



MINISTERIAL STATEMENT ON KONZO

**Presented to Parliament by
Hon. Dr. Joseph M. Kasonde MP, Minister of Health**

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Introduction

Mr. Speaker, thank for according me this opportunity to brief you and the nation at large regarding a condition called Konzo which has been identified in the Western Province of our country.

What is Konzo

Mr. Speaker, according to the World Health Organization, Konzo is a disease of the nervous system that is characterized by a permanent but non-progressive partial paralysis of the limbs. It is not infectious although it may occur in families. The lower limbs are most commonly affected resulting in impaired walking. In some cases speech and vision may be affected. In mild cases affected individuals walk without support, moderate cases require the use of crutches or sticks and severe cases may be completely bed ridden or require the support of another individual to walk.

Mr. Speaker, in July this year 23 cases of Konzo were diagnosed in the Lwatembo area of Mongu district in Western Province. Twenty of these cases developed symptoms in 2013, two in 2014 and one in 2015. Since then a further ten cases have been identified. All of them have classical symptoms of Konzo which has left them permanently disabled.

What causes Konzo

Mr. Speaker, Konzo has been documented exclusively in rural African communities that rely on cassava as their staple food. You may be aware that cassava contains cyanide compounds that are potentially poisonous if consumed without proper processing. Inadequate processing of the cassava is believed to result in residual

levels of cyanide that over a long period of time affect the Central Nervous System resulting in the development of Konzo.

The first cases of Konzo were reported in the Democratic Republic of Congo in 1936-1937. The second documented occurrence was in Mozambique in 1981. Since then cases have been reported from various other countries including Tanzania and the Central African Republic. The enhanced surveillance and awareness about this disease has contributed to it being noted and reported about in Zambia.

Mr. Speaker, Konzo is believed to occur when the accepted procedures for processing of cassava are abandoned and replaced with more expeditious methods often in response to drought or famine. The specific mechanism of disease development remains the subject of much research.

Mr. Speaker, as you are aware, cassava is the predominant staple food in many parts of Zambia particularly in Western, North-Western and Luapula Provinces. In these parts of Zambia, we commonly process cassava by soaking it in water for seven days or so depending on the season followed by a similar period of sun-drying before pounding it to cassava meal. This is an effective method of processing which removes all traces of cyanide from the cassava and renders it safe for consumption. The consistent use of this method of treatment has probably contributed to the non-occurrence of Konzo in Zambia previously. This practice may have been varied from the norm in the affected area.

Government's interventions

Mr. Speaker, Government's response to this emergency has focused on strengthening disease surveillance, improving food security, as well as health promotion and community mobilisation in the area.

The issue has been discussed extensively by both the Mongu District Epidemic Preparedness Management and Control Committee and the National Epidemic Preparedness Management and Control Committee. Surveillance for the disease has been heightened. All health care workers in the area have been sensitized on identifying cases of Konzo. Mongu District Community Medical Office and the Provincial Medical Office have embarked on various activities to sensitize the community on Konzo and the importance of ensuring that cassava is adequately processed before it is consumed.

Lwatembo has began receiving the 3000 bags of relief maize through the Disaster Management and Mitigation Unit. Scaling up Nutrition Project is due to start in Lui Ward where most of the cases come from.

Mr. Speaker, recognising that many of the cases require rehabilitation, a physiotherapist from Mongu District Community Medical Office is currently providing physiotherapy services to the patients. Walking aids are being sourced for the patients requiring them.

We acknowledge that in the long term, cases of Konzo can only be prevented by ensuring a diet that is appropriately processed and prepared. Working with our colleagues in The Ministry of Agriculture and Livestock we are engaging the communities in this

area in order to assist them diversify their crop production and improve on optimizing the preparation of nutritious foods.

What is the way forward

Mr. Speaker, I wish to reiterate that although cassava contains some toxic substances, adequate processing using the long established methods we have traditionally used in Zambia for centuries will ensure that the cassava is safe for consumption. When a community resorts to shortened methods of processing cassava, the consequences may be devastating as observed in Mongu. Cassava is an important food source in our nation, let us ensure we process it appropriately in order to benefit from it.

The Ministry of Health and indeed Government as a whole remains committed to ensuring that Zambia remains a healthy nation and that outbreaks of such a nature do not occur in our country.

I thank you Mr. Speaker.