World Health Organization

Zimbabwe

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FOREWORD

The year 2025 was marked by important progress in Zimbabwe's journey towards a stronger, more resilient, and equitable health system. Despite ongoing challenges, including resource constraints, climate-related risks, disease outbreaks, and growing demands on health services, the country demonstrated remarkable commitment to protecting and improving the health of its people.

A key achievement during the year was the continued implementation of the Health Workforce Strategy (2023–2030) and the operationalization of the Health Workforce Investment Compact, which have strengthened the foundation for a sustainable health workforce. Through strong collaboration among government, WHO, development partners, and other stakeholders, significant progress was made in addressing workforce shortages, including the approval of over 14 thousand new health worker positions that will contribute to improved service delivery and health outcomes.

Zimbabwe also advanced its health security agenda through strengthened disease surveillance, emergency preparedness and response, implementation of the International Health Regulations, and enhanced One Health coordination. Continued investments in digital health and health information systems have further improved the country's capacity to detect, monitor, and respond to public health threats while supporting evidence-based decision-making.

These achievements are a testament to the leadership of the Government of Zimbabwe, particularly the Ministry of Health and Child Care, and the dedication of health workers across the country. They also reflect the value of strong partnerships and a shared commitment to improving the lives of Zimbabweans.

While notable gains have been made, important challenges remain. Sustained investments are needed to strengthen the health workforce, expand access to quality services, enhance domestic financing, build climate resilience, and ensure that no community is left behind. The lessons learned and foundations established over the past year provide a strong platform for accelerating progress towards Universal Health Coverage and the health-related Sustainable Development Goals.

Looking ahead, WHO remains committed to supporting Zimbabwe in building a healthier, safer, and more resilient future. By sustaining momentum, strengthening partnerships, and fostering innovation, we can translate today's achievements into lasting improvements in health and well-being for all.

I extend my sincere appreciation to the Government of Zimbabwe for its leadership and stewardship, and to our valued donors, development partners, United Nations agencies, civil society organizations, academic institutions, and implementing partners for their unwavering support. My gratitude also goes to frontline health workers, communities, and the WHO Zimbabwe team, whose dedication, professionalism, and collaborative spirit have made these achievements possible.

While these accomplishments demonstrate what is possible when we work together, they also inspire us to look ahead with confidence as we continue building a healthier, more resilient Zimbabwe for all.

WHO IN ZIMBABWE

WHO has been a trusted partner in Zimbabwe for decades, supporting the country in strengthening its health system, responding to public health emergencies, and promoting health research and innovation.

Over the years, the WHO Representative's Office has worked closely with the Government, UN agencies, development partners, civil society, academia, research institutions, WHO collaborating centres, and the private sector.

This collaboration has allowed WHO to translate global guidance into practical, context-specific solutions, helping Zimbabwe align national health action with international standards and global health priorities, including the Sustainable Development Goals (SDGs) and WHO's 14th General Programme of Work (GPW14).

OUR VALUES, OUR DNA

Trusted to serve public health at all times

- We put people's health interests 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 one another.

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.

PRIORITIES

In 2025, WHO Zimbabwe concentrated its support on four key priorities that underpin a stronger, more resilient and equitable health system. Through technical leadership, partnerships and evidence-based interventions, WHO worked alongside the Government and partners to advance universal health coverage, strengthen emergency preparedness, promote healthier communities and accelerate disease control and elimination efforts.

1 Strengthening Health Systems for Universal Health Coverage

Throughout 2025, WHO prioritized support to Zimbabwe in building resilient, people-centred health systems capable of delivering quality essential health services for all. Efforts focused on strengthening primary health care and the health workforce, improving access to essential medicines and health technologies, enhancing financial protection by reducing financial barriers and out-of-pocket health expenditures, particularly for vulnerable populations, and supporting strategic planning to accelerate Zimbabwe's progress towards universal health coverage.

2 Enhancing Preparedness and Response to Health Emergencies

Protecting populations from health emergencies remained a key priority throughout 2025. WHO focused on strengthening preparedness, surveillance, early warning systems, emergency coordination and response capacities to ensure that Zimbabwe is better equipped to prevent, detect and respond to public health threats.

3 Promoting Healthier Lives and Communities

WHO continued to support actions that address the underlying causes of ill health and improve well-being across the life course. Priorities included health promotion, nutrition, mental health, road safety, climate and health, and reducing risk factors for noncommunicable diseases through multisectoral action and community engagement.

4 Accelerating Disease Prevention, Control and Elimination

WHO worked alongside the Government and partners to reduce the burden of communicable and noncommunicable diseases. Priority areas included HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis, sexually transmitted infections and other major public health challenges, with a focus on prevention, early detection, treatment and progress towards elimination targets.

FUNDING & STRUCTURE

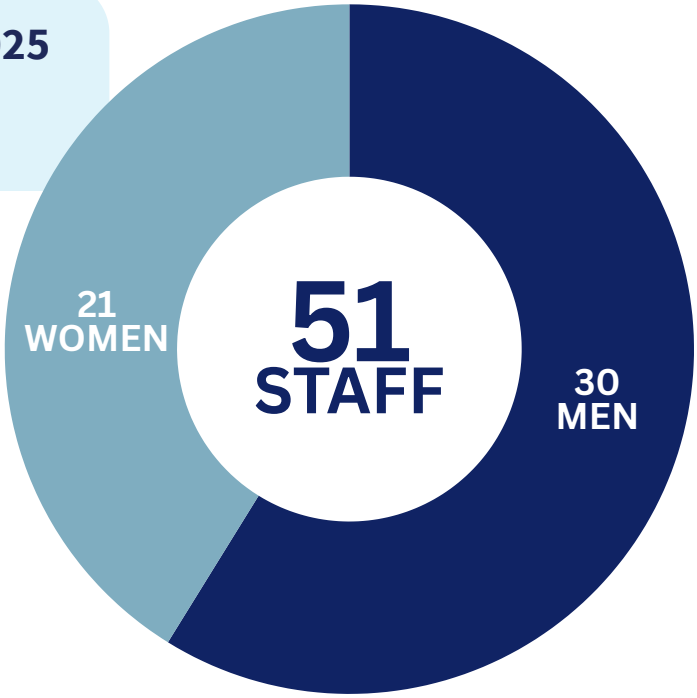
Transparent funding, strong partnerships, and a dedicated team driving impact for better health in Zimbabwe.

TOTAL BUDGET RECEIVED IN 2025

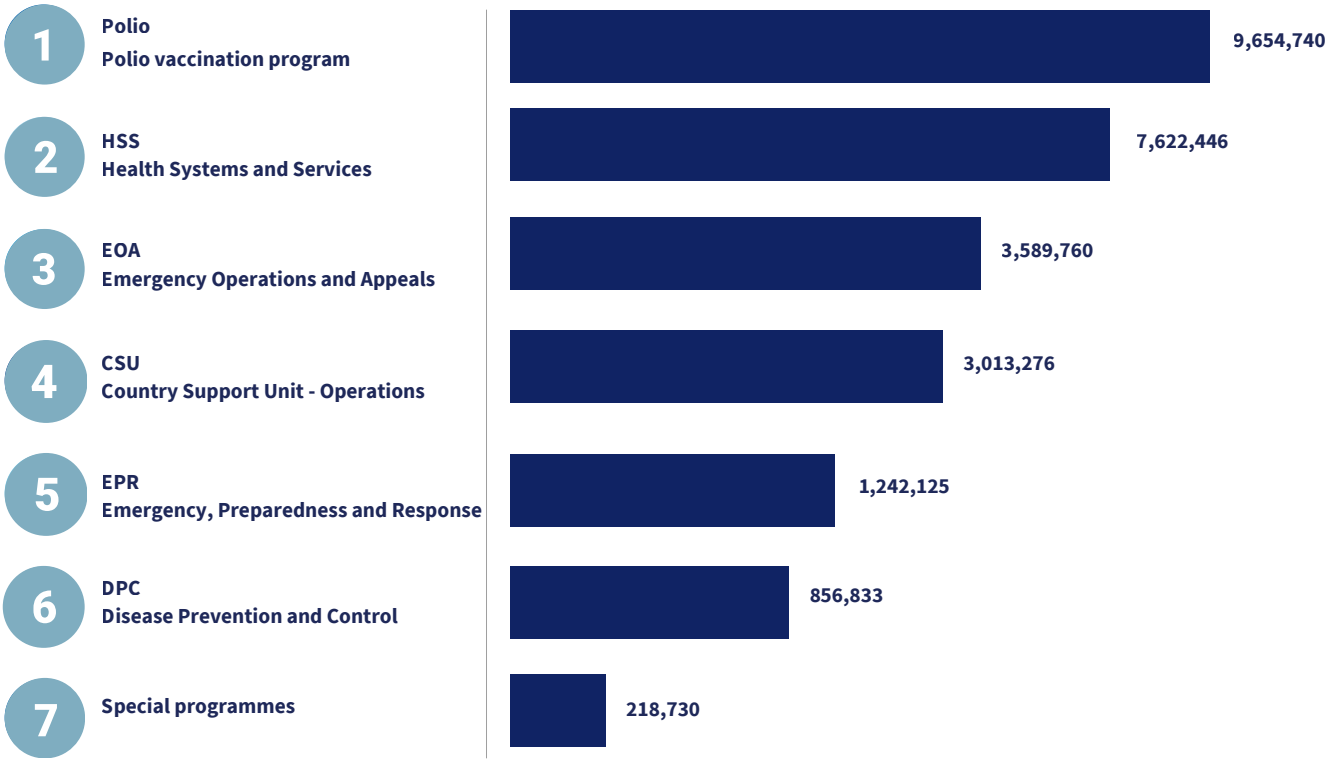
US$ 26.4 MILLION

MAJOR DONORS IN 2025

1. European Investment Bank
2. Gates Foundation
3. Health Resilience Fund
4. Gavi, the Vaccine Alliance
5. Directorate-General for International Partnerships (INTPA), European Commission



BUDGET BY PROGRAMME AREA



ACHIEVEMENTS

Throughout 2025, WHO Zimbabwe, in collaboration with the Government and partners, continued to deliver measurable results across a wide range of health priorities. From protecting millions of children through vaccination campaigns to strengthening health security, expanding the health workforce, advancing digital health and mobilizing critical resources, WHO support contributed to building a stronger, more resilient and equitable health system.

4.86 MILLION CHILDREN

Vaccinated against Polio during the circulating vaccine-derived poliovirus type 2 outbreak response - 114% coverage.

3.5 MILLION PEOPLE

Reached through Preventive and Multisectoral Interventions (PAMIs) across 276 high-risk wards for cholera prevention.

1.7 MILLION CHILDREN

Vaccinated against Measles-Rubella - 97.8% coverage.

EUR 2.2 MILLION

Mobilized from the EU Global Gateway Initiative to strengthen health systems and establishment of the Public Health Institute of Zimbabwe (PHIZ).

14,060 HEALTH POSTS

Created to strengthen the national health workforce.

USD 2.5 MILLION

Secured from the Pandemic Fund to strengthen One Health surveillance and laboratory systems.

ADVANCING NATIONAL HEALTH SECURITY AND PREPAREDNESS

Conducted the Second Joint External Evaluation (JEE), implemented an all-hazards public health risk assessment using the WHO STAR tool, and strengthening International Health Regulations (IHR) capacities.

HEALTH SYSTEMS FOR UNIVERSAL HEALTH COVERAGE CLUSTER

Zimbabwe continued to make decisive progress toward Universal Health Coverage (UHC) by strengthening governance, financing, workforce capacity, service delivery, and health information systems. With WHO's strategic and technical support, the country advanced critical reforms, strengthened coordination across partners, and introduced innovative digital and public health solutions.

In 2025, access to essential health services through public primary health care facilities expanded significantly. These efforts reflect Zimbabwe's commitment to building a resilient, equitable, and people-centered health system capable of delivering quality care to all.

Health Sector Coordination and Governance

Key areas of intervention

1. **Health Sector Coordination Framework**: WHO supported full operationalization of the framework, establishing an inclusive platform for government, development partners, and civil society. This improved coordination, transparency, and alignment of efforts across the health sector.

- **High-Level Partner Coordination**: WHO supported regular Minister- and Permanent Secretary-led Health Partners Coordination Forums, improving strategic dialogue, joint decision-making, political commitment, and alignment of partner resources with national health priorities.
- **Technical Working Groups**: WHO provided technical guidance and targeted financial support to health sector technical working groups, ensuring evidence-based policies and programmes. These groups translated strategic priorities into operational actions, strengthened cross-sector collaboration, and improved service delivery and policy

2. **Development Partner Engagement and Alignment**: Under WHO and Irish Embassy's co-chairmanship, the Health Development Partners Group maintained regular coordination meetings among development partners. These engagements strengthened alignment of external support with national priorities and the Sustainable Development Goals (SDGs), while promoting information sharing, joint planning, and coordinated monitoring. This platform has reinforced accountability and improved coherence in external assistance to the health sector.

Health Services Delivery and Workforce Strengthening

1. **Essential Health Care Package (EHCP)** : WHO supported the finalization of Zimbabwe's Essential Health Care Package (EHCP), ensuring that evidence-based priority services are clearly defined. The EHCP provides a framework for equitable and standardized service delivery across all levels of care and guides resource allocation to reach the populations most in need.

2. **Health Workforce Investment Compact**: WHO played a key role in operationalizing the Health Workforce Investment Compact through active participation and hosting regular Health Workforce Investment Compact Steering Committee meetings to oversee implementation. Key outcomes included support for the development of a national HRH database and finalization of an USD 11.8 million health workforce retention proposal. The Steering Committee also established a Health Workforce Executive Committee to promptly address operational challenges, strengthen accountability, and ensure alignment between policy directives and implementation.

3. **Strengthening Evidence for Workforce Planning**: WHO supported evidence-based health workforce planning through the updating of the Human Resources for Health (HRH) Country Profile, using the 2022 Health Labour Market Analysis report as a proxy. In addition, WHO supported the updating of Zimbabwe health workforce data into the WHO Global Platform through its National Health Workforce Accounts (NHWA) 2.0. WHO is providing ongoing support to strengthen national capacity and institutionalize NHWA 2.0, ensuring sustainable systems for health workforce data management and planning.

Health Financing

1. **National Health Accounts (NHA)**: WHO helped to finalize the 2019–2020 National Health Accounts and support the ongoing compilation of the 2021–2024 NHA. These accounts generate timely and disaggregated data on health expenditures, enabling evidence-based resource allocation, improved financial transparency, and strategic planning. The findings also help identify populations at greatest financial risk, informing policies and investments that protect households from catastrophic health spending.
2. **Health Financing Progress Matrix (HFPM)**: Technical and financial support was provided to conduct the Health Financing Progress Matrix, a comprehensive assessment of Zimbabwe's health financing system. The exercise identified priority reforms and policy actions required to strengthen financial protection, improve efficiency, and accelerate progress toward UHC.
3. **Health Financing Strategy Development**: WHO supported a comprehensive health financing landscape analysis and the review of the 2017 Health Financing Strategy. These results are informing the development of the new Health Financing Strategy (2026–2030) to ensure sustainable, equitable, and efficient financing aligned with national health priorities.
4. **Resource Mobilization for the National Public Health Institute**: WHO mobilized USD 4.3 million from the European Union to support the establishment of the National Public Health Institute (NPHI), contributing to stronger health security and emergency preparedness in Zimbabwe.

Achievements

- National Health Accounts finalized for 2019-2020
- Health Financing Matrix completed
- New Health Financing Strategy (2026-2030) under development
- US4 4.3 million mobilized for the establishment of the PHIZ
- 9th edition of the Essential Medicines List finalized
- Regulatory capacity strengthened for safer and quality medicines

Essential Medicines and Health Technology

1. **Supply Chain and Community Health**: Provided technical support and facilitation to the subcommittees on Supply Chain and Community Health, actively engaging them in initiatives to strengthen health system performance. These efforts have contributed to improved logistics management, service delivery efficiency, and community-level health interventions, ensuring that essential medicines and services reach those most in need.
2. **Essential Medicines List**: Supported the finalization of 9th edition of the Essential Medicines List, ensuring that the list is up to date, evidence-based, standardized, and accessible across all levels of care. This work will strengthen equitable access to health services, improve rational medicines use, improve diagnostic decisions, guides judicious resource allocation, and advances progress toward universal health coverage (UHC)
3. **Strengthening Regulatory Capacity – MCAZ Institutional Development Plan**: WHO continued supporting the Medicines Control Authority of Zimbabwe (MCAZ) to sustain its WHO Maturity Level 3 status by implementing corrective and preventive actions (CAPA) identified through the WHO Global Benchmarking Tool (GBT). Through the Institutional Development Plan (IDP), WHO strengthened regulatory systems to ensure access to safe, quality-assured medical products. An MPTF-funded pilot project procured and deployed state of the art handheld detection technologies (MicroNIR and Raman spectroscopy) to identify substandard and falsified medicines in high-risk border areas, while WHO continued sharing rapid alerts from the Global Surveillance and Monitoring System (GSMS) to support timely regulatory action.

Reproductive Maternal, Newborn, Child, and Adolescent Health (RMNCAH)

Key areas of intervention

1. **Adolescent and Youth Health and Sexual and Reproductive Health and Rights (SRHR)**: WHO supported the development and validation of national Self-Care Guidelines for SRHR interventions, empowering adolescents and young people to access essential services and make informed decisions about their health. WHO also contributed to the development and launch of Zimbabwe's National Youth Strategy, providing a framework to address the broader health needs of adolescents and young people while promoting their meaningful engagement in health programmes and decision-making.

2. **Reducing Maternal Mortality through Innovation**: To address postpartum haemorrhage, one of the leading causes of maternal deaths in Zimbabwe, WHO supported the adoption and scale-up of the WHO E-MOTIVE approach. More than 1,437 health workers were trained nationwide to strengthen early detection and management of postpartum haemorrhage.

3. **Digital Transformation for Maternal and Reproductive Health**: WHO supported the integration of Digital Adaptation Kits (DAKs) for Antenatal Care and Family Planning into the national Impilo Electronic Health Records platform, advancing digital service delivery and data-driven decision-making.

4. **Strengthening Maternal and Perinatal Death Surveillance and Response**: Support was provided to strengthen Maternal and Perinatal Death Surveillance and Response (MPDSR) systems through regular death audits, enhanced governance structures and evidence-based reviews to improve quality of care and accountability.

5. **Advancing Regional SRHR Leadership and Accountability**: Zimbabwe actively contributed to the SADC SRHR Strategy Mid-Term Review and the revision of the regional SRHR Scorecard, strengthening accountability and monitoring of progress towards regional SRHR commitments.

Antimicrobial Resistance (AMR)

Key areas of intervention

1. **Strengthening National AMR and IPC Frameworks**: WHO supported the development, launch and implementation of key national policies and strategies, including the One Health AMR National Action Plan (2024–2028), the National IPC Policy (2024), the IPC Strategy and Implementation Framework (2024–2026), and the National One Health Strategic Plan (2026–2030), providing a strong foundation for coordinated AMR action across sectors.

2. **Enhancing Surveillance and Evidence Generation**: WHO supported the expansion of AMR surveillance and operational research, including the piloting of Healthcare-Associated Infection surveillance, studies on antimicrobial resistance trends, and the introduction of surveillance systems for substandard and falsified medicines in collaboration with the Medicines Control Authority of Zimbabwe.

3. **Building Capacity for Sustainable AMR Action**: Significant investments were made in strengthening national capacity through the integration of AMR and IPC competencies into nursing and midwifery education, workforce training initiatives, and efforts to strengthen laboratory and surveillance systems to improve detection, prevention and response to AMR threats.

4. **Advancing One Health Collaboration and Resource Mobilization**: WHO facilitated multisectoral collaboration across human, animal and environmental health sectors through the One Health approach, supported Zimbabwe's first One Health AMR Conference, and mobilized strategic investments from partners including the UK Fleming Fund and the Multi-Partner Trust Fund to accelerate implementation of national AMR priorities.

Expanded Programme on Immunization (EPI)

In 2025, the Ministry of Health and Child Care (MoHCC) of Zimbabwe continued to strengthen its partnerships with WHO, Gavi, the Vaccine Alliance, UNICEF and Crown Agents to improve immunization coverage and protect children from vaccine-preventable diseases. WHO provided technical and operational support for Polio and Measles-Rubella vaccination campaigns, including coordination, microplanning, training, readiness assessments, supportive supervision, monitoring and reporting, while also supporting routine immunization strengthening and the revitalization of HPV vaccination in partnership with the Ministry of Primary and Secondary Education (MoPSE). GPEI partners maintained close technical and financial collaboration on Polio outbreak response and preparedness activities, while community engagement was strengthened through Civil Society Organizations.

Measles-Rubella

1.73 MILLION
CHILDREN VACCINATED

1,769,881
TARGET OF CHILDREN <5

97.8%

Coverage slightly below the target, mainly due to vaccine hesitancy linked to religious beliefs, access challenges in remote areas and competing caregiver responsabilties.

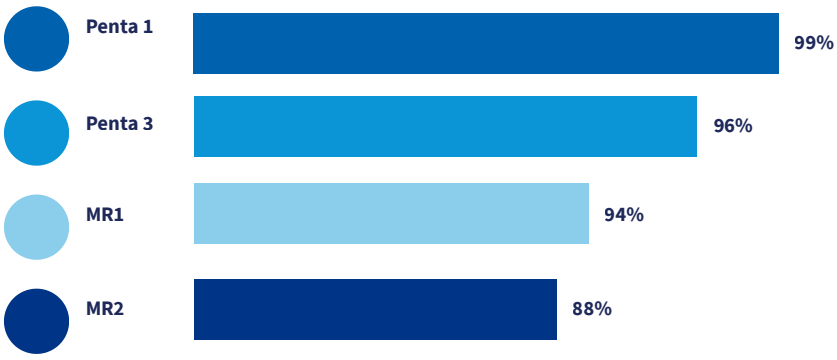
Polio (nOPV2)

4.86 MILLION
CHILDREN VACCINATED

4.3 MILLION
TARGET OF CHILDREN <10

114%

Following three round of nOPV2 campaign in 2024 which delivered over 13 million doses.



Additional Achievements

- **HPV Vaccination Revitalization**: 169,522 girls reached – with transition from two-dose to single-dose in June 2025.
- **VDP Early Warning System (EWS)**: EWS established in DHIS2 and improved outbreak detection and laboratory feedback.
- **Polio Laboratory Strengthening**: Polio laboratory refurbished and equipped and environmental Surveillance samples now processed in-country.
- **Disease elimination milestones**: Polio eradication status sustained; Maternal and Neonatal Tetanus elimination sustained; Progress towards MR positivity reviewed by regional verification committee.

Success Story



“Zimbabwe marked a major milestone in child health with the launch of the National Measles-Rubella (MR) Vaccination and Vitamin A Supplementation Campaign at Stoneridge Clinic in Harare. Led by the Ministry of Health and Child Care (MoHCC), in collaboration with WHO Zimbabwe, and funded by Gavi and the Government of Zimbabwe, the campaign represents a decisive step toward protecting every child aged 9 to 59 months from preventable diseases.

"Our goal is to reach at least 95% of children with the MR vaccine and provide Vitamin A supplementation to all children aged 6–59 months," confirmed the Ministry of Health and Child Care at the launch.

The nationwide campaign, conducted from 6 to 10 October 2025, targeted all children aged 9–59 months, regardless of previous vaccination status. Thousands of children across Zimbabwe received the Measles-Rubella vaccine—many also catching up on missed routine doses—while Vitamin A supplementation was provided to ensure healthy growth and stronger immunity.

Preliminary national coverage stands at an impressive 97.8%, with 1,730,354 children vaccinated out of a target of 1,769,881. This success reflects Zimbabwe’s strong commitment to child health, reinforced by historic domestic financing, as the Government of Zimbabwe funded more than half of the total resources required for the campaign. This marks a major step toward national ownership and sustainability, in line with global efforts to strengthen domestic health financing amidst a shifting geopolitical landscape and reductions in global health funding.

To ensure that no child is left behind, a coverage survey will begin in mid-November 2025 to validate administrative data and guide future efforts.

In Plumtree, Bulilimamangwe District, located in Matabeleland South Province at the border with Botswana, frontline nurse Ncebile Ngwenya highlighted the campaign’s positive impact on accessibility: "The campaign utilised scheduled outreach points, which improved access to immunization services by delivering them at the community level. It will help protect children from measles and rubella, ensuring strong immunity and a healthier future for our communities."

WHO teams provided technical, operational, and field support and monitoring to help address challenges in real time, while dedicated frontline health workers and teachers ensured smooth implementation at every vaccination site. Their commitment has been crucial in making this nationwide effort possible.

The MR vaccination campaign represents a vital step toward safeguarding children from preventable diseases and strengthening the country’s health system.

By vaccinating nearly 1.73 million children, integrating Vitamin A supplementation, and mobilizing strong domestic resources, Zimbabwe is building resilient communities, stronger immunity, and a brighter, healthier future for its children.

Public Health Institute of Zimbabwe (PHIZ)

In 2025, WHO played a catalytic role in supporting the Government of Zimbabwe to advance the establishment of the Public Health Institute of Zimbabwe (PHIZ), a landmark reform designed to strengthen the country's capacity to prevent, detect and respond to public health threats while advancing Universal Health Coverage (UHC).

Supported through the European Union Global Gateway Team Europe Initiative, PHIZ is being established as a science-driven, semi-autonomous institution that will consolidate essential public health functions, including disease surveillance, laboratory systems, emergency preparedness and response, workforce development, research and evidence-informed policymaking.

Throughout the year, WHO provided strategic guidance, technical assistance and coordination support at every major milestone of the PHIZ journey. This included supporting the official launch of the Institute in October 2025, facilitating the establishment and inauguration of the PHIZ Steering Committee in December to provide strategic oversight and governance, and organizing a South–South learning exchange with the Zambia National Public Health Institute. The exchange enabled Zimbabwean policymakers and technical experts to gain practical experience on governance models, legal frameworks, institutional design and operationalization, helping accelerate the country's transition from concept to implementation.

By translating global guidance into context-specific action, WHO helped strengthen multisectoral collaboration, reinforce national ownership and lay the foundations for a resilient, data-driven public health institution. Once fully operational, PHIZ will serve as Zimbabwe's central platform for coordinating essential public health functions, enhancing emergency preparedness and response, generating evidence for decision-making, and strengthening the country's long-term health security and resilience.

> ***"A functional National Public Health Institute is not a luxury, it is a necessity for delivering Universal Health Coverage and safeguarding future generations."***

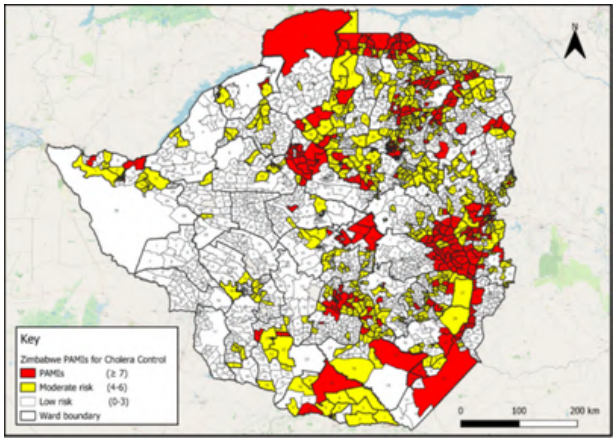
> ***"PHIZ is more than an institution, it is a safeguard for the nation. It is a symbol of preparedness. It is an investment in the future of Zimbabwe."***

PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES CLUSTER

In 2025, Zimbabwe continued to strengthen its capacity to prepare for and respond to public health emergencies through strategic investments, multisectoral coordination, and targeted resource mobilization. The country received USD 2,491,151 from the Pandemic Fund under a multi-country proposal to strengthen One Health disease surveillance and response in Southern Africa, a strategy aimed at mitigating climate-driven disease outbreaks. WHO served as the implementing entity, coordinating with delivery partners including FAO, UNICEF, Africa CDC, and IOM. Zimbabwe also secured USD 14,326,516 through the third round of the Pandemic Fund single-country window, while the Health Resilience Fund contributed USD 584,225 in support of broader health security initiatives. These funds have been instrumental in enhancing preparedness and operational capacities across national and subnational levels.

Cholera control and priority areas for multisectoral interventions

With technical guidance from WHO, Zimbabwe conducted a comprehensive identification of Priority Areas for Multisectoral Interventions (PAMIs) to strengthen cholera control. The exercise identified 276 wards with a high-risk index, encompassing approximately 3.5 million people, or 23% of the national population.



These wards have become the focus of enhanced multisectoral cholera prevention and response measures, while continuous monitoring continues in moderate- and low-risk areas to prevent escalation. The results of this assessment inform the national cholera control plan, the development of a multi-year vaccination strategy, and the country's application to the Global Task Force on Cholera Control (GTFCC) for preventive oral cholera vaccination campaigns.

In 2025, Zimbabwe recorded 778 cholera cases and 23 deaths across 23 districts in eight provinces, with the highest burden in Mashonaland Central, East, and West, largely linked to artisanal mining along the Mazowe River.

WHO supported the response by activating the Cholera Incident Management System, providing essential supplies worth USD 89,000, and strengthening surveillance, contact tracing, and infection prevention measures in treatment centers. Standardized tools for case management and reporting were also distributed.

An After Action Review highlighted strengths and gaps, recommending improved prepositioning of supplies, enhanced equipment readiness at subnational level, stronger public–private collaboration, wider dissemination of key reports, and reinstatement of routine surveillance meetings to ensure timely, coordinated responses.

WHO trained and certified 24 national laboratory trainers and supported initial cholera RDT cascade trainings, equipping 74 frontline nurses in Manicaland and Mashonaland East—collectively strengthening preparedness and response capacity of the country for future outbreaks.

Strengthening public health emergency management

To further consolidate emergency preparedness, WHO collaborated with Africa CDC to deliver Public Health Emergency Management (PHEM) Executive Level Training for 60 high-level Ministry of Health and Child Care (MoHCC) participants, equipping them with strategic leadership and coordination skills essential for managing complex public health emergencies. Building on this milestone, provincial-level PHEM training for Harare, Manicaland, and Bulawayo—which have been already supported with Public Health Emergency Operations Center (PHEOC) equipment—is scheduled for 2026, further reinforcing both national and subnational capacities.

Influenza surveillance and regional coordination

Zimbabwe hosted the African Regional Coordination Meeting of 14 Member States to advance the implementation of the PIP Framework Partnership Contribution High-Level Implementation Plan III (2024–2030). This meeting provided a platform to review progress, share experiences, and address implementation challenges. The country currently monitors six influenza sentinel sites nationwide, systematically reporting data through FluNet to the WHO Regional Office for Africa (AFRO), thereby strengthening regional surveillance and contributing to global influenza intelligence.

International Health Regulations (IHR 2005) and risk profiling

Zimbabwe continued to enhance compliance with the International Health Regulations (IHR 2005), improving coordination capacities through training for the IHR National Focal Point and stakeholders. A comprehensive all-hazards public health emergency risk assessment was conducted using the STAR tool, generating a risk matrix, risk level summary, and a risk calendar. Cholera, acute watery diarrhea, malaria, and transport-related injuries were identified as the highest-priority hazards, with additional high-risk events including measles, typhoid, poliomyelitis, acute respiratory infections, mining-related injuries, and climate-sensitive events such as cyclones, floods, and droughts. This epidemiological profiling supports targeted preparedness, surveillance, and resource allocation based on disease burden, transmission dynamics, and hazard seasonality.

Highest-priority hazards

- Cholera
- Acute watery diarrhea
- Malaria
- Transport-related injuries

In September 2025, Zimbabwe conducted its second Joint External Evaluation (JEE) with WHO support, engaging government, academia, and partners across 19 technical areas. The evaluation highlighted commendable progress, including the availability of competent human resources, functional laboratories at national and subnational levels, effective coordination and surge capacity during emergencies, and strong political commitment and legal frameworks supporting IHR implementation.

Key recommendations and lessons learned highlighted the need to strengthen multisectoral coordination through One Health mechanisms, complete IDSR training across all provinces, and enhance event-based surveillance. Priorities also include digitalizing information systems, streamlining domestic financing for the International Health Regulations (IHR), finalizing key legal and strategic frameworks, developing a multisectoral National Action Plan for Health Security (NAPHS), ensuring timely IDSR reporting to WHO AFRO, and accelerating full Incident Management System (IMS) activation for faster emergency response.

PROMOTION OF HEALTHIER POPULATION CLUSTER

In 2025, WHO Zimbabwe continued to advance its commitment to building healthier populations through multisectoral interventions across road safety, child protection, climate-resilient health systems, nutrition, and strengthened planning and monitoring.

Despite staffing and financial constraints, strategic partnerships with government, UN agencies, regional organizations, and local stakeholders enabled the Country Office to implement priority activities, generate evidence for policy and programmatic decisions, and lay the foundation for sustainable health improvements.

Road Safety

In 2025, WHO led the establishment of an Inter-Agency UN Road Safety Committee in Zimbabwe, bringing together UN agencies and national stakeholders to strengthen coordination on road safety. Two coordination meetings, including one with the Zimbabwe Traffic Safety Council, helped define key priorities and promote a coordinated approach to improving road safety through stronger governance, enhanced data systems, enforcement, and evidence-based interventions.

Violence Against Children

The Government of Zimbabwe reaffirmed its commitment to Ending Violence Against Children (EVAC) with a renewed Cabinet endorsement. WHO Country Office supported the collection and analysis of EVAC data, which has been officially endorsed by the Government and submitted to the WHO Regional Office for Africa (AFRO) for inclusion in the Global Report on Ending Violence Against Children.

Nutrition

A final joint review and finalization of the Guidelines for Management of Acute Malnutrition in children under five was completed. WHO provided technical guidance on the on finalisation of the guidelines with support from WHO AFRO nutrition experts. Cascade training of provincial nutrition focal persons on the updated guidelines commenced, ensuring alignment across all levels of care. A total of twenty-eight (28) provincial focal persons were trained as trainers. In turn, 898 district focal persons received cascade training on the guidelines.

Climate Change and Health

WHO strengthened national coordination and action at the intersection of climate change and health in 2025. The Organization was appointed to the Zimbabwe Intersectoral Coordination Committee on Climate, Environment and Health (ZICC-CEH), which reports progress to the ministries responsible for health and the environment. With support from the WHO Regional Office for Africa, the Country Office led the first national stakeholder consultation to initiate the development of Zimbabwe's Health National Adaptation Plan (H-NAP) and began mobilizing resources for a vulnerability and adaptation assessment that will inform the plan. WHO's malaria and climate change focal points also provided technical support to the Malaria and Climate Change Technical Working Group, helping to identify climate-related risks and formulate key recommendations to strengthen malaria interventions in the context of a changing climate.

DISEASE PREVENTION, CONTROL AND ELIMINATION CLUSTER

In 2025, WHO Zimbabwe advanced disease prevention, control and elimination through integrated action across communicable and noncommunicable diseases, neglected tropical diseases and mental health. Key efforts focused on sustaining essential HIV, tuberculosis and malaria services amid funding constraints; expanding cancer prevention, screening and treatment; strengthening surveillance, diagnosis and treatment for neglected tropical diseases; and improving access to community-based mental health care.

Through collaboration with the Government and partners, WHO supported evidence-based planning, workforce capacity, access to essential medicines and technologies, and stronger information systems. These partnerships helped protect critical health services and accelerate progress towards disease elimination targets.

Integrated Women's Cancer Services (WICS)

In 2025, Zimbabwe advanced access to integrated non-communicable disease (NCD) services at the primary health care level through the Women Integrated Cancer Services (WICS) project, implemented with WHO financial and technical support in selected facilities in Matabeleland South and Mashonaland West. The initiative strengthens prevention, screening, early diagnosis and treatment of breast and cervical cancer while integrating services for hypertension, diabetes and mental health within a PHC framework. To support implementation, WHO procured screening, laboratory and treatment equipment valued at US$200,000. A mid-term review conducted with the WHO Regional Office confirmed strong national commitment to improving women's cancer outcomes, while identifying programme coordination and cross-departmental collaboration as key operational challenges affecting implementation.

Scaling Up Prevention and Control of Neglected Tropical Diseases

WHO continued to support Zimbabwe in scaling up prevention and control of neglected tropical diseases (NTDs). Strengthening the management of medicines for schistosomiasis was prioritized through a joint mission conducted in July 2025 by the Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN) and Merck. Following the mission, the Ministry of Health submitted a mitigation plan addressing expired or unaccounted stock, while WHO provided technical support to improve monitoring and evaluation systems.

Human African Trypanosomiasis (HAT)

Cases continued to be reported in northern Zimbabwe in 2024, prompting strengthened surveillance and response efforts. Following participation in WHO training on updated r-HAT guidelines and the introduction of the oral treatment fexinidazole, pediatric and adult formulations were delivered to the country in early 2025. With financial and technical support from WHO and the Drugs for Neglected Diseases initiative (DNDi), case management and laboratory surveillance trainings were conducted in hotspot districts, strengthening diagnostic capacity for detection of trypanosomes in blood and cerebrospinal fluid and updating diagnostic algorithms.

Lymphatic Filariasis

Zimbabwe conducted the second round of Mass Drug Administration for Lymphatic Filariasis in October 2025 across seven endemic districts. The campaign, led by the Ministry of Health in collaboration with WHO and partners including the HigherLife Foundation, treated over 806,000 people and achieved an average national coverage of 68%. Five districts surpassed the threshold required to interrupt transmission and will now proceed to epidemiological monitoring surveys while others will repeat mass treatment in 2026.

Leprosy

Case management faced temporary shortage of medicine shortages due to delayed order. WHO facilitated emergency sourcing of donated medicines which ensured continuity of treatment.

Success Story

As part of the ongoing efforts to combat Human African Trypanosomiasis (HAT), (commonly known as sleeping sickness) in Zimbabwe, World Health Organization hosted a three-day Laboratory Diagnosis and Surveillance Training in November 2025. The training brought together a team of 20 laboratory personnel, clinicians, and field officers from areas at risk of HAT transmission. These includes staff working in safari camps and health facilities near endemic areas around Kariba Lake.

The workshop equipped laboratory personnel with skills in detecting trypanosomes in blood and cerebrospinal fluid (CSF), performing white blood cell counts, and applying the improved technique for identifying live trypanosomes. Clinicians were also trained on the use of a new medicine, fexinidazole, for treatment of HAT, which has now been incorporated into Zimbabwe's Essential Medicines List and Standard Treatment Guidelines.

Through a combination of theory and practical laboratory sessions, and simulations exercises, participants gained skills and experience in preparing and examining blood samples. They also learned how to adapt laboratory procedures to their local settings and maintain microscopes for reliable results. Standard Operating Procedures (SOPs) and diagnostic and treatment algorithms were updated and shared, to help participants immediately apply these techniques in their routine work.

The training was officially opened and closed by Dr Isaac Phiri, Director of Epidemiology and Disease Control and Chair of the NTDs Control Committee. He highlighted the importance of strengthening HAT surveillance and urged participants to cascade the training nationwide under a One Health approach, ensuring coordinated monitoring and response in both human and animal populations.

The workshop represents a critical step in Zimbabwe's fight against HAT, has helped building national capacity to detect cases early, improve patient care, and contribute to the country's goal of eliminating sleeping sickness as a public health threat.

Sustaining HIV, TB and Malaria Programmes

HIV, TB and malaria programmes faced significant financial pressures in 2025 following disruptions in United States Government funding and reductions in Global Fund allocations (11% across the three diseases).

WHO supported the national reprioritization process through the Country Coordinating Mechanism (CCM), providing technical guidance to preserve life-saving interventions and maintain essential service delivery. Despite these constraints, Zimbabwe made progress in key programmatic areas. The country was selected among nine Global Fund-supported countries to introduce lenacapavir, a long-acting HIV prevention injection administered every six months. WHO supported the development of the national introduction framework through the PrEP Technical Working Group, with regulatory approval granted in December 2025 and rollout planned for early 2026.

Zimbabwe also maintained strong progress in pediatric HIV treatment, achieving over 95% national coverage with pediatric dolutegravir. Preparations for the introduction of the pediatric fixed-dose combination regimen were supported through development of a transition plan and training of more than 400 health workers.

Under the Global Fund Digital Health Impact Accelerator initiative, WHO supported improvements in interoperability of Zimbabwe's electronic medical record system (Impilo), including development of a national FHIR implementation guide and localization of the WHO HIV Digital Adaptation Kit to strengthen digital health systems and support progress toward the global 95-95-95 targets.

WHO further supported progress toward the Triple Elimination of Mother-to-Child Transmission of HIV, syphilis and hepatitis B by providing technical assistance for guideline adaptation, health worker training and validation processes. However, the rollout of hepatitis interventions has been slower due to limited dedicated funding, highlighting the importance of integrating hepatitis services within existing maternal and child health platforms.

Mental Health Initiatives

Efforts to strengthen mental health services continued in 2025, with a focus on expanding community-based care, strengthening the health workforce, improving mental health information systems, and advancing policy reform. Through the FRIENDZ programme, integrated delivery of problem-solving therapy, in collaboration with Friendship Bench, and mhGAP continued across four provinces. A total of 25,028 clients received problem-solving therapy, while 100 community health workers were trained and 65 Circle Kubatana Tose groups were established, supporting 650 participants through community-based recovery activities.

Significant progress was also made in strengthening mental health data and referral systems. Revised monitoring and evaluation tools were integrated into DHIS2 and rolled out across all 2,003 health facilities, alongside national mental health registers and referral pathway tools. Provincial and district teams received training and orientation on the revised tools, while sentinel surveillance was strengthened through refresher training, supportive supervision and completion of data collection.

At policy and systems level, WHO supported the initiation of the Mental Health Act review, bringing together multisectoral stakeholders and technical expertise from WHO at country, regional and global levels. The National Mental Health Services Package continued to guide coordination, planning and reform discussions, while sustainability planning with the Ministry of Health and Child Care and Friendship Bench advanced efforts towards greater government ownership of mental health interventions. Partner engagement and resource mobilization also continued to position mental health more prominently within broader health systems, financing and emergency preparedness discussions.

OPERATIONS, PLANNING AND MONITORING

In 2025, WHO Zimbabwe continued to strengthen its operational excellence and organizational effectiveness through sound governance, efficient resource management and robust planning and monitoring processes.

Investments in infrastructure, digital systems, sustainability initiatives and staff capacity, alongside strong corporate performance and compliance, enhanced the Country Office's ability to deliver on its programme priorities and support national health outcomes.

Operations Key Achievements:

1 Governance and Performance

The Country Office maintained strong governance and operational performance throughout the year, achieving an Internal Control score of 3.65 out of 4 and an overall implementation rate of 94%.

2 Infrastructure and Digital

The office strengthened its infrastructure and digital systems through the installation of an 80 KVA solar power system, the procurement of upgraded Cisco networking equipment, and enhancements to the biometric access-control system. A wireless fire alarm system was also installed to improve workplace safety and emergency preparedness.

3 Efficiency & Sustainability

Several initiatives were introduced to promote operational efficiency and environmental sustainability. A paper-recycling initiative enabled the responsible disposal of 9,364 kg of paper in exchange for tissue products, while the introduction of 15 water dispensers reduced reliance on bottled water during meetings and office activities.

4 Cost Savings

Cost-saving measures generated significant efficiencies without compromising service quality. Hosting the annual retreat in-house resulted in savings of more than 75% compared with an out-of-town option, while revised printing arrangements reduced costs by 34%. The expanded use of CCTV surveillance is also expected to deliver 25% savings in security costs.

Planning and Monitoring Key Achievements:

1 Improved results-based management

Staff capacities and the use of corporate planning and monitoring systems were strengthened, enabling more consistent tracking of programme implementation, resources and results.

2 Stronger performance monitoring

Mid-year and semi-annual reviews provided timely evidence on progress, implementation gaps and emerging priorities, informing management decisions and corrective actions.

3 Preparedness for the 2026–2027 biennium

WHO Zimbabwe contributed to regional operational planning and aligned its priorities, workforce and resources with the country's health needs and WHO's strategic objectives for the next biennium.

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Thank You!

Together, through strong partnerships, sustained investment and collective action, we are building a healthier, more resilient Zimbabwe where everyone has the opportunity to attain the highest possible standard of health.

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