Annual Report

World Health Organisation
Zimbabwe Country Office

2017

World Health Organization
Zimbabwe

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ACSM	Advocacy, communication and social mobilization
ADI	Addis Declaration on Immunization
ADR	Acquired HIV drug resistance
AGYW	Adolescents, girls and young women
AMR	Antimicrobial resistance
ART	Antiretroviral therapy
ASRH	Adolescent and sexual reproductive health
AVW	African Vaccination Week
BI	Business Intelligence
CBS	Case-based surveillance
CCF	Country coordination and facilitation
CHAI	Clinton Health Action Initiative
CWGH	Community Working Group on Health
DFID	Department for International Development
EMTCT	Elimination of mother-to-child transmission
ENA SMART	Emergency nutrition assessment standardized monitoring and assessment of relief and transitions
Epms	Electronic patient management system
ETAT	Emergency triage assessment and treatment
EWG	Expert working groups
FAO	Food and Agriculture Organization
FCA	Family-centred approach
FCTC	Framework Convention on Tobacco Control
GAP	Global Action Plan
GAVI	Global Alliance for Vaccine Initiatives
GGM	Good governance for medicines
GHWA	Global Health Workforce Alliance
HPV	Human papilloma virus
HRH	Human resources for health
HSB	Health Services Board
IACCH	Inter-Agency Coordination Committee on Health
ICATT	IMCI computerized adaptation and training tool
IDDK	Inter-Agency diarrhoeal disease kits
IDSR	Integrated disease surveillance and response
IHR	International Health Regulations
IMCI	Integrated management of childhood illness
IST/ESA	Inter-country Support Team for Eastern and Southern Africa
JEE	Joint external evaluation
KPs	Key populations
KPIs	Key performance indicators
LLINs	Long lasting Insecticide treated nets
Lpv/r	Lopinavir and ritonavir
MAMID	Ministry of Agriculture, Mechanization and Irrigation Development
MDR-TB	Multi Drug Resistant Tuberculosis
MDSR	Maternal death surveillance and response
mhGAP	WHO mental health gap action programme
MNH	Maternal and newborn health ()
MOHCC	Ministry of Health and Child Care
MSF	Médecins sans Frontières
NAP	National action plan
NCDs	Non-communicable diseases
NCD CCS	Non Communicable Diseases Country Capacity Survey
NHA	National Health Accounts
NHWA	National health workforce accounts
NTP	National TB Programme
OIE	World Organization for Animal Health
OMT	Operations Management Team
OSDM	Operations and service delivery manual
PEN	Package of essential non-communicable diseases
RC67	Sixty-seventh session of the WHO Regional Committee for Africa
RED	Reach Every District
RMNCAH&N	Reproductive, maternal, new-born, child and adolescent health and nutrition
SC	Steering committee
SHA	System of Health Accounts
SI	Strategic information
SOPs	Standard operating procedures
STAR	Self-testing Africa
STH	Soil-transmitted helminths
TOT	Trainer of trainers
TTF	Technical task force
TWG	Technical working group
UN	United Nations
UZ	University of Zimbabwe
VMMC	Voluntary medical male circumcision
WCO	WHO Country Office
WHO	World Health Organization
WISN	Workload indicator of staffing needs
ZiMA	Zimbabwe Medical Association
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

Foreword

Good results were obtained in 2017 with regard to support from The WHO Country Office (WCO) despite wider health system challenges in the Zimbabwe health sector. The WCO focused on supporting the implementation of the Ministry of Health and Child Care (MOHCC) goals and objectives guided by the National Health Strategy (2016–2020) and in line with priorities outlined in the WHO Country Cooperation Strategy.

During the year under review, the WCO contributed to strengthening partnerships in health development through active participation in key stakeholder forums, and regular engagement with the media for accurate reporting of the work of the WCO. Through partnership platforms, resources were mobilized to support implementation of health programmes and ensured participatory planning and monitoring. Additionally, the WCO supported development of strategic guidance documents for the different programme areas which mainstreamed major developments in global health for example universal health coverage and integrated people-centred care, as well as regional commitments to health. These documents were very helpful in guiding implementation of health programmes and in facilitating resource mobilization. The WCO supported mechanisms to improve the skills of the health workforce through trainings. These efforts contributed to marked improvements in coverage of essential interventions such as immunization services and access to antiretroviral therapy, to mention just a few.

A major highlight in the year 2017 was Zimbabwe's hosting of a highly successful Sixty-seventh session of the WHO Regional Committee for Africa (RC67). It was held at the iconic Elephant Hills Hotel in Victoria Falls. The WCO played a pivotal supportive role in making this "one of the best RCs in memory".

The WCO managed to assert its position as the UN lead agency in health matters through its work with the MOHCC, the Global Fund, researchers and other health development partners. Professional associations also regularly consulted staff of the WCO and received guidance and advice on key policy matters. The leadership role of WHO in health was further enhanced through increased interaction with: academic institutions like the UZ College of Health Sciences; the Health Professions Authority; professional associations such as the Zimbabwe Medical Association (ZiMA) and the Pharmacists Association; civil society organizations such as the Community Working Group on Health (CWGH) and Médecins sans Frontières (MSF).

The present report gives programme area highlights of key achievements made as a result of the WCO's contribution. While it documents key achievements across different programme areas, the report also acknowledges limiting factors such as low budgetary allocations and understaffing in some programmes, both of which constrained the implementation of some planned activities.

The year 2018 will focus on supporting implementation of health programmes, consolidating gains and exploring innovative ways of overcoming challenges to improving coverage of essential interventions. Building health system resilience, developing International Health Regulations (2005) core capacities, and curbing antimicrobial resistance will be central to the work of the WCO.

Nabyonga

Dr. Juliet Nabyonga
WR ai
WHO Zimbabwe

A major highlight in the year 2017 was Zimbabwe's hosting of a highly successful Sixty-seventh session of the WHO Regional Committee for Africa (RC67).

Health system strengthening

Strengthening planning for human resources for health

Findings from the Workload Indicator of Staffing Needs (WISN) pilot study in 2016 stimulated a lot of interest. This led to the decision to undertake a national WISN study. The MOHCC and the Health Services Board (HSB) mobilized the required resources for the exercise from the Treasury and the EU through the Health Development Fund. Subsequently, the national WISN study was undertaken in 2017 by the Technical task force (TTF). Oversight was provided by the WISN Steering Committee (SC), the Expert Working Groups (EWG) and professional councils which developed and agreed on workload standards. The WCO provided the required technical support to ensure the technical quality of the study. The study itself assessed five categories of staff, namely, medical doctors, nurses, radiologists, laboratory technologists and pharmacists. The findings of the national WISN study clearly showed that there was a huge gap in human resources for health (HRH) that needed to be filled in order to cope with current workloads in almost all health workforce categories. A team of WISN experts from the WHO Regional Office validated the findings of the study before the results were adopted. The results informed the development of the new HRH strategy for 2017–2020 — a process in which the WCO played a central role.

Improvement in good governance for medicines

Following adoption of the Good governance for medicines (GGM) pharmaceutical system transparency and accountability assessment findings and their clearance for circulation by the MOHCC, the Ministry requested the WCO to support the development of a GGM framework for Zimbabwe. The WCO, with the support of a GGM consultant, and backed by WHO Headquarters, led the development of the Zimbabwe GGM framework. The WCO is proud to report that Zimbabwe joined only four other countries globally (Fiji, Malawi, Malaysia and Mongolia) that were already utilizing the new Pharmaceutical system transparency and accountability assessment tool. As a result, the WCO was invited to share its experiences at a global meeting in Geneva, Switzerland, in December 2017. Zimbabwe was, therefore, instrumental in the finalization of the new Pharmaceutical system transparency and accountability assessment tool that will now be used by all countries globally.

Curbing antimicrobial resistance

In collaboration with the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE), the WCO continued to be actively and centrally involved in helping the MOHCC, the Ministry of Agriculture, Mechanization and Irrigation Development (MAMID), and the Ministry of Environment, Water and Climate to undertake an analysis of the current state of antimicrobial resistance (AMR) in the country, collect data on contributory factors and more broadly, study antimicrobial use in Zimbabwe as it relates to humans, animals, agriculture and the environment. The report of the analysis was finalized, validated and published (See figure 1 overleaf).

Figure 1: Situation analysis of AMR in Zimbabwe and the AMR action plan for 2017–2022

Findings guided the development of Zimbabwe's 'One Health' National action plan (NAP) that was finally launched on 28 September 2017. The NAP is fully aligned to the Global Action Plan (GAP) to combat antimicrobial resistance (GAP-AMR). The WCO will continue to work with FAO to develop proposals to mobilize resources required to support the MOHCC and MAMID to implement the planned activities in the next five years.

Strengthening health financing

In conjunction with the World Bank and the Clinton Health Action Initiative (CHAI), the WCO supported the MOHCC to develop a Health Financing Strategy (2017–2022) which was guided by the country's health financing policy. In order to enable the MOHCC to monitor and track the flows of financial resources in the health sector (both public and private), the WCO continued to build capacity in the MOHCC to use the new version of 'System of Health Accounts' (SHA2011). This measure was aimed, in part, at institutionalizing the National Health Accounts (NHA) in a more cost-effective way.

Health Emergencies

Figure 2: Emergency health kits pre-positioned in all 10 provinces

Support for response to disease outbreaks: The WHO Country Office supported response efforts in the control of the typhoid outbreak in the City of Harare. An in-depth study into the main drivers of the outbreak in the City was undertaken and a comprehensive report presented to the MOHCC and City of Harare health authorities. Major factors contributing to the outbreak included poor water and sanitation, overcrowding, poor personal hygiene, and poor environmental conditions, among many others. Efforts were under way to address the identified risk factors as the present report was being prepared.

Emergency stocks were provided to the MOHCC and local authorities. These were pre-positioned in all the ten provinces of the country. The supplies were mainly interagency diarrhoeal disease kits (IDDK), and malaria and trauma kits. The Country Office also supported the MOHCC and stakeholders to carry out rapid health assessments through the National rapid response team, and to develop cholera and typhoid preparedness and response plans.

Figure 3: An IDSR training session in Mutare in October 2017

Strengthening of disease outbreak identification, early response and surveillance: Health staff were trained in integrated disease surveillance and response (IDSR). The 66 participants were made up of multi-disciplinary health workers from local authorities to the MOHCC. This was a trainer of trainers (TOT) workshop. Participants were expected to later cascade training to the district and subdistrict levels.

Strengthening implementation of the International Health Regulations (2005): Implementation of the International Health Regulations (IHR) started with a desk-review exercise in 2011. However, by 2017, most of the IHR core-capacities had not been met. There was, therefore, a need to conduct a joint external evaluation (JEE) in order to identify gaps in implementation. The other objective was to help prepare for development of a national action plan that would provide a framework for fulfilling the IHR core capacities. WHO supported the IHR (2005) self-evaluation exercise which provided the relevant information to the external team to conduct the joint external evaluation.

Figure 4: A group of participants in interactive discussions during the IHR (2005) self-assessment exercise in preparation for the main joint external evaluation (JEE) that was to follow.

Coordination of emergency response: WHO is the secretariat to the Inter-Agency Coordination Committee on Health (IACCH). Meetings of the committee were convened at scheduled times, and technical inputs were provided at those meetings. In the UN family, WHO is the health sector lead, and a member of the DRM/Resilience taskforce committee. The Country Office also participated in and provided technical inputs during MOHCC taskforce meetings on epidemic-prone diseases, and during National civil protection committee meetings as well.

Resource mobilization: The Country Office developed a project proposal and managed to secure a grant of £1.7 million from DFID to support implementation of IHR (2005) and preparedness and response activities in the MOHCC. The project will also support recruitment of an emergency preparedness officer and an office assistant, and will be implemented over a period of three years.

Family and Reproductive Health

Development of strategic documents

The WCO supported the development of new as well as updated existing strategic documents, including strategies, policies and guidelines for building appropriate national capacities for programme implementation. The documents included the: national Maternal and newborn health (MNH) road map; Child survival strategy; national integrated RMNCAH&N strategy; National cervical cancer control strategy; national Health and ageing strategy; and the integrated management of childhood illness (IMCI) chart booklet. The development of food-based dietary guidelines is in progress. A Maternal, newborn and child health quality improvement plan was developed following the adoption of WHO standards of care for maternal and newborn health.

Building capacity for implementation

Training in IMCI and Emergency triage assessment and treatment (ETAT) was conducted for frontline health workers in primary and referral care centres respectively. A core team of four paediatricians and six nurse-tutors were trained on IMCI computerized adaptation and training tool (ICATT) in preparation for pre-service training. See Figure 5 for a picture of participants during the training.

Figure 5: Pediatricians and nurse tutors undergoing training on ETAT

Strengthening monitoring and surveillance

The WCO supported the production of RMNCAH&N scorecards at the national, provincial and district levels. These cards served as tools for accountability. Maternal death surveillance and response (MDSR) reviews were carried out quarterly, and recommendations were used to inform improvements in programme implementation. Further, the WCO supported the MOHCC to undertake a national survey on Emergency Nutrition Assessment in selected high priority districts. The report and recommendations have been disseminated and implementation is underway. The picture below shows the support team during the Emergency Nutrition Assessment in Matabeleland North.

Figure 6: Supporting the Emergency Nutrition Assessment, Matabeleland North

Coordination and Resource mobilization

Activities of the WCO in this area involved supporting the inclusion of key RMNCAH&N interventions in the Global Fund 2018–2021 request. The WCO worked with the joint UN Sexual and Reproductive Health and Rights-HIV Linkages Initiative (with UNFPA, UNICEF and UNAIDS), which raised US$292,549 to improve access to SRH and Rights-HIV in Zimbabwe for the year 2018. Technical support was provided for the development, implementation and review of the Health Transition fund plans. During the year under review, the WCO also finalised the joint end-of- programme implementation report for the UN H6+ Initiative.

Immunization and Vaccine Development

Resource mobilization
The WCO supported resource mobilization for the immunization programme in Zimbabwe. Support was provided for the 2018–2022 Gavi the Alliance grant application which included strengthening health systems and services (HSS), cold chain equipment optimisation platform (CCEOP) grant and 2019 measles rubella (MR) follow-up campaign grants. The WCO continued to support the introduction of new vaccines. In 2017, for example, the WCO supported the application to Gavi the Alliance for the national roll-out of the Human Papillomavirus (HPV) vaccine.

Support for planning and programme implementation
Support was provided to the MOHCC in the development of quarterly and annual plans for the immunization programme. Capacity building, mainly through supportive supervision, monitoring of implementation and assessment of programme performance were also supported. As a result, immunization coverage data were reviewed and reports produced on a monthly and quarterly basis.

The WCO continued to support extension of the immunization programme to remote and underserved populations. To this end, it supported the identification of unreached populations and proposed appropriate ways of reaching them. In 2017, the WCO procured three outreach vehicles to complement the 24 procured in 2016 for the MOHCC. These vehicles will facilitate the provision of vaccination services to children living far away from health facilities. Figure 6 and 7 are on immunisation activities.

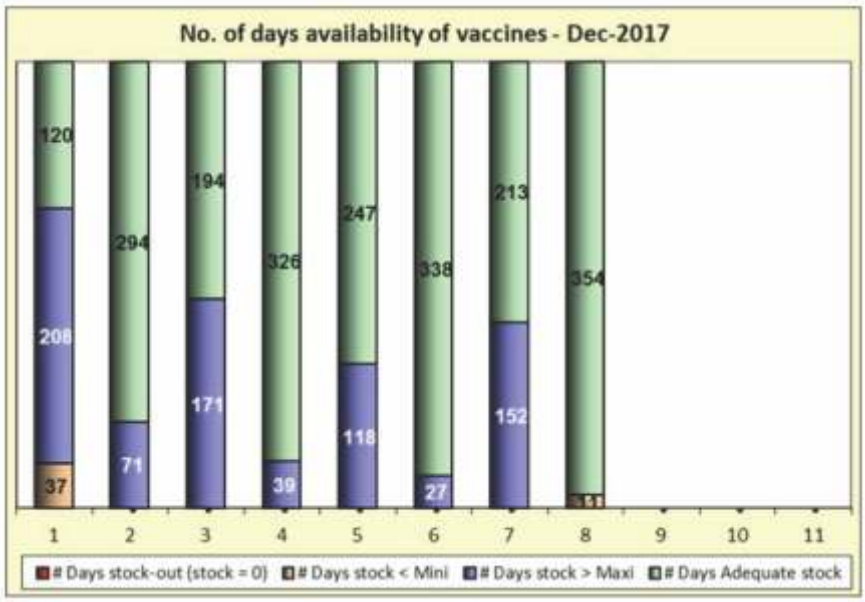
Figure 7: A child being vaccinated with WCO support

Figure 8: EPI outreach services in Buhera District in 2017

Ensuring vaccine supply and quality

The WCO continued to support vaccine management, including forecasting of needs, stock management and cold chain maintenance. A computerized system for managing vaccine stocks was rolled out in all districts of the country. As a result reduction in vaccine stock-outs and wastage has been registered.

Figure 9 below shows, by antigen, the number of days in 2017 when stocks were adequate (between minimum and maximum levels), and when they were below the recommended minimum and maximum levels. This is just one example of the many reports that the WHO-developed computerized stock management tool can generated, besides monitoring of daily stock movements.



Vaccine availability at the central level

Figure 9: Graph generated by the computerized stock management tool, Zimbabwe, 2017

Support for advocacy, communication and social mobilization

The generation and enhancement of demand for immunization services in the country was supported through advocacy activities and development of the national Advocacy, Communication and Social Mobilization (ACSM) strategy. The need for ACSM for immunization was heightened during the African Vaccination Week (AVW) when a number of children (including children from usually vaccine-hesitant groups) were provided with vaccination services. The WCO also spearheaded the implementation of the Addis Declaration on Immunization (ADI) in the country. The goal was to strengthen demand for, and government commitment to immunization services. Figure 9 is on the promotion of immunization services in one province.

Figure 10: Participation of vaccine-hesitant religious groups in promoting immunization services, Zimbabwe, 2017

Strengthening surveillance of vaccine-preventable diseases

Key activities in this area involved supporting surveillance of vaccine-preventable diseases in the country in line with global standards. The country surpassed performance targets for polio and measles surveillance in 2017. The WCO supported both field and laboratory surveillance activities through building capacity of health workers, monitoring Vaccine Preventable Diseases (VPD) surveillance performance, transportation of specimens from the field and procurement of laboratory reagents. Sentinel surveillance for rotavirus diarrhoea, congenital rubella syndrome and paediatric bacterial meningitis were supported to ensure continued assessment of the impact of newly-introduced vaccines.

Generation of evidence

A number of immunization research projects were undertaken, including research into the reasons for missed opportunities for vaccination. This sought to identify the causes of non-vaccination of children who, nevertheless, come in contact with health services. The Reach Every District (RED) strategy was evaluated in Manicaland, Matebeleland North and Matebeleland South provinces. The outcome of the evaluation will inform strengthening and full implementation of the RED strategy in the country. Further, a data quality review was undertaken to identify strengths and gaps in immunization information management, following which an improvement plan was developed.

HIV, AIDS, Hepatitis and Tuberculosis

HIV and AIDS

In 2017, the WCO supported the MOHCC to initiate the process for validating the elimination of mother-to-child transmission of HIV and syphilis. To achieve this, the WCO provided technical and financial support for the development of a costed 'Elimination plan'. The plan is expected to guide the country towards achieving the elimination targets. Implementation of the plan over five years (2018–2022) would require US$ 173 million. By the end of the period under review, US$ 61.8 million had been committed for this purpose, leaving a funding gap of US$ 111.2 million.

The WCO continued to provide financial and technical support to the MOHCC for the implementation and evaluation of the project to enhance linkages between adolescent and sexual reproductive health (ASRH) on the one hand, and voluntary medical male circumcision (VMMC) programme on the other. Through advocacy activities for the project, the national ASRH strategy and ASRH training manuals were revised to highlight the importance of linking ASRH and VMMC in order to achieve comprehensive health for adolescent boys and young men. Additionally, the number of adolescents and young people receiving VMMC and ASRH information through peer educators and social media platforms increased. There is still the need to evaluate, through implementation research methodology, the effectiveness and sustainability of the various interventions used.

The WCO continued to provide financial support for the officer seconded to the AIDS and TB programme to support implementation of the project. The WCO, with support from headquarters, successfully organized a satellite session during the 19th International Conference on HIV/AIDS and STIs in Africa. The Conference which was held in Abidjan, Côte d'Ivoire, in December 2017, was on reaching adolescent boys for HIV prevention, improved health and transformative gender interventions through VMMC. Among other things, the satellite session discussed the work that the WCO was supporting at the MOHCC to implement the ASRH/VMMC linkages project. In collaboration with WHO Headquarters, funding was provided to enable the MOHCC print 1500 copies of the VMMC training manuals. The manuals incorporated WHO guidance on tetanus mitigation in VMMC programmes.

The WCO continued to provide technical assistance during the implementation and evaluation of the HIV self-testing Africa (STAR) project. The mid-term review of the project was conducted in the last quarter of 2017. Staff of the WCO served as key informants during the evaluation and contributed to the development of the terms of reference for the exercise.

Resource mobilization for national HIV response has always been a major technical assistance area. Over the years, the WCO has consistently provided support to the Government in this area. The WCO, the Regional Office and Headquarters, in collaboration with other partners, provided technical and financial assistance to the Government for development of the joint HIV and Global Fund TB funding request. The concept note was submitted during the March 2017 window and received approval for US$ 406 million. The HIV component also received additional assistance under matching funds (US$ 18 million) for adolescents, girls, young women (AGYW) and key populations (KPs). NPO/HIV/HEP was part of the country delegation that successfully completed the HIV grant negotiation processes in Geneva.

Zimbabwe adopted the 'Treat All' policy in 2017 and the WCO continued to support the dissemination of guidelines for HIV prevention, treatment and care. The assistance covered monitoring the implementation of the guidelines. Support was provided for updating the Operations and Service Delivery Manual (OSDM) and the job aides that guide implementation. Furthermore, the WCO and other partners supported the MOHCC to disseminate the OSDM and job aides through a four-day training-of-trainers orientation workshop for provincial mentors. By the end of 2017, all ten provinces had held workshops to orient their district teams on the use of the updated OSDM and job aides.

In an effort to strengthen strategic information (SI), the WCO provided technical and financial assistance to the MOHCC for the organization of a sensitization workshop for the introduction of HIV case-based surveillance (CBS). The country received additional assistance to enable it adapt the CBS forms and develop standard operating procedures

for the introduction of CBS in the country. Those CBS forms were incorporated into the electronic patient management system (ePMS) for HIV. A road map was developed and pilot tests conducted on CBS in two districts in the third quarter of 2017, in preparation for roll-out in 2018. The WCO also shared with the MOHCC and partners the recently-launched WHO guidelines on patient-centred HIV patient monitoring and case-based surveillance.

WHO supported the MOHCC to develop protocols and conduct field work for the Acquired HIV drug resistance (ADR) survey and the funding for this survey was from the Global Fund. Specimen collection was completed by the end of November 2017 and the WCO and the MOHCC are working on sending the specimens to a WHO-accredited HIVDR laboratory. Data analysis and report writing are scheduled for 2018. The WCO helped with quality assurance and data analysis during the pre-treatment HIVDR (PDR) survey. The results of the PDR survey were published as part of the WHO HIV drug resistance report 2017. The results indicated that the level of HIV drug resistance among ART-naïve patients stood at 10.3%; that was above the WHO-recommended level of 10%. Based on those results, the country will need to consider introducing more robust ART regimens that include DTG.

Research to provide evidence-based decision making and planning was another area of importance where the WCO supported Zimbabwe. Technical assistance was given during the final phase of the INSPIRE PMTCT implementation research projects. Manuscripts from the projects were published in a JAIDS supplement in April 2017 and also shared with the MOHCC and its partners. In collaboration with the MOHCC and research partners, a one-day meeting was organised to disseminate the results of the five-year INSPIRE PMTCT implementation research project. Figure 10 is a picture of participants who attended the INSPIRE dissemination workshop. Evidence from the projects greatly improved knowledge of the rationale for maintaining HIV-positive pregnant women on ART. Additionally, the evidence was utilized in the Global Fund funding request. The Family-centred approach (FCA) project was concluded and its findings shared with stakeholders. A major recommendation from the project was that the MOHCC should scale up the family-centred approach as it produced a higher yield, resulting in more children being put on treatment. Piloting of paediatric lopinavir and ritonavir (lpv/r) pellets was also completed. Although findings were positive, there may be a need to extend the pilot phase and train carers on how to administer the pellets as this was noted to be a challenge during the pilot. The findings of both studies were shared at ICASA 2017. The WCO assisted the MOHCC with developing a draft work plan for 2018 utilizing the “Start free. Stay free. AIDS free” (3 Frees) framework and focusing on the 'AIDS Free' component.

Figure 11: Participants who attended the INSPIRE dissemination workshop on 9 February 2017, Harare, Zimbabwe

The WCO and all levels of WHO technically and financially supported the MOHCC to conduct the final review of Antiretroviral therapy (ART) 2013–2017. Findings were shared with MOHCC senior management and stakeholders. It is expected that these will feed into the development of the next-generation strategic plan. The MOHCC was also assisted to set up the hepatitis technical working group (TWG) through development of the terms of reference for the hepatitis TWG and a road map for activities. The WCO, in collaboration with IST/ESA (HIV, IVD, FRH), the WHO Regional Office (HIV) and headquarters, supported the country technically and financially to conduct a hepatitis rapid assessment survey. Recommendations from the survey were made to the MOHCC for their consideration. Furthermore, WHO supported the country to present the findings of the rapid assessment survey at the World Hepatitis Summit in Brazil in November 2017. The WCO assisted the MOHCC to develop the draft protocol for a hepatitis prevalence survey. Data from the survey will be utilized for planning purposes.

Tuberculosis

Development of strategic documents

During 2017, the WCO successfully supported the National TB Programme (NTP) to revise and update the national TB guidelines, develop a new National TB Strategic Plan for 2017–2020 in line with the End TB strategy, and implement new initiatives in TB diagnosis, treatment and care. The new National TB Strategic Plan provided inputs for the development of the funding proposal (2018–2020) that was submitted to the Global Fund on 20 March 2017. The WCO provided technical support for proposal development.

To strengthen local political commitment to the End TB project, the WCO coordinated a two-day TB advocacy meeting with parliamentarians. The meeting was held ahead of the World TB Day commemoration on 31 March 2017. A TB drug resistance survey was undertaken which provided a good picture of the burden of multidrug-resistant TB in the country. This evidence was used for setting targets for Global Fund TB funding request and for updating the national TB strategic plan for 2017–2020.

Generation of evidence

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Malaria

Re-stratification of malaria in Zimbabwe

Malaria re-stratification was undertaken with WCO technical support, following a reduction in the incidence of malaria. The last malaria stratification was conducted in 2002. With the new stratification, the country had 45 malaria- prone districts in 2017, 20 of which were moving towards malaria elimination. According to the Strategic Plan, nine districts are expected to be free of malaria by 2020.

The map below (Figure 11) shows that malaria transmission was highest in the peripheral areas of the country which lie at a low altitude, but where temperatures are very high compared to the central part of the country (often referred to as the watershed) which is at high altitude with lower temperatures. The latter environment is not conducive to mosquito breeding or to development of the malaria parasite in the vector.

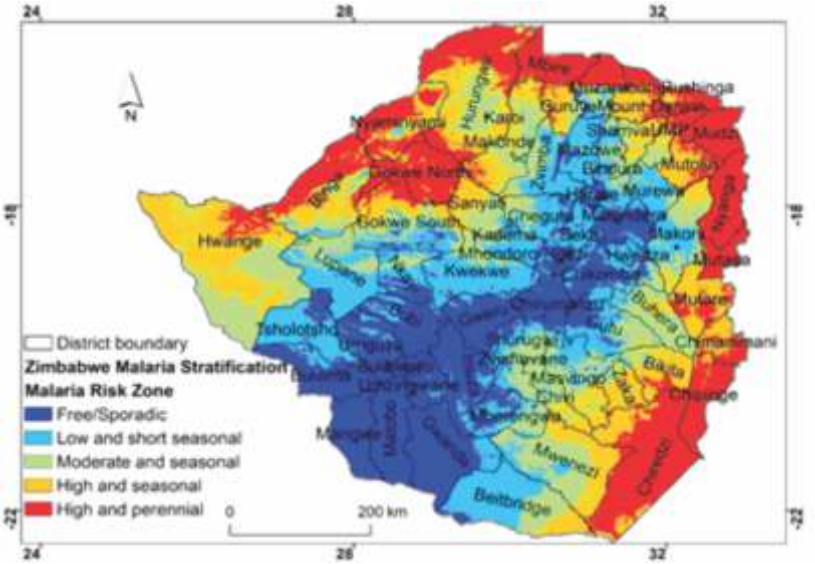


Figure 12: Zimbabwe malaria Stratification map

Incidence of malaria

The WCO supported the country's malaria control efforts through development and implementation of strategic documents to strengthen programme management, vector control, case management, and monitoring and surveillance. The support resulted in a reduction of the incidence of malaria from 39/1000 in 2014 to 29/1000 in 2017 as shown in Figure 12 below.

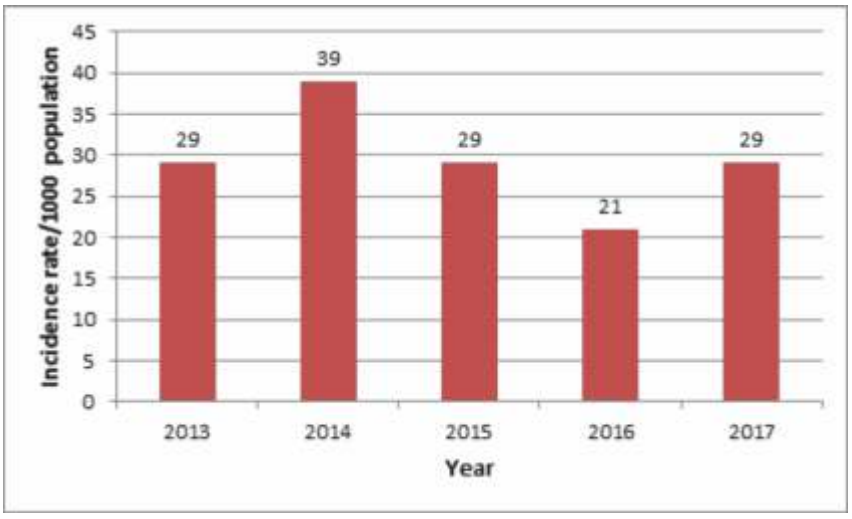


Figure 13: Zimbabwe, malaria incidence rate/1000 population, 2013 to 2017

Development of strategic documents

The WCO supported the National Malaria Control Programme to develop strategic documents to serve as frameworks for the harmonization of activities and resource allocation. To this end, the National Malaria Strategic Plan, a communication strategy, a communication guide for the launch of rectangular nets and foci guidelines were developed and launched by the Honourable Minister of Health and Child Care by December 2017.

Vector control

Vector control activities, comprising mainly indoor residual spraying and deployment of long-lasting insecticidal nets, were carried out in the malaria districts with coverage exceeding the recommended 85%. Indoor residual spraying was carried out during the stipulated time in seven of the eight provinces, but delayed in one province due to an accident which occurred in that province affecting spray operators, resulting in a temporary suspension of activities. With technical support from the WCO, 22 evaporation tanks and 69 soak-pits were constructed and put to use for the safe disposal of waste generated during indoor residual spraying. A total of 889 950 LLINs were distributed with WCO participation. The WCO also took part in a study to determine reasons for a decline in bed net usage from 65% in 2012 to 56% in 2016. Figure 13 below demonstrates progressive rinsing to ensure that all sprayers are thoroughly cleaned and all waste generated is well stored.

Figure 14: Progressive rinsing taking place to ensure that all sprayers are thoroughly cleaned and all waste generated is well stored.

Case management

The WCO supported: the training of health workers in case management using the reviewed case management guidelines; the drafting of the protocol on therapeutic efficacy testing and training of data collectors for therapeutic efficacy testing and the drafting of malaria diagnosis quality assurance guidelines. Through the Intercountry Support Team, five laboratory staff were trained in malaria diagnosis.

Support for surveillance, monitoring, and generation of evidence

The WCO supported the National Malaria Control Programme to carry out the malaria programme review and the Zimbabwe malaria indicator survey 2016. Reports from these activities were finalized and disseminated.

Neglected Tropical Diseases

Implementation of mass drug administration was supported with achievement of coverage of 81% for schistosomiasis and 64% for soil-transmitted helminths (STH). The WCO also facilitated the procurement and receipt of medicines for STH and schistosomiasis, allowing for the smooth implementation of mass drug administration.

Noncommunicable Diseases And Mental Health

The appointment by the MOHCC of the Deputy Director for NCD in 2017 was a positive move in the prevention and control of non-communicable diseases (NCDs), although staffing in the NCD Department is still inadequate to cover the requirements of the programme.

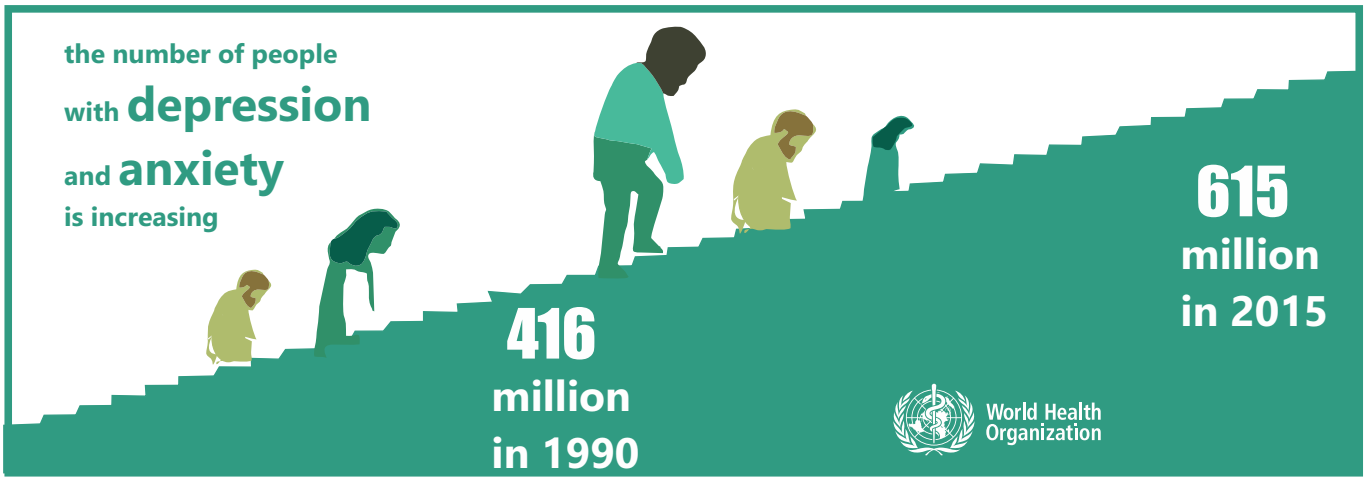
The WCO supported the country to develop the NCD strategy. Although a draft strategy existed, it could not be finalized because baseline data were lacking. The latter would be available only after the NCD risk factor survey that is planned for 2018. An informal discussion with stakeholders to lay the foundation for developing a Palliative care strategy was held.

Working with MSF, health workers in the City of Harare were trained to identify and manage common mental and neurological conditions at primary level through mhGAP. About 150 health workers were trained from Harare Hospital and Harare municipality clinics. The health workers are already providing mental health services at the local level. The level of service provision is expected to improve once arrangements are made for nurses to prescribe some of the priority medicines currently not prescribed at their level — a situation that was being considered by the Ministry of Health and Child Care.

Data for the compilation of the Fourth Global Road Safety Report was collected. The WCO assisted Zimbabwe with quality assurance during the data collection and facilitated stakeholder verification of the data before submission. The 2017 NCD country capacity survey (NCD CCS) was completed online and submitted with support from the WCO for completeness and quality.

As the country moved towards fulfilment of the WHO Framework Convention on Tobacco Control (WHO FCTC), the WCO supported a survey in line with Articles 17 and 18 of the WHO FCTC. The results of the survey will guide the development of appropriate IEC strategies aimed at finding alternatives to tobacco farming.

A number of celebrations were carried out as part of global advocacy for NCDs. These included: the World Health Day with the theme 'Depression'; the World Mental Health Day; the World Hospice and Palliative Care Day; and the World Cancer Day. The WCO provided logistical support for the events during which it made solidarity and advocacy statements.



Administration

As of 31 December 2017, the WCO had received US$ 10 836 660 of which US$ 6 531 973 was allocated to staff salaries. The combined implementation rate stood at 96% at the end of the biennium; execution of the budget was in full compliance with WHO rules.

The year 2017 was a momentous one for the WCO as it successfully hosted the Sixty-seventh session of the Regional Committee in Victoria Falls. The Office played a pivotal role in the success of the meeting. The WCO team led by the former WHO Country Representative, Dr David Okello and the former Operations Officer, Mr Albert Minyangadou, worked with the Ministry of Health and Child Care to put the logistics for the meeting in place. The meeting, which was held at Elephant Hills Hotel in the resort town of Victoria Falls, was described by many participants as "one of the best RCs," or as "highly successful." See Figure 14 on the group photograph of the WCO team at the 67th session.

Figure 15: Group photograph of the Country Office team behind the success of the 67th session of the Regional Committee with the Director-General of WHO, the WHO Regional Director, and former WHO Country Representative for Zimbabwe, Dr David Okello

The WCO tackled one of the three WHO objectives on managerial reform in pursuit of organizational excellence. WHO's results-based management framework was reinforced through the stricter measurement and use of Key Performance Indicators (KPIs) in closer alignment with the priorities defined. The WCO successfully addressed the KPIs with the exception of its travel component, due to reasons beyond its control. Overall, the effectiveness of risk management and control processes in the areas of administration and finance was satisfactory in 2017. Major efforts were made by both the technical and administrative teams.

The planning process for the new biennium was done in close collaboration with PBM and the WCO. New tools were introduced to better measure efficiency and improve timely reporting. As a means of aligning efforts with the accountability framework, Business Intelligence (BI) was developed and made available to monitor progress and implement corrective action where needed.

In compliance with Zimbabwe UN OMT recommendations, working groups were established on human resources, procurement, finance, and common services, in order for UN agencies in the country to harmonize their processes and deliver as one. This resulted in greater efficiency and a reduction in costs; it also attracted greater talent. The introduction of Stellis as the new hiring tool proved to be very efficient as it has helped speed up the implementation of the HR plan.

Critical challenges in 2017

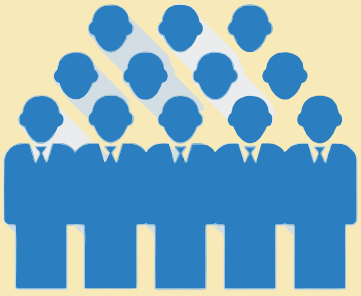
Human resource limitations in the WCO; with one officer has to oversee many programme areas, and this does not make for effective engagement with, or consistent support to the MOHCC;

Inadequate funding for implementation of planned activities;

Lack of adequate community mobilization, leading to poor intervention outcomes

Shortage of funds for staff salaries resulting from delays in receiving voluntary contributions; limited AC funds allocated for staff and operational costs;

Reduction in the administrative staff count in Zimbabwe due to the restructuring of the inter-country support teams in the WHO African Region; but continued WHO commitment to remaining more effective, pursuing excellence in its core functions, and improving accountability.



Perspectives for the 2018-2019 biennium

Support will be provided under the following areas:

Strengthening the health system

- Establishing a multi-sectoral platform to facilitate annual reporting of National health workforce accounts (NHWA) and generation of data for HRH planning.
- Implementation of key strategies in the Good Governance for Medicines framework to ensure sustainable availability of good quality medicines and minimize the vulnerability of the pharmaceutical sector to unethical practices.
- In collaboration with Food and agricultural organisation and (FAO) and the World Organisation for animal health (OIE), support the MOHCC and MAMID to combat anti-microbial resistance (AMR) through implementation of the AMR National action plan. The WCO will provide technical support for mobilizing resources from international funding bodies (such as the Fleming Fund) to support implementation of priority activities.
- Institutionalisation of health expenditure tracking and building country capacity to generate evidence to inform resource allocation decisions. The WCO will continue to work with other partners (such as the World Bank and CHAI) to support improvement of the Ministry's capacity to use the new version of SHA2011 (the System of Health Accounts); this should help institutionalize the timely and cost-effective annual production of national health accounts (NHA).
- Strengthening the capacity of district hospital management boards (community health councils) to ensure effective oversight of district hospital management teams (DHMT), based on the terms of reference in the Health Service Act.

Health emergencies

- Building IHR core capacities and strengthening the country's emergency prevention, preparedness and response capacity.
- Strengthening diagnostic capacity through training of laboratory staff and equipping selected laboratories

Immunization and vaccine development

- Support national roll out of the Human Papilloma Virus vaccine as part of the national efforts to fight against cancer of the cervix
- Support the 2019 Measles Rubella vaccination campaign in line with the national measles elimination initiatives
- Continue to support routine immunization and surveillance of Vaccine Preventable Diseases
- Support introduction of Inactivated Polio Vaccine (IPV) as part of polio eradication efforts

Family and reproductive health

- Support critical policy reviews in line with the Maputo Protocol on Sexual and Reproductive Health and Rights. This will mainly be on
    - o creating awareness about the Termination of Pregnancy Act for service providers (health workers, the police, and the judiciary);
    - o Law reform for the Termination of Pregnancy Act (amendment to certain sections of the Act to make abortion services easily accessible for regulated terminations);
- ·Support review of relevant guideline updates, e.g. adoption of the 2016 WHO STI guidelines and development of food-based dietary guidelines;
- Strengthen research, monitoring and evaluation of the RMNCAH&N programme;
- Build the capacity of the health workforce in service delivery for RMNCAH&N;
- Create demand to improve the uptake of RMNCAH&N services.

HIV and AIDS

- Set up structures for validation of the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis;
- Roll out of the HIV case-based surveillance pilot project and scale-up of the National HIV self-testing programme
- Conduct implementation research on adolescent sexual and reproductive health (ASRH) and voluntary medical male circumcision (VMMC) linkages project;
- Develop plans and tools to strengthen program management e.g a plan for sustainability of the VMMC programme; national operational plan for HIV treatment and care 2018–2022, including a plan for transitioning to newer regimens; standard operating procedures (SOPs) for clinicians for improved data interpretation and utilization;
- Support HIV drug resistance prevention activities
- Revise/develop strategic documents, treatment algorithms as well as adapt treatment guidelines to incorporate emerging issues based on the latest evidence and disseminate strategic documents.

Tuberculosis

- Introduce and roll-out the MDR-TB short treatment regimens including building capacity for monitoring;
- Undertake a nationwide survey to determine patient costs incurred by TB patients in the treatment pathway; this will inform monitoring the attainment of the vision of the End TB strategy – 100% of TB-affected families protected from catastrophic costs by 2020;
- Conduct multi-sectoral advocacy to raise political awareness and increase financial commitment in order to achieve the End TB strategy.

Neglected tropical diseases

- Evaluate the impact and support the implementation of the mass drug administration strategy in the control of Neglected tropical diseases;
- Undertake mapping for blinding trachoma and develop a control strategy;
- Develop guidelines for schistosomiasis, lymphatic filariasis, soil-transmitted helminths and human African trypanosomiasis and update rabies guidelines to direct health workers in the management of these conditions.

Non communicable diseases

- Conduct WHO NCD risk factor survey to inform strategic planning and resource mobilisation
- Scale up NCD services using the WHO NCD PEN guide
- Development of mental health strategy

Malaria

- Support malaria elimination efforts. Expand the number of districts earmarked for malaria elimination; and continue classifying cases according to foci;
- Increase surveillance and monitoring of insecticide resistance for early migratory measures;
- Provide guidance on therapeutic efficacy and monitoring to ensure that effective anti-malarials are used;
- Strengthen integrated vector management, and reduce reliance on DDT and other chemicals for vector control;
- Monitor and evaluate programme activities including the malaria programme review in 2019.

STAFF WELFARE

Health of staff

Amongst the many highlights experienced in 2017; WCO staff participated in the World Health Day Commemoration in Harare Central Hospital under the theme "Depression, Let's Talk". A number of staff members took part, together with other UN Agencies in a 10km World Health Day Walk. The WCO clinic provided medical services to staff and delegates during the WHO RC67 meeting held in Victoria Falls in September 2017 in collaboration with the UN Clinic in Zimbabwe and the AFRO Regional Physician. The WCO also hosted the UN Cares Wellness Day at the office compound on 21 October 2017, where all UN agencies, staff and their families came together for a family fun day to remind each other of the importance of our health. In addition, in commemoration the Breast Cancer Month, all WHO staff in Harare were invited to show solidarity to this cause by declaring 27 October as Pink Friday. Staff members heeded the call and came in wearing pink.

Pink Friday

Staff wearing pink to commemorate breast cancer month

Wellness Day




Nature Walk




WHO Zimbabwe Staff Association

From The 2017 President's Desk

Modinah Chingoma

The Staff Association in Harare was a hive of activity in 2017. The body held a number of farewell events for staff members who left the Organization for various reasons including reassignment, separation by mutual agreement and retirements.

THE EVENTS IN BRIEF

Separation by mutual agreement

Due to restructuring following the implementation of the Transformation Agenda, five colleagues opted for separation by mutual agreement. The Staff Association worked flat out to reduce the negative impact of this restructuring exercise on a number of staff members and eventually suffered one casualty.

Retirements

In the year under review the following staff members retired from WHO Service: Dr Yahiea Ahmed; Dr Prosper Kwame Gbesemete and Dr David Okello.

All were sent off with memorable gifts courtesy of staff contributions. Among the celebrated departures was Dr David Okello, WR for Zimbabwe, who has been one of the WHO Management stalwarts in the Region. The Staff Association is grateful for his support and leadership during the events that took place in 2017.

Reassignments

Mr Simba Mazvidza; Mr Tafadzwa Dube; Mr Gwinyai Chikonzo; Mrs Emma Davies; Mr Pramod Grover; Mr Albert Minyangadou; Mr Chris Chikombero; Mr Yaya Sanyang; Dr Patrick Hazangwe.

Farewell Dr. David Okello: December 2017

Farewell:- Simba Mazvidza – April 2017(Left) and Tafadzwa Dube (Right) - June 2017

Farewell Margaret Ndoro:- July 2017

Farewell Dorothy Masvikeni :- July 2017

Farewell Grace Mbirimi:- July 2017

Farewell Rosemary Kutepa (left)- July 2017 and Farewell Regina Mutanhaurwa (Right):- July 2017

Farewell Gertrude Mukoki (right)- December 2017

Dr. Propser Gbesemete (centre) retired December 2017

Dr. Yahiea Ahmed Mostofa retired December 2017

Farewell GMC colleagues: July 2017

Farewell Albert Minyangadou:- September 2017

Farewell Gwinyai Chikonzo (right):- December 2017

World Health Organization
Zimbabwe

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