

UNICEF HUMANITARIAN ACTION REPORT 2009

GUINEA-BISSAU

THE PLIGHT OF CHOLERA IN GUINEA-BISSAU

The life of José Turé, 51 years old, is marked by hardship. A metal worker, he left Bafatá for Bissau, in search of a better life for his family.

But big towns do not always bring the expected happiness. Cholera knocked at the door of José unexpectedly on a rainy Friday. His 12-year-old son Saliu started feeling terrible pain in his stomach and “other symptoms of something very serious which could lead to death,” recalls José. He did not realize that it could be the infection that everybody had been talking about lately on the radio and even in his neighborhood. “I had heard about cholera several times”, says José. “Every year at the same period, during the rainy season, radios all over the country would sensitize the population about the disease. But I never thought it could come my way.”

As he saw his son becoming pale and skinny, José panicked. “A young man in the neighbourhood helped me rush him to the main hospital in Bissau. When I got there, I was stunned by the number of patients. There were some in the block called the cholera wing, and others in the corridor and in a big tent. My son got a bed in the tent,” recalls José.

Cholera outbreaks in Guinea-Bissau have been endemic for more than a decade. Every rainy season comes with a cholera epidemic. The 2005 epidemic was the hardest with 25,000 cases and 400 deaths. José’s son is one of over 8,400 victims, of which more than 150 were not as lucky as Saliu. The 2008 epidemic started in May, in the south of the country. In July, the epidemic was officially declared in the capital city Bissau. The main hospital got quickly overwhelmed. UNICEF helped in setting up a tent to accommodate increasing numbers of patients and bringing in more special beds. Teams of young people were trained and deployed in various Bissau neighbourhoods to sensitize the local population and encourage people to adopt preventive behaviours. The same teams also disinfected water sources and demonstrated how to disinfect water at the household level.

We met José the day his son left the hospital to recover in his house in Pluba, one of Bissau’s poorest and most affected neighbourhoods. If there is a source of water in Pluba, it is a traditional well, like the many from which the majority of residents get water. Sanitation is very precarious. José admits that, during the rainy season, he finds it easier to collect water from the roof. He also drinks it. The use of untreated or non-potable water, in addition to poor sanitation facilities and to cultural practices and beliefs, such as burial rituals, increases the possibility of cholera outbreaks and other diseases. Guinea-Bissau’s water and sanitation infrastructure dates back to the colonial era. As many other infrastructures, it has deteriorated badly over the years, while very few new ones were built. Only 20 per cent of the residents in the country’s capital Bissau have access to tap water.

Despite the radio messages and the brigades’ sensitization work, José and others in the same house do not utilize bleach to disinfect water and do not wash their hands. “How could water be a source of death when you have a chance to get it?” José shouts. “Until I almost lost my son, I never paid attention to messages about cholera, neither did I know that water in Bissau was contaminated,” he confesses. His good thinking about Bissau’s quality of life has turned into illusion. “I think I will soon go back to Bafatá. There, I will probably not have these problems,” José adds.

But José should know that the quality of water and sanitation in the whole country remains very poor and that the population is still vulnerable to waterborne diseases. Unprotected wells and rivers are exposed to external contamination and alternative ways of accessing water pose high risk to more than 50 per cent of the rural population.