

Cholera Crisis in Somalia: A Call for Comprehensive and Sustained Global Intervention

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Abstract: Somalia is experiencing a recurrent cholera crisis, with over 18,300 cases and 46 deaths reported in 2023, and a further surge in 2024. The epidemic is primarily driven by poor sanitation, political instability, and climate-induced droughts, with vulnerable populations, particularly children under five and internally displaced persons (IDPs), bearing the highest burden. Overcrowded IDP camps and inadequate sanitation exacerbate the spread of the disease. Despite ongoing vaccination campaigns, laboratory diagnostics, and hygiene interventions, cholera outbreaks persist, highlighting systemic challenges. The Somalia Ministry of Health, in partnership with WHO and UNICEF, has made progress in oral cholera vaccination and surveillance efforts. However, long-term solutions require substantial investments in infrastructure, healthcare systems, and preventive measures. This commentary advocates for a multi-faceted approach, including community health education, robust water, sanitation, and hygiene (WASH) programs, and enhanced disease surveillance systems. Strengthening Somalia's healthcare system, along with fostering international and regional cooperation, is critical to addressing both immediate and long-term public health challenges. The international community must prioritize sustained funding and technical support to build resilience against cholera and other health threats in Somalia.

Keywords: cholera, epidemiology, internally displaced person camps, IDP, Somalia

Introduction

Somalia continues to grapple with recurrent cholera outbreaks that exacerbate existing public health challenges, contributing to significant morbidity and mortality, particularly in vulnerable communities affected by displacement, inadequate sanitation, and limited healthcare access. Cholera, a waterborne disease caused by ingesting food or water contaminated with *Vibrio cholerae*, can cause acute watery diarrhea, leading to rapid dehydration and severe electrolyte imbalance within hours if left untreated. These life-threatening effects highlight the urgency of mitigating the disease and underscore its role as a symptom of deeper systemic issues that continue to plague the nation's fragile health and infrastructure systems.¹

Cholera, a water-borne disease, continues to be a significant public health challenge in Somalia since 2017.² Epidemiological data from recent years underscore the scale of the crisis. In 2023, over 18,300 cumulative cholera cases and 46 fatalities were reported. However, these figures only reflect documented cases from Cholera Treatment Centers (CTCs), suggesting that many more go unreported in remote regions. By the end of 2024, the number of suspected cholera cases surged to 21,945, with 138 associated deaths and a case fatality rate (CFR) of 0.6%. Of these cases, 52% were female, and 59% involved children under five years old. Alarming, 66% of cases were classified as severe, highlighting the burden on the healthcare system. During Week 52 alone (December 23 to December 29, 2024), 206 new cases were reported, with 65% involving children below five years. Fortunately, no deaths were recorded that week, indicating some positive impact from recent interventions (Ministry of Health, 2024) (Figure 1).³

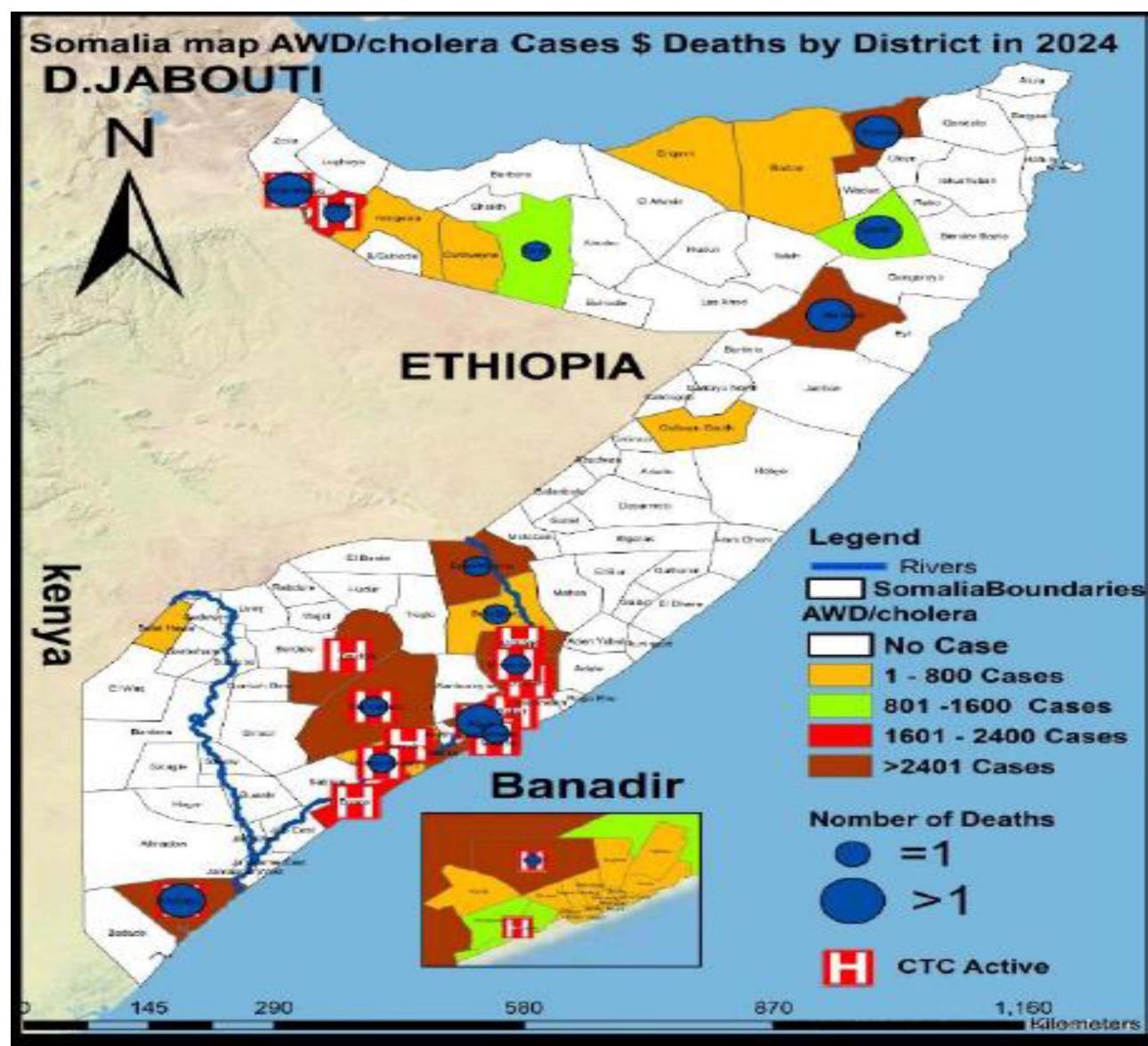


Figure 1 Acute Water Diarrhea/Cholera cases and deaths by district in 2024. Reprinted with permission from Ministry of Health & Human Services Federal Government of Somalia. AWD/Cholera Weekly Epidemiological Report (Epi Week 52 [23 December – 29 December 2024]).³

The Interconnected Drivers of Cholera Transmission

A combination of social and environmental variables contributes to Somalia's cholera epidemic. Decades of violence, political instability, and climate-induced droughts have degraded infrastructure, leaving people relying on vulnerable water sources like shallow wells and rivers that can be contaminated. Internally displaced person (IDP) camps, which house over 2.6 million displaced people, are overcrowded and frequently lack proper sanitary services, producing conditions conducive to the development of waterborne illnesses (Figures 2 and 3).⁴

The inadequate healthcare system in rural and conflict-affected regions worsens the situation. Many medical facilities are short on essential supplies, lack proper laboratory testing capabilities, and do not have enough trained staff to effectively manage outbreaks. The World Health Organization (WHO) and UNICEF have repeatedly underlined children's susceptibility in such situations, stressing that their weakened immune systems render them especially vulnerable to catastrophic consequences such as prolonged dehydration and death.⁵

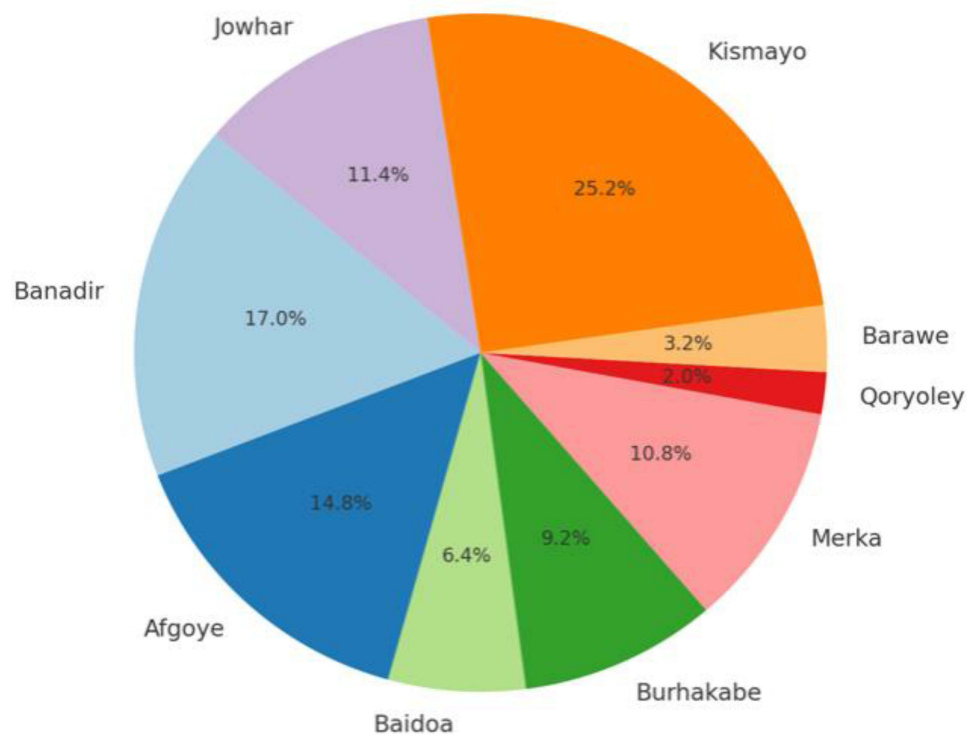


Figure 2 Proportion of Cumulative Cases by Districts/region 2024. Reprinted with permission from Ministry of Health & Human Services Federal Government of Somalia. AWD/Cholera Weekly Epidemiological Report (Epi Week 52 [23 December – 29 December 2024]).³

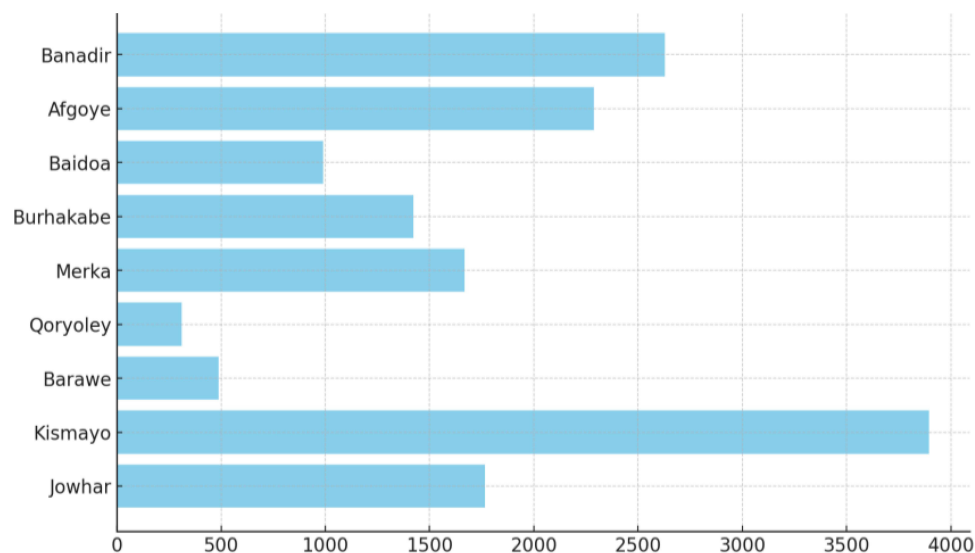


Figure 3 Cumulative Cases by District/region. Reprinted with permission from Ministry of Health & Human Services Federal Government of Somalia. AWD/Cholera Weekly Epidemiological Report (Epi Week 52 [23 December – 29 December 2024]).³

Government and International Responses

In response to the escalating cholera crisis, the Somalia Ministry of Health (MOH), in collaboration with international partners, has intensified efforts to curb the spread of the disease. Vaccination initiatives in high-risk districts such as Burhakabe and Daynile reached 89,680 people by the end of 2024, resulting in a 97% coverage.⁶ Laboratory diagnostics have played a pivotal role in monitoring and tracking the spread of cholera. Among the 2116 stool samples collected

since epidemiological week 1 of 2023, 585 samples (27.6%) tested positive for cholera using Rapid Diagnostic Kits (RDTs). Furthermore, 203 samples (10.0%) were confirmed positive for *Vibrio cholerae* O1 serotype Ogawa, and one sample from Afmadow was identified as positive for *Vibrio cholerae* O1 serotype.³ Despite these efforts, the persistence of the epidemic underscores the limitations of emergency responses. Cholera hotspots remain prevalent, and ongoing outbreaks reveal deeper systemic issues that require sustained investments in infrastructure, healthcare, and preventive measures.

Comprehensive Public Health Interventions

Effective containment of cholera in Somalia necessitates a multi-faceted, sustainable approach; to begin with, community health engagement is crucial for raising public awareness of proper hygiene and identifying cholera signs early. Community health workers are essential in carrying out home visits and teaching families about early symptom management and safe water use. Second, it is essential to implement strong WASH (Water, Sanitation, and Hygiene) initiatives. Disease transmission rates can be considerably decreased by distributing hygiene kits, building sanitary facilities, and increasing access to safe drinking water. To promote resilient communities, long-term investments in WASH infrastructure must be given top priority.⁷

Moreover, strengthening disease surveillance is crucial for the early detection and response to outbreaks. Investing in mobile reporting applications and digital health technologies can significantly improve data collection and enable real-time monitoring. In Somalia context relatively widespread mobile coverage and affordable internet access compared to other developing countries, these digital solutions present a practical and cost-effective opportunity to enhance public health response.⁸

Finally, there is no negotiating the need to increase the capacity of the healthcare system. The nation's capacity to handle public health emergencies can be strengthened by educating healthcare professionals, guaranteeing steady supplies of necessary medications, and constructing robust medical facilities.⁹

The Global Responsibility

The cholera crisis in Somalia is not just a national health emergency but a broader global humanitarian concern, driven by systemic issues such as inadequate water, sanitation, and healthcare infrastructure. While the Ministry of Health has shown strong leadership in responding to outbreaks, long-term resilience requires sustained international support. Investing in WASH systems, strengthening healthcare services, and implementing digital health tools for real-time disease monitoring are essential steps. Similar outbreaks in countries like Yemen, Zambia, and Mozambique emphasize the regional nature of cholera and the need for global collaboration.^{10–12} To effectively combat cholera, Somalia must continue aligning its national strategies with the Global Roadmap to End Cholera, which prioritizes early detection, access to clean water, community engagement, and healthcare system reinforcement. Regional cooperation is also critical, given Somalia's porous borders that facilitate cross-border transmission. Strengthening coordinated disease control frameworks and supporting local capacity-building efforts will be key to reducing cholera mortality and moving toward its eventual elimination as a public health threat.

Conclusion

The cholera epidemic in Somalia underscores the urgent need for preventive, multisectoral health interventions that tackle the root causes of disease transmission. While the Ministry of Health has demonstrated commendable leadership in managing health crises, sustainable solutions depend on consistent international support. Global health organizations and policymakers must prioritize long-term investments that strengthen healthcare infrastructure, expand access to clean water and sanitation, and build community resilience.

Adopting mobile reporting applications and digital health technologies can enhance data collection and enable real-time monitoring, improving the speed and effectiveness of outbreak responses. To uphold the fundamental human right to health and dignity for all Somalis, swift and coordinated action is essential. It is recommended that both national and international stakeholders collaborate on a comprehensive, well-funded cholera response plan that integrates emergency interventions with long-term system strengthening.

Disclosure

The authors report no conflicts of interest in this work.

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