Humanitarian and health actors involved in Water Sanitation and Hygiene (WASH) programming can distribute local language Information Education and Communication (IEC) materials to women, men, migrants, and youths highlighting factors that contribute to Cholera outbreaks, while debunking rumours linking the outbreak to political activities.

Humanitarian and health organisations working with migrants, women, men and youths can share Frequently Asked Questions (FAQs) factsheets that explain signs and symptoms of Cholera infections, early management methods such as Sugar and Salt Solution and where those infected with Cholera can seek help.

The rumour highlights public concerns over the availability and cost of cancer treatment given that cancer is one of the leading health concerns in Zimbabwe with 8,500 new cases being diagnosed annually while other cases go unrecorded due to high diagnosis and treatment costs.

According to the Permanent Secretary for the MoHCC, Dr Jasper Chimedza, the country has only one functional radiotherapy machine to service all cancer patients in the country. The shortage of radiotherapy machines and the high cost of radiotherapy could be a driving force behind the need for alternative treatment options. The need for alternative affordable treatment options could be leading cancer patients to use natural herbs which may not be scientifically proven to be safe and reliable treatment options.

Lovemore Makurirofa, the Cancer Association of Zimbabwe (CAZ) Information, Research and Evaluation Officer observes that although flowering thistle roots have medicinal properties, they cannot be used to treat any type of cancer. The roots may be used as a dietary supplement especially to treat indigestion and only chemotherapy and surgery are the proven methods of treating cancer.

"Flowering thistle roots cure cervical cancer and even prostate cancer."

"Impande zomthwentwe ziyelapha imvukuzane yesibeletho noma kubobaba uyabilisa unathe."
First vaccine dose uptake in Zimbabwe increased by 34% from 36,166 administered in week one of April 2023 to 48,534 doses administered in week two of April 2023.

There was a 69% increase in the uptake of second vaccine dose and 41% increase in the uptake of third vaccine dose. Second vaccine uptake increased from 30,560 to 51,727 doses, while the third vaccine uptake increased from 32,727 to 46,223 doses.

As of April 11, 2023, there were 59 active COVID-19 cases with 12 hospitalised. Of the total, nine hospitalised cases were vaccinated and three were unvaccinated. Two COVID-19 related deaths were recorded during week two.

Cumulatively, Zimbabwe has vaccinated 7,021,317 people with the first vaccine dose and 5,240,001 with the second vaccine dose, translating to 52.4% of the 10 million herd immunity target initially set for end of December 2022. A total of 1,790,195 people have received the third vaccine dose.

On February 12, 2023, Zimbabwe recorded an outbreak of Cholera in Chegutu, Mashonaland West Province. Since then, cases have been reported in eight provinces with cases in each province having no epidemiological link to each other. To date, 17 Cholera hotspot Districts in the country have been identified as Buhera, Chegutu, Chikomba, Chimanimani, Chipinge, Chitungwiza, Chiredzi, Harare, Gokwe North, Marondera, Mazowe, Shamva, Mutare, Murehwa, Mwenezi, Seke and Wedza. As of April 11, 2023, a cumulative total of 416 suspected Cholera cases, two confirmed deaths, six suspected Cholera deaths and 79 laboratory confirmed cases were reported.