

RECURRENT TYPHOID AND CHOLERA OUTBREAKS IN ZIMBABWE

Zimbabwe continues to experience frequent outbreaks of cholera and typhoid – archaic diseases that were completely eliminated in other parts of the world – resulting in thousands of avoidable deaths and unnecessary human suffering. Since the cholera outbreak of 2008/9 that killed over 4,500 people and affected over 100,000 people, the frequency at which the outbreaks of both cholera and typhoid occur in Zimbabwe has alarmingly increased. It is ironic that the majority of the deaths were recorded in Harare, the country's capital city, and a municipality vying for World Class City status by 2025.

The country's major cities, particularly Harare and Chegutu, continue to experience intermittent water supplies, blockages to the sewerage systems, development of squatter settlements and irregular rubbish collection service, all key drivers of the outbreak of typhoid and cholera.

It should be noted that some suburbs of Harare have gone for over a decade without running water forcing residents to resort to drinking water from contaminated boreholes, swallow wells and sewage-clogged streams. The sewer pipes, which were laid during the colonial era, are old and always leakages resulting in the sewerage mixing with treated drinking water. Even the Mayor of Harare has openly admitted that the city's water was not safe for drinking because of a critical shortage of chemicals to treat the water to make it safe for human consumption. It is therefore true, residents of Harare are exposed to serious health hazards as they are drinking contaminated water. This is despite that the provision of clean water is a basic need and a human right. The government should therefore be guided by the Constitution which rightly states that access to potable water is a fundamental human right as stated under the Declaration of Rights, Chapter 4, Section 77.

It is worrying and disheartening that the country's political leadership continue to promote illegal settlements mostly in peri-urban areas across the country for political expediency instead of actually addressing the drivers of cholera and typhoid. This lack of political will has been worsened by endemic corruption mostly in local authorities which in most cases go unpunished. Money collected from residents for water and refuse rates is never used for the intended purposes but to sustain the fabulous live styles of certain individuals.

The current concentrated and rapid urbanization in Harare and other cities has overstretched the available limited resources and services. It would be prudent if the government could prioritize the provision of formal housing, water and sanitation services to avoid future outbreaks. This also calls for increased transparency and accountability in the use of available resources.

It is true that the current health crisis does not emanate from the health sector alone but from wider economic decline and the increasing extent to which people are not accessing basic public services like clean running water, housing, clean air and a clean environment – which are major determinants of health. It is in that in mind that it would be more logical for the government to rally all other departments, related ministries and other stakeholders to join hands in the fight against future outbreaks of these waterborne diseases.

The government needs to develop a sustainable health strategy backed by a sufficient budget and implement that strategy religiously. It has to regularly collect garbage, building proper toilets and quick fixation of burst sewerage pipes to avoid spillages into water bodies that supply drinking water to residents. In fact, all the mentioned problems will be properly managed if the government show political will to address the key drivers of cholera and typhoid in the country.

It is surprising that the Harare City Council has been toying with the idea of introducing a typhoid vaccine in a bid to prevent future infections without adequately addressing the key drivers of the disease. It has been noted that the recurrent outbreaks of typhoid in Harare are being caused by erratic supply of clean water, supply of contaminated drinking water, burst sewer pipes and poor hygiene.



CWGH believes that the typhoid vaccination should only complement service provision and should not be taken as the main intervention strategy in the fight against the outbreak. It does not make sense to treat people for preventable diseases and send them back to the conditions that made them ill in the first place. It also should be noted that vaccines do not come cheap; raising serious questions about the sustainability of that approach as the major weapon to fight the disease given the current limited national resources Zimbabwe has.

For years now, Zimbabwe has been failing to adequately provide for the health sector. It has never met the 15% Abuja target despite acceding to the Declaration over a decade ago. With limited resources, the country will have to rely on the support from development partners such as the Global Vaccine Alliance (GAVI) for the vaccine, which is not sustainable given that donor assistance is never permanent.

The continued disparities between urban and rural areas regarding knowledge of key tenets of primary health care (PHC) which are much less available in urban areas remains a major cause of concern. CWGH is concerned that the promotion of hygiene practices (prevention services) has continued to receive inadequate attention, especially in urban areas, despite its potential to prevent the outbreak of water borne diseases and saving lives. It is also worrying that prevention services in the country are still underfunded with the health sector in general always receiving a paltry allocation from Treasury.

These outbreaks have obviously not spared the economy. No sane investor or tourist would want to visit the country under the current situation and yet Zimbabwe pins its hopes for economic turnaround on foreign direct investment and tourism inflows.

On our part as CWGH, we have played a key role in health literacy, thus sensitising communities about cholera and typhoid, particularly in the Hatcliffe suburb of Harare, which was one of the several areas affected by typhoid last year. The organisation also installed in-line chlorinators on several boreholes to ensure that communities drink clean and treated water.

On a national level, Zimbabwe needs to urgently put in place long-term and sustainable mechanisms that address the key drivers of typhoid and cholera that include regular collection of garbage, provision of clean water, housing and other related services to prevent further deaths and suffering from these medieval diseases. It also calls for urgent finalization of the Public Health Act (PHA) Amendment Bill and strengthening its enforcement mechanisms in order to protect the public from poor service provision. This calls upon the government to strengthen surveillance system to prevent these diseases.

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Photo: CWGH Clean-up campaign in Harare during the Typhoid outbreak in 2017

The Community Working Group on Health (CWGH) is a network of civic and community-based organizations that aim to collectively enhance community participation in Zimbabwe, including improving social determinants of health and alleviating poverty.