



World Health  
Organization

Zimbabwe

# ANNUAL REPORT 2023



**HEALTH FOR ALL**

# WHO ZIMBABWE THANKS ITS DONORS AND PARTNERS FOR THEIR GENEROUS SUPPORT TO ITS ACTIVITIES IN 2023

*(by alphabetical order)*

Administrative support (AS)  
African Development Bank Group  
Assessed Contributions (AQ)  
Bill & Melinda Gates Foundation  
Centers for Disease Control and Prevention (CDC) United States of America  
Core voluntary contributions (VCA)  
Department of Foreign Affairs and Trade (OFAN), Australia.  
Department of Foreign Affairs, Trade and Development (OFATD), Canada,  
Department of Health and Social Care, United Kingdom  
Directorate-General for International Partnerships (INTP),  
European Commission  
Federal Foreign Office, Germany  
Federal Ministry for Economic Cooperation and Development (BMZ), Germany Zimbabwe  
Food and Agriculture Organization (FAO)  
Foreign, Commonwealth & Development Office (FCDO),  
United Kingdom  
GAVI, The Vaccine Alliance  
Germany  
Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)  
Health Resilience Fund (EU, Ireland, and UK)  
Joint United Nations Programme on HIV/AIDS (UNAIDS)  
UN Mutt-Partner Trust Fund Office (MPTF)  
Ministry for Europe and Foreign Affairs (MEAE), France  
Ministry of Development Cooperation and Humanitarian Affairs, Luxembourg  
Ministry of Foreign Affairs Japan  
Ministry of Foreign Affairs, Denmark  
Norwegian Agency for Development Cooperation (NORAD)  
Southern African Development Community Secretariat (SADC)  
St Jude Children's Research Hospital  
Susan Thompson Buffett Foundation  
Swiss Development Cooperation Agency (SDC/DDQ)  
United Nations Central Emergency Response Fund (CERF)  
United Nations Environment Programme (UNEP)  
United Nations Population Fund (UNFPA)  
United States Agency for International Development (USAID)  
United States  
Department of State (USDOS)  
United Nations Fund for International Partnerships (UNFP)

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO); <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Cover photos credit: WHO Zimbabwe

Design: WHO Zimbabwe

# FOREWORD



The year 2023 presented a dynamic and challenging landscape for Zimbabwe's health sector. Despite multiple public health emergencies, including the Wild Polio Virus I (WVP1) outbreak, anthrax, and a cholera outbreak, our country office, in collaboration with the Government of Zimbabwe and partners made significant strides towards achieving Universal Health Coverage (UHC) and improving essential health services for all.

To respond to emergencies, and build resilience, we swiftly mobilized alongside the Ministry of Health and Child Care (MoHCC), WHO Regional Office, and headquarters to address public health emergencies. The WVP1 outbreak response included vaccination campaigns and surveillance strengthening. The cholera outbreak response, still ongoing, involves/d case management, water and sanitation interventions, risk communication and community engagement. As part of continuous COVID-19 response efforts, focus was mainly on ramping up vaccination coverage and supporting health systems.

Aligned with the National Surgical, Obstetric and Anaesthesia Strategy (NSOAS) 2022-2025, we introduced integrated surgical camps offering free surgeries for common conditions. Over 435 people were assisted and received life changing surgeries. We also supported the MoHCC in developing the new Human Resources for

Health Strategy (2023-2030) and a Health Workforce Investment Case (2024-2026), ensuring a sustainable health workforce. Other achievements included the launch of the FRIENDZ project, a collaborative effort dedicated to expanding mental health care services in Zimbabwe.

As I invite you to read this highlight of our achievements, we express immense gratitude to the Regional Office, headquarters, partners, and donors for their unwavering support. We commend the MoHCC and the Government of Zimbabwe for their leadership and collaboration. We sincerely appreciate the dedication and expertise of all WHO staff and health development partners, working tirelessly to ensure #HealthForAll in Zimbabwe.

**Professor Jean-Marie Dangou**  
*WHO Representative to Zimbabwe (ai)*



# 2023 AT A GLANCE



**2 645 113** children  
under 5 (94% coverage)  
vaccinated against Polio with  
bOPV in May 2023.



**2 445 866** children  
under 5 (102% coverage)  
vaccinated against Polio with  
bOPV in October 2023.



**445 637** infants  
vaccinated with life-saving  
vaccines through routine  
immunization. Penta 3, IPV1 and  
IPV2 coverage rates of 99%, 99%  
and 89% achieved. MR1, MR2  
coverage rates were 95% and  
88% respectively.



**22** metric tonnes  
of cholera supplies delivered.



**130** cholera beds  
distributed by December 2023.



**9** cholera treatment centres  
established and/or upgraded in  
hard hit areas.



**81** General Medical Practitioners and Clinical Officers  
received Mentorship and Capacity Strengthening through  
the Essential Surgical Training.



**Information kiosks/booths**  
at CTC/CTUs notably at St Mary's in Chitungwiza and  
Highfields clinic in Harare.

# TABLE OF CONTENTS

- 08** WHO'S VISION AND MISSION
  
- P. 10** COUNTRY OVERVIEW
  
- P. 12** OVERVIEW OF FUNDING
  
- P. 13** OPERATIONAL PRESENCE
  
- P. 14** PREVENTING AND RESPONDING TO SEXUAL EXPLOITATION, ABUSE AND HARRASSMENT
  
- P. 16** CELEBRATING GLOBAL HEALTH DAYS
  
- P. 18** PRIORITY AREA 1:  
HEALTH COVERAGE: DEVELOP HEALTH SYSTEMS TOWARDS UNIVERSAL HEALTH COVERAGE
  
- P. 28** PRIORITY AREA 2:  
COMMUNICABLE AND NON-COMMUNICABLE DISEASES
  
- P. 34** PRIORITY AREA 3:  
PROTECT HEALTH: DEVELOP AND MAINTAIN EMERGENCY PREPAREDNESS AND HEALTH SECURITY
  
- P. 45** PRIORITY AREA 4:  
HEALTH PRIORITIES: IMPROVE HEALTH AND WELL-BEING ACROSS THE LIFE COURSE

## ACRONYMS & ABBREVIATIONS

<b>AFP</b>	Acute Flaccid Paralysis
<b>AMR</b>	Antimicrobial Resistance
<b>AUB</b>	American University of Beirut
<b>CCCL</b>	Children's Cancer Center of Lebanon
<b>DHIS2</b>	District Health Information System version 2
<b>EU</b>	European Union
<b>EWARS</b>	Early Warning, Alert and Response System
<b>GPW</b>	General Programme of Work
<b>IHR</b>	International Health Regulations
<b>NCDs</b>	Noncommunicable Diseases
<b>SDG</b>	Sustainable Development Goal
<b>WHO</b>	World Health Organization

# WHO'S MISSION AND VISION



## MISSION



PROMOTE  
HEALTH

KEEP THE  
WORLD SAFE

SERVE THE  
VULNERABLE

## STRATEGIC PRIORITIES AND GOALS

ENSURING HEALTHY LIVES AND PROMOTING WELL-BEING FOR ALL AT ALL AGES BY:



ACHIEVING UNIVERSAL HEALTH COVERAGE

**1 BILLION**

more people benefitting from universal health coverage



ADDRESSING HEALTH EMERGENCIES

**1 BILLION**

more people better protected from health emergencies



PROMOTING HEALTHIER POPULATIONS

**1 BILLION**

more people enjoying better health and well-being

WHO's strategic direction for the next five years has been delineated in the Thirteenth General Programme of Work 2019–2023.<sup>1</sup> GPW 13 is based on the Sustainable Development Goals (SDGs) and is structured around three key strategic priorities:

- ensuring healthy lives and well-being for all at all ages;
- achieving universal health coverage;
- addressing health emergencies and promoting healthier populations.

In turn, these priorities are linked to **three bold targets**:

- one billion more people to benefit from universal health coverage;
- one billion more people better protected from health emergencies;
- one billion more people enjoying better health and well-being.

**Three strategic shifts** support the key priorities:

- stepping up leadership;
- driving public health impact in every country;
- focusing global public goods on impact.

*WHO is committed to ensuring gender equality, equity and rights-based approaches to health that enhance participation, build resilience and empower communities.*

<sup>1</sup>Thirteenth general programme of work 2019–2023. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 26 April 2020).

## COUNTRY PROFILE



## Zimbabwe



Zimbabwe is a landlocked country in Southern Africa, between the Zambezi and Limpopo Rivers, bordered by South Africa to the south, Botswana to the south-west, Zambia to the north, and Mozambique to the east. The capital and largest city is Harare. The estimated population is 15 million.

The country has 16 official languages; with English, Shona, and Ndebele being the most common. The health response is governed by the overarching National Development Strategy 2021- 25 (NDS1) and the National Health Strategy (NHS 2021-25). The national Health Strategy identifies eleven (11) health priorities to which the WCO contributed during 2022.

The health profile of Zimbabwe is characterized by a high burden of communicable and noncommunicable diseases (NCDs), including diabetes and cancers. Maternal and child mortality rates are still high, with maternal mortality rate figures standing at 363 per 100,000 live births, according to the Preliminary Results of the 2022 Housing and Population Census. While the waterborne diseases are still prevalence, Zimbabwe has also done well in terms of its routine immunization with vaccine-preventable diseases no longer a major challenge. This has also been exacerbated by high turnover of health workers within the public sector which the Government is working to address.

# OVERVIEW OF FUNDING

The total budget received for 2023 was

## US\$ 35,368,863

Table 2 shows the funding for each respective area of work, while Table 3 gives a breakdown of the different funding sources.

**Table 2. Funding per area of work**

Area of work	Funding (US\$)
<b>Pillar 1:</b> Universal Health Coverage (UHC)	<b>7,727,329</b>
<b>Pillar 2:</b> WHO Health Emergencies (WHE)	<b>1,114,813</b>
<b>Pillar 3:</b> Health Promotion Through Life Course	<b>648,242</b>
<b>Pillar 4:</b> Operational Support (corporate activities/earnlng functions)	<b>5,015,403</b>
<b>Pillar 10:</b> Polio (Special programme)	<b>10,480,938</b>
<b>Pillar 13:</b> Emergency funding (including outbreak and crisis response)	<b>10,172,113</b>
<b>Pillar 14</b>	<b>95,212</b>
<b>Pillar 50:</b> ESPEN	<b>114,813</b>

**Table 3. Breakdown of funding sources**

Area of work	Main donors
HIV/AIDS	UNAIDS, Bill and Melinda Gates Foundation, Global Fund, UNITAID
Health system strengthening and universal health coverage	GAVI Alliance, Bill and Melinda Gates Foundation, Centers for Disease Control and Prevention, USAID, NORAD, Germany
Access to chronic medications	
Access to acute medications	
Antimicrobial resistance	Food and Agriculture Organisation (FAO), UNDP Multi-Partner Trust fund
Cholera response	Health Resilience Fund (HRF), UNCERF, USAID, SADC, Germany, United States Department of state, Ministry for Europe and Foreign Affairs, Department of Foreign Affairs, Trade and Development (ACT),

# OPERATIONAL PRESENCE

As the leading public health agency within the United Nations, the World Health Organization (WHO) plays a vital role in Zimbabwe, working to ensure everyone has access to quality healthcare. Our focus areas include



WHO collaborates with various partners, including government authorities, humanitarian and development organizations, donors, NGOs, academia, and the private sector. Our aim is to:

- **Lead and coordinate the health sector response:** Ensuring effective collaboration among stakeholders.
- **Champion health in key decision-making:** Advocating for health within UN discussions and humanitarian agendas.
- **Support progress towards universal health coverage:** Strengthening the health system to reach everyone.
- **Provide technical expertise on critical health issues:** Sharing knowledge and best practices.
- **Deliver timely information and updates:** Keeping everyone informed about health trends, needs, and responses.
- **Prevent and respond to outbreaks:** Taking quick action to control infectious diseases.



# PREVENTING AND RESPONDING TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT

A committee of 8 people for raising awareness on Prevention of Abuse and Abusive Conduct (PAAC) was constituted in September 2021 to ensure that all staff are fully aware of the PAAC policy. The committee has been spearheading activities on the Prevention and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) through engaging in various awareness activities including dissemination of communication materials. The WCO PRSEAH focal points continue to orient/staff, service providers, partners, and the government on PRSEAH to strengthen understanding and familiarize with diverse forms of sexual exploitation, abuse, and harassment to prevent or avoid SEAH from happening. Activities conducted include:

## Development and Implementation of Work Plan:

In recognition of the crucial role prevention plays in combating Sexual Exploitation, Abuse, and Harassment (SEAH), a comprehensive work plan was specifically designed to address the critical issues identified in the 2022 risk mitigation plan. This plan stemmed from a thorough risk assessment exercise conducted within the WHO Zimbabwe office, ensuring a targeted approach towards the most pressing areas of concern. The work-plan prioritized activities that actively foster partnerships with the Zimbabwean government and partners.

## PRSEAH Staff Orientation

In a continuous effort to bolster awareness and understanding of the Prevention and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) policy, WHO Zimbabwe's PRSEAH focal points actively conducted training sessions throughout 2023. These sessions aimed to equip a broad range of individuals the necessary knowledge and skills to prevent and combat SEAH. The target audience encompassed WHO Staff (34), External Service Providers, Cholera Response Personnel (13), MoHCC health care workers (584) bringing a total of 631 people sensitized on PRSEAH. Recognizing the potential vulnerabilities faced by those working externally with WHO, the training extended to service providers Nemchem and Safeguard, who work with WHO fostering a safe and inclusive working environment for all. Furthermore, the standardized PRSEAH presentation employed during all WHO supported events and workshops extends its reach beyond internal training. By sharing this presentation with the Ministry of Health and Child Care (MoHCC) and other partners at WHO-supported events, a broader awareness of SEAH issues and best practices is disseminated. This collaborative approach fosters a unified front in the fight against sexual misconduct within the communities served by WHO.

## Distribution of Visibility materials

Building upon the efforts to equip individuals with knowledge through PRSEAH training, WHO Zimbabwe undertook a strategic approach to amplifying awareness within the broader community. This involved the distribution of visibility materials designed to spark dialogue and serve as constant reminders about the

importance of preventing sexual exploitation, abuse, and harassment (SEAH). A significant aspect of this initiative was the distribution of 22000 posters in three widely spoken languages: English, Shona, and Ndebele. These posters combined crucial cholera prevention messages with embedded PRSEAH messaging as the country is in cholera outbreak since February 2023. This dual approach not only addressed a critical public health concern but also ensured that SEAH awareness remained at the forefront of community conversations. Furthermore, the distribution of 1100 t-shirts served as a powerful visual reminder of the organization's commitment to PRSEAH. These t-shirts were distributed to a diverse range of individuals, including staff, service providers, MoHCC, Interfaith leaders, partners.

  
**584**

Health Care Workers  
Sensitized on PRSEAH  
during Cholera Response



**22000**  
Posters on PRSEAH distributed  
during Cholera Response

## Collaboration:

Recognizing that effectively combating Sexual Exploitation, Abuse, and Harassment (SEAH) necessitates a collective effort, the PAAC committee actively fosters collaboration with various stakeholders. This collaborative approach has demonstrably yielded significant results in amplifying awareness and driving long-term change. The committee works closely with the WHO staff association, Human Resources department, and the Ombudsman. This internal synergy ensures open communication channels, a supportive work environment for reporting concerns, and the implementation of robust policies and procedures. External Collaboration with UN agencies and partners through the UN PSEA network facilitates the sharing of best practices and alignment with broader UN initiatives aimed at tackling SEAH across the organization. A particularly noteworthy aspect of the collaborative effort is the partnership with the Ministry of Health and Child Care's Gender focal points who work alongside WHO to amplify awareness efforts.



Mrs Noriah Pasi, Logistics & PRESEAH Officer conducting a PRESEAH training session for WHO service providers

# CELEBRATING GLOBAL HEALTH DAYS

Throughout the year, WHO globally acknowledges significant public health days, serving as powerful tools to elevate public awareness and galvanize community action. In 2023, WHO Zimbabwe strategically focused on the following health days:



4 MAR

## WORLD HEARING DAY

WHO supported the World Hearing Day commemorations to amplify the importance of ear and hearing care during, a key pillar of Package for Essential Non-Communicable Diseases Interventions (PEN). This awareness campaign led to early detection and intervention, ultimately improving long-term health outcomes.



## #HealthForAll:

### Celebrating 75 years of impact

From smallpox eradication to global vaccine rollouts, WHO's 75th anniversary celebrated a legacy of saving lives and promoting health equity around the world. This is the year when WHO marked 75 years of commitment to service and acted as a reminder of the countless lives touched, the challenges overcome, and the enduring promise of a healthier future.

In 2023, Zimbabwe joined the continent in celebrating **African Vaccination Week (AVW)**, held from April 24th to 30th. Aligned with the global **"The Big Catch Up"** theme, the focus was on intensifying efforts to reach all children with essential vaccinations and Vitamin A supplementation, particularly those lagging behind due to disruptions and inequities. Collaborating with the World Health Organization (WHO) and UNICEF, various activities promoted vaccine awareness and accessibility. High-level campaigns, talk shows, and community engagement initiatives aimed to address vaccine hesitancy and misinformation, while reaching underserved populations in remote areas. Through collective action, AVW 2023 in Zimbabwe contributed to safeguarding lives and strengthening the country's path towards achieving Immunization Agenda 2030 goals.



18-24 NOV

## WORLD ANTIBIOTIC AWARENESS WEEK (WAAW)

Recognizing the interconnectedness of human, animal, and environmental health, WHO champions One Health initiatives, tackling threats like zoonotic diseases and advocating for sustainable practices. And in this fight against AMR, every voice matters, every action counts. This year, Zimbabwe hosted the World AMR Awareness Week regional commemorations bring 16 African countries together in hybrid format. This represents the growing global movement calling for responsible antibiotic use to protect precious medicines for future generations.



1 DEC

## WORLD AIDS DAY

On the occasion of World AIDS Day, the National AIDS Council organized a 1-day commemoration in Victoria Falls in collaboration with WHO and partners to introduce the annual World AIDS Conference theme. The event was also part of the ICASA pre-events series.



PRIORITY  
AREA

1

**STRENGTHENING THE HEALTH SYSTEM:**

BUILDING A ROBUST INFRASTRUCTURE TO DELIVER  
ESSENTIAL SERVICES EFFICIENTLY

### Building a healthy workforce

With use of use of evidence generated from the comprehensive Health Labour Market Analysis study, WHO supported the development of new Human Resources for Health Strategy (2023-2030). A Health Workforce Investment Case (2024-2026) was developed leading to drafting of the Health Workforce Compact, paving way for its signing between government and its key HRH stakeholders.

### Training and building capacity

Based on recommendations of the external assessment using WHO Global Benchmarking Tool (GBT), WHO supported the development of MCAZ Institutional Development Plan that will guide addressing of identified gaps building upon existing strengths to reach Maturity Level 3.

WCO supported the MoHCC to conduct the Harmonized Health Facility Assessment (HHFA). The HHFA is a comprehensive health facility survey that provides a holistic picture of the inputs, processes and systems at the point of service delivery, and generates information about the level of service availability, readiness and quality of care across the health sector. In 2023, WCO supported the MoHCC to adapt the HHFA questionnaire to the country context, train 15 health information officers to use the Census and Survey Processing System (CSPro), train 148 data collectors and 10 supervisors and to conduct data collection in all public and private not-for-profit health facilities. The HHFA will be completed in 2024.

Supported Training of Trainers and Training of Central Hospitals in ICD-11 and Medical Certification of Cause of Death (MCCoD). A total of 47 MoHCC and ZIMSTAT staff were trained. A multi-disciplinary team of trainers is now available to support ICD-11 and MCCoD capacity building at all levels. The trainings will result in availability of improved morbidity and mortality data.

WCO supported the review of the Routine Monitoring of the Health System (RMHS). The RMHS was developed to track service provision using selected key indicators and is an early warning system to issues in service delivery. The RMHS tool was revised, and 90 MoHCC M&E and HIOs were trained to use the revised routine monitoring tool. Further more, WCO provided support for the review of the delivery register, monthly return form (T5 Series), Mental Health M&E tools and Surgical, Obstetric and Anaesthesia (SOA) M&E tools. This was done to promote availability of HMIS core indicators and data collection tools that are responsive to the needs of stakeholders.

WCO supported the continued rollout of Impilo Electronic Health Records in the country, now available over 60% of health facilities. Implementation of Digital Adaptation Kits for ANC was also supported, and these will improve maternal health service provision and data quality when rolled out. WCO provided technical support for the Routine Data Quality Assessment (RDQA). The results are used to improve the quality of health data



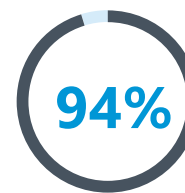
**Data Collectors**  
trained to conduct data collection  
in all public and private not-for-profit  
health facilities.

### Expanded Programme on Immunization

WHO supported the finalization of the National Immunization Strategy, and development of annual and quarterly EPI plans. With support of HQ, RO and IST, WCO coordinated the Comprehensive EPI Review which helped to identify areas of strengths and gaps in the immunization system and interventions for strengthening immunization service delivery were crafted. A Zero dose analysis was conducted to identify children and communities that are consistently missed with immunization services, to inform planning and development of strategies to reach them.

As part of the response to the regional Polio outbreak, two Polio vaccination campaigns were conducted:

#### STATISTICS



**2 645 113**  
(94% coverage) children under  
5 vaccinated against Polio with  
bOPV in May 2023.



**2 445 866**  
(102% coverage) children  
under 5 vaccinated against  
Polio with bOPV in October  
2023.

**445 637**

Routine immunization strengthened with at least 445 637 infants vaccinated with life saving vaccines. Penta 3, IPV1 and IPV2 coverage rates of 99%, 99% and 89% achieved. MR1, MR2 coverage rates were 95% and 88% respectively.



WHO played a crucial role in establishing environmental surveillance for polio at four key sites in Harare, Zimbabwe. This significantly enhanced the sensitivity of polio detection in the country, leading to the identification of circulating Vaccine Derived Poliovirus type 2 (cVDPV2). WHO supported the successful set up of environmental surveillance for Polio at 4 sites in Harare to increase sensitivity of Polio surveillance. It is through the environmental surveillance that circulating Vaccine Derived Poliovirus type 2 (cVDPV2) was detected in the country. Planning and preparations are underway for three novel Oral Polio Vaccine type 2 (nOPV2) vaccination campaigns as part of response to the ongoing cVDPV2 outbreak. All nOPV2 documents submitted and verified by AFRO and HQ. Outbreak response plan and budget for vaccination campaigns was developed and Incident Management System for Polio outbreak was set up. The and Polio Outbreak command center was renovated and operationalized.

To improve the quality of RMNCAH data for programming, WHO supported the review of the RMNCAH data collection and reporting tools such as the ANC register, FP register, labour and delivery register, PNC register/Mother-baby pair register, monthly return form (T5 Series)). To date sexual and reproductive health data is disaggregated by age, making it possible for policy makers to target investments to address inequities with adolescent and youth populations. A pilot test of the revised T5 series was conducted in Manicaland province with plans to roll out the revised T5 to all the 10 provinces of Zimbabwe underway though subject to availability of funding.

Forty health workers were trained to build capacity of health workers on generation analysis and use of Sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) data. The trained cadres cascaded the trainings in their respective provinces. WHO also supported introduction of innovations such as digital adaptation kit (DAK) for antenatal Care (ANC) and Family Planning.

### SUSTAINABLE DEVELOPMENT GOAL 3



Through funding from the Government of Japan, a total of 435 people received life changing surgeries delivered through outreach surgical camps accelerating access to life changing surgery to the vulnerable people in Zimbabwe. The surgical camps addressed conditions such as hernias, tonsillitis, lumps and bumps, lipomas and benign tumors. Hospitals were supported with essential theatre equipment and surgical packs to ensure continuous surgical service provision. Minor surgical equipment was purchased and used in the 3 camps. Procurement of major surgical theatre equipment is in progress.



### Web story : Free surgery camps offer relief for Zimbabwe's children

In addition, a total of 81 General Medical Practitioners and Clinical Officers received Mentorship and Capacity Strengthening through the Essential Surgical Training (ZEST). These practitioners are now able to perform minor surgeries at district hospitals reducing the number of patient referrals to higher levels of care.

### Health Information Systems

The Health Information System was strengthened to capture SOA data to inform evidence-based decision making for SOA related interventions. The system has been upgraded and now captures SOA indicators and the MoHCC is now able to track these indicators routinely at national level. 64 HCW received training on how to collect the data. An SOA Module for integrating into the IMPILO has been developed.

Supported training of 40 medical doctors, Reproductive Health Officers (RHOs), M&E Officers and Health Information Officers (HIOs) in data generation, analysis and use to monitor progress towards attaining SDG3

WHO played a crucial role in establishing environmental surveillance for polio at four key sites in Harare, Zimbabwe. This significantly enhanced the sensitivity of polio detection in the country, leading to the identification of circulating Vaccine Derived Poliovirus type 2 (cVDPV2). WHO supported the successful set up of environmental surveillance for Polio at 4 sites in Harare to increase sensitivity of Polio surveillance. It is through the environmental surveillance that circulating Vaccine Derived Poliovirus type 2 (cVDPV2) was detected in the country. Planning and preparations are underway for three novel Oral Polio Vaccine type 2 (nOPV2) vaccination campaigns as part of response to the ongoing cVDPV2 outbreak. All nOPV2 documents submitted and verified

by AFRO and HQ. Outbreak response plan and budget for vaccination campaigns was developed and incident Management System for Polio outbreak was set up. The and Polio Outbreak command center was renovated and operationalized.

WCO Sstrengthened delivery of immunization and other health services through capacity building of health care workers for planning and microplanning to deliver health services. Enhanced surveillance for epidemic prone diseases and overall Emergency Preparedness and Response through capacity building. Reduced risk of Polio virus transmission and international spread, keeping country free of Polio and contributing to the global Polio eradication agenda. Protected more than 2.5 million under 5 children from death and disability due to Polio.

### ANTIMICROBIAL RESISTANCE (AMR)

WHO supported the review of the AMR Action plan Plan 1.0 and used the findings to guide the development of new costed AMR National Action Plan 2.0. In addition, WHO supported strengthening of One Health Surveillance of AMR pathogens by setting up pilot surveillance of Healthcare-Associated Infection (HAI) at Sally Mugabe and Parirenyatwa Central Hospitals. IPC policy and guidelines were developed as well as the AMR Laboratory Information System (LIMS). Zimbabwe also hosted the World Antimicrobial Awareness Week (WAAW) Africa commemorations hosting 5 countries in person and 11 countries joining virtually.



### Web Story : Zimbabwe Successfully hosts continental WAAW events

### FAMILY AND REPRODUCTIVE HEALTH (FRH)

An Older Persons' Health Needs Assessment was conducted with support from WHO. The needs assessment generated evidence that informed the development of the first ever Older Person's Policy in Zimbabwe. Draft policy is available, waiting for approval by the Office of the President.

Recognizing the vital role of professional associations, WHO partnered closely with them in 2023 to reduce maternal and perinatal mortality in Zimbabwe. This strong collaboration played a key role in addressing the unacceptably high neonatal mortality rate (NMR) of 32 deaths per 1000 live births.

WHO actively supported the annual congress of the combined Zimbabwe Society of Obstetricians and Gynaecologists and Paediatric Association of Zimbabwe (18-21 October 2023, Nyanga), themed "Improving Maternal and Perinatal Outcomes through Innovative Evidence-Based Practice: A Joint Call to Action." Through this fruitful collaboration, WHO and professional associations developed a joint response to tackle the rising NMR. This unified effort holds great promise for improving maternal and neonatal health in Zimbabwe.



WHO supported the evaluation of the Adolescent Health Flagship Programme in Zimbabwe. Findings from this evaluation informed the development of the National Adolescent and Youth Health Implementation plan (2023-2025) and Zimbabwe hosted a national adolescent health and wellbeing symposium under the theme "For adolescents with the adolescents". The symposium brought together line ministries, stakeholders, UN agencies, youth-led organizations, CSOs, NGOs and adolescents to discuss and strategize ways to ensure the health and well-being of young people. In addition, as one of 15 countries identified for intensified efforts on adolescent well-being, Zimbabwe hosted a pivotal symposium in 2023. Supported by WHO, the Zimbabwe Adolescents' Health and Wellbeing Symposium united key stakeholders, including government ministries, UN agencies, academia, youth-led organizations, and adolescents themselves. The symposium fostered dialogue and strategizing on strengthening partnerships and investments in adolescent health and well-being. This collaborative approach holds immense potential to address the unique needs and challenges faced by young people in Zimbabwe.



**PRIORITY  
AREA  
2**

**COMBATING NON-COMMUNICABLE  
DISEASES (NCDS) AND COMMUNICABLE DISEASES**

TACKLING MAJOR HEALTH THREATS LIKE DIABETES, HIV/AIDS,  
AND INFECTIOUS OUTBREAKS

## NON-COMMUNICABLE DISEASES (NCDs)

### Build Capacity of Primary Health Care System to Identify and Manage Common NCDs through PEN

This year, significant strides were made in equipping primary healthcare facilities to effectively tackle NCDs. Recognizing the need for regional adaptation, WHO provided both technical expertise and financial resources to tailor the WHO Package of Essential Noncommunicable Disease Interventions (PEN) protocols, guidelines, and data collection tools to the local context. This ensures optimal implementation and accurate data capture for monitoring and evaluation.

### Integrating NCDs into HIV Care

WHO remained committed to holistic healthcare. During the revision of HIV treatment guidelines, WHO provided technical expertise to ensure comprehensive NCD integration. This crucial step strengthens primary care by acknowledging the interconnectedness of these chronic conditions and promoting a unified approach to patient management.

### Building a Skilled Workforce

Investing in healthcare workers is key to sustainable progress. To build capacity for essential ear and hearing care services, a four-day training was conducted in Rushinga District, supported by WHO Headquarters, AFRO, and the Zimbabwe Office. This initiative aimed to strengthen healthcare workers' ability to offer integrated EHC services at the primary level.



Through PEN Train-of-Trainers (TOT) workshops, 20 individuals were empowered to cascade knowledge and skills to their peers. This expansion brings vital NCD prevention and management closer to communities, laying the groundwork for improved health outcomes. Empowered by WHO's technical guidance, Rushinga District has emerged as a leader in adopting the PEN program. This commitment has translated into tangible improvements in patient health outcomes over time, showcasing the program's potential to positively impact lives, as shown in the table below:

#### RUSHINGA DISTRICT

INDICATORS	2021	2022	2023
Proportion of patients with BP measured	80%	88%	92%
Proportion of patients with blood sugar measured	40%	67%	73%
Proportion of DM with blood sugar control	80%	83%	94%

These achievements demonstrate our unwavering commitment to strengthening primary healthcare for NCDs. By providing targeted support, building capacity, and fostering integrated care, WHO is empowering communities and paving the way for a healthier future.

### Strengthening Childhood Cancer Service Provision through the development of key strategic documents

Despite the global rise in childhood cancer, Zimbabwe became a priority country for the Global Initiative for Childhood Cancers (GICC) implementation. In 2022, under MoHCC leadership, WHO provided technical and financial support for workshops to develop comprehensive childhood cancer treatment guidelines. These guidelines were finalized and approved in 2023, paving the way for effective treatment.

### Strengthening Cancer Surveillance and Monitoring

As Zimbabwe finalizes its National Cancer Control Plan (NCCP) and embarks on its implementation, robust surveillance and monitoring systems become critical. Such systems shed light on the evolving cancer burden, assess the effectiveness of control policies, and inform future strategies. Disease surveillance, particularly for cancer incidence and type, is paramount in NCD control programs.

Fortunately, Zimbabwe boasts a high-quality, population-based cancer registry, regionally recognized for its strength. To further bolster this valuable resource, a 3-day capacity-building workshop targeted five Central and five mission hospitals actively involved in the registry. This initiative yielded remarkable results, with a noticeable improvement in report quality and a subsequent rise in reporting rates.

### Securing Resources for NCD Action

A crucial pillar of effective NCD control lies in securing adequate funding. This year, WHO actively mobilized resources from various fronts to fuel our efforts. Notably, WHO played a key role in securing external funding from global financing mechanisms specifically for NCD programs. WHO's participation in the regional meeting empowered countries to effectively integrate NCDs into their Global Fund proposals, paving the way for sustainable financial support. This strategic approach ensures continued investment in essential NCD interventions, accelerating progress towards healthier populations.

### Amplifying Awareness through World Hearing Day

Beyond programmatic funding, WHO also mobilized resources to raise awareness and advocate for action. By collaborating with WHO Headquarters, resources were secured to celebrate World Hearing Day, amplifying the importance of ear and hearing care, a crucial component of PEN. This increased awareness translates to early detection and intervention, improving long-term health outcomes. These achievements demonstrate our commitment to securing both financial and societal resources for NCD control. By strategically mobilizing funds and promoting awareness, we are laying the groundwork for a future where NCDs are effectively prevented and managed, ensuring everyone has the opportunity to live a healthy and fulfilling life.



## Fostering Collaboration through Knowledge Sharing

### Zimbabwe hosts the 2nd African Regional Non-Communicable Diseases (NCDs) Conference

Recognizing the power of collective action, WHO actively participated in the 2nd African Regional NCDs Conference. This strategic platform provided a valuable opportunity to engage with NCD networks and platforms across the continent. The conference was running under the theme “NCD prevention, surveillance and management to achieve SDG 3 in the context of COVID-19 and other health emergencies.” The main goal of the meeting was to share experiences regarding the latest advances and trends in NCD prevention, management, and surveillance within the context of COVID-19 pandemic and other health emergencies including HIV / AIDS. Seven countries from the African Region participated in the conference together with key health stakeholders such as civil society health partners and donors.



Dr Prebo Barango during the 2nd African regional NCDs conference, Victoria Falls, Zimbabwe

WHO is also working with other partners and led by MoHCC to integrate NCD programming, leverage existing programmes for efficient implementation. Advocacy for improved resource allocation is being done through raising awareness and strengthening NCD multisectoral coordination mechanism to foster collaboration among stakeholders.

### Main challenges and solutions

- Non availability of a costed National NCD multisectoral strategy
- Nonfunctional NCD multisectoral coordination mechanism
- Low budgetary allocation for NCD prevention and control activity implementation
- Low partner/donor interest/participation in NCD



Dr Mkhokheli Ngwenya during the 2nd African regional NCDs conference, Victoria Falls, Zimbabwe

### Successful innovations/technologies

- Integration with other programs: Leverage existing programs for efficient implementation.
- Advocacy for improved resource allocation: Raise awareness and secure funding for NCD programs.
- Mobilization of resources: Develop proposals and identify potential partners.
- Strengthening NCD multisectoral coordination mechanism: Foster collaboration among stakeholders.

## MENTAL HEALTH

### Build Capacity of Primary Health Care System to Identify and Manage Common mental health disorders through EQUIP supported mhGAP/PST training

WHO collaborated with partners, particularly those in HIV/AIDS programming to implement EQUIP supported mhGAP/OST program in several provinces. This is in line with Zimbabwe Special Initiative for Mental Health, where WHO is working with partners in supporting MOHCC to increase access to mental health services across the country.

### Integrating MH into HIV programming

The general objective is to optimize provision of comprehensive mental health services among people living with HIV through strengthening of the community and primary health care (PHC) MOHCC mental health system in collaboration with HIV programming partners. We targeted high HIV-burden districts and high performing sites, including 9 districts of Manicaland and Midlands provinces of Zimbabwe through ZHI, and Masvingo, through Solidarmed.

## MALARIA

WHO supported the development of the National Malaria Control and Elimination Strategic Plan 2021-2026 and the Malaria Social Behavior Change Strategy 2021-2026. Indoor residual spraying registered above 85% coverage.

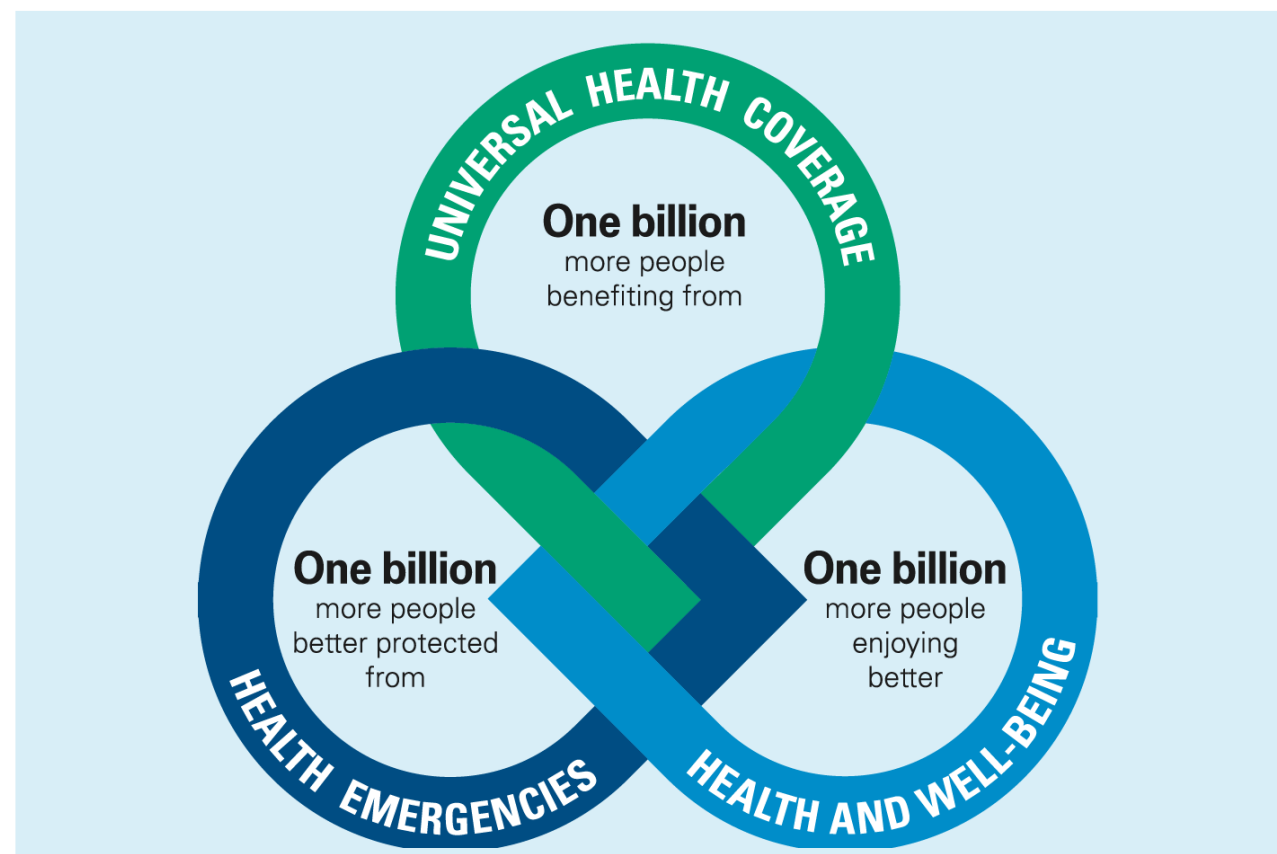
## NEGLECTED TROPICAL DISEASES (NTDs)

WCO technically supported the country in mapping of trachoma and determined trachoma endemic areas and population at risk in 49 districts as part of measures to eliminate NTDs as a public health problem by 2030. Mapping of Lymphatic filariasis was also completed while the development of the NTDs Master Plan was finalized.

## HUMAN IMMUNODEFICIENCY VIRUS(HIV) /SEXUALLY TRANSMITTED INFECTIONS (STIs)

WHO provided both technical and financial support the implementation of an Enhanced Gonococcal Antimicrobial Surveillance Programme (EGASP). Collection of specimens for male patients with Urethral Discharge commenced in the 3 sentinel sites (Dulibadzimu Clinic-Beitbridge, Khami Road and Cowdrey Park Clinics in Bulawayo). From October to December the facilities collected 107 specimens of which 92 (86%) were gram stain positive and 22 (21%) had Neisseria Gonorrhoea.

### [Web story: Strengthening enhanced Gonococcal antimicrobial surveillance Programme \(EGASP\) implementation in Zimbabwe](#)



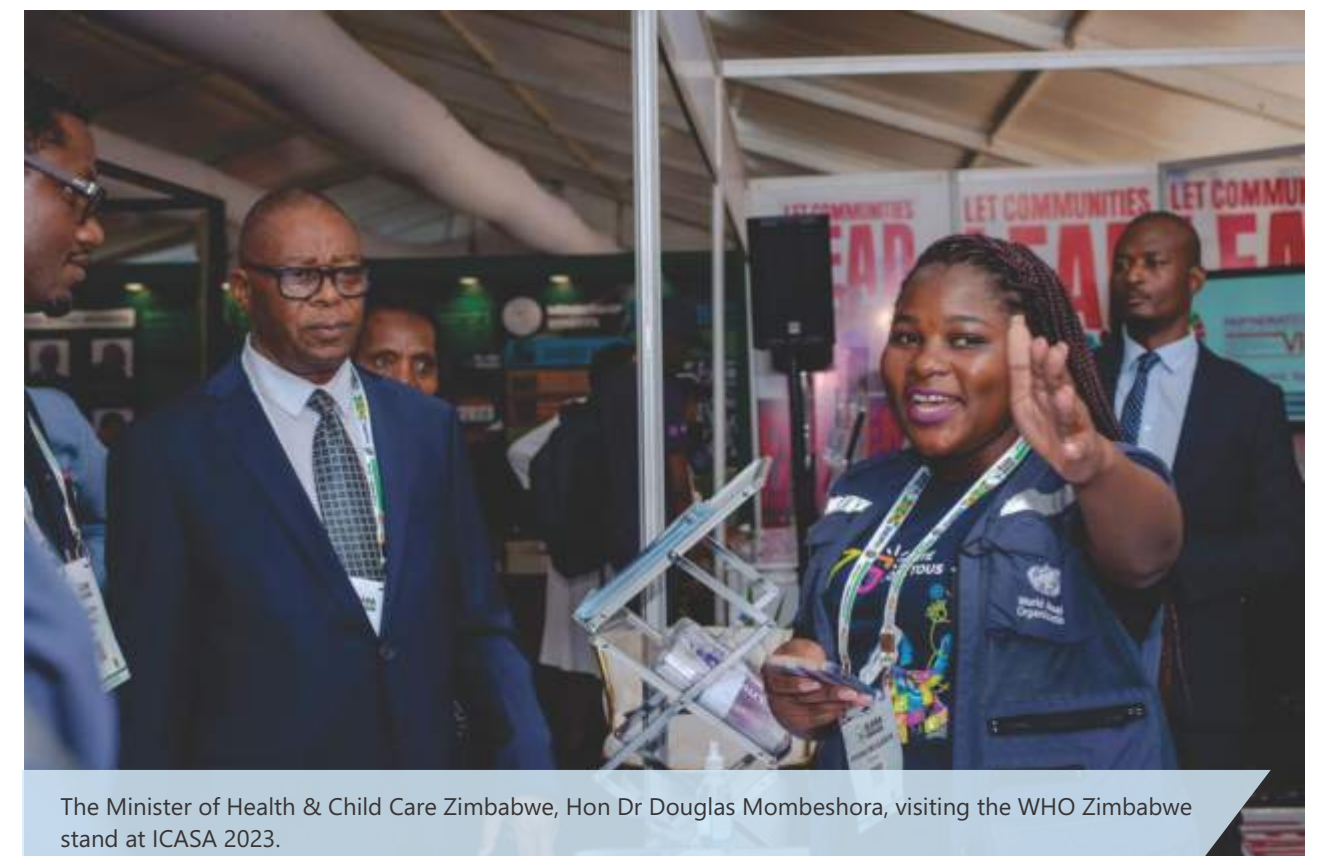
The Ministry of Health and Child Care (MoHCC) with financial and technical support from WHO, through the AIDS & TB Programme has an ongoing project of integrating Reproductive health and HIV services at dedicated Family Planning Clinics run by the Zimbabwe National Family Planning Clinic (ZNFPC). The project started as a pilot of 4 sites in Harare and Bulawayo in 2020 and was scaled up to the remaining 7 sites run by the ZNFPC in 2023. Abstract was presented during the ICASA 2023 Conference.

### [Web story: Integration of HIV and SRH services yeild massive results in Zimbabwe](#)

WHO Staff supported various sessions during the ICASA 2023, including the Pre-conference High Level Meeting for first ladies on the prevention of mother to child transmission and elimination of newborn infections, which was graced by Regional Director. Technical assistance and financial resources were provided for the development of the National triple eMTCT Plan which was launched on the eve of World AIDS Day in Victoria Falls.

Other activities included:

- The World Health Organization has been supporting the Ministry of Health and Child Care to implement ASRH and VMMC linkages project since 2014.
- Provided technical assistance during the Grant Cycle 7 concept note development for HIV, and RSSH grants
- Provided technical assistance during the PEPFAR Country Operational Plan for 2023 development



The Minister of Health & Child Care Zimbabwe, Hon Dr Douglas Mombeshora, visiting the WHO Zimbabwe stand at ICASA 2023.

## TUBERCULOSIS (TB)

WHO provides technical support to the Ministry of Health and Child Care's National TB Programme together with other partners for the development of the National TB Guidelines, National Drug Resistant Tuberculosis Guidelines and the National TB Strategic Plan.

WCO also provided technical assistance together with other partners during the Grant Cycle 7 concept note development for TB and RSSH grants. Working in collaboration with the MoHCC and Jointed Hand Welfare Organization and other partners, the successful launch of the process to domesticate the Multi-sectorial Accountability Framework for TB was conducted and baseline assessment done.

### Main Achievements

- Provided technical assistance together with other partners for the development of the National TB Guidelines
- Provided technical assistance together with other partners for the development of the National Drug Resistant Tuberculosis Guidelines
- Provided technical assistance together with other partners for the development of the National TB Strategic Plan
- Provided technical assistance together with other partners during the Grant Cycle 7 concept note development for TB and RSSH grants
- Provided technical assistance in collaboration with the MoHCC and Jointed Hand Welfare Organization and other partners that led to the successful launch of the process to domesticate the Multi-sectorial Accountability Framework for TB and conduct baseline assessment

### Main challenges, and any solutions

Limited resources to implement priority activities. Resource mobilization to be done to ensure WCO has resources to support MoHCC in areas where it has a comparative advantage



## Launch of the FRIENDZ project

In response to the escalating need for mental health services, the FRIENDZ project was launched in July 2023. This ambitious initiative, a collaborative effort involving MoHCC, WHO, and Friendship Bench, is dedicated to expanding mental health care services, with an initial target of reaching at least one million people in four provinces – Mashonaland East, Mashonaland Central, Harare, and Matabeleland North. The FRIENDZ project aims to empower primary healthcare workers, facilitate connections to specialists, and dismantle the stigma surrounding mental health. This project stands as yet another testament to WHO's unwavering commitment to realizing health for all, fostering a Zimbabwe where mental health is prioritized, and complements the ongoing decentralization of mental health services through the Special Initiative for Mental Health launched in 2021.



WHO supported advocacy activities to improve Road Safety in Zimbabwe. This includes advocacy with The President of the Republic of Zimbabwe, His Excellency Emmerson Mnangagwa which was conducted together with the UN Resident Coordinator Mr Edward Kallon and the UN Special Envoy for Road Safety Jean Todt. WHO also advocated for the formalization of a technical working group comprising of WHO, MoHCC, Ministry of Home Affairs and Cultural Heritage which houses the Zimbabwe Republic Police, Ministry of Transport and Infrastructural Development as well as the Zimbabwe Road Traffic Safety Board. These advocacy activities assessed Zimbabwe's progress in ensuring road safety following the United Nations Road Safety Performance Reviews (RSPR) conducted in 2022. The RSPR revealed that official statistics confirm Zimbabwe has not achieved the Sustainable Development Goal target 3.6 to reduce road crash deaths and serious injuries by 50% by 2020. WHO also led the development of a funding and technical expertise proposal to mitigate the effects of Road Traffic accidents in the country. The proposal is yet to be funded.



PRIORITY  
AREA

3

## PROTECT HEALTH:

DEVELOP AND MAINTAIN EMERGENCY PREPAREDNESS  
AND HEALTH SECURITY



DebenDiagnosticsLtd

[www.debendiagnosics.co.uk](http://www.debendiagnosics.co.uk)

[info@debendiagnosics.co.uk](mailto:info@debendiagnosics.co.uk)

Tel: + 44 (0) 1473 720869



### Preparing for and Responding to Health Emergencies

In 2023, Zimbabwe prioritized health preparedness by strategically investing in key areas for effective emergency response. The country strengthened its health security, adhering to its commitments under the International Health Regulations (IHR) 2005, and built regional preparedness in line with the 2022-2030 strategy. Cholera simulation exercises were conducted to assess the country's readiness. Additionally, reviews of subnational-level emergency preparedness plans, cholera and typhoid guidelines, and technical guidelines were conducted. Zimbabwe also adapted and implemented the latest IDSR guidelines through trainer-of-trainers (TOT) training.

#### Web story: Zimbabwe conducts a cholera simulation exercise to improve readiness and response

### Strengthened Health Information systems

Bridging the gap between human and animal health through the One Health approach, Zimbabwe empowered 20 government representatives from the veterinary, agricultural, and other sectors with EIOS training in Mutare. The EIOS system facilitated the early detection of the anthrax outbreak, demonstrating the vital role of breaking down silos to protect public health.

**Cholera Coordination:** Since February 2023, the country is experiencing a cholera outbreak and WHO responded with technical and financial support. The government's Public Health Emergency Operations Centre (PHEOC) was activated to response mode ensuring a coordinated response. Intra action review was held to identify gaps and lessons learnt during the Cholera response to find common ground on how to improve preparedness and response capability for the current emergency. The findings of the IAR were used to update the Country's Cholera preparedness and response plan. Additionally, a comprehensive mid-term review of the national Cholera Elimination Plan was spearheaded, analysing progress, and charting a strategic course for achieving the ambitious goal of eradication by 2028.

### Collaborative surveillance

#### Surveillance

Cholera data management training targeted 50 Health Information Officers at National, Provincial and District level. This resulted in production of Situational reports at all levels with improved analysis, inclusive of spot and choropleth maps, age and sex distribution. As outlined in the Emergency Response framework (ERF), the country has produced a weekly Operational update that is shared with WHO AFRO and HQ. This bulletin contains epidemiological information, admission data, district prioritization as well as pillar updates of weekly activities. In addition to this, Event Based Surveillance (EBS) training was held at Points of entry (POEs) where there is increased risk of cross border transmission to improve surveillance at all Points of Entry.

#### Laboratory

WHO supported the training of over 1000 nurses on cholera RDT testing. A total of 23 laboratory staff were trained on cholera culture testing. The country developed the National Cholera Testing Strategy to guide and standardize cholera testing approaches in the country.

#### Community protection

RCCE response was strengthened through capacity building of 610 (Females 450, Males 160) through training in various areas including Mental health and psychological support. Interfaith leaders were engaged on cholera and community health promoters were trained on reporting, Infodemic management, Community Feedback Mechanisms, monitoring, and evaluation which led to the establishment of the National Community Feedback Mechanisms. Through several interpersonal activities including community dialogues, intensified door to door awareness, mobile awareness, and roadshows, around 400 000 people were reached, and 64 000 IEC materials were distributed. These initiatives improved advocacy communication and community engagement.

#### Web story: Empowering Communities: Health Promoters in Chitungwiza Undertake Comprehensive Training to Combat Cholera

### Access to countermeasures

In response to the cholera outbreak, \$285,000 worth of essential kits and commodities were procured and distributed to strategically identified "hot spot" districts, ensuring care for 600 severe and 1,400 mild cases. Additionally, 800 culture tests and 15,000 rapid diagnostic kits bolstered case detection, enabling quicker intervention and containment. Furthermore, healthcare access was significantly expanded through the establishment of two new Cholera Treatment Centers (CTCs) and the upgrade of four existing ones. To empower healthcare workers, integrated Case management, WASH, and IPC trainings were rolled out. This multi-pronged approach effectively addressed the outbreak, mitigating its impact and saving lives.

### Web story: WHO Boosts Cholera Response in Zimbabwe with 22 Metric Tonnes of Supplies

- Establishment of information kiosks/booths at CTC/CTUs notably at St Mary's in Chitungwiza and Highfields clinic in Harare.

Challenges in the Cholera Outbreak that we have been responding to:

- Limited water and sanitation infrastructure as the existing infrastructure is inadequate and/or outdated, leading to challenges in meeting the demands of the population.
- Unequal access to safe water and sanitation services, particularly in rural communities.
- Inadequate medicines, low coverage of staff trained in cholera case management, insufficient cholera response equipment, and challenges related to laboratory diagnosis.
- Establishment of information kiosks/booths at CTC/CTUs notably at St Mary's in Chitungwiza and Highfields clinic in Harare.

Challenges in the Cholera Outbreak that we have been responding to:

- Limited water and sanitation infrastructure as the existing infrastructure is inadequate and/or outdated, leading to challenges in meeting the demands of the population.
- Unequal access to safe water and sanitation services, particularly in rural communities.
- Inadequate medicines, low coverage of staff trained in cholera case management, insufficient cholera response equipment, and challenges related to laboratory diagnosis.

Solutions for the current Cholera Outbreak

- Leverage WHO's expertise to collaborate with local authorities in assessing and addressing water and sanitation infrastructure needs.
- Develop and implement sanitation programs specifically tailored to the unique challenges faced in rural areas.
- WHO to collaborate with health authorities to ensure a steady supply of medicines and medical equipment. Training programs should continue to enhance staff coverage in cholera case management. Support to procure and distribute essential cholera response equipment.
- Technical assistance to strengthen laboratory capacities, including reducing turnaround times for results.

### Areas of improvement

- Enhancing sub-national preparedness and response capabilities by broadly disseminating a multi-hazard risk calendar, evaluating the functionality of coordination mechanisms, and strategically prepositioning supplies based on the calendar.
- Boost preparedness for Public Health Emergency Operation Centers (PHEOCs) and point of entry operations by conducting a range of simulation scenarios.

### Cross cutting Achievements

Integration of COVID-19 interventions, like testing and treatment, into essential health services was done for continued access to essential health services like prenatal care, routine vaccinations, and chronic disease management, even during outbreaks. This is promoting efficiency and sustainability by leveraging existing infrastructure, personnel, and supply chains, maximizing resource allocation. In addition, the integration builds capacity within health systems, improving preparedness for future public health emergencies. By training healthcare workers in managing infectious diseases, enhancing surveillance systems, and strengthening primary care, this integration improves overall health system resilience.

### Flagship program: Introduced the HEPR, EPR TWGs

WHO spearheaded a comprehensive mid-term review of the Zimbabwe Multi-sectoral Cholera Elimination Plan (2018-2028) to critically assess progress achieved, uncover challenges hindering its implementation, and strategically chart the course for successfully achieving the plan's 10-year cholera elimination goals. A mid-term review allows for course correction, resource allocation adjustments, and adaptation of strategies based on real-world experiences and emerging challenges. This proactive approach significantly increases the likelihood of achieving the cholera elimination goal by 2028.



Covid supplies donated by WCO Zimbabwe



**PRIORITY  
AREA**

**4**

**PROMOTING HEALTH THROUGHOUT LIFE:**

ADDRESSING HEALTH CHALLENGES AT EVERY  
STAGE OF LIFE, FROM CHILDHOOD TO ADULTHOOD

### Leveraging on platforms and partnerships

The World Health Organization (WHO) under the UN in Zimbabwe participated in the ZITF event in Bulawayo, led by the UN Communications Group. The main objective of WHO Zimbabwe's exhibition stand was to disseminate information to the public about the organization's work in Zimbabwe, with a specific focus on the theme "The Big Catchup". The stand also distributed IEC materials on vaccination. The stand featured various interactive elements, including showcasing and profiling the UN Sustainable Development Co-operation Framework (UNSDCF), UN Zimbabwe's work in the area of gender-based violence and the Spotlight Initiative, climate action efforts such as resilience building and green enterprise, and UN partnerships with youth groups, with a focus on innovation. Additionally, UN Zimbabwe utilized the space in a more interactive manner, allowing agencies to hold their indabas with their partners.

WHO collaborated with Africa University to deliver evidence-based recommendations for fortifying health systems and improve training of human resources for health at training level. The collaboration between Africa University and WHO represents a significant step towards addressing the healthcare challenges faced by countries with high disease burdens in Africa. Through such collaborations, academia can understand the current trends in health labour market and provide valuable insights into the dynamics of the health workforce. This collaboration will enable development of targeted strategies to address shortages, improve distribution, enhance skill mix, retain health workers, and mitigate migration. This collaborative effort will contribute to building stronger and more resilient healthcare systems that can effectively combat prevalent diseases and promote the well-being of communities in Zimbabwe and across the continent.

### [Web story : Investing in Human Resources - A Catalyst for Health Sector Growth in Zimbabwe](#)

Zimbabwe hosted the International Conference on HIV and STIs in Africa (ICASA), a critical platform to reignite conversations around HIV programming, fostering the sharing of experiences and the agreement on a way forward towards ending the epidemic by 2030. ICASA 2023 has emerged as a pivotal forum to showcase the progress and challenges encountered in addressing HIV, hepatitis, and STI epidemics across the WHO's African Region. WHO hosted eight satellite sessions and two special sessions, presenting its latest scientific and normative work on a range of topics including differentiated service delivery, key populations, new HIV guidelines, pre-exposure prophylaxis (PrEP), TB prevention, outbreak preparedness, HIV-NCD integration, elimination of mother-to-child transmission of HIV, syphilis and viral hepatitis as well as malaria vaccines. This active engagement underscores WHO's pivotal role in advancing the discourse and action towards achieving comprehensive health for all.



The WHO Regional Director for Africa, Dr Matshidiso Moeti addressing delegates at ICASA 2023

### [Web story: The World Health Organization in Zimbabwe Advocates for Triple Elimination of Mother-to-Child Transmission at ICASA 2023](#)

#### Health Promotion Needs Assessment

WHO supported the Health Promotion Needs Assessment, the results are expected to inform Health Promotion Policy review and Strategy development. The orientation and data collection for the Health Promotion Needs Assessment was conducted in July 2023. Data was subsequently collected, cleaned and analysed. A report was produced and shared with WCO and MoHCC. The results are expected to inform Health Promotion Policy review and Strategy development.

#### Human Interest stories

### [The World Health Organization in Zimbabwe Advocates for Triple Elimination of Mother-to-Child Transmission at ICASA 2023](#)

### [WHO Bolsters Cholera Response in Manicaland with Crucial Commodities and Supplies Donation](#)

### [WHO Donates Cholera Supplies to enhance outbreak response in Zimbabwe](#)





Both girls and boys still experience unacceptably high rates of sexual and physical violence. Access to services remains a concern with only 14% of girls telling someone about experiencing sexual violence receiving services. In view of this, WHO trained a core group of fourteen (14) national trainers from justice, health, education, police and finance sectors on the INSPIRE Package in order to catalyze Zimbabwe's efforts to implement evidence-based violence prevention and response interventions. This serves as a baseline to measure growth in personnel who have received critical skills for the management of Violence Against Children. Partnership has been forged with UNFPA and UNICEF to cascade the training. Both UNICEF and UNFPA will support district level trainings

#### Nutrition and Food Safety

WHO provided technical assistance and mobilised financial resources to the Urban Food and Nutrition Security Vulnerability assessment, with a full report being presented to and being adopted by Cabinet. The report has been disseminated for use in programming.

WCO with support from MCAT mobilised financial resources amounting to USD55,000 to support adaptation of Inpatient Management of Acute Malnutrition (IMAM). The latest guidelines from WHO have been released (July 2023) and will guide national update of guidelines in the third quarter. Capacity building was supported for a National Training of Trainers team (28 trainers trained) in collaboration with UNICEF with MoHCC in the lead.

In addition, an assessment of the Baby Friendly Hospital Initiative was conducted in selected facilities. A full report with recommendations is available. Hospitals that underwent assessment and certification performed better than hospitals that failed the assessment or were not trained on the Baby-Friendly Hospital Initiative (BFHI). Only two indicators, which were the orientation/training of staff and knowledge on breastfeeding, met the global target of 80% for clinical staff. This indicated a need for continued certification.

## CLIMATE CHANGE AND HEALTH

### HIGH Horizons Heat and Maternal, Newborn and Child Health Indicators

WCO in collaboration with the Ministry of Health and Child Care (MoHCC) and the Ministry of Environment, Climate, and Wildlife (MoECC), convened a workshop on Heat and Maternal, Newborn, and Child Health (MNCH) Indicators. This workshop aimed to identify and establish the most effective indicators for monitoring heat's impact on MNCH at the national level. These valuable insights will contribute to the World Health Organization's global development of heat health indicators. This collaborative effort strengthens our capacity to both track and lessen the effects of heat stress on MNCH health, ultimately benefiting public health as a whole.

### Solar for Health

WCO, UNDP, Ministry of Health, and Childcare (MoHCC) and the Ministry of Environment, Climate, and Wildlife has participated in the GEF funded Solar for Health proposal that has an overall objective of enabling climate resilient and low-emission health services in Zimbabwe through increased access to sustainable and reliable renewable energy in up to 94 public HCFs, and integrated health surveillance and early warning systems for climate sensitive diseases. This is a regional proposed project with a budget of USD58 million for a period of 10 years if successfully funded, WCO will be expected to contribute to three components of the proposed project namely:

1. Enable low-carbon and climate resilient health services
2. Strengthen integrated surveillance and information systems to facilitate climate informed health services, health risk management and community action
3. Enable political environment and communities of practice for low-carbon and climate resilient healthcare facilities



Climate change presents a fundamental threat to human health. It affects the physical environment as well as all aspects of both natural and human systems – including social and economic conditions and the functioning of health systems.



## WASH AND FOOD SAFETY

### WASH Accounts

The WCO in collaboration with AFRO, HQ, and the Department of WASH under the Ministry of Lands, Agriculture, Fisheries and Rural Development developed WASH Accounts using the TrackFin approach. Terms of Reference have been developed by the Government. WCO is awaiting an implementation plan from the Government for onward submission to the HQ and AFRO. WCO will be collaborating with UNICEF in the development and implementation of the WASH activities. WASH Accounts are used to identify and track financial flows in the WASH sector using the WHO developed the TrackFin methodology. The TrackFin methodology supports the collection and mapping for WASH financial flows, in a comprehensive and comparable manner, based on standard TrackFin classifications. TrackFin produces WASH accounts which can be used for national benchmarking, cross-country comparisons and to provide an evidence base to better plan, finance, manage and monitor WASH services and systems.

### WASH in Health Facilities/ Cholera Response and Food Safety

Working with the WASH Pillar led by MOHCC and UNICEF in addressing WASH in CTCs and Water Quality Monitoring Surveillance, WHO procured a state of art Field Water Quality Testing Kit and some consumables which were distributed to districts that were reporting Cholera cases. To compliment this, WHO also trained 60 Environmental Health Practitioners on Water Quality Monitoring (sampling and testing). Emphasis has been put more on scaling up water quality monitoring in Cholera Treatment Centres/ Units across the provinces and ensuring reporting is done promptly. An additional 60 Environmental Health practitioners were also trained in Food Safety. Participants were drawn from 5 provinces (Bulawayo, Mat North, Mat South, Midlands and Masvingo). The Food Safety training complimented the WASH activities and Water quality monitoring trainings/ activities being employed in the cholera endemic districts to contribute to the interruption of transmission of Cholera.

WHO supported advocacy activities to improve Road Safety in Zimbabwe. This includes advocacy with The President of the Republic of Zimbabwe, His Excellency Emmerson Mnangagwa which was conducted together with the UN Resident Coordinator Mr Edward Kallon and the UN Special Envoy for Road Safety Jean Todt. WHO also advocated for the formalization of a technical working group comprising of WHO, MoHCC, Ministry of Home Affairs and Cultural Heritage which houses the Zimbabwe Republic Police, Ministry of Transport and Infrastructural Development as well as the Zimbabwe Road Traffic Safety Board. These advocacy activities assessed Zimbabwe's progress in ensuring road safety following the United Nations Road Safety Performance Reviews (RSPR) conducted in 2022. The RSPR revealed that official statistics confirm Zimbabwe has not achieved the Sustainable Development Goal target 3.6 to reduce road crash deaths and serious injuries by 50% by 2020. WHO also led the development of a funding and technical expertise proposal to mitigate the effects of Road Traffic accidents in the country. The proposal is yet to be funded.

### WHO Zimbabwe Equips Media on Post-Pandemic Reporting and HIV/Ageing

Following the World Health Organization's (WHO) declaration that COVID-19 is no longer a global health emergency, the WHO Zimbabwe office held a series of media capacity-building events. The first session focused on unpacking the implications of the COVID-19 declaration for the public and media professionals. The training, attended by 20 journalists, provided a forum to discuss the nuances of the declaration at local and international levels. Participants explored how COVID-19 reporting should be adapted moving forward.



WHO External Communications Officer, Ms Vivian Mugarisi makes a presentation during a capacity-building seminar for media practitioners.



Discussions centered on several key issues, including:

- **The impact on local vaccination efforts:** The training addressed potential changes in vaccination strategies and how the media can effectively communicate these developments to the public.
- **COVID-19 vaccine manufacturing in Africa:** Participants explored the future of vaccine production on the continent and its potential impact on future health security.

This media training served a dual purpose. It equipped journalists with the knowledge and skills necessary to accurately report on the evolving COVID-19 landscape, while also contributing to the WHO's global campaign celebrating its 75th anniversary – WHO@75. By empowering the media to provide clear and informative reporting, the WHO Zimbabwe office aims to ensure the public has the information they need to make informed health decisions in the post-pandemic era.

The second event, a media café, tackled the critical but often neglected intersection of HIV and ageing. Discussions centered on:

- **HIV Reporting:** The training provided critical insights into how the media can effectively report on HIV, ensuring accurate and up-to-date information reaches the public.
- **HIV and Ageing:** Participants explored the emerging issue of HIV in the ageing population. The discussion highlighted the challenges of treatment fatigue among older patients, their generally good adherence to medications compared to younger people (except in cases of dementia or other conditions), and the need for a shift in messaging from clinicians to address comorbidities beyond HIV. This session underlined the importance of addressing this growing issue and ensuring proper healthcare responses.

By holding these media events, the WHO Zimbabwe office aimed to equip journalists with the knowledge and skills necessary to accurately report on both the evolving COVID-19 landscape and the critical topic of HIV and ageing. This empowers the media to provide clear and informative reporting, ultimately contributing to better public health outcomes.

# WHO values charter

## Our values

## Our DNA

The values of the WHO workforce are inspired by the WHO vision of a world in which all people attain the highest possible level of health, and the mission to promote health, keep the world safe, serve the vulnerable in order to achieve impact for people at country level. We are individually and collectively committed to put these values into practice.



### Trusted to serve public health at all times

We put people's health first  
Our actions and recommendations are independent  
Our decisions are fair, transparent and timely



### Professionals committed to excellence in health

We uphold the highest standards of professionalism across all roles and specializations  
We are guided by the best available science, evidence and technical expertise  
We continuously develop ourselves and innovate to respond to a changing world



### Persons of integrity

We practice the advice we give to the world  
We engage with everyone honestly and in good faith  
We hold ourselves and others accountable for words and actions



### Collaborative colleagues and partners

We engage with colleagues and partners to strengthen impact at country level  
We recognize and use the power of diversity to achieve more together  
We communicate openly with everyone and learn from each other



### People caring about people

We courageously and selflessly defend everyone's right to health  
We show compassion for all human beings and promote sustainable approaches to health  
We strive to make people feel safe, respected, empowered, fairly treated and duly recognized



**World Health  
Organization**  
**Zimbabwe**

**World Health Organization - Zimbabwe**

82 - 84 Enterprise Road  
Highlands, Harare  
Zimbabwe



<https://www.afro.who.int/countries/zimbabwe>



[afzwinfo@who.int](mailto:afzwinfo@who.int)



[WHO\\_Zimbabwe](#)



[WHO Zimbabwe](#)



[whozimbabwe](#)



99897978