MALAWI
Cholera outbreak

CRISIS IMPACT OVERVIEW

• Since March 2022, Malawi has been experiencing the largest cholera outbreak reported in the last decade. As at 29 November, the cumulative confirmed cases and deaths were 10,652 and 310, respectively, with 10,073 reported recoveries and 269 people currently in treatment centres (Malawi MOH Facebook 29/11/2022).

• As at 29 November, the outbreak had affected all of the country’s 29 districts, and 25 districts had active transmission. Of these 25 districts, the majority were in Mangochi (2,207 cases and 41 deaths), Rumpi (994 cases and 17 deaths), Karonga (790 cases and 16 deaths), Blantyre (725 cases and 27 deaths), Mzimba North (459 cases and 2 deaths), Nsanje (297 cases and 14 deaths), Chikwawa (224 cases and 4 deaths), and Neno (189 cases and 14 deaths). The majority of deaths occurred either within the community or after affected people presented late to healthcare facilities for treatment (Malawi MOH Facebook 29/11/2022).

• Malawi’s Ministry of Health confirmed the first case on 3 March 2022 in Machinga district hospital in the southern region of the country. The outbreak started in the context of tropical storm Ana (January 2022) and cyclone Gombe (March 2022), which displaced thousands of families, while conflict also caused a low-scale influx of refugees from the Great Lakes region. The refugees were mainly from Democratic Republic of Congo (Africa News 07/11/2022).

• Malawi needs medical supplies, vaccines, health worker training, and awareness campaigns on cholera to tackle the outbreak. People lack clean water and access to hygiene and sanitation. There is a need for water point rehabilitation (ECHO 26/10/2022; CGTN 13/10/2022). In early November, the country received 2.9 million doses of the cholera vaccine (WHO 07/11/2022 a).

ANTICIPATED SCOPE AND SCALE

• Cholera is endemic in Malawi, with seasonal outbreaks reported in the wet season (November–April). The number of reported cases have steadily risen over August (791), September (1,823), and October (2,434), although the Ministry of Health reported a reduction in cases from 200 to 174 per day as at 7 November (WHO 07/11/2022 b; VOA News 09/11/2022).

• Mozambique’s Lago district borders Malawi in the south and east and has reported cases of cholera. The surge in cases in northern parts of Malawi and cross-border movements risk the spread of cholera to Tanzania and Zambia (WHO 07/11/2022 b).

HUMANITARIAN CONSTRAINTS

• The devaluation of the Malawian kwacha by 25% in May 2022 has caused a severe foreign exchange shortage, and the International Monetary Fund projects further devaluation. A sharp decline in imports, including fuel, fertiliser, medicine, and food, because of the challenging economic situation is constraining the humanitarian response (Reuters 27/05/2022; ANA 24/11/2022).

1 Any comments or questions? Please contact us at info@acaps.org
HUMANITARIAN NEEDS

WASH

88% of the population has access to clean drinking water, predominantly through tube-well/borehole access (64%) or by public tap/standpipe (8%) (Gov’t Malawi/UNICEF 23/12/2021). A clear access disparity exists between rural (86%) and urban areas (98%). This disparity worsened when tropical storm Ana and cyclone Gombe hit the country in January and March 2022, respectively. These events disrupted water treatment and distribution systems, especially in the southern and central districts, and left many without access to clean drinking water (Govt. Malawi/iMMAP 29/01/2022).

Recent reports show that 24% of health facilities in the country have no access to water and 32% have no access to handwashing facilities (Nyasa Times 08/03/2022). At the household level, 46% of urban households and 43% of rural households have access to improved sanitation facilities that are not shared. 25% of households have no handwashing facility in their dwelling, yard, or plot, and only 28% of the households with handwashing facilities have water and soap for appropriate handwashing (Gov’t Malawi/UNICEF 23/12/2021).

Health

Some affected districts have reported medical supply shortages and have requested the Government to deliver essential supplies, such as beds and intravenous and oral fluids (Malawi24 09/09/2022). MSF has set up Cholera Treatment Units, including bathing and latrine facilities, water pumps, and morgue and waste disposal facilities, in Cape Maclear town and Koche hospital. MSF has also provided monetary allowances to increase staffing (Malawi Voice 16/11/2022).

On 7 November, the country received its second consignment of cholera vaccine doses (2.9 million), months after receiving a consignment of 3.9 million doses in May (UNICEF/WHO 07/11/2022; WHO 25/05/2022).

The rise in cholera cases outside the southern region, in districts that would not usually be considered prone to cholera, has led to pressure on local health systems. Before the spread of cholera, a polio outbreak and COVID-19 were already burdening these systems (WHO 26/10/2022).

Map: Number of reported cholera cases by district as at 7 November

Source: WHO (07/11/2022)
AGGRAVATING FACTORS

Seasonal events

The southern African cyclonic season runs between November–March and brings about heavy rainfall, flooding, infrastructure and water system destruction, and the displacement of communities. These issues aggravate the risk of the spread of cholera and affect the national response capacity. In January 2022, tropical storm Ana hit the country. The storm affected around 20 districts in the southern and central regions of the country, killed 147 people, and displaced more than 900,000. The floods also affected 91,000 hectares of land and 17,000 hectares of cropland. The storm killed or injured an estimated 34,485 livestock belonging to 13,101 farming households, severely affecting livelihoods (FAO 16/11/2022; IFRC 07/04/2022; FAO 23/02/2022).

In March 2022, tropical cyclone Gombe hit the country. Heavy rain and flooding followed the cyclone, killing seven people and leaving hundreds displaced (VOA 14/03/2022).

Rise in refugee population

Conflict in the Great Lakes region, particularly in eastern Democratic Republic of Congo, has led to a steady rise in the number of refugees from neighbouring countries (Africa News 07/11/2022). Dzaleka refugee camp hosts the majority of refugees and asylum seekers as Malawi has an encampment policy restricting refugees from living outside the camp (VOA 07/05/2021). It was built to host 10,000 refugees but is currently hosting more than 53,000 individuals. Shelter, food shortages, protection, sanitation, and hygiene are challenges for the camp as its population continues to rise (UNHCR accessed 26/09/2022; Nyasa Times 21/09/2022; The Guardian 25/11/2021).

Poverty

Malawi remains one of the poorest countries in the world despite making significant economic and structural reforms to sustain economic growth. The 2019/2020 national poverty rate was 50.7% (WB accessed 01/12/2022). As at 2016/2017, poverty incidences were highest in the southern districts (63.7%), which are prone to floods and cholera endemics, and lowest in the northern districts (43.7%) (Malawi NSO et al. 09/12/2021). Poverty was also high in rural areas (70%), where cholera poses a higher economic burden compared to urban areas (25.7%) (Malawi NSO et al. 09/12/2021; WHO 27/04/2022; WB accessed 01/12/2022).

Fuel shortages

Unreliable electricity in the country has led many hospitals to install generators as an alternative power source. The recent fuel shortage and rising fuel prices have pushed hospitals to use funds allocated to other areas to pay for scarce fuel. Some hospitals have taken on heavy costs to install solar power to ensure the continuity of operations (The Times 25/09/2022).

The fuel shortage has also affected the construction of Nkhuzi Bay Water Treatment Project in Mangochi district because the contractor can only access 200L of the 800L of fuel needed daily. The project's scheduled July 2022 completion date has been postponed to April 2023. Once complete, it is projected to supply potable water to over 90,000 households in the lakeshore district (The Times 16/09/2022).

Religious and traditional beliefs

Religious beliefs contribute to the late reporting of cases at health centres, leading to the further spread of the disease (Gavi 27/05/2021). In recent years, affected patients have preferred to be prayed for at churches instead of presenting to health centres. Some community members believe that cholera occurs as a result of witchcraft or traditional beliefs and resort to using traditional medicine (Malawi MOH Facebook 29/11/2022; VOA News 13/03/2018).