



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

**MINISTRY OF HEALTH AND CHILD CARE - ZIMBABWE**

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9<sup>th</sup> GTFCC Annual Meeting  
27-28-29 June 2022



# Cholera Hotspots

Provinces-7

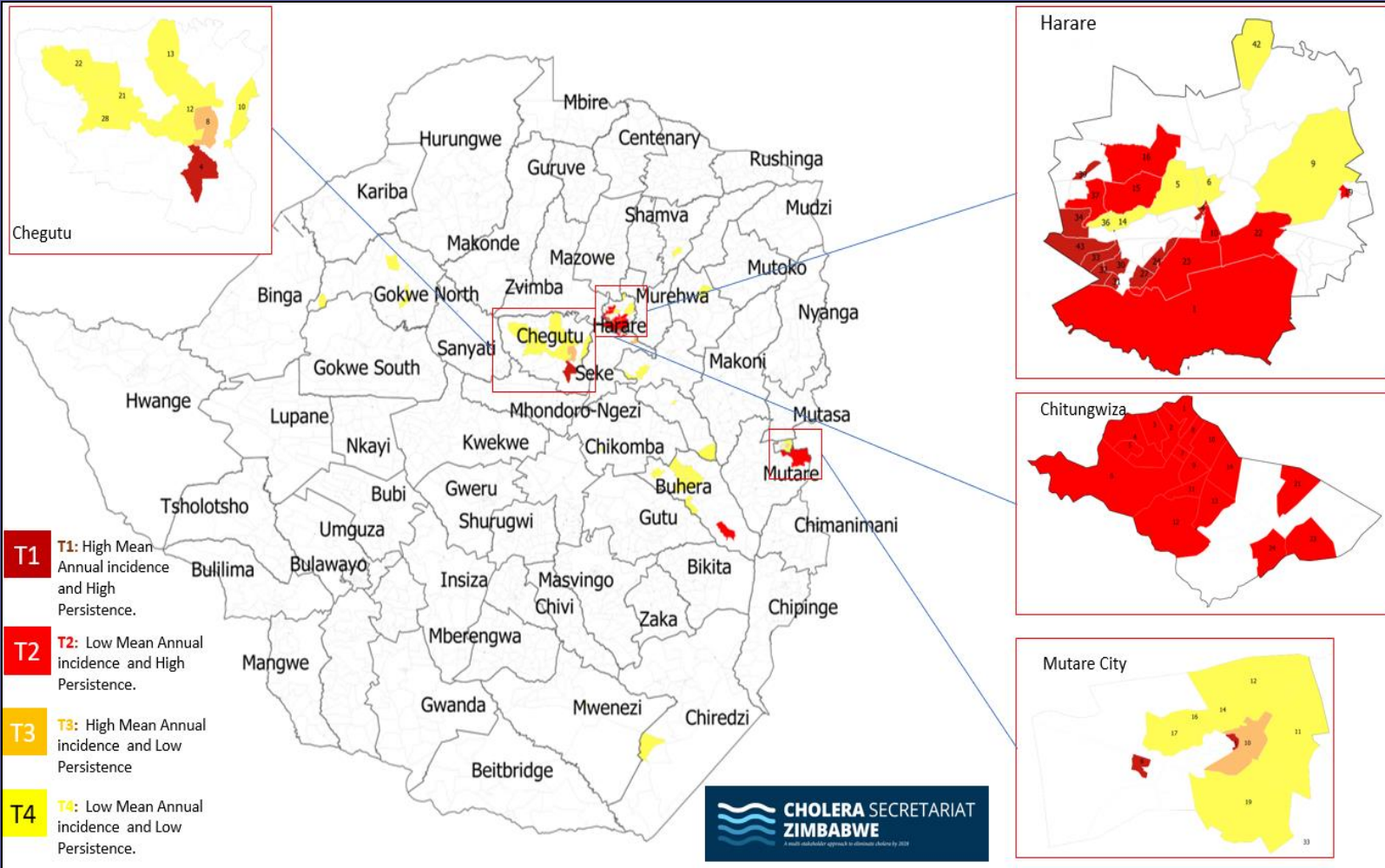
Districts- 18

Wards-96

(Total Population-1.7 m

Health Centres- 73

VHW-1200



Cholera first reported -1972, along Nyamapanda border, Mudzi district, Reported almost every year since 1998  
Largest outbreak 2008-2009

98,592 cases

4,288 deaths

CRF - 4 %

Most recent outbreak, 5 Sept.2018 to 12 Mar. 2019:

10,671 cases

68 deaths (CFR 0.63%)

**Cholera Hotspots Results based on Epidemiological Data and Contextual Factors**



# Ending Cholera: Cholera Elimination Plan and Roadmap



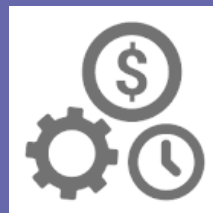
**In July 2019** the National Task Force on Cholera Elimination endorsed a high-level Framework for Cholera Elimination for Zimbabwe

Under the leadership of His Excellency the President of the Republic of Zimbabwe; the 10 Year National Cholera Elimination Plan by 2028 was developed and validated

**On 18 February 2020** the National Cholera Elimination Plan was shared with IRP, GTFCC for review and comments.

**On 7 May 2020** received Independent Review Panel (IRP)-GTFCC recommendations and comments on the NCEP

Awaiting endorsement



Roadmap implementation costing  
**USD\$123 Million**




# INSTITUTIONAL FRAMEWORK



Governing Frameworks	
	Vision 2030
	2030 Sustainable Development Goal SDG # 6
	Global Taskforce for Cholera Control
	African Health Ministers Declaration
	Presidential Clean-Up Declaration
	National Development Strategy 1

- President of Zimbabwe
- Ad hoc Cabinet Committee
- Working Party of Senior Officials
- National EPR Task Force**

 Represents the **Cholera Partnership** made up of 40-50 organizations working in different thematic subcommittees



Technical Experts Group (National Taskforce on Epidemic Prone Diseases)



# Roadmap Outcome Indicators



Outcome	Indicator	Current Level (2019)	Targets		
			Phase 1 (2019-2021)	Phase 2 (2022-2024)	Phase 3 (2025-2028)
<b>Axis 1:</b> Early detection and response to contain outbreaks	Severity of outbreaks as measured by Case Fatality Rate	Total of 68 deaths between 2018 and 2019 outbreaks, CFR of 0.63%	Reduce outbreak CFR by 50%	Reduce outbreak CFR by 100%	0 cholera deaths
<b>Axis 2:</b> Prevention of disease occurrence by targeting multi-sectoral interventions in cholera hotspots	Number of currently endemic wards that eliminate cholera as a threat to public health	81 wards (Hotspots)	40 wards eliminate cholera	81 wards eliminate cholera	Cholera eliminated nationwide
<b>Axis 3:</b> An effective mechanism of coordination for technical support, resource mobilization locally and internationally	Existence of fully funded multi-sectoral cholera control plan aligned to the global road map	Development of multisectoral cholera elimination plan	Funding secured for multisectoral cholera elimination plan	Efficient implementation of multisectoral cholera elimination plan	Fully implemented multisectoral cholera elimination plan
<b>Impact:</b> A Zimbabwean population free from cholera	Reduction in number of cholera cases	Total 295 confirmed cases in 2018 outbreaks	Reduce cholera cases by 50%	Reduce cholera cases by 100%	0 cholera cases recorded



# Objectives, Activities & Indicators

# Cholera Elimination Budget 2022-4

Pillar	# Objectives	No. of Activities	# Of Indicators
Coordination And Legislation	3	20	20
Public Health Emergency Preparedness and Response	3	11	14
Case Management	3	15	17
Oral Cholera Vaccine	3	29	33
Risk Communication and Community Engagement	4	29	29
Water Sanitation and Hygiene	4	21	29
Lab and Surveillance	2	53	56
Logistics	2	9	9
<b>Total</b>	<b>24</b>	<b>187</b>	<b>207</b>

	Pillar	Budget (US\$)
	Coordination and Legislation	3,782,187
	Emergency Preparedness & Response	1,128,992
	Case Management	1,375,599
	Oral Cholera Vaccination	8,207,038
	Risk Communication and Community Engagement	2,013,918
	Water Sanitation and Hygiene	6,404,136
	Lab and Surveillance	6,457,528
	Logistics	1,310,103
	<b>Total</b>	<b>30,679,501</b>



# Challenges in Cholera Prevention and Control in Zimbabwe

- Inadequate investment in safe water systems in urban areas
- Huge population on already burdened infrastructure in old suburbs
- Huge unplanned peri-Urban informal settlements without basic sanitation facilities
- Huge internal population displacement for purposes of *illegal* gold mining/panning contributing to the spread of cholera





# Ladies and Gentlemen this is how Zimbabwe will contribute to eliminate cholera in the next 3 years



## Water, Sanitation & Hygiene

Implementation of adapted long-term sustainable WASH solutions for populations most at risk of cholera



## Leadership and Coordination

Inter-sectoral collaboration and building of a strong preparedness and response strategy



## Health Care System Strengthening

Enhanced readiness for cholera outbreaks through capacity building for staff, and pre-positioning of resources for diagnostics, patient care, and emergency WASH interventions



## Surveillance & Reporting

Effective routine surveillance and laboratory capacity at the peripheral level to confirm suspected cases, inform the response, and track progress towards control and elimination



## Use of Oral Cholera Vaccine (OCV)

Large-scale use of OCV to immediately reduce disease burden while longer-term cholera control strategies are put in place



## Community Engagement

Enhance communication on cholera control strategies, hygiene promotion, and cholera risk, by mobilising community leaders as agents of change







THANK YOU