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Aid in the time of cholera

Three humanitarian challenges facing Africa in 2018 – and how to tackle them

In mid-2017, when a cholera outbreak in Somalia threatened to overwhelm local hospitals, health experts feared the worst. With crippling drought, malnutrition, and poverty already endemic, an outbreak of deadly diarrhoea seemed destined to paralyse the fragile state.

But despite the dire predictions, institutional paralysis was avoided. Although hundreds died and many more became sick, the collective response managed by governments, NGOs, and local communities, including the national Red Crescent Societies supported by the Red Cross movement, contained the disease.

Somalia's experience gives me great hope for Africa's future. But it also serves as a reminder that local capacity is easily inundated during times of crisis. While some parts of Africa have become self-sufficient in terms of public health, others continue to lean heavily on global aid. For these areas, partnership is the best means of minimising risks.

In particular, three key challenges this year are likely to pose the severest tests of Africa's ability to manage humanitarian crises.

The first challenge is violence in the Democratic Republic of the Congo. Last year, conflict in the DRC's central Kasai region displaced some 1.4 million people, bringing the total displaced population to 4.1 million – the largest concentration of internal refugees anywhere in Africa. The violence has exacerbated food insecurity, with more than three million people severely undernourished.

Unfortunately, the Kasai crisis is expected to worsen in 2018. A recent assessment by the Red Cross Society of the DRC warns that the number of people displaced will continue to rise, and with a fast-spreading cholera outbreak threatening the region, we urgently need a coordinated plan of action.

The long haul

The second challenge this year is Somalia's food insecurity, which, according to the Famine Early Warning Systems Network, is expected to intensify this year. Below-average rainfall in 2017 stunted harvests, and most regions have not fully recovered.

As humanitarian aid is channelled to the country, efforts must be made to target long-term solutions, such as improving agricultural output, educational access, and economic opportunity. Historically, most aid to the country has been earmarked for emergency relief; even the collective cholera response was narrowly focussed on short-term health. But Somalia desperately needs a more holistic, long-term development strategy.

The international development community must do more to invest in grassroots solutions, empowering Africans rather than treating them as subcontractors to their own suffering.

Finally, the very scourge that Somalia contained last year will continue to rear its head elsewhere in the region. Yemen's cholera outbreak is now the largest in history, having already surpassed one million confirmed cases, and, despite years of international assistance, the threat continues to stalk Africa. In the last four decades, African countries reported over three million suspected cholera cases to the World Health Organisation and new cases are cropping up this year in Africa's east-central and southern regions.

Fortunately, there is hope that Somalia's containment success in 2017 can be replicated, provided that communities and individuals are well aware of the disease and related risks, and that local actors receive the needed resources. The Global Task Force on Cholera Control, which seeks to build local and international support for improved health care and sanitation, has published a global roadmap for ending cholera by 2030. Although that is an ambitious target, it is achievable if international organizations and local governments work together.

Not victims but partners

Natural and manmade crises will continue to plague Africa, but organisations like mine are working hard to bring about a brighter future through improved capacity building. To succeed, however, local and international development partners must reorient their thinking; humanitarian aid alone will not solve Africa's myriad challenges.

While money is clearly needed, it must be spent more strategically to improve structural weaknesses that perpetuate instability. For example, if more funding were devoted to community-level health care projects, local organisations would be better positioned to lead when outbreaks threaten.

Put simply, the international development community must do more to invest in grassroots solutions, empowering Africans rather than treating them as subcontractors to their own suffering. Not only are local organisations better positioned to navigate complex cultural and linguistic landscapes; they also have more to lose if they fail.

Last year was devastating for many Africans, as millions suffered from drought, hunger, and violence. But in Somalia, a coordinated response to a serious health threat offered new hope for a more secure future. When local ingenuity and international support align, the cycle of suffering can be broken. For many African countries, the ability to look confidently beyond the next crisis is the first step on the long road to self-reliance.

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