

EUROPEAN COMMISSION



Humanitarian Aid

Q&A – CHOLERA IN ZIMBABWE

89,018 cases with 4,011 deaths as of 9 March 2009

The nationwide death toll in Zimbabwe as a result of a cholera epidemic which began in August 2008 is expected to reach well above three thousand in February according to the European Commission Humanitarian Aid department (ECHO). The onset of the rainy season and the deteriorating health infrastructure are making it difficult to bring the epidemic under control. The head of office in Zimbabwe, François Goemans, says that despite the bleak outlook, many lives are being saved.

Question: What is the current situation?

François Goemans: It is clear that the cholera epidemic is still not under control, although in some of the worst affected urban areas the number of cases is dropping. There are, however, new outbreaks all the time. I have just returned from Kadoma, 150 kilometres south-east of Harare where 170 patients a day have been admitted over the past week and a half. People are still dying and 3100 deaths across Zimbabwe is unacceptable, but if we consider that around 60,000 people have been treated for cholera since August last year, that means that potentially 57,000 lives have been saved.

Q: Why is it so difficult to stop the spread of the disease?

FG: There are a number of factors. The collapse of the health service and the water and sanitation infrastructure, due to the deteriorating economic situation in Zimbabwe, are major factors. Cholera is a water-borne disease which thrives in poor sanitary conditions, so if the water system breaks down, outbreaks of cholera, which is endemic in Zimbabwe anyway, will inevitably take place. In Kadoma, the recent spike in the number of cases followed a five day period in which water supplies were cut in the town, and people were forced to get their water from wells infected with cholera.

Q: Why has the health service not been able to cope?

FG: The Ministry of Health has had some success in dealing with the epidemic, but its staff and medical facilities were quickly overwhelmed by the scale of the epidemic. Health education for cholera, which is an easily preventable disease if basic hygiene guidelines are followed, has been lacking and this has led to many thousands of people being infected. Studies show that a single person who has cholera is likely to infect around 200 people if these simple guidelines, like washing hands, are not followed. The rapid spread of the epidemic is why the international community has become so heavily involved.

Q: What is the European Commission contributing?

FG: In financial terms the European Commission is the biggest donor for health-related activities, having spent around €28 million in 2008. It has funded one hundred CTCs or Cholera Treatment Centres across Zimbabwe, which are run by our partner Médecins Sans Frontières (MSF). These centres, on the front line of the battle against cholera, are keeping so many people alive. The Commission has also funded initiatives which deal with the underlying causes of the outbreak, including providing incentives for health workers to remain in their jobs, providing essential drugs and supporting the repair of water infrastructure.

It is the role of organisations like the European Commission to predict these types of crises; in fact we did anticipate there would be a cholera outbreak in 2008 and, as a precautionary measure, we made sure health facilities had the right treatment packs and safe water supplies. What no-one predicted was the scale of the epidemic.

The Commission has also played a significant role in coordinating the international response, acting as a reference point for the major donors and providing not just funding, but also technical advice to the wide range of NGOs that are working to contain the spread of the disease.

Q: How do you see the cholera crisis developing?

FG: Despite the efforts of the Zimbabwean authorities and the international community, it is clear that there will be more deaths from cholera over the coming months, and that the eventual number of victims will be a lot higher than 3000. As humanitarian aid workers, we focus on curing the people who have been infected with cholera, alleviating their everyday suffering. The long-term and deep-rooted problems which led to this crisis will also need addressing, but for the time being, the EC's Humanitarian Aid department will continue to concentrate on saving lives.

Harare, January 2009

Interview by Daniel Dickinson, Regional Information Officer, European Commission Humanitarian Aid