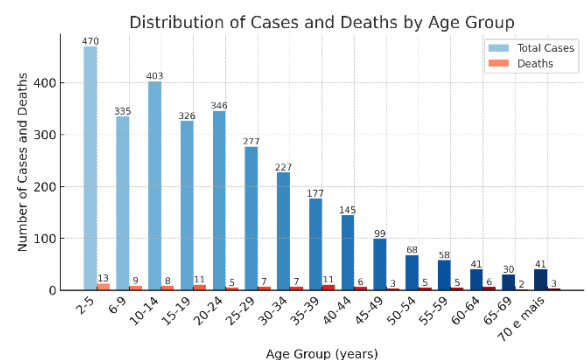
# PLANNED INTERVENTIONS FROM
# THE WORLD HEALTH ORGANIZATION THAT REQUIRE SUPPORT

**HEALTH**

1. **Community-Based Integrated Response Interventions**
   - **Active case finding at the community level:** including detection, notification, and referral of cases.
   - **Community Case Management:** Focused on managing cases in the Province of Oral rehydration solution (ORS), including patient referrals to oral rehydration points and Cholera Treatment Centers (CTCs).
   - **Community Infection Prevention and Control (IPC):** Emphasis on hand washing and the safe handling of food and water to prevent disease transmission.
   - **Safe water**: Identify communal water points for routine testing, provide chlorine tablets to households.

2. **Support at the Central Level**
   - **Laboratory and Data Systems Strengthening**: Enhancing laboratory capacity for testing, sample collection, and transportation, alongside improving data systems for collection, analysis, and sharing to inform response actions.
   - **Capacity Building for Rapid Response Teams**: Training teams to respond swiftly and effectively to outbreaks and conducting operational research to guide evidence-based decision-making.
   - **Water Quality and Environmental Monitoring:** Testing and monitoring water quality to ensure safe drinking water and collaborating with meteorological agencies for accurate disease outbreak forecasting.
   - **Evaluation and Continuous Improvement:** Conducting intra-action and after-action reviews to refine response strategies and address emerging needs effectively.
   - **Support for Campaigns and Preparedness:** Assisting provinces with readiness and preparedness activities and supporting the cholera vaccination campaign.

**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT**

1. **Community-Based Rapid Risk Assessment:** Conduct rapid risk assessments to identify vulnerabilities, engage communities in co-designing cholera prevention solutions, and enhance local preparedness.

2. **Development of Cholera Protocols and Knowledge Management:** Collaborate with universities to develop evidence-based cholera prevention protocols. Focus on risks, nexus, and healthier cities to inform strategies and share lessons learned across stakeholders.

3. **Healthier Cities Initiative:** Support Luanda's "Healthier City" initiative by advocating for improved sanitation, safe water access, and waste management to reduce cholera risks.

4. **Risk Communication and Community Engagement:** Deliver culturally tailored messages to promote behavior change and counter misinformation. Strengthen community networks for sustainable hygiene practices and integrate real-time feedback for adaptive interventions.

**VACCINATION:**

1. **Support for Vaccination Campaign**: Implement end process independent monitoring

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