

Article

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THE POLITICS OF CHOLERA EPIDEMICS IN ZAMBIA

Around the mid-1980s a new phrase entered the political lexicon, “to kick the can down the road,” a somewhat colourful if critical way of referring to putting off work on an issue, at best for a later unspecified date and at worst, never. By the phrase “The Politics of Cholera Epidemics in Zambia” we mean how the government of Zambia deals with the problem of cholera by means of Statutory Instruments, which are nothing but band-aid solutions — temporary solutions that do not deal with the root cause of a problem. Due to what French political scientist Jean-François Bayart has dubbed “*La Politique du Ventre*” (the Politics of the Belly), African politicians are unable to get to the root cause of the problem and solve it once and for all. This is true of how successive Zambian governments, including the current one, have dealt with cholera epidemics.

In 2018, the International Growth Centre of the London School of Economics, responding to the 2017 cholera outbreak opined that Zambia was “Treating the symptoms, not the causes.” (Inclusive Growth, 9 March 2018). One wonders if in 2024, six years down the line we are doing things differently. The efforts of successive Zambian governments in addressing the cholera outbreaks are an extreme version of the American idiom of “kick the can down the road.” Once of such efforts in Zambia that created the impression that the government was doing something to tackle the problem of cholera in Zambia once and for all, was a six-year plan that was published in 2018 namely “Zambia Multisectoral Cholera Elimination Plan 2019–2025” (MCEP 2018). This was a comprehensive plan to eliminate cholera in Zambia. Unfortunately, like other excellent plans and policies in Zambia, this plan was destined to gather dust on the shelf. No wonder we are faced with yet another cholera outbreak in 2023–2024.

Interplay between Disease and the Environment and Politics

According to the above-mentioned government policy document, MCEP 2018, Zambia experienced its last major cholera outbreak from October 2017 to June 2018 with a total of 5,935 reported cases and 114 deaths (CFR 1.9%). Although the outbreak gradually spread to seven other provinces in the country (all epi-linked to the Lusaka outbreak), 92% of these cases occurred in Lusaka district. Seemingly, we have not learnt from previous Cholera epidemics. The 2017 study report on “Risk Factors for Epidemic Cholera in Lusaka, Zambia” by the American Society of Tropical Medicine and Hygiene revealed an interesting profile of the cholera patients in the last epidemic in Zambia as follows: “male, toddler to youth, in high density locations characterized by extreme poverty”. This research also discovered that contamination of water sources was not exclusive to shallow wells as even ‘council’ water was found to have pathogens.

The historical choice of Lusaka as the capital city of Zambia is baffling. Most sprawling cities in the world tend to be constructed on the banks of rivers, assuring the denizens of a steady supply of clean, running water. While Lusaka enjoys the presence of more than 20 water systems, hardly any of them qualify to be rivers capable of sustaining a bustling population of more than 3 million people. For this

reason, Lusaka is heavily dependent on two sources of water: The Kafue River situated 60 km away to the south, and underground sources. To compound the issue is the fact that Lusaka was built upon a stubborn impermeable limestone rock. The incident of cholera is predictable. Not only is it extremely difficult to construct sewer lines because of the underground rock formation, but also the land easily floods as the retention dynamics make it impossible for water to sink lower. These two are a recipe for trouble.

The introduction of the town planning variable further creates havoc. Numerous laws exist that are meant to regulate the development of the city and the creation of new structures and settlements. However, decades of dereliction of duty have seen to it that chaos reigns. Informal settlements tend to sprout in the very areas that are unfit for human habitation. The guilt burden falls squarely on the governance models: city councils that collect levies but do not properly apply them to environmental concerns and proper city planning; and central government that appears to interfere in the decision-making of the city council for political reasons. Several settlements in Lusaka should simply not exist. No government has been willing to make the unpopular decision of moving out the residents and repurposing the settlements into parks, or water recharge points, or industrial zones.

The Status Quo of the Current Cholera Epidemic

Given how Zambia has dealt with previous cholera outbreaks, it is not surprising that the current outbreak in Zambia continues to spread unabated. So far, it has affected a total of 39 districts in 9 provinces in Zambia. As of 11 January 2024, the Ministry of Health had reported 8,276 cumulative cases and 333 deaths, with a Case Fatality Rate (CFR) of 4%. 94% of all confirmed cases and 97% of all deaths in Zambia occurred in Lusaka Province. Given our history of urbanisation, this is no surprise. The main drivers of the outbreak are the poor water, sanitation, sewage and drainage conditions in densely populated urban/peri-urban unplanned settlements as well as localised floods caused by rains and contaminated water sources in the same areas. Although Zambia recently received 1.6 million cholera vaccination doses from WHO, vaccination is not a long-term solution. As a containment measure, the government postponed the start of the school year for three weeks, and banned street vending and public gatherings of more than five people who do not belong to the same family. The government and non-state partners have installed emergency water tanks for community use in hotspot areas, distributed household water treatment supplies, and sensitized community members on cholera prevention. A new Cholera Treatment Centre has been established in Lusaka for an additional bed capacity for 1,000 patients. The Disaster Management Authority is also finalising the revised Emergency Response Plan. Once again, all these good measures to contain the current outbreak but do not go far enough to address the root causes.

Overcoming Colonial Legacy

According to MCEP 2018, Lusaka district is densely populated (100 people per square kilometre) with a large portion of the population living in the peri-urban areas, where overcrowding, poor solid waste management and inadequate access to water and sanitation are prevalent. This can largely be explained by the post-independence national building programme which, with the exception of the unsuccessful Kenneth Kaunda “Back to the Land” campaign, simply continued the colonial approach to national building by prioritising urbanisation. Lusaka and the Copperbelt remain the most urbanised and most populated areas in Zambia and where cholera raises its ugly head. This was deliberately planned by the colonialists to attract menial African labour to move from the rural areas to come and serve the settler white population. Towns were built with them in mind and were designed along colour bar lines with the white settler population in suburbs such as Woodlands and Kabulonga in Lusaka and Africans on the outskirts such as Matero. White suburbs had excellent water, sanitation, sewage and drainage, whereas the African settlements had poor sanitation, sewage and drainage. Post-independence Zambia has failed to address this sad colonial legacy.

Zambia is not short of knowledge or policies. As usual the missing link is political will to implement the excellent policies. Lack of political will to implement good policies is driven by “*the politics of the*

belly” which could largely explain why the commitment by the Government of Zambia to eliminate Cholera as articulated in MCEP 2018 came to naught. Risk factors for Cholera outbreaks in Zambia are well documented and so are the strategies to eliminate cholera once and for all. One of the six targets set in MCEP 2018 is to accelerate access to safe drinking water and adequate sanitation at the basic level of service in all cholera hotspots in Zambia by 80% by 2025 and improved higher levels of WASH services by 100% by 2030. It remains a fact in 2024 that many poor high-density communities in Lusaka continue to face erratic supply of piped water thereby forcing vulnerable households in these communities to draw water for drinking from shallow wells and other ground water sources.

Long-Term Solution to Cholera Epidemics in Zambia

1. Address the Problem of Unplanned Settlements

The government announced recently that no new settlements will be allowed to open without minimum standards, without proper roads, without proper drainages, and without water supply. As part of the measures to address cholera crisis, government also announced that it had started identifying different pieces of land on the outskirts of Lusaka where proper structures would be built to accommodate some people living in unplanned settlements as a way of decongesting such areas to pave way for installation of water and sanitation facilities. The Zambian people cannot wait to see these very good plans being implemented.

2. Address Rapid Urbanization and Promote Solid Waste Management and Hygiene Practices

Alongside the above interventions, the government must also revisit the Kenneth Kaunda era “Back to the Land” campaign by establishing new industries (centres of excellence) in the rural areas where the natural resources and raw materials are located to stem rapid urbanization. The National Decentralization Policy that was launched in March 2023, must go far enough to create economic opportunities in rural areas to encourage people, especially the youths to work and earn a decent living in rural areas. It cannot be overemphasized that although Lusaka is the nerve centre of economic activities in Zambia, it has no capacity to decently provide for its ever-growing huge population. The population growth in Lusaka has led to crowding in unplanned settlements where people are surviving on a senseless and futureless subsistence, with no savings, no pension and no dignified human existence. The amount of garbage generated by these millions is horrendous and chokes all the arteries of Lusaka. The indiscriminate disposal of garbage and waste guarantees a city that wallows in its own filth. Drainages are clogged, waste collects everywhere, and it becomes the breeding ground for disease. Neither the exercise of decongesting the high-density locations nor the creation of new settlements will address the culture of seeing nothing wrong with rampant littering and co-habiting with filth until the population adopts a mind-set and behaviour change in solid waste management and hygiene practices. Therefore, community engagement for adoption of good solid waste management and hygiene practices through mobilizing community leaders as agents of change is critical.

3. Prioritize Investment in WASH

The long-term solution to the perennial problem of cholera outbreaks involves addressing inadequate access to clean water and sanitation facilities, especially in high density locations, addressing humanitarian crises and climate change impact resulting from flooding and droughts that cause disruption of access to water and sanitation services, and enhancing community engagement to promote behaviour change in hygiene practices and around food safety, household water treatment and storage and solid waste management. In addition, the sewage and drainage systems in Lusaka require serious attention. These interventions require resources. The investment case for WASH cannot be disputed. The economic and development benefits of both water supply and sanitation indicate excellent value for money. Yet the GRZ water and sanitation budget has been declining in both nominal and real terms. The sector experienced a notable reduction, with funding decreasing from K2.3 billion in 2023 to K1.9 billion in the 2024 budget. This downward trajectory in allocation has been consistent since 2020, when the sector’s share was 2.5 percent, reaching a mere 1.1 percent in 2024. The sector relies heavily on

external financing with over 80% of the 2024 budget funded externally. According to the International Growth Centre, in 2018 the Government of Zambia's spending on water and sanitation had been declining, from US\$147 million in 2013 to just US\$27 million in 2016. Further, a World Bank analysis from 2016 estimated that Zambia needed to invest US\$385 million per year in order to meet the 2030 sustainable development goals (SDG 6) in terms of universal access to water, sanitation and hygiene. Adequate funding is pivotal for ensuring access to clean water and proper sanitation facilities, which are fundamental for public health and well-being.

4. Revive and Implement the first country Multisectoral Cholera Elimination Plan

The President has formed a task force against cholera comprising the ministries of Health, Infrastructure, Local Government, Water Development and Community Development to focus on the enforcement of the preventive measures and guidelines as stipulated in SI number 5 issued by the Minister of Health. Although this is commendable, the government must seriously consider reviving and implementing the first country Multisectoral Cholera Elimination Plan of 2018 which was a product of close collaboration of multiple disciplines and stakeholders including government line ministries, health partners and donors. This plan is based on a comprehensive, multisectoral and adaptable strategy with a three-pronged approach: early detection and quick response to timely mitigate any outbreak, a multisectoral approach to prevent cholera in hotspots, and an effective mechanism of coordinating technical support, resource mobilization and partner engagement. Although the plan was developed during the reign of the previous government, the current government must rise above party politics to embrace and implement redeemable aspects of this plan for the benefit of the country and its people.

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