

## **A CALL-TO-ACTION TO END CHOLERA OUTBREAKS AND ACHIEVE CHOLERA ELIMINATION IN AFRICA BY 2030**

ON THE EXTRAORDINARY MEETING OF  
THE AFRICAN HEADS OF STATES AND  
GOVERNMENT FROM THE 20 MEMBER  
STATES AFFECTED BY CHOLERA EPIDEMIC  
IN 2025





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Africa CDC is a continental autonomous health agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.

## **Safeguarding Africa's Health**

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**We**, the Heads of State and Government, and the Heads of Delegation from the 20 African Union (AU) Member States Affected by Cholera Epidemic in 2025.

**RECALLING** Assembly/AU/Decl.3(XXIX) of July 2017 on Accelerating the Implementation of the International Health Regulations in Africa, which seeks to address the increasing public health events and recurrent epidemics on the continent and to prevent, protect against, control and provide a timely response to public health events with the potential for international and cross-border spread.

**RECALLING** Assembly/AU/Dec.877(XXXVII) of February 2024, which took note of the appointment of H.E. Hakainde, President of Zambia, to serve as the African Union Champion for cholera outbreak response with the view to ensuring alignment of responses at continental, global and regional levels.

**ALSO RECALLING** Decision Assembly/AU/Decl.3(XXXII) of February 2019, which adopted the 'Health in All Policies' approach,' recognizing that health challenges cannot be effectively addressed by Ministries of Health alone and emphasized the need to promote intersectoral collaboration by adopting and implementing a whole-of-government approach to 'Health in All Policies'.

**FURTHER RECALLING** the commitments in the Africa Regional Framework for the Implementation of the Global Strategy for cholera prevention and control (2018–2030) that was endorsed by ministers of Health in 2018, and the limited progress made in achieving the set milestones and targets.

**NOTING** the February 2024 Communiqué by SADC Heads of State and Government calling for enhanced cholera prevention and control through community engagement, strengthened surveillance, vaccine availability through local production, and improved water, sanitation, and hygiene (WASH) services and targeted social behaviour change interventions.

**FURTHER NOTING** the SADC Ministers of Health Communiqué made in Lilongwe, Malawi in March 2023, that led to the establishment of the Africa Elimination of Cholera Epidemics Coordination Task Force (AECECT).

**EXPRESSING CONCERN** over the ongoing multi-country cholera outbreaks, currently affecting approximately 20 Member States, resulting in increased morbidity, mortality, and adverse socio-economic consequences; and **FURTHER ACKNOWLEDGING** the additional burden imposed on national health systems by concurrent and protracted public health emergencies, including but not limited to mpox, measles, dengue fever, and Lassa fever, which collectively exacerbate existing systemic vulnerabilities and capacity constraints.

**EXPRESSES CONCERN** over the growing burden of disease outbreaks, epidemics, and public health emergencies, which pose serious threats to the continent's social, economic, and security architecture, thereby undermining the realization of **Agenda 2063: The Africa We Want**;

**FURTHER NOTES** the competing resource priorities and declining Official Development Assistance, which heighten the risk of socio-economic disruption and potential political instability; and the inadequate implementation of the International Health Regulations (IHR), the Regional Framework for the Implementation of the Global Strategy for Cholera Prevention and Control (2018–2030), which continues to impede timely and effective preparedness and response efforts.

**EMPHASISING** on the role of the AU to safeguard the health of all citizens on the continent, to prepare for and respond to public health emergencies, by putting in place strong resilient and adaptive health systems with effective coordination, collaboration and sharing of information and resources across borders.

**MINDFUL** of all the efforts that governments on the continent are putting in place to curb the widespread of the cholera outbreaks and the close collaborations and efforts underway by Africa CDC, the African Union Commission (AUC), WHO, UNICEF, GAVI, Global Task Force on Cholera Control (GTFCC) and all partners in reducing the burden of the Cholera epidemic in the continent.

**HEREBY, COMMIT to:**

- **Multi-sectoral Coordination:** Establish or strengthen a Presidential Task Force on cholera to coordinate multisectoral action, allocate emergency resources, enhance cross-border surveillance, and enforce accountability mechanisms across all relevant ministries and sectors.
- **Domestic Financing:** Mobilize and sustain dedicated domestic emergency funding to support core cholera preparedness and response pillars including surveillance, vaccination, case management, water, sanitation, and hygiene (WASH), and risk communication and community engagement (RCCE).
- **Scale Up WASH Investments:** Prioritize accelerated and equitable investments in safe water supply and sanitation infrastructure, especially in high-risk communities.
- **Secure Critical Supplies:** Actively engage in and support global and regional initiatives aimed at expanding timely access to essential commodities required for cholera outbreak detection, prevention, and response, including strengthening local manufacturing for Oral Cholera Vaccines (OCVs)
- **Community and civil society engagement:** Place communities at the heart of the cholera elimination agenda and ensure that community leaders, grassroots networks and civil society organisations are key partners in national efforts to achieve cholera elimination in Africa by 2030.

- **Guarantee Humanitarian Access:** In coordination with the AU Humanitarian Agency and HHS, facilitate the establishment of humanitarian access and secure corridors to ensure the uninterrupted delivery of essential medical, water, and sanitation services in conflict-affected and hard-to-reach areas.

**FURTHER CALL UPON** the Africa CDC:

- To leverage the successful Mpox response model to establish a Continental Incident Management Support Team (IMST), jointly led by Africa CDC and WHO, in collaboration with UNICEF, GAVI, Global Fund and other partners; to coordinate, streamline, and intensify efforts aimed at controlling ongoing cholera outbreaks across the continent.
- To establish a Continental Task Force for Cholera Elimination, co-led by Africa CDC and WHO in collaboration with UNICEF, GAVI, Global Fund and other partners; and aligned with the Global Task Force on Cholera Control (GTFCC), to promote inclusive, coordinated, and sustainable strategies that accelerate progress toward achieving cholera elimination in Africa by 2030.
- To coordinate with WHO, UNICEF, and other partners efforts to mobilize new and additional investments, leveraging domestic resources, innovative financing, blended finance, and international solidarity to accelerate the elimination of cholera in Africa.
- To mobilise the private sector to play an active role in cholera elimination by investing in water, sanitation, and hygiene (WASH) infrastructure, promoting innovative health technologies, strengthening public-private partnerships, supporting local vaccine manufacturing, and improving access to essential health services—especially in vulnerable and hard-to-reach communities
- To engage civil society organizations (CSOs) to strengthen social mobilization, community engagement, and advocacy for behaviour change, equity, and accountability in cholera prevention and response efforts.
- To commit to regularly reporting progress on the implementation of this Call to Action to the African Union Assembly, through H.E. Hakainde Hichilema, President of Zambia and AU Champion for Cholera Outbreak Response.

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