OVERVIEW

- Logistics Plan of action developed
- Cholera Command Control Centre at advanced stage
- WHO Regional Director visits Harare
- ORS to be administered at community level
- Cholera cases, deaths increase
- Epidemic alert system launched

SITUATION UPDATE AND HEALTH ASSESSMENT

- As of 18 December, 20,896 suspected cases of cholera had been reported in 9 of Zimbabwe’s 10 provinces, with 1,123 deaths (case fatality rate (CFR) 5.4%). Most cases were in Harare/Budiriro (9,072 cases and 224 deaths - CFR 2.5%), followed by Beitbridge (3,546 cases and 99 deaths - CFR 2.8%), Mudzi (1,550 cases and 91 deaths - CFR 5.9%) and Chitungwiza (677 cases and 104 deaths - CFR 15.4%).

For more information, see http://ochaonline.un.org/Default.aspx?alias=ochaonline.un.org/zimbabwe

- New outbreaks have been recorded in Chegutu Urban (378 cases and 121 deaths - CFR 32%); Guruve (21 cases and 4 deaths - CFR 19%); Hurungwe (14 cases and 1 death - CFR 7.1%); and Msengezi with 45 cases and no reported deaths yet.

GOVERNMENT OF ZIMBABWE RESPONSE

- On 12 December The Ministry of Health and Child Welfare (MoHCW) has endorsed the use of Oral Rehydration Salts (ORS) at community level. This will go a long way in reducing the number of community deaths as people can start rehydration efforts before they get to Cholera Treatment Centres (CTCs).

- On 16 December, the Minister of Health and Child Welfare convened a meeting of WHO, partners and donors to discuss donor assistance in cholera control and the entire health system in Zimbabwe.

- The Government of Zimbabwe has pledged to facilitate the speedy clearing of cholera drugs and supplies at the border.

HEALTH CLUSTER COORDINATION AND RESPONSE

- On 16 December, the Health Cluster held its weekly coordination meeting, which was attended by the MoHCW’s Principal Director for Policy, Planning, Monitoring and Evaluation.

- The joint WHO/MoHCW team that visited Mudzi, Epworth, and Chegutu made a presentation of its findings and recommendations. Mudzi is one of the hardest hit districts with 1,551 cases and 91 deaths, while Epworth reported new cases and set up a small CTC and Chegutu recorded the highest number of new cases in the last week. Common problems in all these areas include inadequate clean water supplies, and inadequate health workers among others.

- UNICEF informed members of the “Essential medicines and supplies scheme” they will be supporting in 2009 with funds from ECHO and DFID. Under this scheme, “very vital” medicines will be acquired for all health facilities in Zimbabwe, while top up and specialized drugs and supplies will be acquired on a needs basis for major hospitals.
WHO logisticians have developed a logistics plan of action that will strengthen NatPharm and facilitate the smoother flow of supplies to the districts so as to respond timely to fresh outbreaks. This plan of action will also make the management of supplies easier.

The Cholera Control Command Centre is taking shape. The terms of reference for the centre and the human resource mapping are at an advanced stage. The centre will act as a coordinating centre for the implementation of the response to the cholera epidemic.

**World Health Organization**

- WHO has started an alert system for high priority cities and towns in Zimbabwe. The system will enable timely response to outbreaks thereby reducing case fatalities. WHO data managers will get in touch with identified key informants in each prioritized city/town on a daily basis.
- WHO Regional Director Dr Louis Sambo arrived in Harare on 15 December to reaffirm WHO’s support to the people of Zimbabwe in fighting cholera. Dr Sambo held meetings with the Minister of Health and Child Welfare, the cholera taskforce at WHO, and donors and partners to get ideas and proposals that would be useful in high level resource mobilization.
- A WHO social mobilization officer has developed a draft plan of action that has been shared with the social mobilization task force, comprising both the Health and WASH clusters.
- WHO has developed the Terms of Reference for the Cholera Control Command Centre, and is in the process of mapping the human resources for the centre. The centre will be an important coordinating tool.
- WHO Country Office is expecting a number of epidemiologists, logisticians, and water and sanitation engineers from headquarters in Geneva to strengthen the country team’s response to the epidemic.
- WHO has flown into Harare 21 metric tonnes of medical supplies, including 8 diarrhoeal disease kits. It is planning to airlift 10 metric litres of Ringer Lactate leaving Amsterdam on the 24 December to be airlifted in addition 35 metric litres to be transported by road from South Africa during the last week of December.

**Médecins du Monde**

- MdM has been supporting cholera control activities in Chipinge.
- Distributed 47 cholera kits to 47 treatment centres. Each kit can treat 10 people.

**MSF Spain, Holland and Luxembourg**

- MSF Holland has 3 rapid assessments/response/monitoring teams with a medical officer, logistician, and Environmental Health Officer to follow up on alerts, and communication from crisis centres and PMDs. With these response teams in place, they will be able to respond to 100 moderate - severe cases in 24 hours.

**GOAL Zimbabwe**

- Commenced registration of Non Food Items, buckets, soaps, aquatabs and ORS) in Dzivarasekwa and its extension, and also carried out health and hygiene promotion. Dzivarasekwa was identified as high risk because of some new cholera cases and also because of a lack of sewage systems. Follow up campaigns are planned for Hatcliffe and its extension.
- Investigated reports of 5 cases in Karoi managed at the district hospital all linked to Chirundu.
- Assessment team with a medical coordinator visited Chirundu on 18 December and there are plans to send a cholera kit and other supplies on 19 December.
**World Vision**

- Sent a team of 4 nurses and Environmental Health Technicians to Mudzi, Mashonaland east and central, Bulawayo and Matebeleland South.
- Handed over US$7 million worth of drugs and supplies to MoHCW.
- Expecting a consignment of Ringer’s Lactate, giving sets, and IV fluids to respond to cholera in the districts they support.

**UNICEF**

- Has been responding to the outbreak since its beginning through partners like MSF, MoHCW, and City Health Departments.
- UNICEF has shipped out large quantities of supplies to be used in the CTCs nationwide. The supplies include IV fluids for adults, children and patients with special needs such as diabetics; giving sets, cannulae, ORS sachets; gloves; blankets; cholera beds; tents; fuel among other things.
- Participated in rapid assessment and case management in collaboration with WHO during field visits to Mudzi, Beitbridge, Norton and Chegutu.
- Developed a 120-day plan to guide the response to the outbreak and launched an appeal of US$ 17.5 million to fund the response.
- A senior health adviser and health emergency specialist from UNICEF HQ have been seconded to respond to the outbreak, and there are plans to recruit 3 more health officers.
- Expecting delivery of supplies (IV fluids included) on 20 December.
- Social mobilization taskforce set up with City Health Departments in major towns, and social mobilization activities have started in Harare, Bulawayo, Mutare and Gweru.

**UNFPA**

- Procured and distributed emergency reproductive health commodities and emergency supplies to central hospitals. The supplies include vacuum extraction delivery kits and suture of tears and vaginal examination kits with a capacity to serve 150 000 people for 3 months; medical consumables, drugs, reusable surgical items and related supplies and blood transfusion kits with a capacity to serve 900 000 people for 3 months.
- UNFPA also procured bed linen, baby blankets and nappies for maternity wards at 3 central hospitals as well as a supply of oxytocin, magnesium sulphate and ergometrine with a capacity to meet the national requirement for 6 months to compliment initiatives by the MoHCW and partners to quick start operations of central hospitals maternity wards which are barely operating putting the lives of pregnant mothers and their babies at risk.
- UNFPA, together with other partners has taken steps to support human resources within the maternity unit. The scope of UNFPA’s support is guided by an anticipated incentive scheme that the MoHCW and partners have put together. The initial effort is to support about 300 staff with a modest allowance to enable them to report back to work.
- Printed 100 000 cholera leaflets, currently being distributed through HIV prevention partners in all provinces in addition to evidence-informed HIV prevention messages.

**INTER-CLUSTER COORDINATION**

- The Health and WASH Clusters are working on a joint-overall plan to respond to the cholera outbreak in terms of the water, sanitation and their related health aspects.
- An inter-cluster working group comprised of the WASH, Health, and Logistics Clusters have been meeting twice weekly to analyse response, gaps and find solutions.
- The Health and WASH clusters have been meeting weekly to coordinate cholera response interventions. The last meeting was on 15 Dec.
- WHO, on behalf of the Health Cluster, and WFP, for the Logistics Cluster, and the MoHCW finalized a service level agreement to distribute supplies from the Central Level to the Provincial Levels, from where distribution of materials to cholera treatment centres.
• Social mobilization officers from the Health and WASH clusters met on 16 Dec. to come up with a plan of action.

URGENT NEEDS

• Ahead of, and during the Christmas break and the possible increased movement of people within the country and across borders, intensified social mobilization and community awareness activities to strengthen cholera prevention and control are needed.
• Adequate supplies and staff to respond to the epidemic during the Christmas break.
• Supplies, especially Ringer’s Lactate and IV fluids to cover the holiday period until supplies resume in January.
• Reinforce the capacity of the WHO Country office with additional staff for the Cholera Control and Command Centre.
• Improve case management; strengthen disease surveillance and alerts, monitoring, assessment at all levels.
• Increased availability of ORS and chlorine.
• Ensuring effective coordination among health partners providing cholera-related interventions, to ensure efforts are as effective and as widespread as possible.

NEXT STEPS

• Getting the Health/WASH cluster response plan to the donors before the Christmas break.
• Roll out of incentive scheme to get workers back to clinics.
• WHO logistician to finalize supply chain in Zimbabwe.

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Number of cases
1
2 - 500
501 - 2000
Over 2000
No Cases reported

Distribution of cumulative cholera cases as on 17th December 2008