Flooding across Southeast Africa (Madagascar, Malawi, Mozambique, South Africa, Zambia, Zimbabwe)

Date: 23 February 2026

Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS)[1]	INFORM Risk Index 2025[2]
Floods Epidemics Nutrition Food security Displacement	Cholera and Acute Watery Diarrhoea (AWD) Malaria Acute Respiratory Infections (ARI) Measles Injuries / Trauma Malnutrition Non-Communicable Diseases (NCD) Maternal and Neo-natal Health Conditions	G2	**Madagascar:** Low (2) **Malawi:** Moderate (2) **Mozambique: Substantial (4):** Area Central, Area Southern Cabo Delgado, Pemba City **Moderate (3):** Area North (Nampula and Niassa), Area Northern Cabo Delgado **Low (2):** Area South **South Africa:** Moderate (2) **Zambia:** Moderate (2) **Zimbabwe:** Low (2)	**Madagascar:** 5.4/ 10 *(High)* **Malawi**: 4.7/ 10 *(Medium)* **Mozambique**: 6.9/ 10 *(Very High)* **South Africa:** 4.2/ 10 *(Medium)* **Zambia**: 4.6/ 10 *(Medium)* **Zimbabwe**: 4.8/ 10 *(Medium)*

SUMMARY OF CRISIS AND KEY FINDINGS

Since mid-December 2025, heavy rainfall and cyclones across Southern Africa have affected an estimated 1.5 million people, with over 300 deaths and more than 170 000 people displaced, primarily in Mozambique, Madagascar, South Africa and Zambia.[3]

In Madagascar, Tropical Cyclone Fytia made landfall on 31 January, followed by Tropical Cyclone Gezani near Toamasina on 10 February, bringing torrential rains, destructive winds and widespread flooding. Cumulatively, more than 681 000 people have been affected, with at least 59 people reported dead.[4]

The latest climate projections indicate that normal to above normal rainfall is expected in most parts of region except coastal areas of Angola, Namibia, South Africa, northern eastern parts of Mozambique and half of Eastern & coastal areas of Tanzania for much of the period from February to June 2026.[5]

Access and funding in affected areas remain the most critical constraints, as flooding and infrastructure damage have rendered large areas inaccessible. Humanitarian needs are also rising amidst overstretched services and limited response capacity.[6]

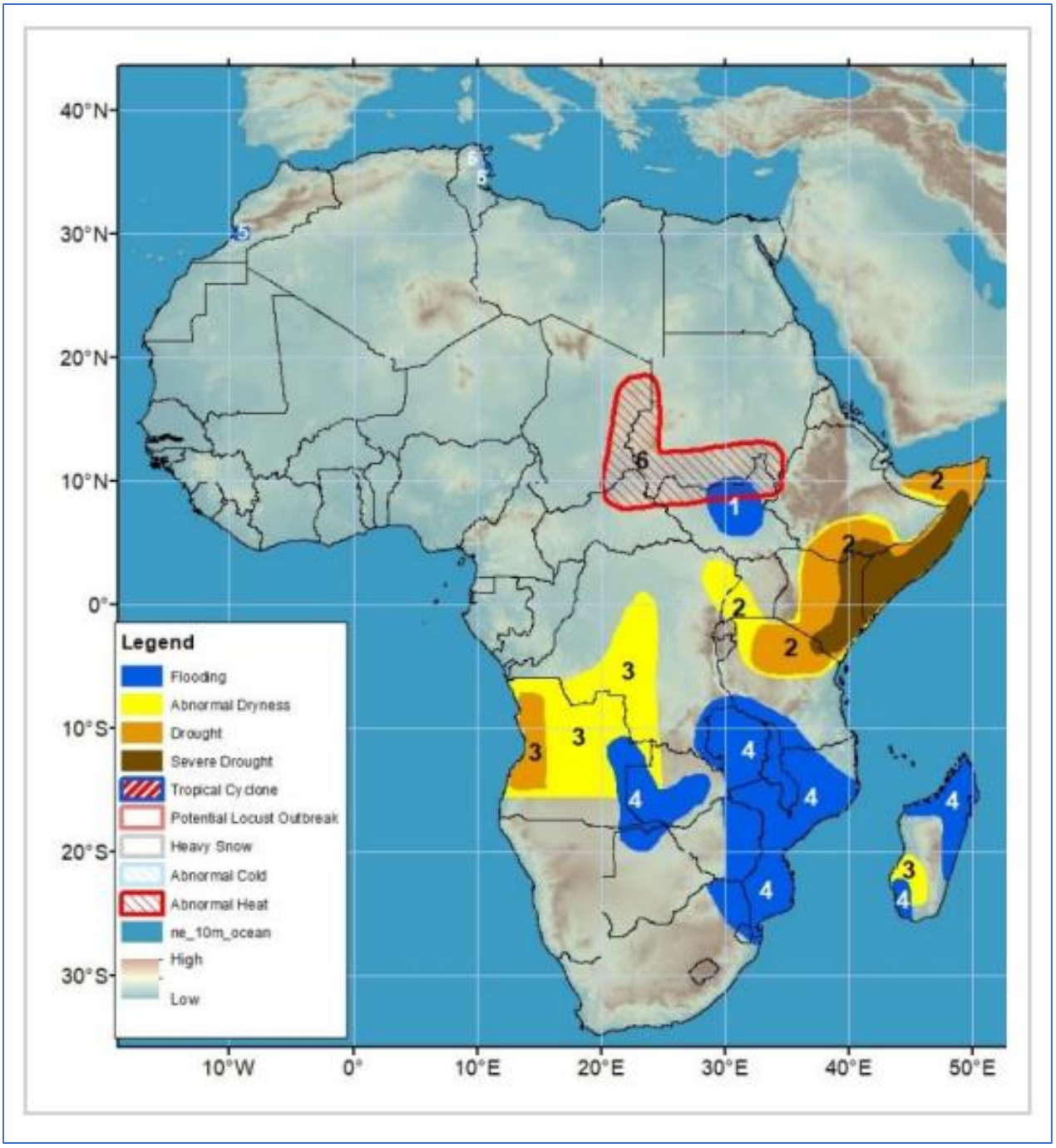

Figure 1- Status Map of Weather Conditions across Southern Africa, February 2026 (FEWSNET)7

HUMANITARIAN PROFILE

PEOPLE IMPACTED BY FLOODING

(FEBRUARY 2026)

Madagascar: 681k[8]

Malawi: 49k[9]

Mozambique: 723k[10]

South Africa: 19.5k[11]

Zambia: TBC

Zimbabwe: 33.2k[12]

DISPLACEMENT FROM FLOODS

(FEBRUARY 2026)

Madagascar: 16k[13]

Malawi: 4.7k[14]

Mozambique: 32 400[15]

South Africa: 1000[16]

Zambia: 2350[17]

Zimbabwe: TBC

DEATHS FROM FLOODING (FEBRUARY 2026)

Madagascar: 59 people[18]

Malawi: TBC

Mozambique: 146 people[19]

South Africa: 39 people[20]

Zambia: TBC

Zimbabwe: 109 people[21]

Impact of Flooding Across Region

Madagascar

Tropical Cyclone Fytia made landfall on 31 January, followed by Tropical Cyclone Gezani near Toamasina on 10 February, bringing torrential rains, destructive winds and widespread flooding. Cumulatively, more than 681 000 people have been affected, with extensive damage to homes, infrastructure and agricultural land. According to the Government, at least 59 people lost their lives due to Cyclone Gezani alone; more than 800 people were injured. Preliminary assessments indicate that over 621 000 were affected. Some 35,000 people have been displaced, with 3 200 people sheltering in 19 temporary sites.[22]

Malawi

Since the onset of the rainy season in December, widespread stormy rains, strong winds, flash floods, and lightening, has affected some 160 000 people, across 29 districts.[23] The Department of Disaster Management Affairs (DoDMA) has recorded 40 deaths, 168 injuries, and 2 missing. Needs are expected to rise if heavy rains persist through February/March 2026.[24] Nkhotakota District (Central Region of Malawi) remains most affected, with 10 772 households impacted, 11 deaths, 37 injured, 2 missing and hosting displaced people across 12 camps.[25]

Mozambique

Across Mozambique, severe flooding has claimed over 146 lives.[26] An estimated 723 000 people have been affected by flooding across southern and central Mozambique, with the majority in Gaza Province. Approximately 32 400 people remain in 41 active accommodation centres.[27]

As floodwaters persist and controlled dam releases continue, further displacement, infrastructure damage and escalating humanitarian needs are anticipated.[28] The scale and pace of this emergency exceed

available capacity.[29] Extensive damage to critical infrastructure by floods has been reported, including roads and bridges, aqueducts, water supply systems, telecommunications towers and electricity poles, severely disrupting access to essential services.[30]

South Africa

In South Africa, the floods have killed 39 people and injured over 150, with more than 19 500 people, many of them children, affected. Many families have been left homeless after nearly 4000 homes were submerged, destroyed or washed away, particularly in the worst hit provinces of Limpopo and Mpumalanga.[31] Infrastructure damage is extensive, with roads and bridges washed away, isolating communities and tourist destinations such as Kruger National Park, which was temporarily closed and evacuated.[32] As of 21 January 2026, 78 schools, 138 health facilities, and 59 farms or croplands have been reported damaged.[33]

Zambia

In Monze District, including Bweengwa, this resulted in flooding that inundated homes, damaged infrastructure, and affected 754 households. An estimated 1126 households were affected in the three districts, equivalent to approximately 6756 people, while 91 households were displaced in Monze District. The floods reported on 20 January 2026 in Bweengwa, in the Monze District of Southern Province, have had far-reaching impacts across multiple sectors, severely disrupting daily life and livelihoods.[34]

Zimbabwe

In Zimbabwe, weeks of rain, flooding, and violent storms, have killed at least 118 people and injured at least 61. The rains have affected nearly 8300 people, including through damaging homes, schools, bridges and health facilities.[35]

Humanitarian Response To Date

Madagascar: The Government of Madagascar has launched a call for international support. Authorities, with support from the UN and partners, are leading search and rescue, evacuation, shelter and food assistance efforts.[36] The United Nations and humanitarian partners today launched a US$ 67,8 million Cyclone Flash Appeal on February 20th 2026 to provide urgent, lifesaving assistance to 486 012 people following two devastating cyclones that struck Madagascar.[37]

Malawi: Limited information is available regarding response activities.

Mozambique: Following intense and prolonged rainfall since mid-December 2025, several major river basins exceeded alert levels, prompting the Government of Mozambique to activate a nationwide Red Alert on 16 January 2026, and to formally request United Nations support on 17 January.[38] However, the scale and pace of this emergency exceed available capacity. The 2026 HNRP Addendum for the flood response seeks to mobilize US$187 million to provide urgent, life-saving assistance to approximately 620 000 people affected by the floods.[39] In recognition of urgent life-saving needs, the Emergency Relief Coordinator allocated USD 5 million from the Central Emergency Response Fund (CERF) to accelerate critical interventions aimed at reaching more than 300 000 people with priority assistance.[40]

South Africa: The Government of South Africa has activated national systems—declaring a State of National Disaster, coordinating multi-sector rescue and evacuation operations, and delivering food and clothing to affected communities—while regional support has been mobilized through the SADC Emergency Response Team.[41] Coordination between the South African government, SADC regional bodies, and humanitarian NGOs has ensured that priority areas continue receiving critical assistance, including food parcels, shelter materials, health support, and WASH supplies.[42,43]

Zambia: The National Disaster Management and Mitigation Unit (DMMU), housed in the Office of the Vice President is coordinating the response actions. The DMMU convened a meeting of all partners and UN

Country Team on 3rd February 2026 and again on 13th February 2026. A whole of Government approach has been taken, with clusters activated for preparedness and response actions. The activated Health Cluster is focusing on supporting targeted reactive vaccinations for cholera outbreaks in flood prone areas of Lusaka.

Zimbabwe: The Directorate of Civil Protection (DCP) is coordinating all response activities. The DCP convened a meeting of partners (UN agencies and some International NGOs) to identify priority response needs.[44]

Humanitarian Access

In Madagascar, roads, power lines, and housing were widely damaged, including WFP's office and one warehouse. The two cyclones have impacted the capital Antananarivo with flooding in low lying districts due to heavy rains and blocked canals. Risks of river overflow and landslides remain high due to heavy rains and blocked canals. Following the Government's declaration of national disaster and appeal for international support, urgent resources are needed to scale up assistance for food-insecure and displaced households facing multiple shocks.[45]

In Mozambique, humanitarian access remains severely constrained due to damage to road networks, bridges and transport infrastructure, as well as the isolation of communities caused by high water levels. Widespread flooding and infrastructure damage have rendered large areas inaccessible, including sections of the main highway linking ports to affected areas, after flooding of the Incomati, Umbeluzi, Limpopo, Save and Buzi rivers in southern and central Mozambique.[46]
Humanitarian partners are exploring alternative access routes, including the feasibility of sea routes between Maputo and Inhambane Port, closer to the most affected areas. It will take time for dam levels to reduce, for floodwaters to recede and for soil conditions to stabilize sufficiently to allow roads to reopen and comprehensive assessments to be conducted.[47]

Displacement

Madagascar: As of 13 of February, the passage of Genzi displaced 16 318 people (of whom a large part are across 48 shelters), caused 18 797 destroyed houses and damaged 51 760 houses.[48]

Malawi: Nkhotakota District (Central Region of Malawi) remains most affected, with 10 772 households impacted. Additional hotspots include Salima, affected by lakeshore flooding and saturated soils, Mulanje, Nsanje and Chikwawa, where flooding has caused house collapses and agricultural losses.[49]

Mozambique: Mozambique's high vulnerability to flooding is exacerbated by housing conditions, with an estimated 90% of the population living in adobe structures, rendering them susceptible to collapse after prolonged rainfall.[50] An estimated 794 houses have been totally destroyed, over 3500 partially destroyed, and almost 166000 houses have been inundated[51] Approximately 32 400 people remain in 41 active accommodation centres.[52]

South Africa: More than 1000 people have been accommodated in Limpopo Province.[53]

Zambia: More than 2350 people have been affected, with limited information available on the numbers displaced.[54]

Zimbabwe: More than 33 000 people have been affected, with 334 houses damaged.[55]

Food Security

Madagascar: On 30 January 2026, the government requested international assistance to respond to several concurrent humanitarian crises, reporting that 1 077 140 people are in urgent need of nutritional

support.[56] **E**xtensive losses to rice fields, up to 70% in the hardest-hit districts, and livestock have severely undermined livelihoods and food security.[57]

Malawi: The Government of Malawi declared a state of disaster on 25 October 2025 in response to worsening food insecurity driven by prolonged dry spells, high commodity prices, and broader macroeconomic pressures.[58] As of 2026, 5.7 million people are facing acute food insecurity (January–March). Although the April/May harvest offered temporary relief, conditions remained critical from October 2025, with 4 million people (22%) classified in Integrated Food Security Phase Classification (IPC) Phase 3, Crisis, including 8000 people in IPC Phase 4, Emergency.[59]

Key drivers of deteriorating food security included erratic rainfall and cyclone related damage, which reduced maize production by 22%; the termination of IMF support, contributing to inflation and currency depreciation; and sustained increases in maize prices, further limiting household purchasing power.[60] Household income is below average, associated with the high competition for fewer than normal agricultural labour opportunities. Poor households are resorting to consumption-based coping strategies, including reducing meal sizes and frequencies and eating less preferred foods.[61]

Mozambique: Immediate agricultural impacts include standing crop losses, silted fields, damaged irrigation systems and disrupted planting calendars.[62] Livelihoods have been heavily affected. As of 26 January 2026, over 325 000 livestock deaths and 285 000 hectares of damaged agricultural land have been reported.[63] Nearly 47 300 farmers have so far been reported impacted. [64] Damage to fishing assets and boats have further undermined food security and household resilience in flood-affected areas. [65]

Before the recent flooding, in September 2025, about 2.67 million people were estimated to face acute food insecurity (Phase 3 [Crisis] and above) between October 2025 and March 2026, including 170 183 people experiencing Phase 4 (Emergency) levels.[66] This represents 23% of the analysed population, a proportion only marginally below the 24% estimated in the same period in 2024/25.[67] The highest levels of acute food insecurity are concentrated in the northern conflict affected provinces of Cabo Delgado and Nampula. In these provinces, conflict-affected provinces of Cabo Delgado and Nampula. In these provinces, conflict-displaced households face significant challenges in engaging in income-displaced households face significant challenges in engaging in income-generating activities, including farming.[68]

South Africa: Flooding in Limpopo and Mpumalanga has damaged crops, grazing land and irrigation systems, while washed-out access roads have disrupted both local food production and market supply chains.[69] Food insecurity affects 63.5% of households in the country – 17.5% of them severely.[70] Food insecurity is not just a matter of inadequate access to food. It is deeply intertwined with child malnutrition, meaning that food security is not just about having enough food; it's about having nourishing food for children.[71]

Zambia: The lingering impacts of the 2023/24 El Niño-induced drought that hit Zambia continued to push millions of people to the edge. The drought, which was declared a national disaster in February 2024, affected over 9 million people in more than 70% of the country's 117 districts.[72] Approximately 1.7 million people (17% of the analysed population) are projected to experience Crisis (IPC Phase 3) or worse food insecurity between October 2025 and March 2026, including nearly 9900 people in Emergency (IPC Phase 4) conditions, primarily in Mitete, Shang'ombo and Sikongo districts in Western Province. Flooding during the 2025/2026 rainy season is expected to exacerbate these pressures through crop and infrastructure damage, increased transport costs and market disruptions. The convergence of food gaps, reduced access to diverse diets and worsening WASH conditions under flooding heightens the risk of acute malnutrition, especially among children under five and pregnant and lactating women.[73]

Zimbabwe: Acute food security is expected to improve from April/May 2026 throughout the country driven by most likely favourable 2026 harvest following the forecast above-average rainy season. This will result in Minimal (IPC Phase 1) and Stressed (IPC Phase 2) outcomes. Many households are expected to consume food from their own production. Meanwhile, as market supplies increase, staple-food prices are expected to be at a seasonal low, improving access for non-crop-producing households, especially in urban areas.[74]

Poor households in these areas are likely to be market-dependent with insufficient cereals and incomes to meet minimum food needs, resulting in widening food consumption gaps. Even some surplus-producing areas are projected to experience crisis outcomes as stocks run low and incomes remain below typical levels.[75]

Vulnerable Groups

Across Southern Africa, children and adolescents face elevated health, nutrition and protection risks due to disrupted services and displacement. [76] Women, especially pregnant and reproductive-age women, are disproportionately affected by inadequate WASH, protection and maternal health service access. Older persons and PwD face mobility and service access barriers that increase dependency and risk during and after flooding. People with chronic health needs are also at risk due to disrupted routine care and increased disease exposure in flood-affected settings.[77]

HEALTH STATUS AND THREATS

Population mortality

MORTALITY INDICATORS	Madagascar	Malawi	Mozambique	South Africa	Zambia	Zimbabwe[78]	Year
Life expectancy at birth[79]	62.9	62.5	57.7	67	61	62	2021
Infant mortality rate (deaths < 1 year per 1000 births) [80]	45	29	45	23.1	31	56	2023
Child mortality rate (deaths < 5 years per 1000 births)[81]	60	38	62	26.1	45	69	2023
Maternal mortality ratio (per 100 000 live births)[82]	384	225	99	118	85	212	2023

Vaccination coverage

Immunization coverage in many countries across Eastern and Southern Africa remains below global targets (90–95% needed to prevent outbreaks). In Mozambique, immunization efforts were significantly scaled up to address concurrent outbreaks of mpox, polio, and measles. Through coordinated partnerships, over 19 million children were vaccinated against polio, while 2.3 million people were reached with oral cholera vaccines.[83]

Mozambique is the first country to restart preventive vaccination, following the halt in 2022 caused by the global surge in cholera cases that drove up demand and led to shortages of oral cholera vaccine (OCV) stocks. The preventive vaccination campaign begins amid an ongoing cholera outbreak and the aftermath of floods that affected more than 700 000 people and displaced many. The floods disrupted health systems and damaged water systems, further increasing the risk of waterborne diseases such as cholera.[84]

VACCINATION COVERAGE DATA	Madagascar	Malawi	Mozambique	South Africa	Zambia	Zimbabwe	Year
DTP-containing vaccine, 1st dose	70%	95%	87%	76%	86%	93%	2024
DTP-containing vaccine, 3rd dose	60%	90%	82%	74%	82%	90%	2024
Polio, 3rd dose (Pol3)	62%	90%	82%	74%	82%	90%	2024
Measles-containing vaccine, 1st dose (MCV1)	46%	93%	88%	76%	90%	90%	2024

OVERVIEW OF KEY DISEASE RISKS

MADAGASCAR: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Trauma and Injury		According to the Government, at least 59 people lost their lives due to Cyclone Gezani alone; more than 800 people were injured.[85] The situation is compounded by the impact of Tropical Cyclone Fytia, which left 7 dead in early February 2026, displacing more than 20 000 people.[86]
Malnutrition		Public health risks are rising as water points have been flooded and health and nutrition services disrupted, compounded by medical supply stockouts and heightened risks of disease outbreaks.[87] During the last quarter of 2025, it was reported that cases of malnutrition among children under five in Madagascar are expected to increase by 54% in the coming months, as prolonged drought periods and cyclone-related flooding continue to cause significant agricultural losses, while the effects of the devastating 2021 drought persist.[88]
Non-communicable diseases (NCD)		Stroke was the main cause of death in Madagascar in 2021.[89] The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) has been over 600 per 100 000 population since 2015 for both sexes (males and females).[90]
Acute Respiratory Infections		Lower respiratory infections were the second leading cause of death in Madagascar in 2021. Acute respiratory infections (ARI), particularly lower respiratory infections, remain a major public health concern, accounting for approximately 8.9% of total deaths and representing a significant source of morbidity, especially among children under five years of age.[91] Thousands of people have been forced from their homes across northeastern Madagascar after Cyclone Gezani, causing widespread destruction.[92] Families have sought refuge in evacuation centres, schools, and community buildings as displacement rises and the risk of communicable diseases increase.[93]
Tuberculosis (TB)		The burden of TB is estimated at 233 cases per 100 000 population. Tuberculosis death rate of Madagascar fell gradually from 79 cases per 100 000 people in 2002 to 44 cases per 100,000 people in 2021. There is limited information at the population level on the number of people that know their HIV status.[94]
Malaria		Malaria is one of the top five causes of death in Madagascar. The entire population of the country is at risk of the disease.[95] While malaria is endemic in the area, the number of cases has surged alarmingly since May 2025.[96] From the beginning of 2026 to epidemiological week 4 (EW1–EW4), Madagascar recorded 146 270 confirmed cases, with four deaths reported during EW4.

		Recurrent climate shocks have created favorable conditions for mosquito proliferation and intensified malaria transmission.
Acute Watery Diarrhoea (AWD), including Rotavirus		AWD remains a significant public health concern in Madagascar, particularly among children under five years of age. Severe childhood diarrhea is mostly caused by rotavirus infection. An anti-rotavirus vaccine has already been introduced in Madagascar and already scaled across the country.[97]
Maternal Health Risks		Maternal mortality rate remains high; it varied from 488 per 100000 live births in 1997 to 384 per 100 000 live births in 2019.[98] At the regional level, deaths range from 402 to 594 per 100 000 live births. Child under-five mortality rate has improved since 2000: from 109 deaths per 1000 live births in 2000 to 50.6 deaths per 1000 live births in 2019. However, this rate is still above the global average (37.7 per 1000 live births in 2019).[99]
Measles		Madagascar's recent immunisation trends suggest a decrease in coverage of basic childhood vaccination in 2021. Like the neighbouring island of Mauritius, it experienced a measles outbreak in 2019.[100] Only 46% of children have received the first dose and 46% the second in the country in 2024 (WUENIC), and coverage drops to 22.6% in districts like Nosy Varika, leaving many children unprotected. Ongoing climate disruptions and irregular access to health services continue to hinder vaccination efforts and weaken cold chain reliability.
Plague		Plague is endemic in Madagascar and cases are reported each year in bubonic and pneumonic forms. The country experienced an epidemic of pneumonic plague in 2017, which was unusual because of its magnitude and its urban character affecting major cities of the country.[101] Between epidemiological weeks S29_2025 and S3_2026, health authorities recorded a cumulative total of 57 plague cases across the country.
Anti-microbial Resistance		AMR is a growing global concern. In 2019, AMR resulted in 1.27 million deaths worldwide, including 5400 in Madagascar, surpassing the mortality rate of common infectious diseases such as enteric infections.[102]
Chikungunya		There has been a chikungunya outbreak in Madagascar in 2025, with cases reported in the Nosybe and Morondava health districts beginning in week 22. Climatic disruptions, including periods of drought followed by flooding and cyclones, have created conditions that favour mosquito breeding, while damaged infrastructure and uneven access to health services increase community vulnerability to arboviral infections such as chikungunya
Mpox		Madagascar's mpox outbreak was officially declared by the Ministry of Public Health on 30 December 2025, following laboratory confirmation. The Ministry has since confirmed the outbreak involves Mpox Clade 1b. As of 29 January 2026, 214 confirmed cases have been reported nationally, with the first confirmed cases identified in Mahajanga I District, Boeny Region.[103]
Mental Health Conditions		People with mental health problems can be particularly vulnerable during and after emergencies, and they need to be able to meet their basic needs and receive essential clinical care. The

		destruction of the cyclonic season left families without shelter or access to essential services, compounding psychosocial stress and increasing reliance on humanitarian assistance for even the most basic needs. Access to affected communities was severely hampered in the aftermath of the cyclones.[104]
HIV		Despite a prevalence of 0.3%, Madagascar has seen a dramatic rise in new HIV infections since 2010, and an increase in AIDS-related deaths (158%) over the same period. The limited information's about population level knowing their HIV status could result from many reasons such us insufficient of HIV test or right precision of HIV prevalence.
Neglected Tropical Diseases (NTD)		Madagascar is endemic for four NTDs amenable to preventive chemotherapy through mass drug administration (MDA) (lymphatic filariasis, soil-transmitted helminthiasis and schistosomiasis, teaniasis and neurocysticercosis).[61]
Protection Risks, including Gender Based Violence (GBV)		In 2025, there are an estimated 188 200 people at risk of violence and exploitation, and who will require gender-based violence and protection services. [105] A harrowing 1 in 3 women in Madagascar are reported to have experienced physical or sexual violence at some point in their lifetime, of whom three-quarters never report it or even try to seek assistance.[106] Child marriage is one of the most common types of gender-based violence in Madagascar, with 40% of girls married before they are 18.[107]
Botulism		On 14 June 2025, the country authorities-initiated investigations following the occurrence of multiple foodborne illness outbreaks across Madagascar. The cases presented the clinical pictures of neurological disturbances (blurred or double vision, dizziness), digestive symptoms (nausea, vomiting) and fatigue. On 25 July 2025, health authorities officially declared botulism outbreak following a confirmation of the disease from biological samples (serum) testing at the Institut Pasteur of Paris in France. As of 31 August, no new case reported.[108]
Poliovirus type 1		Madagascar has successfully halted the transmission of variant poliovirus type 1. This achievement marks a major milestone in the country's ongoing efforts towards polio eradication.
*Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.*		

MALAWI: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Cholera and Acute Watery Diarrhoea (AWD)		Critical gaps persist in WASH supplies, increasing the risk of cholera and other water-borne diseases, alongside shortages of mosquito nets, inadequate lighting in internally displaced people sites and the mobile operating theatre at Kasasa in Nkhotakota district.[109] A cholera outbreak that began on 8 September 2024 persisted into 2025, registering 309 cases including 15 deaths by the time it ended in June 2025. The outbreak resulted in a case fatality rate (CFR) of 4.9%, which is significantly higher than the WHO threshold of 1%. The outbreak affected 15 districts of the 29 health districts, with hot spots concentrated in areas with limited access to safe water and sanitation. On 11 December, new cases of cholera emerged, and on 28 December, the Government of Malawi declared a cholera outbreak with 14 confirmed cases being reported across seven districts by 31 December 2025.[110]
Malnutrition		Between January and September, severe acute malnutrition (SAM) admissions rose by 20%, while moderate acute malnutrition (MAM) surged 69% [111] Eleven districts exceeded severe wasting projections, with the highest increases in Neno. These trends underscored the urgent need for targeted interventions in high-burden districts and strengthened food security and health systems.[112]
Mpox		Mpox emerged as another concern, with the first case reported in April 2025. By year-end, 144 confirmed cases (excluding four cross border), one death, and a CFR of 0.7% were recorded across 12 districts. Males accounted for 54% of cases, children for 30%.[113]
Measles		Malawi has an ongoing measles outbreak. Measles and rubella also surged, with 1515 cases reported by mid-December, 264% above expected levels, mostly in the Southern region, signalling urgent need for intensified control measures in 2026.[114] There are reported shortages of mosquito nets at Kasasa.[115]
Maternal and Neo-natal Health Conditions		Malawi's maternal mortality rate (MMR) is still among the highest in the world, despite a significant increase in antenatal care attendance and skilled birth attendance at 97%.[116] High rates of institutional deliveries provide an opportunity for the provision of facility-level initiatives to enhance the quality of maternal care. Most maternal deaths in Malawi are preventable and are mainly due to infection, haemorrhage, and eclampsia.[117]
Trauma and Injuries		The Department of Disaster Management have reported the floods caused 209 injuries and 36 people[118]
Poliomyelitis		Around 1.3 million children in Malawi have been vaccinated against polio in a four-day campaign in February 2026, following the detection of a new polio case in late January 2026, the first such case since the detection of wild poliovirus—which was genetically linked to an outbreak in Pakistan—in 2022.[119]
Non-Communicable Diseases (NCD)		In Malawi, 38% of the burden of disease from noncommunicable diseaes (NCDs) is caused by diabetes, cardiovascular diseases (CVD), cancer, and chronic lung diseases.[120]
Human immunodeficiency virus (HIV)		By the end of 2023 there were an estimated 14 000 people living with HIV in Nkhotakota with adult (15+ years) prevalence of 5%. Antiretroviral Therapy (ART) coverage was very high at 93% with

		estimates for new infections at only 200. However, any disruption in services may reverse gains already made.
Malaria		Malaria is endemic in Malawi the district, now flooded with breeding grounds for mosquitoes. The displaced population either does not have adequate mosquito nets, or the nature of the camps do not support use. Increase in the number of malaria cases is often observed after flooding.
Acute Respiratory Infections (ARI), including COVID-19		ARIs encompass bacterial and viral infections of the upper respiratory tract (URT) or lower respiratory tract (LRI).[121] ARI are the commonest cause of illness and mortality in under 5s resulting in over 900 000 deaths annually, most of which are due to pneumonia. Malawi has an under 5 mortality of 64/1000. Over 70% of Malawian children seek treatment for ARIs, and they cause 6%-40% of childhood mortality. [122] Overcrowded conditions in camps are likely to result in higher rates of COVID-19 and ARIs amongst the displaced population.
Tuberculosis (TB)		TB is one of the key concerns populations in IDP camps. Overcrowding in camps leads to a heightened risk of disease transmission. People suffering from TB and those living with HIV periodically collect their medicines from their nearest health facilities for continuum of care.
Protection Risks including Gender Based Violence (GBV)		According to a 2020 survey, 42% of women in Malawi have experienced physical violence from a partner at some point in their lives. This is significantly higher than the global average of 27%.[123] Child marriage remains a pressing issue, with 38% of girls married before age 18, perpetuating cycles of poverty and inequality.[124] Humanitarian disasters lead to displacement loss of assets, disruption of social norms, and increased poverty, all of which can exacerbate existing risks of violence against women and girls.
Mental Health Conditions		Access to mental health services in Malawi is hampered by several factors ranging from inadequate facilities. The situation is even worse among displaced persons, particularly so when the baseline data for common mental health disorders in primary healthcare is estimated at 20%.
Neglected Tropical Diseases (NTD)		There are over 10 NTDs that are known to be endemic in Malawi. These include Schistosomiasis (bilharzia), Soil Transmitted Helminthiasis, Lymphatic Filariasis (Elephantiasis), Trachoma, Human African Trypanosomiasis (Sleeping sickness, Leprosy and Skin Diseases and Onchocerciasis (River Blindness). In Malawi, haematobium schistosomiasis is highly endemic, especially in fishing communities including Nkhotakota. Prevalence range for the 29 districts has been reported to be between 1.3% to 25.4%.
Conjunctivitis		The last recorded outbreak of conjunctivitis in Malawi was in 2024.
Crimean-Congo Hemorrhagic Fever (CCHF)		Malawi has no recorded cases of CCHF, although there are outbreaks in countries within the region.
Ebola (EVD)		Malawi has no recorded cases of Ebola, although there are outbreaks in countries within the region.

*Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.*

MOZAMBIQUE: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Cholera and Acute Watery Diarrhoea (AWD)		As of 21 December 2025, Mozambique reported 5 814 cholera cases, including 88 deaths (CFR 1.5%), across multiple districts in Nampula, Zambezia, Tete, Manica, Cabo Delgado, and Sofala provinces. During epidemiological week 51, 257 new cases and one death were reported, representing a 13% increase compared with week 50. Eight districts remain in active outbreak, with the highest burden reported in Memba, Tete, and Moma. Individuals aged 15 years and above account for the majority of cases (83%), with no significant difference observed by sex.[125] The risk of further transmission remains high due to overcrowding in accommodation and displacement centres, poor water, sanitation and hygiene (WASH) conditions, and restrictions or complete absence of safe water supply in affected areas.
Malnutrition		Flooding is significantly exacerbating the risk of acute malnutrition, driven by widespread food insecurity, crop and livestock losses, displacement, and disruption of health and nutrition services. [126] Around 72 000 children aged 6 to 59 months and over 19 000 pregnant and breastfeeding women are suffering or expected to suffer from acute malnutrition between November 2025 and October 2026. In the current period (November 2025–April 2026), corresponding to the lean season, Doa District is classified in IPC AMN Phase 3 (Serious), while Mutarara and Macossa are classified in IPC AMN Phase 2 (Alert).[127] The remaining districts are classified in IPC AMN Phase 1 (Acceptable). The level of acute malnutrition is also affected by factors that increase nutritional vulnerability in children, including a high prevalence of diseases like malaria, diarrhea, and dysentery; poor access to clean water and sanitation; and medium-to-low vaccination coverage.[128]
Malaria		In October 2025, malaria consultations showed a 39% positivity rate before the displacement started. With the rainy season approaching, the risk of cholera and malaria outbreaks will rise.[129] The country is endemic for malaria, and current flood conditions are significantly increasing transmission risks. Floods can also have medium- and long-term health impacts, including water- and vector-borne diseases, such as cholera, typhoid or malaria.[130] Standing water creates the perfect breeding ground for mosquitoes, which are vectors for a number of diseases.[131]
Acute Respiratory Infections (ARI), including COVID-19		An increase in acute respiratory infections is anticipated, with a peak expected around March 2026. Lung problems are the major cause of diseases and casualties resulted from natural disasters and respiratory damages are known as the main cause of death in various kinds of natural disasters, where a large amount of harmful suspended particles are released in the air.
Non-Communicable Diseases (NCD)		The burden of NCDs is on the rise, increasingly linked to behavioral lifestyle factors – particularly prevalent diseases include cardiovascular diseases, diabetes, chronic obstructive pulmonary

		disease and different types of cancer.[132] Across age groups, NCDs show an increasing percentage contribution to mortality compared to transmissible and nutritional causes – for example, in women, NCD deaths increased to 47% of all deaths, up from 40.6% in 2023.[133]
Leptospirosis		Cases of leptospirosis have already been reported in the city of Maputo, reflecting increased exposure to floodwaters contaminated with animal urine. Flooding substantially heightens the risk of leptospirosis transmission, particularly in urban and peri-urban settings with poor drainage and sanitation. Without early detection and treatment, leptospirosis can lead to severe disease, including renal failure and pulmonary complications.
Maternal and Neo-natal Health Conditions		The country has achieved a significant reduction in maternal mortality ratio, dropping from 532 per 100 000 live births in 2000 to 223 in 2023.[134] In Cabo Delgado, adolescent mothers and infants face particularly severe health and nutrition risks.[135] Meanwhile, coverage of adolescent-friendly health services was low at 10%.[136] Illegal abortions are common and very often result in maternal deaths.[137]
Protection Risks including Gender Based Violence (GBV)		Conditions in IDP sites are increasingly undermining the protection environment and contributing to growing vulnerabilities among displaced populations. Overcrowding, the absence of safe and private spaces, and weak community-based structures have created an atmosphere of insecurity and fear, particularly for women, adolescent girls, and unaccompanied children.[138]
Trauma and Injuries		Extreme weather events continue to be a major source of traumatic injuries and fatalities, with 146 deaths reported.[139] More broadly, unexploded ordnance (UXO) and improvised explosive devices (IEDs) are a risk in many districts, along with active conflict.[140]
Human immunodeficiency virus (HIV)		The leading cause of death in Mozambique in 2019 was HIV/AIDS.[141] The high HIV/AIDS prevalence (estimated at 11.5%) reduces coping capacity of the population who are faced with persistent outbreaks.[142] In 2021, there were more than 1.7 million people receiving antiretroviral therapy. There is an 89% treatment success rate for HIV-positive TB cases.[143] High HIV burden increases vulnerability during shocks; floods disrupt ART access, continuity of care, and TB/HIV integrated services, especially for displaced populations and those in hard-to-reach areas.
Mpox		As of 4 January 2026, Mozambique had reported 93 laboratory-confirmed cases, with zero deaths. Confirmed cases were reported from Niassa (82), Maputo (4), Manica (3), Tete (3), and Cabo Delgado (1) provinces.[144]
Measles		A measles outbreak declared on 29 July recorded 69 additional cases during the reporting period and expanded from one district to four, bringing the cumulative cases to 80 as of 31 August 2025.[145] In 2023, there were with 371 510 zero dose children in Mozambique, with many in hard-to-reach localities – exacerbated by natural disasters.[146]
Mental Health Conditions		In Mozambique, human and financial resources for public mental health services are extremely limited.[147] Conflict and population displacement; the unpredictable security situation and a continued shift in insurgent fighting in Cabo Delgado has exacerbated the mental health burden of the affected population.[148] Across Mozambique, the suicide rate is worsening since 2018, with 13 reported suicide deaths in 2021.[149]

Tuberculosis (TB)		Mozambique is making steady progress in reducing TB mortality and is close to achieving the 95-95-95 goals for HIV.[150] Since 2015 the TB mortality has been steadily dropping, although the rate has shown a slight rise since 2020.[151]
Neglected Tropical Diseases (NTD)		Mozambique has endemic NTDs - lymphatic filariasis, soil-transmitted helminthiasis, schistosomiasis, trachoma and onchocerciasis. The country has been certified free of Guinea worm.[152]
Wild poliovirus type 1 (WPV1)		Nine cases of WPV1 were detected in Mozambique and neighbouring Malawi, where the outbreak was declared in February 2022, with the last case in the African Region reported in Mozambique in August 2022.[153]
Conjunctivitis		There was a conjunctivitis outbreak affecting 1225 people in 2024, with schools disrupted.[154]
Crimean-Congo Hemorrhagic Fever (CCHF)		CCHF is a lethal viral disease that has severe public health effects throughout Africa and a case fatality rate of 10%–40%.[155] To date there are no cases confirmed in Mozambique.[156]
Ebola (EVD)		To date there have been no outbreaks of Ebola in Mozambique.
*Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.*		

SOUTH AFRICA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Cholera and Acute Watery Diarrhoea (AWD)		South Africa is on high alert over possible outbreaks of waterborne diseases due to extensive damage to water and sanitation infrastructure, with authorities flagging it as a high public health risk and efforts intensified to supply safe drinking water to impacted communities.[157] Flooding increases the risk of faecal contamination of drinking water sources and sanitation systems, particularly in informal settlements, low-lying areas and temporary shelters. Although no widespread cholera outbreak has been reported in the currently affected provinces, South Africa's recent cholera outbreak in 2023 demonstrates that breakdowns in water treatment and distribution systems can rapidly lead to transmission.[158]
Malaria		Around 10 % of the population is at risk for malaria in South Africa, with an estimated 5 812 cases (2 854 local cases in 2021) with an incidence rate of 0.9 per 10 000 people, resulting in 56 deaths.[159] Limpopo and Mpumalanga include South Africa's malaria-endemic zones. Flood-related access constraints may delay diagnosis and treatment, increasing the risk of severe disease.[160]

Human immunodeficiency virus (HIV)		South Africa had 5.5 million people receiving antiretroviral therapy in 2021 and has made progress towards achieving the 95-95-95 goals for HIV, reaching 94-79-91 in 2021.[161]
Acute Respiratory Infections (ARI), including COVID-19		Crowded shelters, cold/wet conditions, and weakened access to clinics increase transmission and severity of viral and bacterial respiratory infections.
Non-Communicable Diseases (NCD)		South Africa has a high burden of communicable and non-communicable disease (NCDs), with the latter making up 51% of deaths in 2019. [162] Floods disrupt medication supply chains, monitoring, dialysis access, and routine care, increasing complication risks for hypertension, diabetes, and cardiac conditions.
Mpox		From 5 to 11 January 2026, two new mpox cases were notified in South Africa, both reported from KwaZulu-Natal Province. These followed the detection of three cases between epidemiological weeks 49 and 51 of 2025, after more than five consecutive weeks with no reported cases. In total, 17 laboratory-confirmed mpox cases have been reported from South Africa, originating from Gauteng (8 cases), KwaZulu-Natal (7), Northwest (1), and Western Cape (1) provinces.[163]
Measles		During epidemiological week 52 of 2025, new laboratory-confirmed measles cases were reported from Free State (n = 2), Limpopo (n = 8), Mpumalanga (n = 10).[164]
Tuberculosis (TB)		The TB mortality rate (excluding HIV) rose slightly from 36 to 38 per 100 000 between 2015 and 2021. TB mortality among HIV-positive people fell from 80 to 55 in the same period.[165]
Protection Risks including Gender Based Violence (GBV)		The HSRC survey (2025) showed that a third (33.1%) of South African women over the age of 18 had experienced physical violence in their lifetime. Another common type of abuse experienced by women in South Africa is psychological and emotional abuse. This abuse includes verbal insults, harassment and coercion lifetime, and more than 50% of women admitted to having experienced controlling behaviours.[166]
Trauma and Injuries		Severe flooding in Limpopo and Mpumalanga has already resulted in significant mortality and injuries, prompting the declaration of a National State of Disaster.[167,168]
Neglected Tropical Diseases (NTD)		South Africa is endemic for three of the five NTDs amenable to preventive chemotherapy (soil-transmitted helminthiasis and schistosomiasis). In 2020, no one was targeted or treated with preventive chemotherapy (MDA). Other endemic NTDs include chromoblastomycosis, taeniasis & cysticercosis, leprosy, and rabies. [169] Flooding displaces snakes from their natural habitats, increasing snake–human contact in homes, shelters, debris, and agricultural areas. Snakebite envenoming is a recognized public health risk following floods, particularly in rural and peri-urban settings. Flood-related access constraints may delay timely antivenom administration.[170]
Maternal and Neo-natal Health Conditions		Between 2015 and 2021, the under-5 mortality rate fell from 37 to 33 per 1 000 live births but remained above the SDG target of 25. The neonatal mortality rate stayed constant at 11 per 1 000 live births, exceeding the SDG target of 12. [171] Damaged clinics and referral pathways hinder antenatal care, safe delivery, and emergency

		obstetric services, increasing preventable maternal/neonatal mortality.
Mental Health Conditions		Up to 75% of people affected by flooding suffer from mental health problems: trauma, mental distress in the short term potentially leading to longer-term posttraumatic stress disorder, anxiety, insomnia, psychosis and depression.[172] Young children are often amongst those at greatest risk of developing adverse psychological effects and behavioural problems following floods.[173]
Malnutrition		In South Africa, 23% of children are classified in that category and are at risk of life-threatening malnutrition and related health complications.[174] Flood-related livelihood losses, food insecurity, and displacement increase malnutrition risk, partly mitigated by national safety-net programs and humanitarian assistance.
Wild poliovirus type 1 (WPV1)		No local transmission; moderate risk due to regional importation potential and sanitation system breakdowns.
Diphtheria		From 5 to 11 January 2026, two new laboratory-confirmed cases and one death due to toxigenic respiratory diphtheria were reported from the Western Cape Province, South Africa.[175]
*Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.*		

ZAMBIA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Cholera and Acute Watery Diarrhoea (AWD)		During the preceding 28 days, 162 cases with 3 deaths recorded. With safe water, sanitation, and waste management services damaged or destroyed, families in Zambia are now battling a cholera outbreak.[176]
Tuberculosis (TB)		Zambia is among the 30 high TB and TB-HIV burden countries. TB in Zambia remains a major cause of ill-health and deaths especially among people living with HIV (PLHIV). Zambia has amplified and accelerated the fight against TB. In the last 5 years there has been huge capital investment from both donor and domestic funding through the donor community and the Government of the Republic of Zambia.[177]
Malaria		Between 2022 and 2023, malaria cases decreased by 2%, from 180 to 176 per 1000 of the population at risk, and mortality rates decreased by 6.6% from 0.44 to 0.41 per 1000 of the population at risk.[178]
Measles		Rubella and Measles have seen a resurgence in several provinces, fueled by low immunization rates and high population mobility, particularly in urban centers and border regions. Respiratory pathogens with pandemic potential—such as influenza and

		coronaviruses—remain a significant concern due to Zambia's global connectivity and uneven health system preparedness.
Malnutrition		Zambia experienced the worst drought in 2025 affecting 84 districts and 5.8 million people benefiting from support from the national disaster management and mitigation unit. Worsening food insecurity has arisen because of the higher-than-normal rainfall experienced in 2026 that has destroyed some of the farmlands and crops in the affected provinces. Floods impact undernutrition through multiple pathways, including food security, inadequate childcare practices, and water and sanitation.[179]
Protection Risks, including Gender Based Violence (GBV)		Displacement exposes the most vulnerable to an increased risk, including women and girls who are forced to travel long distances to find food and water, often exposing them to violence. During these journeys, they face a heightened risk of harassment, physical assault, and sexual abuse.[180] More than a third of all women and girls in Zambia have experienced physical violence in their lives, and 17% of women have experienced sexual violence. The country faces some of the highest rates of reported gender-based violence in the world.[181]
Anthrax		Anthrax is endemic in Zambia, usually occurring between May and January, with a peak toward the end of the dry season (between October and November).[182]
Human immunodeficiency virus (HIV)		According to UNAIDS, annual HIV infections (for all ages) in Zambia have declined from 60 000 in 2010 to 51 000 in 2019. New infections among children 0-14 years declined from an estimated 10n000 in 2010 to 6000 in 2019. Annual AIDS-related deaths have also declined significantly from 24,000 in 2010 to 19,000 in 2019, a decline of about 30%.[183]
Mpox		Since the outbreak began in October 2024, Zambia has reported a total of 306 laboratory-confirmed mpox cases, including three deaths, as of 14 February 2026. Of these, 265 cases and all three deaths occurred in 2025. The most recent case was reported on 14 February2026 in a neonate.
Non-Communicable Diseases (NCD)		In 2024, it was estimated that nearly one-third of overall deaths reported in Zambia was attributed to NCDs.[184] Long-term health issues such as spread of communicable diseases and compromised access to health care facilities cause more problems than acute injuries.[185]
Acute Respiratory Infections (ARI)		In Zambia, one in every five deaths is attributable to pneumonia or malaria. Delay in seeking care or failure to seek care is a key reason for the high rates of under-five death in resource-constrained settings.[186] Lung problems are the major cause of diseases and casualties resulted from natural disasters and respiratory damages are known as the main cause of death in various kinds of natural disasters, where a large amount of harmful suspended particles are released in the air.[187]
Mental Health Conditions		Mental health practices and research in Zambia are very limited; however, there have been more government and NGO efforts that aim to make mental health care a priority. Around 20% of mental disorders affect adult Zambians. The most prevalent disorders include schizophrenia, brain infections, alcoholism and psychotic episodes. Other triggers leading to mental health conditions share links to poverty.[188]

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ZIMBABWE: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Cholera and Acute Watery Diarrhoea (AWD)		This cholera outbreak was so alarming due to its unprecedented spread into areas that were previously unaffected by the disease, such as Hwedza and UMP.[189] The Ministry of Health and Child Care (MoHCC) has heightened surveillance for Acute Watery Diarrhoea (AWD) and other water-borne diseases, as well as malaria, to mitigate outbreak risks in flood-affected areas.[190] An increase in diarrhoea is further multiplying the risks for children, with the only available data showing nearly 4900 cases reported in the first week of January. At least 40% of cases were among children aged under 5.[191]
Malaria		A surge in malaria cases is now further threatening the lives of children in Zimbabwe with over 1700 cases reported in the first week of January alone.[192] Malaria remains a public health problem in Zimbabwe. In 2021, there were an estimated 342 543 cases (an incidence rate of 21.4 per 1 000 people) and 876 deaths. Zimbabwe's malaria incidence has generally declined since 2015 and in 2021 was below the target of the Global Technical Strategy for Malaria.[193]
Non-Communicable Diseases (NCD)		NCDs are a significant health problem in Zimbabwe. The age-standardised mortality rates from four major NCDs (cardiovascular disease, chronic respiratory disease, cancer and diabetes) were 822 per 100 000 for males and 701 per 100 000 for females in 2021.[194] Inaccessibility and disruption of health facilities will lead to reduction in service provision for the management and continuing care for the common NCDs including mental health.
Acute Respiratory Infections (ARI), including COVID-19		Thirty-five cases and no deaths of COVID-19 were reported in 2025. Zimbabwe maintains influenza surveillance at six sentinel sites across the country and keeps track of ARI trends. The peak season for ARI transmission is May to August annually. Lung problems are the major cause of diseases and casualties resulted from natural disasters and respiratory damages are known as the main cause of death in various kinds of natural disasters, where a large amount of harmful suspended particles is released in the air.[195]
Polio		In 2024, Zimbabwe has reported 2 cases of VDPV1 and 11 cases of cVDPV2.[196]
Dysentery		In 2024 there was a surge in dysentery cases in Manicaland, with the province reporting 55 cases.[197]
Protection Risks including Gender		In Zimbabwe, about 1 in 3 women aged 15 to 49 have experienced physical violence and about 1 in 4 women have experienced sexual

Based Violence (GBV)		violence since the age of 15.[198] There is a growing recognition that affected populations during disasters can experience various forms of gender-based violence (GBV). During emergency evacuations, displacements and return, risks of sexual and physical violence, intimate partner violence, forced and/or coerced prostitution, child and/or forced marriage, and trafficking for sexual exploitation and/or forced/domestic labor are heightened.[199]
Human immunodeficiency virus (HIV)		Following heavy rain, research indicates significant increases in the odds of having HIV, sexually transmitted infections and the number of sexual partners. The heightened impact of depleted agricultural yields and food insecurity in rural areas increases forced migration and the expansion of sexual networks, creating conditions where people may be exposed to substance use and/or gender-based violence.[200]
Malnutrition		The 2025 ZimLAC Rural Livelihoods Assessment reports 609 087 people food insecure between July and September 2025. Numbers are projected to rise. In urban areas, the 2025 Urban Livelihoods Assessment estimates that 28% of the urban population were food insecure in 2025.[201] Floods impact undernutrition through multiple pathways, including food security, inadequate childcare practices, and water and sanitation.[202] Stunting is the most frequently reported form of undernutrition in the long-term period following floods.[203]
Trauma and Injuries		Flooding and rainfall-related incidents are generating a substantial burden of trauma and injuries, with both direct and indirect implications for morbidity and health system strain, including 109 deaths.[204]
Maternal and Neo-natal Health Conditions		Seasonal floods pose a recognised barrier to women's access to maternal services, resulting in increased morbidity and mortality.[205] Geographical barriers to healthcare facilities are linked to poor uptake of maternal health services, and worsened maternal and neonatal outcomes. Flooding also impacts the supply-side of health access by causing medical supply chain shortages and hindering referrals.[206]
Mpox		In Zimbabwe, 45 suspected and 2 confirmed cases have been recorded as of 2025. Although Zimbabwe has recorded only two confirmed cases, the threat remains significant due to regional transmission and frequent cross-border movement. Addressing the Mpox outbreak at its early stage is therefore critical to preventing a potential health crisis.[207]
Measles		By 30 September 2022, nearly 7701 cases and 747 deaths have been recorded across Zimbabwe, making this the worst measles outbreak to have ever afflicted the country. New cases dropped significantly towards the end of 2022 because of the comprehensive response to the outbreak by the country, with vaccination playing a significant role.[208]
Mental Health Conditions		Up to 75% of people affected by flooding suffer from mental health problems: trauma, mental distress in the short term potentially leading to longer-term posttraumatic stress disorder, anxiety, insomnia, psychosis and depression.[209]
Tuberculosis (TB)		In 2020, the estimated TB burden was 29 000 cases (incidence of 181.3 per 100 000 people), of which 16 019 TB cases (55 %) were

		diagnosed. The TB mortality rate (excluding HIV) increased from 7.9 to 13 per 100 000 people between 2015 and 2021.[210]
Neglected Tropical Diseases (NTD)		Stagnant floodwaters and poor sanitation fuel transmission of schistosomiasis (bilharzia) and soil-transmitted helminths such as hookworm and roundworm. Expanded mosquito breeding sites increase the risks of lymphatic filariasis and other vector-borne NTDs, while crowded shelters with limited hygiene raise the burden of skin NTDs like scabies and fungal infections. Floods also disrupt mass drug administration campaigns, surveillance systems, and supply chains, delaying detection and treatment of NTDs.
Anthrax		Anthrax outbreaks in humans and animals have been reported in Zimbabwe since 2023.[211]
Typhoid		Zimbabwe experiences WASH-related disease outbreaks linked to poor WASH services, including cholera and typhoid.[212]
Wild poliovirus type 1 (WPV1)		Increased risk of transmission given the destruction of WASH facilities. WPV1 was reported in the Southern Africa region in the last 3 – 5 years.
Crimean-Congo Haemorrhagic Fever (CCHF)		Negligible local transmission risk.
Leptospirosis		Negligible local transmission risk.
Ebola (EVD)		Negligible local transmission risk
Red: ***Very high risk***. *Could result in high levels of excess mortality/morbidity in the upcoming month. Orange:* ***High risk***. *Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow*: ***Moderate risk.*** *Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green*: ***Low risk.*** *Will probably not result in excess mortality/morbidity in the upcoming months.*		

DETERMINANTS OF HEALTH

Protection Risks Across Region

While gender-based violence affects women and children of all ages, in East and Southern Africa, adolescents and young women are particularly at risk. Harmful practices, including female genital mutilation and child marriage, have significant consequences on agency and bodily autonomy. The region has a high prevalence of GBV and harmful practices among adolescents and young women. Of girls aged 20 to 24 years, 31% were married before the age of 18 (2020). In seven countries in the region, about 20% of people aged 15 to 24 years reported that they had experienced sexual violence from an intimate partner. Women and girls with disabilities are estimated to be up to 10 times more likely to experience sexual violence, with a range of 40 to 68% of girls with disabilities below 18 experiencing sexual violence. In sub-Saharan Africa, around 65% of countries have laws specifically criminalizing domestic violence. Legislation is, however, often limited in scope and coverage or is not enforced.[213]

Climate Vulnerabilities Across Region

In 2024/2025, Southern Africa experienced a severe food security crisis due to the El Niño induced drought, which caused crop failures, livestock deaths, and poor water, sanitation, and hygiene (WASH) conditions. Malawi, Mozambique, Zambia, and Zimbabwe were most affected, with temperatures 5 degrees above average leading to anticipated below average cereal harvests and widespread crop failures.[214]

With the onset of the rainy season in most parts of southern Africa, rainfall between October and December is expected to be normal to above normal in most areas of Malawi, particularly in the southern region. This trend is projected to persist into the January to March period, with normal to above-normal rainfall expected across the country. While the above-average rains may lead to flooding and disease outbreaks, they also present an opportunity to support livelihoods and boost agricultural production.[215]

Mozambique was struck by two tropical cyclones in the first quarter of 2025—Cyclone Dikeledi in January and Cyclone Jude in March—affecting more than 1.3 million people and causing 62 deaths, primarily in Nampula Province.[216] The World Bank estimates that Mozambique loses US$440 million annually due to floods.[217]

In South Africa, wildfires, particularly in the Eastern Cape and Western Cape provinces, have been active in early January 2026, causing evacuations, property and infrastructure damage as well as the disruption in the provision of basic services (particularly energy and water), though many major blazes are now under control or contained. Residents in informal settlements in Dunoon faced severe displacement, losing homes and requiring city support.[218]

Conflict in Mozambique

In Mozambique, conflict significantly compounds the impacts of climate-related hazards. The country has experienced recurring violence, particularly in Cabo Delgado, with spillover risks in norther Nampula.[219] In late November 2025, attacks by non-state armed groups in Nampula Province triggered large-scale displacement in northern Mozambique, with 82 691 people fleeing Memba District, primarily to Erati and onward to other districts, including parts of Cabo Delgado Province. Children accounted for approximately 67% of those displaced.[220]

By 11 December 2025, 12 580 people had returned through government-facilitated movements. The situation was further compounded by a cholera outbreak declared in Erati District on 9 December, as well as growing hostility toward health workers linked to misinformation. The violence has generated acute humanitarian needs in Erati and Memba districts, emerging as a new hotspot not currently prioritized under the 2026 Mozambique Humanitarian Response Plan.[221]

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Impact of Flooding on Health Facilities

Madagascar: Public health risks are rising as water points have been flooded and health and nutrition services disrupted, compounded by medical supply stockouts and heightened risks of disease outbreaks, including Mpox. River transport and school classes remain suspended in the most affected areas. Access constraints, especially in remote areas reachable only by air, have hampered emergency response efforts.[225]

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS

Key information on disruption of key health system components

ACCESS TO HEALTHCARE

Across the region, access to healthcare has been impacted as a result of destruction of roads and bridges and damages to health facilities.

DISRUPTION TO SUPPLY CHAIN

There is disruption to supply chains across the region due to the flooding.

DAMAGE TO HEALTH FACILITIES

Malawi: 6 health facilities[222]

Mozambique:229 health facilities[223]

South Africa: 138 health facilities[224]

ATTACKS AGAINST HEALTH

No reports to date.

Malawi: In 2025, Malawi faced a complex humanitarian situation marked by overlapping health emergencies, climate shocks, and economic challenges that deepened vulnerabilities. Disease outbreaks, including cholera, Mpox, and measles, strained an already fragile health system, while erratic rainfall and cyclone-related damage disrupted agriculture, driving widespread food insecurity and rising malnutrition.[226]

A total of six health facilities and four health posts were reported to be damaged and/or cut off as a result of washed-out roads and rising water levels, disrupting the provision of routine and emergency health services, including maternal and child health, disease surveillance, and referral services.[227]

Critical gaps persist in WASH supplies, increasing the risk of cholera and other water-borne diseases, alongside shortages of mosquito nets, inadequate lighting in internally displaced people sites and the mobile operating theatre at Kasasa.[228]

Mozambique: In Mozambique, flooding has affected approximately 723 000 people, including damaging 229 health facilities, exacerbating disease risks.[229]

South Africa: Infrastructure damage is extensive, with roads and bridges washed away, isolating communities.[230] As of 21 January 2026, 78 schools, 138 health facilities, and 59 farms or croplands have been reported damaged.[231]

HUMANITARIAN HEALTH RESPONSE

In Mozambique, the Southern African Development Community (SADC) has deployed its Emergency Response Team (ERT) to support the Governments of Mozambique and South Africa from 23 to 31 January, where they supported authorities in needs assessments, early recovering planning, and consolidating a coordination regional humanitarian appeal.[232]

WHO are partners are supporting national authorities in disaster response, including pre-positioning choler and other essential health supplies, establishing health response coordination and provincial and district levels and strengthening active disease surveillance and prevention measures.[233]

As part of preparedness for health emergencies such as these, World Health Organization (WHO) has helped strengthen early warning and risk monitoring systems in Gaza, Tete and Maputo provinces since August 2024. On 23 January 2026, a team of experts from WHO and the health sector of Maputo Province visited three accommodation centres, one in Maputo Province and two in Gaza Province, to conduct a health needs assessment. During the mission, the team interacted with the heads of the centres, managed by the municipality and the National Institute for Disaster Risk Management and Reduction. The findings of the needs assessment will help to fill gaps in the provision of health services at the centres.[234]

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