OVERVIEW

- Development Partners Group and Health Cluster merge, forming one Health Cluster body
- Cholera cases, mortality increase
- MoHCW requests support from humanitarian community, and finalizes staff allowance scheme and health cluster agreed to use it.
- Cholera operational response plan approved
- WHO supplies arrive in Harare
- Health Cluster finalizes staff allowance scheme
- Harare water supplies resumed on 2 December

SITUATION UPDATE AND HEALTH ASSESSMENT

- As of 5 December, 13 960 cases of cholera had been reported in 9 of Zimbabwe's 10 provinces (44 out of 59 districts), with 589 deaths (case fatality rate (CFR) 4.2%). Most cases were in Harare/Budiriro (7563 cases and 189 deaths - CFR 2.5%), followed by Beitbridge (3245 cases and 86 deaths - CFR 2.7%), Mudzi (1234 cases and 57 deaths - CFR 4.6%) and Chitungwiza (315 cases and 78 deaths - CFR 28.8%). Higher CFRs have been reported in a number of other areas.


- Major causes for the current outbreak are: lack of clean drinking water and sanitation, weak health services, and health staff strike, mainly by nurses. Health staff are unable to obtain salaries from banks due to the acute shortage of banknotes, making it too burdensome and expensive to travel to work.

- On 2 December, water supplies resumed in Harare. The water supply for the entire city had been cut off the previous day, reportedly due to technical problems.

- On 2 December, the South African Ministry of Health (MoH) reported 468 suspected cholera cases and 9 deaths, mostly in the Limpopo area (438 cases and 6 deaths). Cases have also been reported in Botswana and Mozambique, but in smaller numbers.

- In Musina Municipality (South Africa), where the asylum seekers are stationed, sanitation is poor and safe water lacking. The municipal council and partners have agreed to address this as a matter of urgency. No progress has been reported so far.

GOVERNMENT OF ZIMBABWE RESPONSE

- On 3 December, the Minister of Health and Child Welfare (MOHCW) invited the humanitarian community in Zimbabwe, including UN agencies, non-governmental organizations (NGOs) and other health providers, to a briefing on the cholera situation. Highlights of the meeting included:
  - Call for urgent financial assistance for both the immediate cholera outbreak and for the longer-term revitalization of the Zimbabwean health sector. Main needs include incentives for health staff to return to work, supplies and equipment, and chemicals to ensure the safety of the drinking water supply.
  - Request for all financial pledges to be placed into a single pooled fund.
Briefings by the UK Department for International Development (UK-DFID), the USA, the European Commission Humanitarian Aid Office (ECHO), Médecins sans Frontières-Spain (MSF-Spain), The Netherlands Embassy, World Vision and others on their various activities, financial support to date and plans. All speakers at the meeting expressed commitment to support the MOHCW in its response to the cholera outbreak and overall strengthening of the country’s health sector.

- Efforts to raise public awareness, with state-run television airing public service announcements and full-page advertisements recommending prevention and control practices placed in Zimbabwean newspapers. Village health workers are also carrying out health education campaigns on cholera.
- The MOHCW is providing updated data on reported cholera cases and related deaths to WHO, which forwards the information to OCHA for inclusion in its daily and weekly situation reports.

**HEALTH CLUSTER COORDINATION AND RESPONSE**

- On 2 December, the first meeting of the enlarged Health Cluster was held at the WHO office in Harare. The “new” cluster arose from the merger of the initial Health Cluster group and the “Development group” of donors and partners. The merger was deemed relevant in light of the current cholera epidemic and the overall steady decline of the health system.
- Meeting participants included the MOHCW, UNICEF, UNFPA, OCHA, World Vision, MSF-Spain, the Water and Sanitation Cluster coordinator, DFID, ECHO, the European Commission, the Centers for Disease Control (CDC), IFRC, IOM and numerous local NGOs.
- Following the Health Cluster meeting, a working group met with the MOHCW to work out details of a plan to disburse a £500 000 grant from DFID as part of a scheme to attract health workers, including nurses, back to their posts.
  
  This money could be used to kick-start the MOHCW’s planned incentive scheme for health workers to be launched in January 2009. This early disbursement is spurred by the cholera outbreak and the need for more staff to treat patients.

**World Health Organization**

- On 25 November, WHO and the Health Cluster released a written plan the “Zimbabwe Health Situation - Let us show our Leadership and act NOW!” This was endorsed by the MOHCW.
- At country level, the WHO Representative is coordinating a team comprising an epidemiologist from the Inter-Country Support Team (IST), a Medical officer recruited under the emergency standard operating procedures for the support on coordination, data managers (from the IST as well as one recruited for six months using CERF funds), an environmental health specialist seconded to the MOHCW, the Emergency and Humanitarian Action focal point, the Disease Prevention and Control officer and the Health Promotion and Information officer. A logistician from WHO’s Health Action in Crises (HAC) Cluster in Geneva, is in South Africa setting up a supply chain and is scheduled to arrive in Harare on 5 December. This team works in close collaboration with the MOHCW and other cluster members.
- WHO is coordinating the issues related to case investigation, case management and data analysis and has finalized its cholera response plan.
- At headquarters, WHO technical areas (including HAC and the Public Health and Environment department) are working with the WHO Country Office to arrange the deployment of a team of experts to assist in controlling the cholera outbreak and strengthening coordination of its response, including additional experts on epidemiology, logistics, social mobilization and outbreak control to support the cholera outbreak response.
- WHO has flown into Harare 8 diarrhoeal disease kits during the first week of December, providing treatment for 800 severe and 3200 moderate cholera cases. The materials were dispatched from the United Nations Humanitarian Response Depot in Dubai.

**International Organization for Migration**

- IOM is appealing for US$ 655 000.
- IOM is supporting the establishment of a cholera treatment centre (CTC) at Victoria Falls, and is conducting an assessment of the situation in Muzarabani in the northern state of Mashonaland Central.
- In Beitbridge, IOM runs a reception and support centre for returning migrants, and has mobilized and trained 40 community health volunteers to help with health education and hygiene promotion activities.
- In Manicaland, IOM provided medicines, two vehicles for outbreak management and two IOM nurses to assist in the cholera response.

**World Vision**

- World Vision sent a cholera response plan for US$ 1.9 million to donors. The plan focuses mainly on improving water and sanitation in Harare.

**ICRC**

- ICRC is helping the MoHCW and City of Harare Health Services to treat cholera patients by distributing 1000 litres of intravenous hydration fluids and 20 000 doses of oral re-hydration salts, cleaning materials, protective gloves, and food for 50 clinic staff for four weeks. Zimbabwe Red Cross volunteers are washing and caring for patients.
- ICRC has drilled two boreholes at Budiriro and Glen View polyclinics and is installing water pumps. ICRC is also trucking water to Budiriro, Glen View and Rutsanana polyclinics and repairing boreholes at Rutsanana and Mabvuku polyclinics.

**DFID**

- DFID announced on 28 Nov that it was providing £10 million to help respond to life saving services including the cholera outbreak, £2.0 million of which has been allotted to UNICEF for WASH cluster activities, and £500 000 for support the staff retention scheme.
- In the last 12 months, DFID has donated about £25 million to support the health sector in Zimbabwe.

**USAID/CDC**

- On 3 December, CDC announced that it planned to send a cholera response team to assist in the control of the epidemic. The US Government has donated US$ 175 million in aid during the past few years, and has been providing at least US$ 10 million in humanitarian assistance annually.
- CDC in South Africa has sent supplies into Zimbabwe through WHO’s medicine supply system.
- The US Government is also providing US$ 26.8 million annually to support HIV/AIDS interventions.

**European Commission**

- The EC is providing 22 million Euros in 2009 for the Zimbabwean health sector, focusing on human resources retention, supply of essential medicines, and training of health personnel.
- The EC is currently supporting the retention of staff in 24 districts of the country.
- The EC has donated 9 million Euros for the response to the cholera outbreak.

**MSF-Spain, Holland and Luxembourg**

- MSF Spain and IOM are supporting 180 health workers and supplying local health centres with medicines and other materials.
• MSF Spain is supporting the treatment of 40,000 people living with HIV/AIDS, and is committed to supporting people suffering from cholera.

• MSF has set up CTCs in Budiriro Polyclinic and Harare Infectious Diseases Hospital.

INTER-CLUSTER COORDINATION

• WHO, as Health Cluster coordinator, is coordinating with the WASH Cluster, led by UNICEF, to address WHO, in its role as Health Cluster lead, has been coordinating with the WASH Cluster to highlight gaps in water and medicines/treatments and to compliment the other where possible.

• An inter-cluster working group comprised of the WASH, Health, Logistics Clusters, which have been meeting twice weekly in order to analyse response and gaps and find solutions to these. On 4 Dec, this working group agreed to include all other cluster representatives, including Education and Agriculture, as well as IFRC, ICRC and MSF. The working group’s main aim is to solve operational problems beyond each cluster’s capacity.

• The Health and WASH clusters have been meeting weekly to coordinate cholera response interventions.

REGIONAL RESPONSE

• WHO’s Inter-Country Support Team for Southern and Eastern Africa, based in Harare, is leading a regional taskforce of WHO offices to track the spread of Zimbabwe’s cholera epidemic across the borders of neighbouring countries and assess the level of need.

South Africa

• A national action plan to respond to the cholera outbreak was updated and discussed by the National Multi-Sectoral Committee on 2 December.

• The Committee will also discuss a list of contingency stock of cholera treatment supplies and other materials to be procured.

• The Musina Health Cluster Action Plan was sent to the National Multi-Sectoral Committee members and was scheduled for discussion on 2 December.

• A National Outbreak Committee was formed, comprising WHO, members of provincial departments of health, the National Department of Health and the National Institute for Communicable Diseases. Following a 27 November visit to the CTC in Musina and the isolation and casualty wards of the Musina hospital, the committee identified the main challenges as:
  - Inadequate infection control at the CTC in Musina (cholera beds not used, severe cases being referred to isolation wards in the general hospital, flow of patients not indicated, triage system at the hospital’s casualty department not established).
  - Four health workers are suspected to have contracted cholera.
  - Increased incidence of cases has led to overcrowding and further risk of cross-infection.
  - Shortage of staff.

• The committee decided the following action should be taken:
  - Urgently strengthen infection control and case management as proposed by WHO epidemiologists.
  - Establish more CTCs, especially near communities where cholera cases are reported.
  - Increase the capacity of existing CTCs and urgently provide 400 cholera beds, 400 buckets, 20 spray pumps, 200 drip stands, sets of linen for 400 patients; 4500-litre storage tanks, 620-litre water tanks and 6 hand washing basins.
  - Hire more health workers to handle the expanded CTCs (78 nurses, 120 cleaners, 20 security staff) and technical support in data management, health promotion and environmental health practitioners.

URGENT NEEDS

• Implementing the Health Cluster Cholera Operational Response Plan, particularly the provision of incentives to health workers to return to their posts to treat cholera patients.
• Ensuring effective coordination among all health partners providing cholera-related interventions, to ensure efforts are as effective and as widespread as possible.
• Increasing capacity to provide more clean drinking water in health facilities
• Strengthening disease reporting, monitoring and assessment under WHO leadership.
• Procuring more supplies.

NEXT STEPS

• Rolling out cholera response plan and ensuring funds reach health workers so they will return to work. WHO, as Health Cluster coordinator, will lead the plan's roll out.
• Roll out of incentive scheme to get workers back to clinics.
• WHO logistician setting up supply chain in South Africa.
• Planning for deployment of WHO disease control team.
• Responding to MoHCW, and Minister for Water, requests for immediate assistance to the cholera outbreak, followed by longer-term support for the health sector’s revitalization.

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