100,000 cases
The spectre of cholera remains in Zimbabwe

Advocacy report

INTERNATIONAL FEDERATION

ZIMBABWE RED CROSS SOCIETY

International Federation
of Red Cross and Red Crescent Societies

TOP LINE SUMMARY

Current trends suggest that Zimbabwe will, in the coming week or two, record its 100,000th case of cholera.

Almost 4,300 people have died of this illness since the outbreak began in mid 2008.

The threat of cholera remains very real for Zimbabwe. The outbreak was born largely as a result of the country's almost entirely collapsed water, sanitation and health systems. These issues have not been addressed.

Reluctant support from donors has undermined the Red Cross Red Crescent cholera operation – forcing a premature down-scaling of emergency operations. The Red Cross Red Crescent is now calling for support for mid to long-term recovery and rehabilitation efforts.

Introduction

In the coming days Zimbabwe will record its 100,000th cholera case. The epidemic has entrenched itself as Africa's worst outbreak in more than 15 years. Almost 4,300 people have now died, and the case fatality rate stands at 4.4 per cent – unacceptably high given that a controlled cholera outbreak is defined by a rate of one per cent or less.

Rates of infection and death have declined markedly over the past one or two months. The reasons for this are varied: the impact of the humanitarian response; the establishment in some areas of interim social services, and; the natural life of any public health crisis.

However, the eradication of cholera in Zimbabwe or the complete conclusion to this current epidemic is unlikely unless the underlying causes of the health crises are addressed. Central to this outbreak remains the almost complete collapse of Zimbabwe's basic water, sanitation and health infrastructure. Communities across the country are still without access to potable water and basic sanitation, and health facilities continue to be understaffed and under resourced.

In January 2009, the International Federation of Red Cross and Red Crescent Societies (IFRC) warned that its cholera operation was at risk as a result of a surprisingly slow donor response. Despite this warning, the operation's original budget of 10.17 million Swiss francs has only been 45 per cent covered.

The IFRC operation – estimated at one stage to have constituted 60 per cent of the country's entire cholera caseload – has since been downgraded prematurely. The seven Emergency Response Units deployed across the country have been demobilized, with responsibilities assumed by the Zimbabwe Red Cross.

The focus now is on medium to long-term recovery and rehabilitation activities –measures to alleviate the impact of severely degraded civil society infrastructure, such as providing communities with semi-permanent access to clean water and basic sanitation.

The threat of cholera remains very real.

Retreated, not defeated

In December 2008, the World Health Organization (WHO) released a worst case scenario for Zimbabwe's cholera outbreak of 60,000 cases. This figure was quickly passed in February 2009, and the organization soon released new analysis with an upper estimate of above 100,000[1].

In February of this year, the meteoric rates of infection of December 2008/January 2009 had already begun to slow. Red Cross Red Crescent field assessments from this time highlighted a ruralisation of the outbreak. Where once the crisis had been focused in urban areas – particularly the high density suburbs around the capital Harare – the illness had now taken a foothold in villages and communities across the countryside.

To an extent, this shift explained the slowing rate of infection: fewer people lived in these communities than in the semi-formal settlements surrounding the large cities, for example. But this new trend also brought with it new challenges.

During the urbanized phase of the outbreak, treatment and prevention efforts could be centralized. Cleaned and chlorinated water could be provided to large numbers of people, large treatment centres could service high density

1. *IRIN, "In brief: Zimbabwe's cholera cases expected to reach 115,000", www.irinnews.org, http://www.irinnews.org/report.aspx?ReportID=82797, 26/02/09*

areas, and community education efforts could reach whole communities relatively rapidly.

With a ruralised crisis, comparatively more resources, that were more flexible, were needed. The endemic frustrations of operating in Zimbabwe – inadequate transport and communications – also played out more acutely. Aid organizations were often only made aware of community-level outbreaks when their treatment centres were inundated with cases.

In the months since, new cases across the country have declined, though some new flare ups were reported again in and around Harare and other cities. The humanitarian response no doubt contributed to this welcome trend, with cholera treatment centres being established across the country, and millions of litres of clean water being produced. Thousands of community based volunteers have disseminated potentially life-saving public health messages, arming families and communities with the information that they needed to reduce their risk of exposure to cho

But again, the fundamental drivers of this public health crisis remained largely unchecked. The treatment centres and water purification units were only ever interim measures. The steady decline in the spread of the illness should not be seen as a complete victory. Unless significant efforts are made to rehabilitate at least some components of the country's degraded water and sanitation infrastructure, communities remain vulnerable to further and severe outbreaks.

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"Zimbabwe is not Ethiopia 25 years ago. The dead are not dropping in the street (…) but the gnawing hunger that plagues people (is) compounded by collapsing immune systems. With that comes disease."

The Guardian UK, 13/02/09

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Beyond cholera: A broader base of suffering

As the cholera crisis continues quietly, other factors such as HIV, food insecurity and natural hazards add to the daily challenges faced by ordinary Zimbabweans. The ground was laid for this cholera outbreak by years of infrastructure degradation, and the unchecked rising of HIV and hunger, aggravated by recurrent floods, inconsistent rainfall, and in some parts of the country, drought. The situation is aggravated by a still deteriorating economic situation, high unemployment and chronic issues surrounding transport and communication.

Per capita, Zimbabwe is now the most food aid dependent country in the world. The World Food Programme believes that seven million people are in need of food assistance[2] – somewhere between 65 and 80 per cent of the population. Again, this food crisis has been fed by a number of factors: hyper-inflation for instance has disenfranchised many farmers from essential agricultural inputs such as fertilizers and seeds.

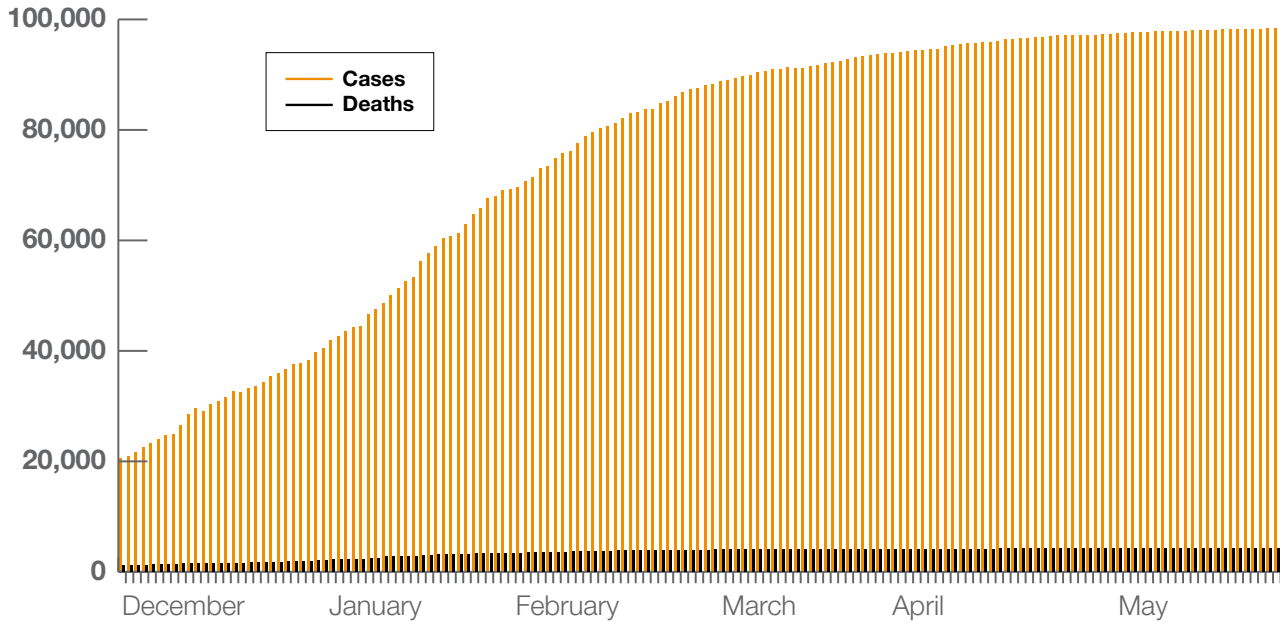
Zimbabwe's fields are sown with substandard seed, scavenged often from graneries or from the side of the road. It is extraordinarily unlikely that the 2009 harvest will significantly surpass 2008 – the worst in the country's history.

These factors are obviously interrelated. Each feeding into a worsening downward spiral: the food crisis is undermining stunted efforts to provide anti-retroviral treatment, and is contributing to the high fatality rate of the cholera epidemic. The UN believes that 54 per cent of all children who have died from cholera were malnourished, with 47 per cent of the country's population undernourished[3].

2. World Food Programme, "Zimbabwe crisis: as of 15 January, 2009", www.wfp.org, http://www.wfp.org/countries/zimbabwe, 26/02/09

3. WFP, http://www.wfp.org/countries/zimbabwe, 26/02/09

Cholera rising



Source: http://ochaonline.un.org/CholeraSituation/tabid/5147/language/en-US/Default.aspx

Almost 4,300 Zimbabweans have now died from an illness that is entirely preventable and easily treatable. Although infection rates have dropped, the spectre of cholera will not be defeated until the underlying issues are addressed.

Funding impedes response

In January, 2009, the IFRC warned that chronic underfunding of its Zimbabwe cholera operation would result in activities being scaled-back[4].

The warning was not heeded, and as a result, the operation – estimated at one stage to have constituted 60 per cent of cholera related humanitarian work in the country – was prematurely downscaled.

The seven Emergency Response Units deployed at the onset of the outbreak have been demobilized, with operational responsibility handed over to the Zimbabwe Red Cross Society. An estimated 3.75 million Swiss francs (USD 3.44 million/€ 2.47 million) is urgently required to ensure that sustainable medium to long term measures are implemented. The Red Cross Red Crescent aims to rehabilitate 1,150 non-functional water sources, to drill 263 bore holes and construct 3,755 latrines. With a well established network of over 1,000 trained volunteers and community health workers, this plan of action aims to reach 665,000 households in high-risk areas.

4. IFRC, "Zimbabwe: As cholera escalates, Red Cross Red Crescent funding falls short", www.ifrc.org, http://www.ifrc.org/docs/news/pr09/0509.asp, 26/02/09

The Red Cross Red Crescent Operation – *an overview*

In December 2008, the IFRC deployed seven Emergency Response Units (ERUs) to Zimbabwe. An ERU is a specialized team that is trained and equipped for emergency humanitarian scenarios. The Zimbabwe deployment is the largest of its kind in Africa, and comparable to the deployments undertaken in the wake of the 2005 Pakistan earthquake.

Operational highlights

The Red Cross Red Crescent has:

- Supported 75 hospitals, clinics and cholera treatment centres (CTCs).
- Provided 450,000 people with access to clean water
- Distributed 700,000 water purification sachets to more than 175,000 people
- Reached over 250,000 people with direct hygiene promotion activities
- Constructed 58 latrines, eight waste disposal pits and four incinerators at CTCs
- Reached over 700,000 people with potentially life-saving public health information through information, education and communication (IEC) materials

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The politics of emergency aid

The deteriorating humanitarian situation in Zimbabwe coincides with ongoing political, social and economic tensions and developments. Following the signing of the Global Political Agreement, the transitional government has redirected its efforts in economic recovery strategies resulting in the development of the STERP (short-term emergency recovery programme), which aims to inject and stabilize growth.

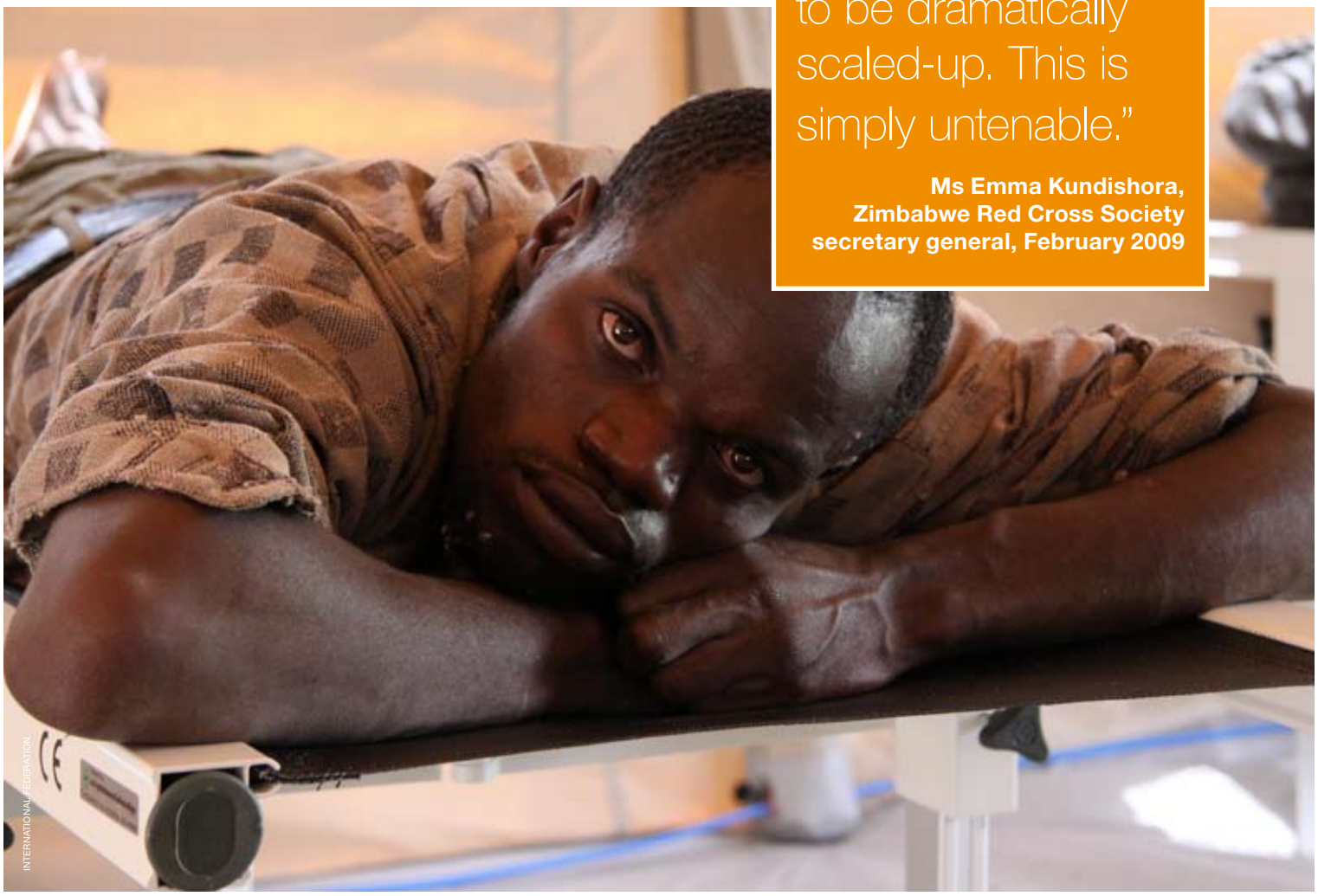
At the epicentre of the economic crisis, have been unprecedented levels of hyper-inflation, sustained period of negative Gross Domestic Product (GDP) rates, massive devaluation of the currency, low productive capacity, loss of jobs, food shortages, poverty, massive de-industrialization and general despondency. Governments around the world are monitoring these situations, and global media continues to provide analysis.

But while the international community continues to wrestle with the politics of Zimbabwe, Zimbabweans are still being infected by cholera.

Calling governments to account and campaigning for change is the hallmark of a civil society. Yet this should not be confused with the mandate of organizations like the IFRC, which is to impartially provide aid on the basis of need, and need alone, without recourse to ideology, politics or difference.

It is vital that a neutral, independent and impartial humanitarian space be fostered and protected.

> "Today, our appeal is less than half funded. We will begin revising our operation, scaling back just at the time when humanitarian assistance needs to be dramatically scaled-up. This is simply untenable."
>
> **Ms Emma Kundishora, Zimbabwe Red Cross Society secretary general, February 2009**



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The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.

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