

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.

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

Except for the large outbreaks in 1999 and 2002, the disease has been kept under control through intensified prevention and preparedness activities.

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, benefited from this intervention.

Cholera Outbreak in 2008/2009:

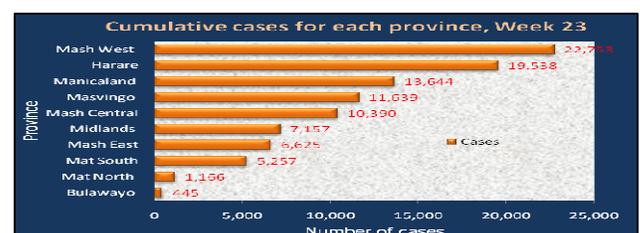
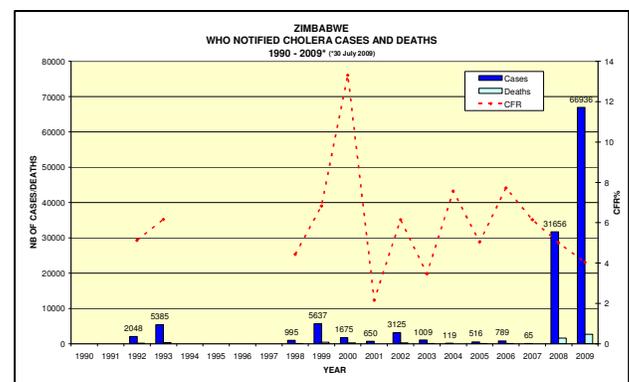
Since mid-August 2008 and as of 30 July 2009, 98'592 cases including 4'288 deaths (CFR 4.3%) have been reported from all 10 provinces. This is the largest ever recorded outbreak of cholera in Zimbabwe.

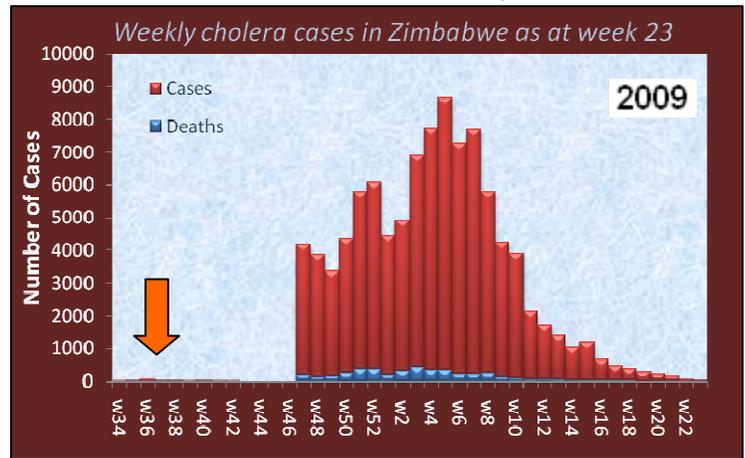
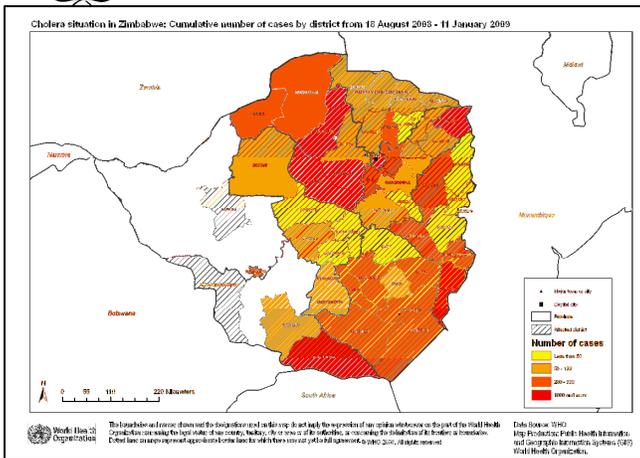
- The first cases were recorded during August 2008 and by mid-November a weekly incidence of 4'000 cases was notified.
- As of 1 December 2008, all 10 of the country's provinces had been affected, with 85% of the districts reporting cholera.
- Between 15 November 2008 and 15 March 2009: 89% of the cases and 92% of the total deaths occurred.
- The peak of the outbreak was reached at the end of January with a weekly incidence of 8'500 cases.
- As of 6 June 2009, Mashonaland West province reported 23% of all cases followed by Harare province (20%) and Manicaland (13.6%).

- The majority of deaths occurred in the community (61%).

Underlying factors were linked to:

- Environment (no toilets or latrines, lack of safe water/no working boreholes, sewage in the streets,)
- Limited access to health care (lack of transport/ distance to hospital and CTC)
- Lack of use of ORS in the communities
- Not enough supplies/beds/resources at CTC
- Lack of communication and information about cholera , lack of education, fear of person with cholera and stigma, cultural practices (burial & handshake)





On 28 July 2009, after several weeks of zero reporting, the Ministry of Health and Child Welfare officially declared Zimbabwe cholera free.

Subregional situation

The outbreak had taken on a subregional dimension with cases being reported from neighbouring countries in South Africa, Malawi, Botswana, 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 (C4) 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, UNHCR, 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, tin, platinum 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
	Industry	Estimated 3 millions Zimbabweans have left the country in recent years
	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
Health Indicators	Per capita total expenditure on health	Corn, cotton, tobacco, wheat, coffee, sugarcane, peanuts; sheep, goats, pigs
	Life expectancy birth (yrs)	146\$ (2005)
	Child mortality (per 1000)	Males: 44 Females: 43 (2006)
		Males: 90 Females: 80 (2006)
Communicable Diseases		1 MD per 6341 hab
		Diarrhea, hepatitis A, and typhoid fever, malaria, schistosomiasis, rabies (2008)
Risk Factors for Cholera		HIV prevalence (2005): 19.2%
	Population with access to improved water source	81% (2006)
	Population with access to proper sanitation facilities	46% (2006)
	Chronic Malnutrition	47% (2002/2004)

