



PEOPLE AT RISK

Province	Risk population
Lusaka	3,175,740
Northern	1,671,608
Central	2,359,786
Southern	2,464,332
Eastern	2,532,849
Copperbelt	2,874,705
Northwestern	1,335,306
Western	1,412,905
Muchinga	951,291
Luapula	1,179,867
TOTAL	19,958,389

FUNDING

[WHO](#)

US\$ 4,664,174 required

US\$ 150,000 received

US\$ 728,000 in pipeline

81 % funding gap

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Donation of cholera treatment supplies received by Her Hon. Minister of Health and His Hon. Minister of Local Government and Rural Development, credit WHO Zambia Jan 2024

Current Situation

The cholera outbreak in Zambia, declared in Lusaka in October 2023, has escalated into a critical public health emergency, with the epidemic now afflicting all ten of the nation's provinces and urgently demanding an integrated response. The alarming spread has resulted in 62 districts grappling with the outbreak, leading to 14900 reported cases and 560 deaths, translating to a case fatality rate of 3.8%. This situation calls for an immediate, multidisciplinary strategy that includes rigorous surveillance, effective case management, and ensuring access to safe water, sanitation, and hygiene (WASH), complemented by robust community education efforts. To combat and control cholera, it is critical for partners and donors to unite in a coordinated effort, emphasizing WASH interventions tailored to the needs of the most vulnerable populations. Such measures must incorporate the reinforcement of water treatment, regular testing for water safety, promotion of better hygiene and sanitation practices, fortifying infection prevention and control in medical settings, and ensuring safe burial practices. We stand at a pivotal moment where collective action can make a decisive difference.

Table: Epidemiological situation, as of 26 January 2024

Province	Last 24 Hours (26 th Jan 2024)					Cumulative (26 th Jan 2024)			
	Total No. of Districts	District Affected	New Cases	New Deaths	No. Discharges	Cholera Cases	Deaths	CFR (%)	AR/100,000
Lusaka	6	6	228	11	384	13252	505	3.8	417.3
Northern	12	3	0	0	0	23	0	0	1.4
Central	12	8	37	2	27	797	26	3.3	49.1
Southern	13	11	19	0	34	285	9	3.2	11.6
Eastern	14	13	10	0	6	151	2	1.3	6
Copperbelt	10	9	28	1	16	208	7	3.4	7.2
Northwestern	11	4	8	1	7	147	10	6.8	11
Western	16	4	0	0	2	31	1	3.2	2.3
Muchinga	10	3	0	0	0	5	0	0	0.1
Luapula	12	1	0	0	0	1	0	0	0.5
Total	116	62	390	15	476	14900	560	3.8	73.4



Health priorities:

- **Reduce morbidity and mortality**
- **Strengthen coordination** of health partners for enhanced multi-sectoral response
- **Strengthen case management capacities:** provide technical expertise, human resources and capacity building and critical supplies to ensure swift access to quality care and appropriate infection prevention and control measures for cholera control.
- **Strengthen linkage with communities and intensify surveillance:** amplify community-based and healthcare facility surveillance to swiftly detect and respond to cholera cases, enabling timely interventions and containment of the outbreak.
- **Advancement of hygiene practices:** drive the adoption of proper hygiene practices through dynamic risk communication and active community engagement
- **Improvement of water and sanitation services:** invest in water quality monitoring and advocacy for increased access to safe water and sanitation services.

14513 cumulative cases reported since October 2023

545 cumulative deaths reported since October 2023

3.8% case fatality rate

50 staff members repurposed to the outbreak and **20** staff on surge support

WHO grading of the emergency:
Grade 3

Health Risks

Excess mortality and morbidity as the disease continues spreading with patients reporting in health facilities at late stage of the disease. Cholera can cause severe watery diarrhea and vomiting, leading to rapid dehydration and an imbalance of electrolytes in the body.

Severe malnutrition: in areas like Zambia with limited resources, the increased metabolic demands due to cholera, combined with decreased nutrient absorption due to diarrhea, can exacerbate malnutrition, especially in children and those already suffering from undernutrition.

Spread of infection: cholera is highly contagious, especially in areas with inadequate water treatment, poor sanitation, and crowded living conditions. The risk of widespread transmission is high, which can lead to a rapid increase in the number of cases.

Healthcare system strain: a sudden outbreak can overwhelm healthcare systems, especially in resource-limited settings. This can compromise the treatment of cholera patients as well as disrupt the regular delivery of medical services for other conditions.

Economic impact: such a large outbreak may significantly strain the economic stability of a community or region by affecting the workforce, increasing healthcare costs, and discouraging tourism and local commerce.

Social disruption: fear of the disease is leading to social stigma and discrimination against affected individuals and communities. It can also cause disruptions in daily life, with impacts on education, commerce, and community interactions.

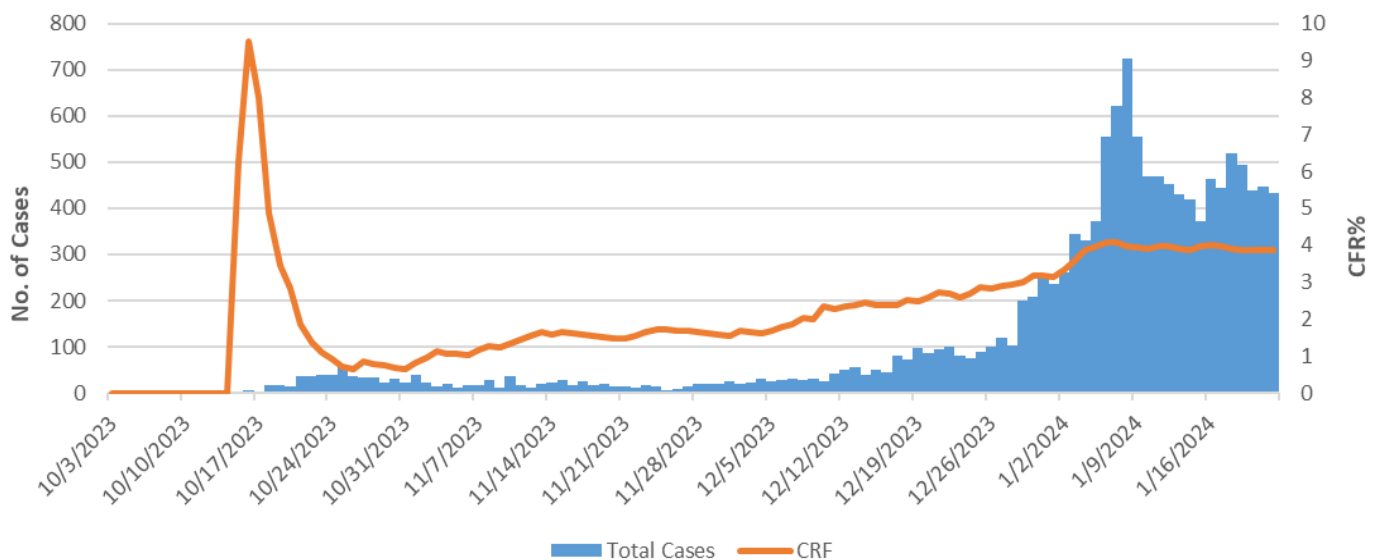
Addressing these risks requires a coordinated public health response that includes improving Health care, Water and Sanitation, promoting good hygiene practices, ensuring rapid treatment and rehydration for affected individuals, and strengthening health systems to handle the influx of patients.

Key WHO and partner interventions

- WHO activated its Incident Management System, collaborating closely with health partners and the MoH to enhance response efforts and coordinate the health sector response.
- Deployment of surge staff and partners to intensify response activities.
- Contributing to the updating and contextualization of national cholera case management guidelines and testing strategy.
- Supported the oral cholera vaccine (OCV) campaign which reached 1.7 million people vaccinated as of 25 January 2024.
- Through WHO, MoH and ZNPHI, the UK Med and MSF EMTs deployments are strengthening case management in cholera treatment centres and units.
- WHO supplied emergency medical kits to treat over 20,000 patients.
- WHO established a partners technical working group, conducting weekly meetings to ensure effective national coordination and response, supported by the MoH.



Cases and CFR of Cholera, Zambia, Oct 2023 - Jan 2024



WHO cholera outbreak response in Zambia consolidated approach

- **Leadership and coordination:** WHO is at the forefront, working with health partners and MoH to activate the Incident Management System (IMS) and Public Health Emergency Operations Centers (PHEOCs) for efficient outbreak response. Coordination efforts are bolstered by the establishment of field teams and support for supervisory visits, enhancing cholera response coordination.
- **Health Operations and Technical Expertise:** Addressing the cholera outbreak requires technical guidance across several areas, including IPC, water, sanitation and hygiene (WASH), case management, vaccination, and community engagement. WHO supports evidence-based guidance, policy development, and field operations to ensure a comprehensive response.
- **Strengthening surveillance:** strengthening the surveillance, epidemiology, and health information management is crucial for informed decision-making. Activities include data collection, spatial analysis, and enhancing communication and reporting protocols to guide multisectoral interventions effectively.
- **Continuity of essential health services:** Maintaining essential health services during the outbreak is vital to prevent secondary mortality and morbidity. WHO supports rapid assessments of health facilities' capacities and modifications needed to sustain service delivery, especially for vulnerable populations.
- **Enhancing preparedness and readiness:** Preparedness activities are key to preventing the spread of cholera. WHO supports updating response plans, training health workers, and ensuring the readiness of laboratory diagnostics, among other initiatives, to bolster the response capacity.
- **Preventing Sexual Exploitation, Abuse, and Harassment (PSEAH):** Ensuring the safety and rights of communities and WHO staff is paramount. Initiatives to build knowledge and establish reliable reporting mechanisms are integral to maintaining ethical standards.

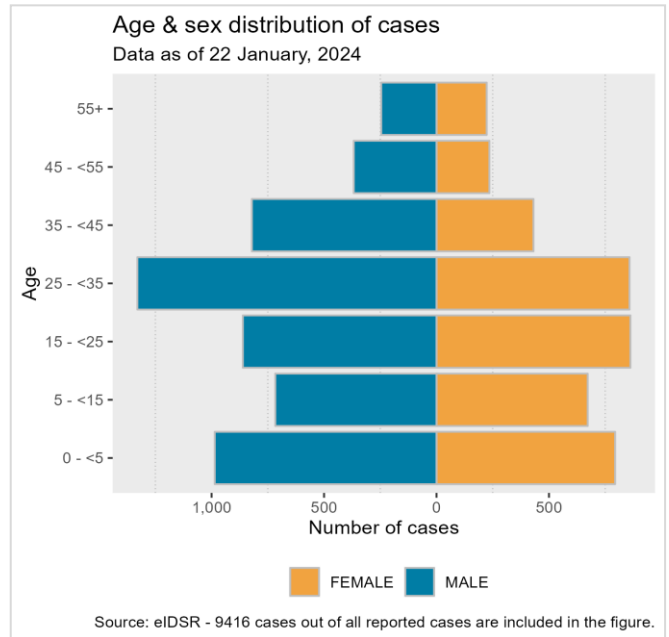


Immediate needs

- **Scale up emergency response efforts**, including activation of emergency management systems, operational expenses of treatment centers, and community outreach programs.
- **Secure donations of essential medical supplies** such as rehydration solutions, vaccines, antibiotics, and personal protective equipment (PPE) for healthcare workers, alongside resources for strengthening healthcare infrastructure.
- **Improve water and sanitation facilities**, crucial for controlling the spread of cholera, including safe drinking water access, sanitation infrastructure development, and hygiene promotion activities.
- **The need for resources to train** healthcare workers and community volunteers in effective cholera response, including case management, infection prevention and control, and community engagement strategies.
- **Enhanced Surveillance and Research**: support for enhancing surveillance systems and research efforts to monitor the outbreak, understand its dynamics, and inform evidence-based interventions and future preparedness strategies.
- **Expand reactive vaccination** to other provinces as a need is increasing

Funding Requirements

- The WHO response remains under funded.
- The support for the WHO response to cholera in Zambia requires **USD 4,664,174**



WHO ZAMBIA CHOLERA OUTBREAK READINESS AND RESPONSE PLAN (JANUARY-MARCH 2024)

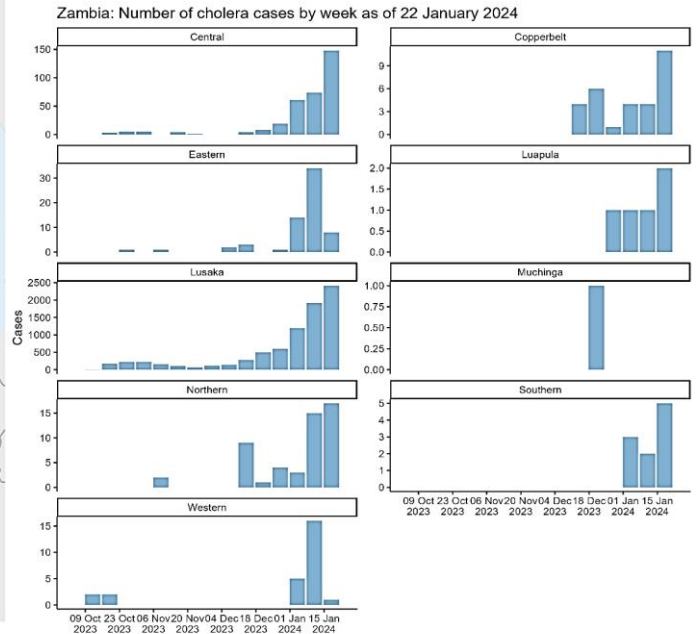
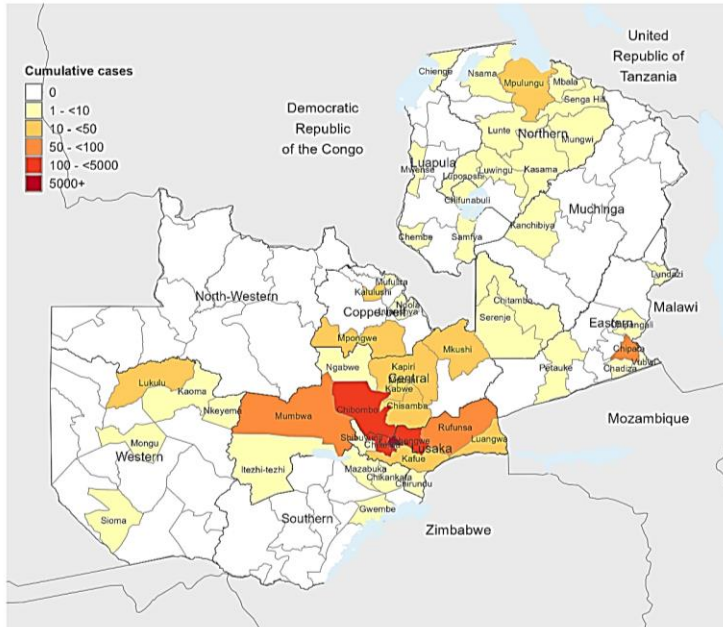
The WHO Zambia Cholera Outbreak Readiness and Response Plan is intended to provide the framework for the implementation of the WHO response in support of the Government of Zambia and the National Cholera response plan.

Strategic objective of the WHO is to reduce cholera related morbidity and mortality by interrupting Cholera transmission and preventing the spread to unaffected districts, while maintaining continuity of essential health services.

WHO pillars of response	Budget (USD)
Pillar 1: Leadership and coordination	606,500
Pillar 2: Health operations and technical expertise	2,240,000
• Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH)	400,000
• Case Management	760,000
• Oral Cholera Vaccination (OCV)	120,500
• Risk Communication and Community Engagement (RCCE)	290,000
• Laboratory and Diagnostics	610,000
• Field Coordination	60,000
Pillar 3: Planning, monitoring and health information	523,000
Pillar 4: Operations support and logistics	1,094,660
Pillar 5: Continuity of essential health services	150,014
Pillar 6: Preparedness and readiness	50,000
TOTAL (USD)	4,664,174



Weekly trend by province as of 24th Jan 2024



WHO staff on surge support to respond to the cholera outbreak, credit WHO Zambia Jan 2024