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## Cholera's Grip: A Call to Action in a Rising Tide

Cholera cases continue to rise daily, lives hanging precariously, and healthcare facilities buckling under immense pressure.

Cholera is not an untamable force or a natural disaster beyond our control. It is a man-made storm, fueled by inadequate sanitation, unequal access to clean water, and fissures in our healthcare systems.

We must redouble our efforts and every citizen, organization, and authority must play their part in turning this tide.



Here is how;

- Overwhelmed facilities need immediate support. More beds, medical supplies, and trained personnel are crucial to saving lives. Let us continue to work together to stop this outbreak.
- Empower communities: Knowledge is power in the fight against cholera. Public awareness campaigns must be ramped up, educating people on hygiene practices, safe water sources, and early warning signs. Empower communities to be agents of their own health.
- Prioritize sanitation: Clean water and proper sanitation are not luxuries, they are lifelines. A right. Investing in infrastructure, addressing pollution, and ensuring proper waste disposal are not optional acts of charity, but essential investments in our collective well-being.

Each cholera case is a stark reminder of the inequalities that leave millions vulnerable. We cannot simply treat the symptoms; we must address the root causes. More funding is required for us all to stop the outbreak. We are calling on the government, donors and all partners to increase resource allocation towards cholera response.

Let us rise to the challenge, together. The time for action is now. Let us step up the fight, together, and rewrite the narrative of this epidemic.

Prof J.M Dangou

## AT A GLANCE

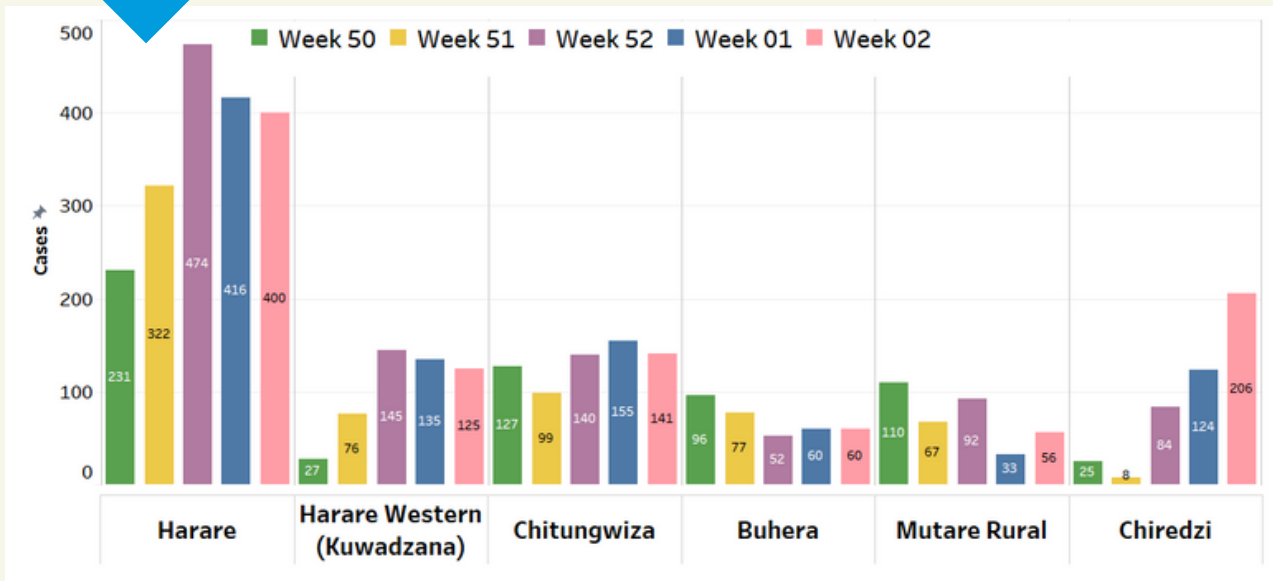


Figure 1, Weekly Distribution of Cases in selected Districts

In the week ending 14 January 2024, a total of 1,875 new suspected cholera cases were reported from nine provinces. This shows a 27.3% increase from 1,473 cases reported over in the previous week. Though all 10 provinces have reported cholera cases, three provinces (Harare, Manicaland, and Masvingo) account for approximately 85.4% of all reported cases.

- Harare has had a gradual decrease of cases in previous weeks (Figure 1), a 15.6% decrease in cases was observed between Week 52-2023 and Week 01-2024.
- Chitungwiza City has been experiencing a sustained outbreak with only one case difference between Week 52-2023 and Week 02-2024.
- Buhera has also been consistently reporting cases since the beginning of the outbreak. There is a sustained outbreak in the district with an average of 10 new suspected cases daily.
- Mutare Rural district has also been consistently reporting cases. However, there was a sharp decrease in cases, 64% from week 52 and Week 1, however a subsequent increase of cases, 70% was observed between are on a downward trend with a 50.7% reduction between week 1-2022 and week 2-2024.
- In Masvingo Province, cases have been reported mainly from Chiredzi and Gutu. In the past week, Chiredzi reported 206 cases, a 145% case increase compared to Week 52-2023. Chivi reported 26 cases, doubling from 13 reported in the previous week and Masvingo District reported 18 cases.

## IN ACTION



Harare's fight against cholera is gaining momentum with the opening of two new community-based treatment centers (CTCs) at Highfields and Budiriro PolyClinics. Highfields CTC, operational since January 4th, has seen a steady stream of outpatients but no hospital admissions due to the non-severity of cases so far.

Here's a snapshot of Highfields CTC's activity:

- Daily outpatients: Day 1: 12, Day 2: 15, Day 3: 6, Day 4: 7, Day 5: 8
- Referrals: One patient with severe dehydration transferred to BRIDH on January 7th. Under-five children requiring specialized care are referred to Harare Central Hospital.

Meanwhile, Budiriro Clinic's CTC setup was completed, and patients are already seeking care. Both centers are actively providing health education to all patients, including those in need of other services like baby clinics and antenatal care.

Despite the encouraging start, some needs have been identified:

- Dedicated blood pressure (BP) machines for cholera patients: Accurate BP monitoring is crucial for cholera management, and dedicated machines would ensure efficient care.
- Clarification on referral pathways: Streamlining the process for referring under-five children and severe cases to ensure prompt and appropriate care.

The opening of these CTCs brings crucial medical services closer to affected communities, potentially reducing pressure on larger hospitals like BRIDH. As the response continues to evolve, addressing these needs will further strengthen Harare's fight against the cholera outbreak.

In Manicaland province, work continues, with new cases in week two (Jan 7-12, 2024) mirroring those of the first week (161 vs. 171). Thankfully, suspected deaths dropped from 5 to 2. Buhera, Mutare, and Chipinge remain the epicenters, reporting 56, 40, and 33 suspected cases respectively.

WHO is actively supporting the response in these hotspots. Through collaboration with provincial and district teams, supportive supervision visit was conducted at cholera treatment centers, and participated in key meetings. One crucial collaboration involved the Provincial Medical Director, Mutare District, Zimbabwe Consolidated Diamond Company (ZCDC), and Chiadzwa Diamond Mines Military Force.

This engagement focused on tackling the challenge of illegal miners acting as superspreaders due to poor water and sanitation practices in their work areas. The meeting established a coordinated response which includes identifying, treating, and referring infected miners instead of releasing them back into the community. It also aims to address miners' fear of seeking medical care due to potential arrest. Mutare District will equip the military and ZCDC with skills and resources to manage cases and implement infection prevention measures within their ranks.

Despite progress, significant challenges remain:

- Shortages of medical supplies like ringer lactate, cholera rapid diagnostic tests, and culture media.
- Lack of non-food items like water purification tablets, water guards, and buckets.
- Knowledge gaps in case management among some healthcare workers.
- Low motivation among environmental health and case management teams.
- Limited resources for environmental health teams, including motorcycles and fuel.
- Insufficient safe water sources and poor sanitation and hygiene practices within communities.

- Addressing these challenges requires continued collaboration between health authorities, WHO, community leaders, and other stakeholders. Only through comprehensive interventions that improve water access, sanitation, hygiene, and healthcare capacity can Manicaland truly turn the tide on this persistent cholera outbreak.



During a cholera outbreak, the need for swift and effective action is paramount. On-the-job mentorship of health workers and EHTs on WASH (Water, Sanitation, and Hygiene) practices in cholera treatment centres and units becomes a crucial weapon in this fight. WHO, with funding from the Health Resilience Fund, continues to support the Ministry of Health and Child Care in this area with 10 health workers targeted at Budiro and Highfields Polyclinic, where new CTCs were set up. Here is why WASH interventions are being prioritized:

- **Rapid Knowledge Dissemination:** Cholera thrives on inadequate knowledge about WASH practices. Experienced WASH specialists are mentoring health workers at various facilities in Harare (Budiro Polyclinic and Highfields Polyclinic) directly at the point of care, equipping them with practical skills on hygiene education, water quality monitoring, water treatment and disinfection, waste management. This immediate knowledge transfer allows health workers to effectively perform their duties in the CTCs/CTUs and prevent further transmission.
- **Building Confidence and Skills:** A cholera outbreak can be overwhelming for new or less experienced health workers. Continuous training has provided invaluable support and confidence. Mentors can demonstrate best practices, answer questions in real-time, and troubleshoot hygiene challenges faced in specific communities. This hands-on guidance empowers health workers to handle the crisis with greater skill and autonomy.
- **Adapting to Local Context:** Every community has its unique set of water sources, sanitation facilities, and cultural practices. On-the-job mentorship enables WASH specialists to tailor their knowledge to the specific context of the outbreak. They are working with local health workers to understand local needs, develop culturally appropriate hygiene messages, and implement WASH interventions that are sustainable and effective within that community.

This collaborative environment also fosters innovation, as mentors and mentees learn from each other and brainstorm new solutions to address specific challenges posed by the outbreak.





Week 2 also saw WHO supporting MoHCC and City of Harare with comprehensive training program for 14 nurses and 6 environmental health professionals (EHPs) at Beatrice Road Infectious Disease Hospital CTC in Harare.

The training covered key areas like case management, infection prevention and control (IPC), water, sanitation, and hygiene (WaSH), and risk communication and community engagement (RCCE). Additional job aides were distributed to further enhance their knowledge and skills.

The team actively followed up on the functionality of the CTCs. A follow-up visit to Chitungwiza CTC showed positive progress. The recommendations provided by WHO were well-implemented, leading to improved patient flow, better case management and stronger adherence to IPC measures. Additional case management job aides were distributed.



**WHAT  
THEY  
SAID!**



Helping people is a passion for me and i volunteer in this community. We need all hands on deck in fighting this cholera outbreak because if we do not, it will terrorize our communities

Caleb Gavaiza  
A Disaster Risk and Management Student from University of Zimbabwe

Ideally cholera cases should be managed at source and what has been happening in Harare where so many patients have been coming to Beatrice Road Infectious Disease Hospital. The ongoing decentralization of services to polyclinics is welcome and will definitely improve quality of services rendered to our patients



*Dr Prosper Chonzi, Harare City Health Services Director*



*Sister Emily Katsaura, Nurse at Budiro Clinic*

We are providing health education to every individual coming to the clinic for cholera services as well as other health care services such as antenatal care services. We also have community health workers engaging our communities daily, providing aqua tablets among other materials crucial to curb the spread of cholera



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