

INFORMATION BULLETIN



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ZIMBABWE, ZAMBIA: MALARIA EMERGENCY

22 April 2003

Information Bulletin N° 1/03

Disaster Relief Emergency Fund (DREF) Allocated: CHF 162 000

This Information Bulletin is being issued based on the needs described below. A DREF allocation of CHF 162 000 has been released, to meet the most urgent needs and as a part of an upcoming, longer term Federation malaria programme in Southern Africa. Unearmarked funds to repay DREF are needed. This operation will be reported on through the quarterly DREF update.

The Situation

Serious, large-scale malaria epidemics in Zimbabwe are ongoing and there is a risk for spill over to neighbouring Zambia after floods caused by the cyclones Japheth and Kulede. The situation is particularly dangerous as it follows a period of drought, famine and malnutrition. Combined with a high prevalence of HIV infections, the overall immunity against malaria is considerably reduced. In addition, preventive measures such as insecticide residual house spraying (IRHS) could not be carried out this year and many health centres are depleted of antimalarial drugs. This is exacerbated by poor/no access to even basic malaria treatment. There is an urgent need for International Federation of Red Cross and Red Crescent Societies (the Federation) and its National Societies to take immediate action, ensuring access to basic treatment of the most vulnerable and those already sick with malaria. This is a first step of a more long term Federation strategy combating malaria in the region together with WHO and respective Governments, presented as an integral part of the upcoming food security Appeal for Southern Africa as well as the planned integrated operations envisaged in the 2004 Appeal.

Since March 2003, there has been increased transmission. Malaria epidemics have broken out in nine districts in Zimbabwe with 97,885 cases and 164 deaths. Continued heavy rains and floods after two cyclones compounded by the interruption of preventive activities due to the shortage of fuel and foreign currency, has worsened the outbreaks.

As a result, 1,912,100 people are now at high risk of malaria in Zimbabwe. Mortality will be high because of the low immunity and often no access to basic anti malarial drugs and treatment.

WHO and Government Action

In Zimbabwe, the National Malaria Control Programme and WHO's Inter-Country Programme for Southern African Malaria Control Programme (SAMC) have already dispatched drugs worth USD 90,000. However, large gaps in supplies remain. There is no WHO or MoH funds available to restart the urgently needed preventive measures, such as Indoor Residual Spraying (IRS) and the distribution of insecticide treated mosquito nets (ITNs).

In Zambia, ECHO has already responded by providing MoH with EURO 700,000 worth of drugs targeting the famine-affected districts. In addition WHO has supported the country by providing nets, re-treatment kits and spray pumps valued at USD 320,243

Red Cross/Red Crescent Action

The Federation Delegation and the Zimbabwean Red Cross have mobilised CHF 50,000 for volunteer mobilisation to strengthen community awareness in the most affected districts. However, drugs for treatment of simple and severe malaria is desperately needed now, while further support with nets and insecticides for spraying has to be provided as an integral part of the upcoming Food Security Appeal and the annual Appeal 2004. This would provide the population with effective means to protect and treat themselves.

In Zambia, the Zambia Red Cross Society is already engaged as a partner in the Roll Back Malaria (RBM) Movement, co-ordinated by the National Malaria Centre/MoH. The National Society has Red Cross volunteers targeting the most vulnerable groups for the distribution of 30,000 ITNs. As indicated, the basic needs for drugs are already met by the support of European Commission and WHO.

However **training of volunteers** for anti malaria activities in both countries needs to continue, in preparation for later distribution of more nets and spraying. **Zimbabwe** urgently needs to supply its health centres with basic drugs for simple and severe malaria. The Zimbabwe MoH treatment policy is a combination of chloroquine (CQ) and sulfadoxine pyrimethamine (S/P). The **treatment of simple malaria** targets 509,000 expected cases. For treatment of severe malaria for 19,140 expected cases, tablets and vials of Quinine (QN) are required. The Federation should cover the needs for QN tablets. Zambia has no requirement for medical supplies thanks to a contribution by ECHO. Including transport, this urgent action costs CHF 162 000, saving well over 1,000 people from a premature death.

For a full description of the National Society profiles, see www.ifrc.org

For further details please contact:

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

For longer-term programmes, please refer to the Federation's Annual Appeal.

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