



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).

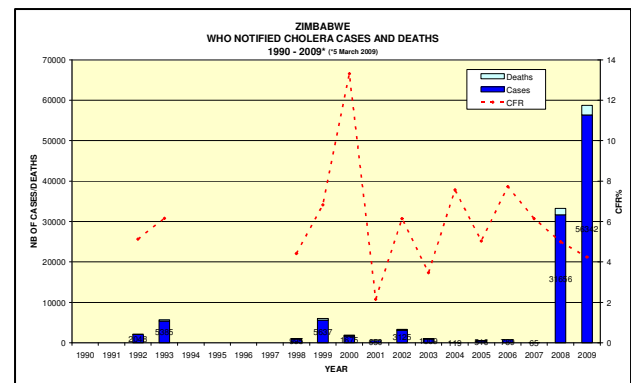
In 2002, a cholera outbreak was first reported starting 19 January 2002. The most affected province was Manicaland. Mashonaland East and Masvingo also reported cases. A total of 3125 cases including 192 deaths were registered (CFR 6.1%).

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 2008/2009:

Since mid-August 2008 and as of 5 March 2009, 87'998 cases including 3'975 deaths (CFR 4.5%) have been reported from all 10 provinces. This is the largest ever recorded outbreak of cholera in Zimbabwe.

From 22-28 Feb 2009, a total of 4'095 suspected cholera cases were reported. This weekly count represents an average of 585 new suspected cases reported per day and a 25% decrease in caseload as compared to the prior week (5'471 cases week 8). The weekly case-fatality ratio (CFR), based on reported deaths and cases decreased from 4.3% last week to 3.3 % this week whereas the institutional CFR decreased from 1.7% to 1.4%. The proportion of community deaths continues to be high with 58.5% this week.

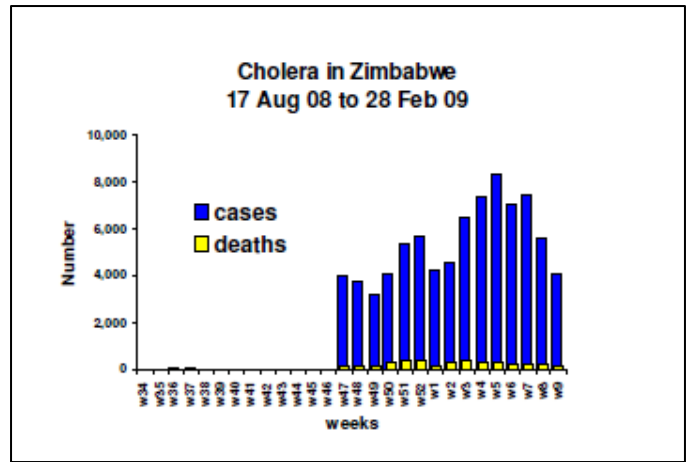
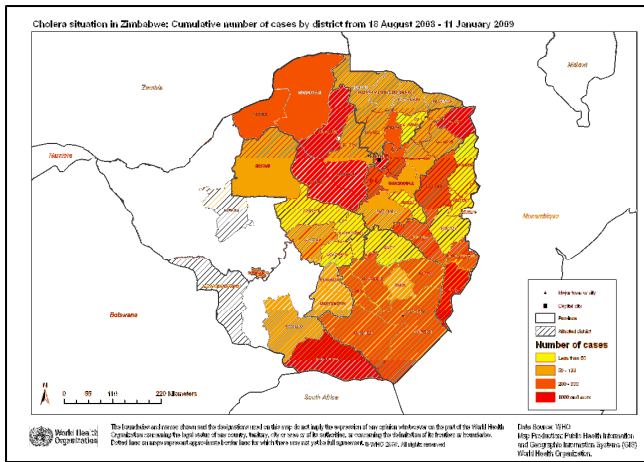


A total of 448 Cholera Treatment Centers (CTC) and Cholera Treatments Unit (CTU) have been reported to have been established at one point in time, of which 329 are believed to be active as of 28 February 2009.

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

Subregional situation

The outbreak has taken on a subregional dimension with cases being reported from neighbouring countries. In South Africa as of 4 March 2009, 12'115 cumulative cases and 59 deaths (CFR of 0.5%) have been recorded, with the bulk of the cases in the provinces of Limpopo (5'165) and Mpumalanga (6'644). In Malawi, as of 8 February, 2'635 cases incl. 67 deaths (2.5%) were reported in 18 districts. Of these 1'478 cases and 44 deaths have been reported in Lilongwe. Cases have also been reported in Botswana (Palm Tree), Mozambique and Zambia.



WHO Support Actions in 2008/2009:

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

