



General Country Information:

The Republic of Zimbabwe is located in the southern part of Africa, and borders Botswana, Mozambique, South Africa and Zambia. Zimbabwe is divided in 8 provinces with 2 cities with provincial status: Bulawayo and Harare, the latest being also the capital and largest city.

Zimbabwe became a British colony in 1923 and was then called Southern Rhodesia. It gained its independence from the United Kingdom in 1965 and shortly after a civil war was declared between the white minority government and the ZAPU and ZANU political parties. The conflict was to last until 1979. In February 1980, Robert Mugabe as the head of the ZANU party won the elections.

In recent years, the chaotic implementation of the land reform and prices controls led to a considerable decline in agriculture exports. Zimbabwe current economic and food crisis is considered as the worst humanitarian crisis since independence. The country is currently ranked 151 (out of 177) in the Human Development Index.

Cholera Background History:

Cholera was first recorded in Zimbabwe in 1992/1993 with respectively 2048 and 5385 cases each of these years. The case fatality rate were high: 5.1% in 1992 and 6.1% in 1993. No cases were recorded between 1994 and 1997.

Since 1998, Zimbabwe reported cases each year with the largest outbreak occurring in 1999 accounting for 5637 cases including 385 deaths (CFR 6.8%). In 1998, a total of 995 cases with 44 deaths were reported mainly in Chipinge District, (Manicaland Province) and Chiredzi district (Masvingo Province).

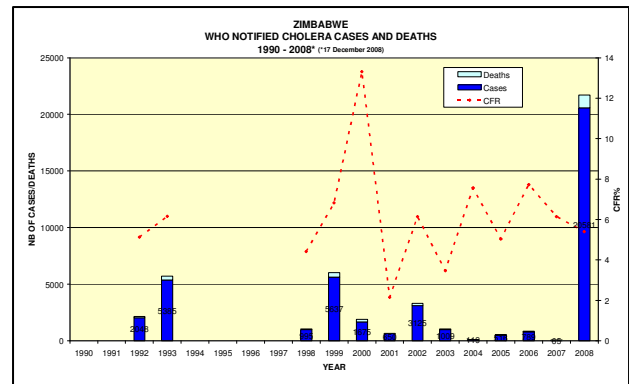
In 2002, a cholera outbreak was first reported starting 19 January 2002. The most affected province was Manicaland. Mashonaland East and Masvingo also reported cases. A total of 3125 cases including 192 deaths were registered (CFR 6.1%).

In January 2004, ECHO financed an emergency preparedness and response contingency action plan for cholera in Zimbabwe. A total of 360,000 people located in districts along the borders with neighbouring countries Mozambique and Zambia, were expected to benefit from this intervention.

Cholera Outbreak in 2008:

As of 18 December, 20 896 cases including 1 123 deaths (CFR 5.4%) have been reported from 9 out of the 10 provinces (48 out of 62 districts). This is the largest ever recorded outbreak of cholera in Zimbabwe.

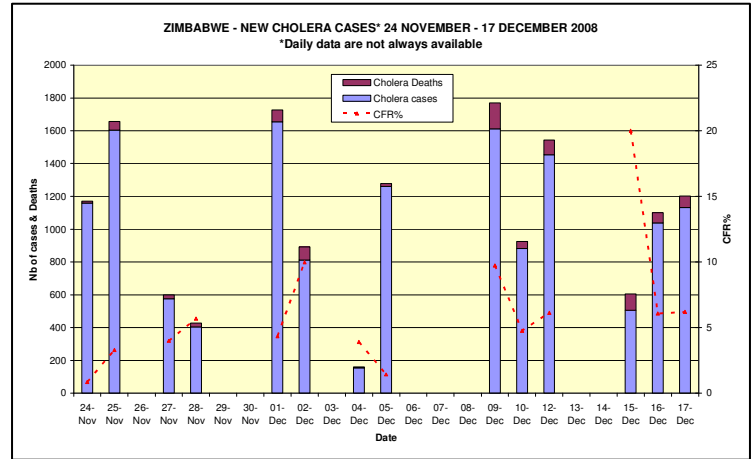
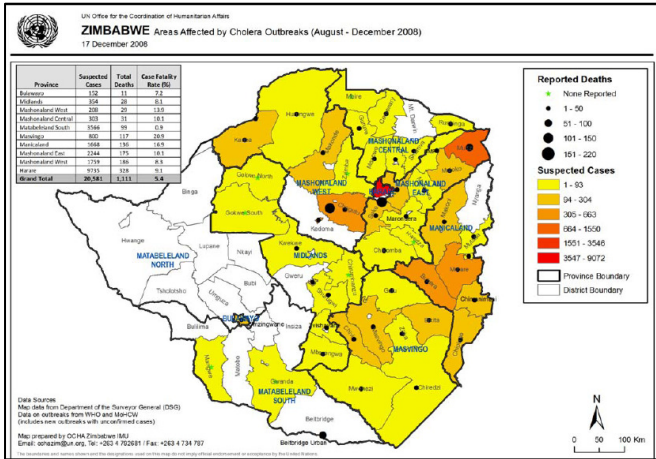
Out of all cases, 44% are registered in Harare/Budiriro (9072 cases and 224 deaths - CFR 2.5%), followed by Beitbridge (3546 cases and 99 deaths - CFR 2.8%), Mudzi (1550 cases and 91 deaths - CFR 5.9%) and Chitungwiza (677 cases and 104 deaths - CFR 15.4%). Higher CFRs have been reported in a number of other areas going beyond 50%.



The current situation is closely linked to the lack of safe drinking water, poor sanitation, declining health infrastructure, and reduced health care staff.

Other current risk factors include the commencement of the rainy season and the movement of people within the country, and possibly across borders, during the Christmas season.

The outbreak has taken on a subregional dimension with cases being reported from neighbouring countries. In South Africa as of 15 December, 1 009 cumulative cases and 11 deaths (CFR of 0.8%) had been recorded, with the bulk of the cases (937) in the Limpopo area. In Zambia, as of 10 December, 16 cases and 1 death (6.25%) had been recorded in 4 districts of the Southern Province (Siavonga, Livingstone, Mazabuka and Kalomo). Cases have also been reported in Botswana (Palm Tree) and Mozambique (Guro district).



WHO Support Actions in 2008:

- Together with the MoH and other partners, WHO has established a cholera control and command centre in order to:
 - strengthen the coordination of the national response
 - strengthen the case reporting and response mechanism
 - ensure early detection and improve access to health care and proper case management
- Deployment of experts in public health, water and sanitation, logistics and social mobilization
- Support to the MoH requesting for international assistance in the areas of:
 - Funds
 - Materials and supplies
 - Products to ensure safe drinking water

Demographic and Socio-Economic Data: (Sources incl. WHO, UN (MDG), UNHCR, UNICEF, UNDP)

Geography	Total surface Capital Provinces Official Language	390 580 km ² Harare (population in 2006: 2 800 000 incl. suburbs) 8 provinces and 2 cities with provincial status (Harare and Bulawayo) Shona, Sin Ndebele, English
Environment	Climate Rainy season Floods and droughts Desertification Natural resources	Tropical From November to March Recurring droughts, floods are rare Deforestation; soil erosion; land degradation; air and water pollution Coal, chromium ore, asbestos, gold, nickel, copper, iron ore, vanadium, lithium, titanium, platinum group metals
Demographics	Population Religions Ethnic groups Migrants	13 228 000 Syncretic (part Christian, part indigenous beliefs) 50%, Christian 25%, indigenous beliefs 24%, Muslim and other 1% African 98% (Shona 82%, Ndebele 14%, other 2%), mixed and Asian 1%, white less than 1% Estimated 880'000 and 960'000 IDPs between 2000 and 2007 Estimated 3 millions Zimbabweans have left the country in recent years
Economy	Industry Farming	Mining (coal, gold, platinum, copper, nickel, tin, clay, numerous metallic and nonmetallic ores), steel; wood products, cement, chemicals, fertilizer, clothing and footwear, foodstuffs, beverages Corn, cotton, tobacco, wheat, coffee, sugarcane, peanuts; sheep, goats, pigs
Health Indicators	Per capita total expenditure on health Life expectancy birth (yrs) Child mortality (per 1000)	146\$ (2005) Males: 44 Females: 43 (2006) Males: 90 Females: 80 (2006) 1 MD per 6341 hab
Communicable Diseases		Diarrhea, hepatitis A, and typhoid fever, malaria, schistosomiasis, rabies (2008) HIV prevalence (2005): 19.2%
Risk Factors for Cholera	Population with access to improved water source Population with access to proper sanitation facilities Chronic Malnutrition	81% (2006) 46% (2006) 47% (2002/2004)



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