

ZIMBABWE

Cholera Epidemic in Zimbabwe

28 JANUARY 2009. INFORMATION FROM MSF PHYSICIANS IN ZIMBABWE.

"MSF (all sections combined) has seen more than 12,000 patients since August in Zimbabwe's worst cholera outbreak in years and has opened dozens of cholera treatment centres throughout the country. Cases have been found in nearly all provinces. Over 500 national and international MSF staff members are working to identify new cases and to treat patients in need of care. The highest number of humans with illness had been seen since the start of November. The emergency was declared officially only on the 4th of December, and the government asked the international help.

MSF-OCA has 2 cholera treatment centres in Harare and in some areas north and north-east of Harare. The highest number of people treated so far was during the last week in November in the capital town when the teams saw more than 2,000 humans with 300 to 350 new patients per day. More than 7,000 humans were treated up to the first week of December.

MSF-OCBA, in Beitbridge (in the south, near the border with South Africa), has set up cholera treatment centres and they are covering also in the north of the region. The team there has treated over 3,000 humans.

MSF-OCB has conducted assessment missions into rural communities where a few humans have been sickened with cholera, and established small cholera treatment units. MSF-OCB has 8 cholera treatment units in 5 districts in the Manicaland and Mashvingo provinces in the eastern part of Zimbabwe. We have 15 expats on the ground and saw 770 humans with cholera in the first 3 weeks in our rural structures.

In addition, we want to be prepared in case of escalating violence in Harare, and be able to provide care to victims. We have identified a structure where we can set up services and we are organizing a team to run the activities. Internal Operational Newsletter - tamtam@brussels.msf.org." Edited from MSF newsletter

29 JANUARY 2009. FUNDS NEEDED TO SEND MEDICAL SUPPLIES FOR ZIMBABWE.

I am trying to send medical supplies to a hospital in Zimbabwe I used to work with. The hospital didn't

Doctors Without Borders (<http://www.msf.org>) has a comprehensive website, where the good works they do are explained. They have a donations page on the site.

"WASHINGTON, DC - The U.S. Agency for International Development (USAID) continues to provide assistance to the people of Zimbabwe in the aftermath of a widespread cholera outbreak that began in August 2008. USAID is consigning nearly 440,000 bars of soap-valued at nearly \$365,000-to the U.N. Children's Fund, which will provide it to humanitarian organizations to distribute as part of hygiene education programs in areas most affected by the cholera outbreak.

According to the World Health Organization, the cholera outbreak in Zimbabwe has now affected all provinces and 57 out of 62 districts. As of January 22, 2009, more than 48,000 cases of cholera and 2,755 deaths have been reported.

Cholera is usually transmitted through contaminated water or food. Outbreaks can occur sporadically in any part of the world where water supply, sanitation, food safety, and hygiene are inadequate and spread rapidly in areas with inadequate treatment of sewage and drinking water. Although cholera is contagious, it can be prevented. USAID and the international community are diligently working in Zimbabwe to help prevent the spread of the disease.

To date, USAID has pledged USD6.8 million in emergency assistance for Zimbabwe's cholera outbreak. USAID's assistance is supporting the provision of emergency relief supplies for affected populations, humanitarian coordination and information management, and water, sanitation, and hygiene (WASH) and health interventions.

This assistance is in addition to the more than USD4 million that USAID has provided for emergency WASH programs in Zimbabwe since October 2007. The U.S. Government has provided more than USD264 million in humanitarian assistance for Zimbabwe's ongoing health and food crisis since October 2007."

have medical supplies for more than 5 years. they have been getting small donations from missionaries who first started it. MSF (Doctors Without Borders) is also supporting in many ways. The organization who promised me to donate the supplies is called Medwish international. They collect all unused but to be disposed medical materials from all over the US. ... the hospital doesn't have any funds.

02 MARCH 2009. UPDATES ON CHOLERA IN ZIMBABWE FROM DR TEKETEL

Here is the latest news on the cholera epidemic from MSF. The epidemic is not slowing.

"The historic cholera outbreak continues throughout

ZIMBABWE

WASHINGTON DC - The collapse of the health system has left the people of Zimbabwe at great risk of contracting illnesses such as cholera, which claimed more than 3,400 lives, and increased the threat of a malaria epidemic.

To help mitigate a malaria outbreak, the United States Agency for International Development (USAID) is supporting emergency indoor residual spraying to fill gaps in the country's traditionally strong malaria control program.

Timing is critical; in most years spraying should be completed by December. But Zimbabwe's national malaria program lacks the financial resources to achieve three quarters of its scheduled spraying, which would target 20 high-risk districts and protect more than 400,000 households.

To respond to the critical gap and avoid another catastrophic epidemic caused by the near collapse of Zimbabwe's health sector, USAID provided USD200,000 in emergency funding, matched with GBP200,000 from the UK's Department for International Development (DFID). This accelerated program will apply the insecticide in February and March before the usual peak in cases in April and May. USAID and DFID coordinated the program with the World Health Organization and implementing partners John Snow International, Crown Agents, and PLAN International, which organized the operation's logistics, personnel, equipment, and management needs.

Indoor residual spraying applies a WHO-approved insecticide to the indoor walls, ceilings, and eaves of houses to kill or shorten the lifetime of mosquitoes that carry the malaria parasite. Decades of experience have shown that timely and properly conducted spraying can have an immediate and dramatic impact on malaria transmission. Combined with the increased deployment of long-lasting insecticide-treated bednets, diagnostics, and drugs, indoor residual spraying will play a major role in reducing the risk of a malaria epidemic in Zimbabwe and yet another burden in an already severe humanitarian crisis.

USAID's malaria programs: <http://www.usaid.gov> and <http://www.pmi.gov/>.

Zimbabwe. As noted previously, the focus of the outbreak has shifted from the cities to the rural areas, but the cities are still a concern. In general, the epidemic seems to be following a trend from northeast to southwest of the country. MSF has treated nearly 45,000 patients since the outbreak began in August.

In the rural areas of Masvingo and Manicaland provinces, teams are still seeing a significant num-

PLEAS FROM SOUTH AFRICA

The situation in Zimbabwe has now reached the tipping point. Essential services including health, sanitation and education have collapsed completely. There is mass starvation in the country as most people are surviving on one meal or less a day. Deaths due to the cholera and the HIV/ AIDS epidemic are rising rapidly, exacerbated by shortages of clean water, food and medicines.

Additionally, the suppression of democratic freedoms through abductions, torture and other sinister forms of intimidation continues unabated, indicating total breakdown of the rule of law. At this critical juncture, SADC and African governments must act resolutely to protect the people of Zimbabwe who are being subjected to a passive genocide. The suffering of the people of Zimbabwe cannot be ignored any longer.

Sign our petition, <http://savezimbabwenow.com/> and add your voice to this call for action which will be sent to President Kgalema Motlanthe in his capacity as Chairperson, Southern African Development Community (SADC)."

by Sandra dos Santos-Pires

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ber of humans with cholera – for example, during week 5, the teams saw more than 1,300. MSF teams are focusing on the ongoing cholera epidemic but are also keeping an eye on other health issues such as malaria – the malaria has season started - and nutrition.

MSF released a paper on the humanitarian crisis in Zimbabwe beyond the cholera epidemic on 17 February, http://www.msf.org/source/countries/africa/zimbabwe/2009/Zimbabwe_Beyond_Cholera_Feb09.pdf. There was a press conference in Johannesburg with the MSF International President, Dr Christophe Fournier, OCBA Head of Mission Manuel Lopez, and South Africa Head of Mission Rachel Cohen.

Compiled by Tewodros W Teketel MD

Dr Teketel is on the MJoTA Editorial Board, and he co-ordinates the news from Zimbabwe. Dr Teketel is an Ethiopian physician who has worked in public health for over a decade in Africa, Europe and the United States. He worked in 2007 in Zimbabwe as a physician with Doctors Without Borders (MSF).