



# ZANZIBAR'S VICTORY AGAINST CHOLERA EPIDEMIC







# CHOLERA IN ZANZIBAR



Zanzibar has experienced cholera epidemics since 1978



## STATISTICS ON OUTBREAKS



**17**

waves of cholera outbreak in Zanzibar since 1978.



**2015 – 2016**  
Largest outbreak



All **11** Districts Affected

**14,364**

Total recorded Cholera cases



**4,330**  
Cases were reported

**68**

deaths



**210**

deaths



Cholera was predicted during or soon after a rainy season. Not only during heavy rain, but any rain.



Hot spot areas include areas with poor access to safe water and sanitation facilities that include....



Symptoms include watery diarrhea, vomiting, that lead to dehydration and if NOT treated leads to death.





...A, USTAWI WA JAMII,  
...EE, JINSIA NA WATOTO

**NAWA MIKONO KWA USAHIHI  
JIKINGE NA MARADHI YA KUAMBUKIZA**



**...A MIKONO OKOA MAISHA**



**...FYA TV ONLINE**



# MULTI SECTORAL ACTIONS



Affirmative political action and coordination of all Ministries



Developing and implementing the cholera elimination plan



Increased access to safe water and sanitation



Provision of Oral Cholera Vaccination



Improved surveillance system for early detection



Long term mechanism for good drainage system



Improved detection and follow up cases





# RESPONSE TO THE PERIODIC EPIDEMIC

The World Health Organization and the Government of Zanzibar prepared and implemented the Zanzibar Comprehensive Cholera Elimination Plan (ZACCEP) which is a multisectoral plan aimed to eliminate local transmission of cholera in Zanzibar within 10 years (2018–2027). This is in alignment with the global targets of eliminating cholera by 2030.

**For more than five (5) years Zanzibar has not reported cholera cases.**

## HERE IS WHY?

**1. Political commitment and leadership of Government** that includes the stewardship role of the government for developing Multi-Sectoral and Multi Year Cholera Elimination Plan (ZACCEP), establishment of multi-sectoral coordination mechanisms that provides policy and strategic directions and the allocation of budget for improvement of access to safe water and sanitation facilities.

### 2. Strong Surveillance system



**35** training of trainers on IDSR



Training for **200 health workers** on cholera management



More than 4,000 food vendors were also trained in hygienic way of preparing, handling and distribution/sale of food and drinks



Developed training manuals for even – based surveillance to build capacity of health care workers



Improved surveillance system to ensure early detection  
Printed **6000 copies** of IDA

### 3. Access to safe water and sanitation



Developed a guideline for water sanitation and hygiene



Scale up of community lead total sanitation interventions to villages with high open defecation



Construction of latrines in houses



Trained local contractors on fixing cheap Safe Toilets–PAN toilets to stop open defecation.



Health workers trained on minimizing spread of infection by using WASH guidelines during service delivery

### 3. Intense community sensitization




Community sensitization to establish community group deals with collection of waste





Trained groups on using solid waste to produce briquettes, compost manure and paving blocks.








 Promoted and influenced the hygiene and sanitation behaviors in, hand washing with soap at all times, safe water and food handling, regular and consistent use of improved latrine and early care seeking.


 Developed a comprehensive **SBCC** strategy for cholera prevention and control

 Aired six radio programmes and five radio advertisement to raise awareness on community water treatment and cholera prevention.


 **123 student** WASH clubs were established in five districts.

 Constructed hand washing facilities in schools


 Constructed **41 toilets** in schools especially to improve menstrual hygiene


 Procured 13 motorcycles for WASH district officers and **4 motor vehicles** for community mobilization


#### 4. Provision of Oral Cholera Vaccination.


 Vaccinated over **300, 000 persons** with cholera oral vaccination

#### 5. Establishing cholera treatment supplies and Management of cholera cases per standard treatment

 Instituted the Public Health Emergency Operation Centre (PHEOC) to improve coordination and case management interventions

 Established the rapid response team and trained on cholera response and prevention at national and district levels.

 Cholera Treatment Centres equipped in all **11 districts**

 Trained Incidence Management System for timely and effective cholera outbreak response.







**World Health  
Organization**  
**Tanzania**

World Health Organization Sub-Office Zanzibar  
UN House, Malawi Road, ZSTC Building 3rd Floor  
P.O.Box 2828

Tel. +255 (024) 233-2505 or +255754319916

Email: [andemichaelg@who.int](mailto:andemichaelg@who.int)

Zanzibar, United Republic of Tanzania