

# ANNUAL REPORT OF THE WHO COUNTRY OFFICE IN ZIMBABWE



World Health  
Organization

# 2022



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# Abbreviations and Acronyms

<b>COVID-19</b>	Corona Virus Disease of 2019
<b>CSOs</b>	Civil Society Organizations
<b>CVDPV</b>	Circulating Vaccine-Driven Polio Virus
<b>EDC</b>	Epidemiology and Disease Control
<b>FAO</b>	Food and Agricultural Organization of the United Nations
<b>FP</b>	Family Planning
<b>GoZ</b>	Government of Zimbabwe
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPOS</b>	Health Professional Online Service
<b>HRH</b>	Human Resources for Health
<b>HR</b>	Human Resource
<b>HSCF</b>	Health Sector Coordination Framework
<b>HWSSL</b>	Health Workforce Safeguard and Support List
<b>IEC</b>	Information, Education and Communication
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCAZ</b>	Medicines Control Authority of Zimbabwe
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MoHCC</b>	Ministry of Health and Child Care
<b>MPDSR</b>	Maternal and Perinatal Death Surveillance and Response
<b>NCDs</b>	Non-communicable diseases
<b>NGOs</b>	Non-Governmental Organizations
<b>NHS</b>	National Health Strategy
<b>NMRL</b>	National Microbiology Reference Laboratory
<b>NPO</b>	National Professional Officer
<b>PCR</b>	Polymerase Chain Reaction
<b>PHEIC</b>	Public Health Emergency of International Concern
<b>PPM&amp;E</b>	Policy Planning Monitoring and Evaluation

# Abbreviations and Acronyms

<b>PRSEAH</b>	Preventing and Responding to Sexual Exploitation, Abuse and Harassment
<b>RCCE</b>	Risk Communication and Community Engagement
<b>RDT</b>	Rapid Diagnostic Tests
<b>SSA</b>	Special Services Agreement
<b>TB</b>	Tuberculosis
<b>ToRs</b>	Terms of Reference
<b>TWG</b>	Technical Working Group
<b>UHC</b>	Universal Health Coverage
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNCT</b>	United Nations Country Team
<b>UNFPA</b>	United Nations Population Fund
<b>UZ</b>	University of Zimbabwe
<b>WCO</b>	WHO Country Office
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization
<b>WPVI</b>	World Polio Virus type 1
<b>ZIMVAC</b>	Zimbabwe Vulnerability Assessment Committee
<b>ZINATHA</b>	Zimbabwe National Traditional Healers Association
<b>ZNFPC</b>	Zimbabwe National Family Planning Council



## MESSAGE FROM **WHO** REPRESENTATIVE

It is my great pleasure to introduce the WHO Country Office (WCO) in Zimbabwe Annual Report for the year 2022. This report provides a comprehensive overview of the health situation in Zimbabwe, highlighting the key achievements and challenges WHO faced in supporting the Government of Zimbabwe to realize its health priorities.

The year 2022 saw the country recording a measles outbreak, 15 years after the last case was reported. Polio cases were also reported in the Region, exposing the cracks in routine immunization due to the COVID-19 response. The WHO Country Office supported the Ministry of Health and Child Care (MoHCC) to respond to the measles outbreak, carry out polio vaccination campaigns while integrating COVID-19 vaccination in routine immunization for efficient use of resources as well as catch up on those who had been missed, particularly children. In line with the Universal Health Coverage goal and the National Health Strategy (2021-2025), efforts were focused on health system strengthening.

I commend my predecessor, Dr. Alex Gasasira, for his strong leadership, commitment and the guidance provided to the team during the year 2022. I would like to appreciate all the WHO staff; the Ministry of Health and Child Care as well as all stakeholders for the great achievements highlighted into this Report.

I wish you all happy reading.

**Professor Jean-Marie Dangou**  
WHO Country Representative for Zimbabwe

# EXECUTIVE SUMMARY

This report highlights the work of the World Health Organization (WHO) in Zimbabwe towards contributing to the triple billion targets in the context of the Sustainable Development Goals (SDGs).

The report outlines an overview of the health situation in Zimbabwe and gives an overview of WHO presence in the country as guided by the Programme Budget (PB) 2022-23. The report also highlights progress made in contributing to the Universal Health Coverage through the Cluster Approach i.e. Life Course, Communicable and Non-Communicable Diseases, Healthier Populations, Emergency Preparedness and Response, and Operations.

Highlighted also in the report are the collective efforts made to support the Ministry of Health and Child Care (MoHCC), in collaboration with other UN agencies, Civil Society, Donors and other valued partners.

WHO Zimbabwe will continue to focus on championing the health agenda in the country through supporting the country to implement priority areas under the National Health Strategy 2022-2025 and other national health outcomes.





## COUNTRY OVERVIEW & WHO PRESENCE

### Country Overview

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 second largest city is Bulawayo. The estimated population is 15 million people. Zimbabwe 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 (NDS 1) and the National Health Strategy (NHS 2021-25). The national Health Strategy identifies eleven (11) health priorities to which the WCO contributed during 2022.

Zimbabwe's health system has been affected by the country's recent socio-economic difficulties. Maintaining human resources has therefore been a critical area in the health system. The public sector provides 65 percent of health care services in the country (MOHCW 2005), and so a shortage of public sector workers affects the majority of the population.

Having noted the high health worker exodus, the government has been exploring and implementing measures to slow down this trend. A sustainable remuneration and retention package for health workforce has been identified as high priority to address further exodus of staff. Government has therefore endeavored to address high staff turnover by continuously reviewing monetary and non-monetary incentives to attract and retain health staff. Government has in addition set aside resources towards the construction of institutional accommodation at various health centres, including procurement of staff buses and operational vehicles. A scheme has been put in place to allow duty free importation of personal vehicles using free funds.

# WHO Operational Presence

WHO presence is guided by the Programme Budget (PB) 2022-23. The WHO Zimbabwe Country Office Team in 2022 consisted of a total of 87 staff members. Of these, 41 had fixed-term contracts, 2 had short-term contracts, and 44 were on short-term service agreements or consultancy contracts. All staff members fell under one of five clusters: UHC, UCN, WHE, UHP, and Operations. The team's focus was to provide technical support to the Ministry of Health and Child Care (MoHCC). In 2022, the country office partnered with other UN agencies and civil society organizations to support MoHCC's National Health Strategy (NHS) 2022-2025. These partnerships included FAO, UNICEF, UNOPS, UNFPA, FriendshipBench, Pamvuri, CDC Africa, and BRTI.

The Programme Budget is based on a new model that espouses a paradigm shift that seeks to deliver results by providing capacities to country offices while addressing funding challenges.

WHO 2022 - 2023 work plan was developed based on a new model that espouses a paradigm shift that seeks to deliver results by providing capacities to country offices while addressing funding challenges

The paradigm shift is premised on a triple approach, namely:

## **Pillar approach:**

where functions are categorized into 6 pillars that can be incrementally implemented (starting with the minimum presence i.e., pillars 1 and 3), depending on available resources;

## **Multi-Country Assignment Teams (MCAT):**

which will allow countries to pool funding and share human resource expertise (i.e. pillar 2) and

## **Use of Technology:**

whereby technology is used as a vehicle for remote support, thus enabling countries to deliver service at reduced costs (less travel) as evidenced during COVID-19 restrictions

## **The WCO Zimbabwe roles have mainly been the following;**

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- setting norms and standards and promoting their implementation;
- providing technical support, catalysing change, and building sustainable institutional capacity;
- monitoring the health situation and assessing health trends.



# PROGRESS PER PILLAR



## Universal Health Coverage

### Main achievements

- Zimbabwe implemented the 2gether 4 Sexual and Reproductive Health and Rights (SRHR) programme, a partnership between four UN Agencies (UNAIDS, UNFPA, UNICEF and WHO) and Sweden that provided US\$10 million to Zimbabwe between 2018 and 2022. Through the 2gether4SRHR programme, access to quality and client centered services improved through integration of critical SRHR, HIV and sexual and gender-based violence (SGBV) related services. Percentage of health facilities providing integrated SRHR/HIV/SGBV services in 2gether4SRH supported districts increased from 0% (in 2018) to 99% in 2022. About two million people from the 13 supported districts are estimated to have benefited from the 2gether4SRH initiative.
- The Human Resources for Health Policy which guides the establishment of a sound basis for formulating HRH strategies and plans to improve coverage and the quality of health services for the people of Zimbabwe, was reviewed and updated. WHO ensured that attention was given to include the global, regional, and national pronouncement highlighting HRH issues and their bearing on the achievement of SDGs and the refocus on Primary Health Care.
- A comprehensive Health Labour Market Analysis was undertaken to guide HRH Strategy (2023-2030) development that will be costed to produce an HRH Investment Compact aimed at the progressive development of a sustainable Health Workforce. In addition, the HRH Strategy will maximize on private sector contribution by engaging them to optimize expanded contribution to HRH training and employment. The HRH Strategy promotes integration of Community Health Workers by securing government commitment to support them through grant aiding.

- HRH coordination improved through resuscitating HRH Task Force and Subcommittees that now provide guidance on coordinated implementation of HRH strategies in line with new HRH Policy.
- Capacity building of data management and M&E was strengthened. The trainings have led to improved data quality and analysis. M&E skills will help government to identify success and gaps in implementation of NDS1 and the NHS, and plan for adjustments to programming and resource allocation as needed to achieve set targets.
- MoHCC updated the Digital Health Atlas with the support of WHO. The DHA is a global repository to register digital health products, including those related to COVID-19 vaccination management. The DHA supports countries to strengthen governance of Digital Health Tools.
- The National CRVS Comprehensive Assessment was implemented in collaboration with MoHCC. The results guided the prioritization of activities to improve the country's CRVS systems. Implementation of the CRVS Strategic Plan will improve births and deaths registrations in the country, which will improve availability of data for planning essential services.
- WHO regularly contributed to the weekly Routine Monitoring of the Health System (RMHS). The RMHS serves as an early warning system that shows the state of the health system and helps decision-makers to rapidly identify potential problems in the Health System.
- The National Health Sector M&E Policy, the M&E Plan for the National Health Strategy (2021-2025) were finalised. The National Strategic Information Technical Working Group, Robust Health Information and M&E systems are essential for the success of the NHS and NDS1.





through reviewing of all RMNCAH collection and reporting tools. To date SRH data is disaggregated by age, making it possible for policymakers to target investments to address inequities within adolescent and youth populations.

- WHO in collaboration with UNFPA, UNAIDS and UNICEF enhanced data for decision making through domesticating the SADC SRHR scorecard as a review tool for tracking country progress in meeting SDG 3 and 5.
- WHO created an enabling legal and policy environment for adolescents and women in Zimbabwe through supporting the country to revise the Post Abortion Care and Comprehensive Abortion Care guidelines and training materials in line with the latest WHO recommendations.
- Improved HRH coordination through resuscitating HRH Task Force and Subcommittees that now provide guidance on coordinated implementation of HRH strategies in line with new HRH Policy.
- Developed and launched the first National Surgical, Obstetric and Anaesthesia Strategy (NSOAS) 2022-2025 on 30 September 2022. The strategy will promote access to surgical services from district level, a positive move towards strengthening primary health care as 83% of key tracer surgical operations were being performed at central and provincial hospitals. The strategy also becomes a strong advocacy and resource mobilization tool to increase investments towards surgery which is in integral part of UHC. When people in need of surgery receive quality surgery in a timely and affordable fashion, they have a chance to improve their quality of life.

- COVID-19 vaccination in collaboration with MoHCC resulted in 6 585 846 people cumulatively receiving dose 1 and 4 952 887 people cumulatively receiving dose 2
- WHO implemented the one stop model of integration at four (4) ZNFPC sites in Harare and Bulawayo (Spilhaus, Fife Avenue Clinic, Lister House, and Mpilo Central Hospital). Capacity of 40 health workers on provision of integrated FP/HIV care services was built. In 2022 alone, 40 085 clients received integrated HIV/FP services from the four facilities. The leadership at ZNFPC also embraced the one stop-shop model and is currently being expanded to cover the remaining sites run by ZNFPC.
- The use of health facility data was improved to strengthen RMNCAH programming

- Built MOHCC capacity to undertaking Health Financing Progress Matrix assessment to enable Zimbabwe to systematic track of progress in implementation of health financing policies towards UHC.
- WHO contributed to establishing the first Innovation Hub with a capacity for 20 students/developers under the MoHCC. The Hub is expected to lead multi-stakeholder groups to support the appropriate use and scaling up of digital health and innovation to accelerate progress towards the health-related SDGs. WHO provided equipment for the Innovation Hub, including laptops and workstations, and renovated the space allocated to the Hub to make it suitable for use.
- The measles vaccination campaign that played a crucial role in bringing the outbreak under control was implemented in collaboration with MoHCC. By 30 September 2022, nearly 7,701 cases and 747 deaths had been recorded across Zimbabwe. New cases dropped significantly towards the end of 2022 and by January 2023, the cumulative measles cases for the period 1-28 January 2023 were 6 cases and 0 deaths.
- Built MOHCC capacity to undertaking Health Financing Progress Matrix assessment to enable Zimbabwe to systematic track of progress in implementation of health financing policies towards UHC.



## Main challenges, and possible solutions

1

Accelerated HRH attrition throughout the country. Generated evidence to support lobbying for Zimbabwe's inclusion into the Health Workforce Support and Safeguard List 2023.

2

Vacancies in some key leadership posts at MoHCC affecting prompt decision-making: e.g., Country Director PPM&E, Director EDC, Director Family Health (this is also limiting coordination for effective programme implementation)

3

Limited GoZ financial resources and late disbursements making MOHCC increasingly reliant on development partner funding for most programs.

4

High attrition of health workers trained in data management.

5

Sub-regional WPV1, cVDPV1 and cVDPV outbreaks increased risk of Poliovirus importation and need for robust response actions

6

In country outbreaks of Measles and Pertusis required response actions

### Solutions:

- Keep forging partnerships, including with “non-traditional” partners for successful implementation of programs (e.g CSOs, NGOs, Professional associations, academia)
- Synergies between programs and inter-cluster linkages are essential to gain mileage on program implementation.
- Hold periodic TWG meetings and more frequent MoHCC -partner meetings
- Further strengthen community involvement and participation in health services provision
- Strengthen coordination mechanisms at all levels of the health systems
- Increase regular capacity building through on the job training and making use of virtual platforms



## Successful innovations/technologies

WHO contributed to establishing the first Innovation Hub with a capacity for 20 students/developers under the MoHCC. The Hub is expected to lead multi-stakeholder groups to support the appropriate use and scaling up of digital health and innovation in order to accelerate progress towards the health-related SDGs. WHO provided equipment for the Innovation Hub, including laptops and workstations, and renovated the space allocated to the Hub to make it suitable for use.

# HEALTH and WELL-BEING

## Programme: TB, HIV & Malaria

- **Development of Malaria Strategic Documents**

In collaboration with MoHCC, WHO provided technical and financial support in developing the National Malaria Strategic plans (MSP, SBC Communication Strategy) and the National Integrated Vector Management Strategy (IVM).

- **Implementation of the AFRO 11 project**

WHO implemented the AFRO 11 project that contributed to the development of research for alternative vector control interventions.

- **Surveillance**

WHO rendered technical support for surveillance for early detection of malaria outbreaks. This involved collection, collation and analysis of weekly malaria data, resulting in early detection of malaria outbreaks.

- **Review of the National TB Strategic Plan**

WHO provided guidance to the MoHCC, to conduct an External Mid-Term Review of the Zimbabwe National TB Strategic plan 2021-2025.

- **Piloting of a “Prevent TB” Application**

WHO in partnership with the MoHCC to pilot the implementation of a Prevent TB App for data management. This is a great stride towards leveraging data and technology in the fight against TB.

- **Development of guidelines on HIV treatment and care**

WHO in collaboration with other stakeholders and the MoHCC developed updated guidelines for HIV Treatment and Care; an Operational Service Delivery Manual (OSDM) for improved quality of service delivery was finalized.

WHO, in partnership with UNICEF, other stakeholders and the MoHCC established a Zimbabwe Country Team for the Global Alliance to End AIDS in Children. The country team developed an action plan to End AIDS in Children in Zimbabwe, by the year 2030.

- **Integration of HIV Services in Family Planning Clinics**

WHO supported the country to implement a demonstration project on the integration of HIV services in Family Planning Clinics. Findings from this project will guide scale up of the intervention and were showcased in international conferences such as the 23rd International Union Against Sexually Transmitted Infections Conference



*Team of External and Local Reviewers who participated in the Programmatic Management TB Preventive Therapy led by Dr Avinash Kanchar from the WHO Global TB Programme; Holiday Inn Zimbabwe; 8 July 2022*

## Programme: Non-Communicable Diseases (NCDs)

- Built Capacity of Primary Health Care Workers to Identify and manage Common NCDs through PEN**

To understand PEN implementation for scale up to other districts, an assessment of the progress of PEN implementation was conducted. WHO provided guidance in developing the assessment tool. WHO, MoHCC and Clinton Health Access Initiative participated in the collection and analysis of data.

### As a result of PEN implementation in Rushinga district:

- People screened in 2022: **31540 vs 1340** in 2020
- Patients on treatment in 2022: **2100 vs 450** in 2020
- Admissions with complications in 2022: **28 vs 34** in 2020
- Deaths from complications in 2022: **20% vs 50%** in 2020



NCD Regional Focal point, Dr Prebo Barango facilitating the PEN training workshop



Director NCDs, CHAI officer, Masvingo provincial hospital matron and Sister in charge OPD during the PEN assessment

## Main challenges and possible solutions

Main challenges	Possible solutions
1. Competing priorities and limited number of officers to support implementation of activities	<b><i>expedite recruitment of NPO HIV/Hep/STIs</i></b>
2. Limited resources to support MoHCC priorities especially where WHO has a comparative advantage to support	<b><i>continue with resource mobilization</i></b>

## Successful innovations/technologies

1. Implementation of the WHO Prevent TB APP. The mobile app allows registration, screening, and referral of people targeted for TB screening or TB preventive treatment. Alerts help the providers to follow up people through the preventive care pathway.
2. Integration of HIV services in Family Planning Clinic. The integration will help to increase the access to and uptake of both HIV and Family Planning services





# HEALTH PROMOTION

## Main achievements

- **Development of the adolescent nutrition strategy**

WCO in partnership with the MoHCC, Ministry of Women, Ministry of Education, Ministry of Agriculture, FAO, WFP, UNICEF, and UNDP. reviewed and finalized the adolescent nutrition strategy to guide implementation of evidence-based nutrition interventions for this age group. The adolescent period presents a window of opportunity to build behaviors and practices that will support good nutrition, health, and family wellbeing well into adulthood.

- **Review of Statutory Instrument 46 of 1998 on breast milk substitutes**

Under the 2gether4SRHR Initiative, WCO in collaboration with UNICEF and WFP supported the review of the Statutory Instrument 46 of 1998 which regulates marketing of breast

milk substitutes. The new regulations are guided by the World Health Assembly, WHA 34.22 resolution of 1981 which calls for provision of safe and adequate nutrition for infants through protection and promotion of breastfeeding.

- **Development of the National Cancer Control Plan (NCCP)**

Zimbabwe was selected as one of the priority countries to implement the Global childhood cancer initiative (GICC). Through the technical expertise from WHO AFRO, WHO Country Office and IAEA consultants, the development of the National Cancer Control Plan (NCCP) commenced in 2022.

- **Capacity building of health workers to identify and manage mental health conditions**

WHO rendered technical expertise and financial support to build capacity of national level trainer of trainees, to identify and manage mental health conditions through mhGAP. All 10 provinces in the country were reached. Zimbabwe then piloted the roll out of the EQUIP supported mhGAP and Friendship Bench Problem Solving Therapy interventions in the selected province of Mashonaland West.

- **Development and costing of Quality Rights 3-year work plan**

WHO in collaboration with MoHCC built capacity of medical personnel on Quality Rights. A 3-year Quality Rights work plan, was developed in 2022 and is now being implemented.

- **Development of the National Sanitation and Hygiene Policy**

The policy seeks to address safely managed sanitation and hygiene in alignment with the national and Sustainable Development Goals (SDGs). The final draft is being collated for presentation to the Permanent Secretaries for Environment and Health ministries. Once approved, this policy will act as Government of Zimbabwe commitment to provide reliable, safe, affordable, secure and sustainable water.

- **Increased visibility of MCO work and donor support**

In 2022, 926 messages were posted across all social media platforms. At least six documentaries were produced and disseminated; one of the documentaries,

“Boosting care and prevention of noncommunicable diseases at the primary level in Zimbabwe”, featured during the 72nd WHO Regional Committee for Africa. 21 articles were published on the website, with most republished on national print, online and broadcast media.

### **Feedback received from participant after the completion of the WHO-Quality Rights training:**

“After learning about QR I felt so ashamed about the way I had been handling clients before, I wish I could go back to all clients I mistreated and apologize to them. Before I trained in QR I used to admit clients and immediately order them to be mechanically restrained without even talking to them. I just assumed that since they had come to the hospital it was automatic that the only way to treat them was when they were restrained. If a client complained about the medication, they were taking I would not listen to their concerns because I thought that I knew what was best for the client. After QR training I now ask the clients if they are experiencing any side effects and if the medication is working for them”

.....*Sister Annette Mashonaland Central Provincial Mental Health Officer, MH nurse*

She went on to recruit 135 others who have completed the e-training - police officers, PWLE, police officers, rehab technicians, psychologists, social workers, prosecutors, social workers, court interpreters.



# Human-interest story

- Zimbabwe embarked on a mass drug administration campaign for bilharzia and parents who were engaged narrated how the outreaches were helpful <https://bit.ly/42DQPJn>
- This story reveals the journey of people with drug-resistant to long tuberculosis treatment regimens. The shorter regimen is a welcome development that eases their struggle. <https://bit.ly/42ncN3y>
- Following the cyclone Idai, more than 45,000 people benefitted from the services provided by WHO and some detailed how the outreaches provided relief for them <https://bit.ly/3HUIKbr>



# Health Emergencies

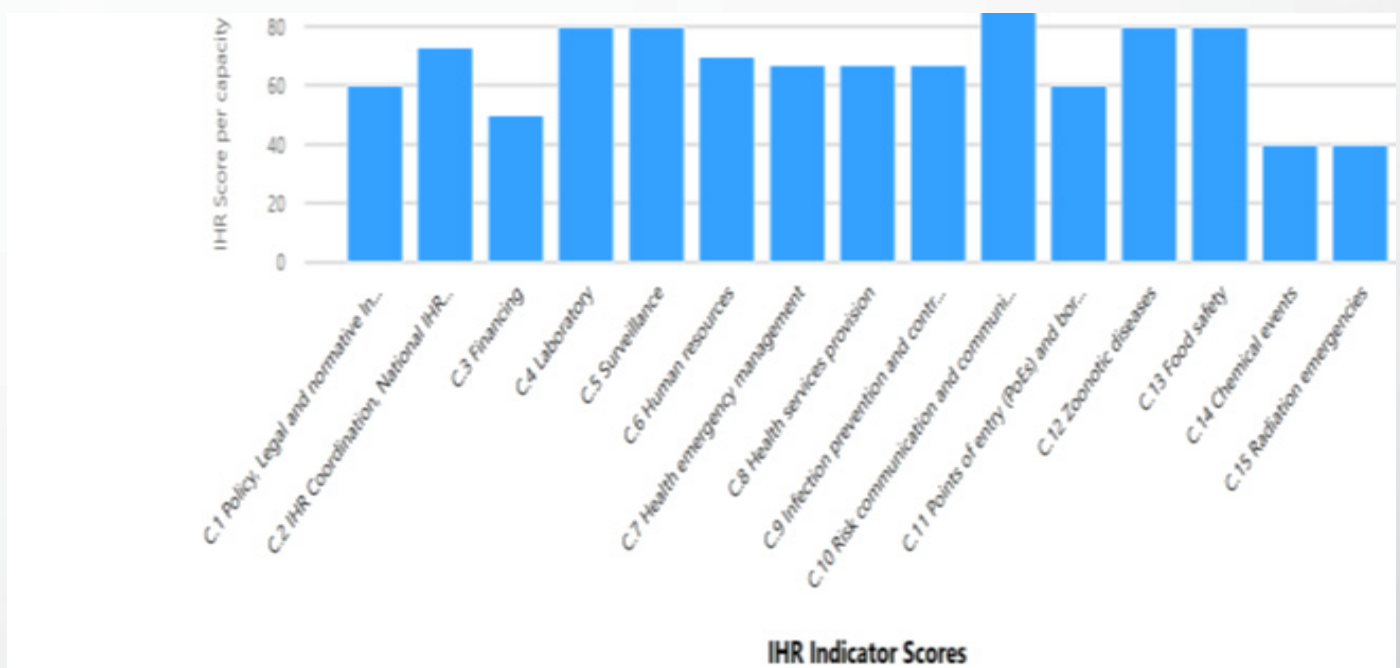
## Main achievements

- Improved epidemic preparedness and response**

Zimbabwe participated in the State Party Annual Reporting (SPAR) for 2022 as required by the International Health Regulations (IHR 2005). SPAR allows countries under the IHR to fulfill their obligation to report annually

to the World Health Assembly (WHA) on the implementation of capacity requirements. The second edition of SPAR (2021) has 15 capacities and 35 indicators. Zimbabwe overall scored 67% in 2022 up from 59% in 2021.

## IHR Capacity 2022



- **Adaptation of the 3rd edition of the IDSR Technical Guidelines**

At the 69th session of WHO Regional Committee for Africa held in Brazzaville, Republic of Congo in September 2019, African ministers of health adopted a regional strategy for responding to health emergencies. This Integrated Diseases Surveillance and Response (IDSR) strategy for 2020-2030 is focused on strengthening disease surveillance and response systems, with the aim of lessening the impacts of public health outbreaks. In line with the new IDSR strategy, AFRO extensively updated the IDSR Technical Guidelines (IDSR TGs) into a 3rd edition that takes into account modern developments in disease surveillance and response including the one health approach and strengthening implementation of IHR (2005) core capacities. MOHCC with support from WHO conducted a workshop to adapt the 3rd Edition IDSR TGs. The Zimbabwe WHO country office and MOHCC further trained 80 Trainer of Trainers (TOT), to build a core of provincial and district trainers who will cascade the training in their provinces and districts.



*Participants for the Adaptation of IDSR TG*

- **Updated cholera (4th edition) and typhoid (2nd edition) guidelines**

The Government of Zimbabwe has undertaken several activities to strengthen the countries prevention, control and management of cholera and typhoid. For example, following the cholera outbreak in 2018, a National Task-force for Cholera Elimination was created to support in ending cholera in Zimbabwe, through a multi-stakeholder approach which involves government, the private sector and development partners. This task-force, which includes WHO, spearheaded the development and launch of a Zimbabwe Multi-Sectoral Cholera Elimination Plan 2018 -- 2028 guided by the Global Task Force on Cholera Control (GTFCC).

The last cholera guidelines were developed in 2009 and the typhoid guidelines in 2011. These documents had essentially fallen out of synchronization with current Global and regional guidance as well as the recently developed Zimbabwe Multi-Sectoral Cholera Elimination Plan 2018-2028. Therefore, the MoHCC with support from World Health Organization and partners conducted a five-day workshop in December 2022 to update the third edition of the Zimbabwe cholera control guidelines and the first edition of the guidelines for Managing Typhoid Fever. The workshop, sought to align the cholera guidelines to support implementation of the Zimbabwe Cholera Elimination Roadmap 2019-2028, as well as update the guidelines for the management of typhoid fever in Zimbabwe in line with Global guidelines.

- Strengthening Community based Surveillance and contact tracing**

WHO contributed five vehicles to the Province of Bulawayo to strengthen contact tracing during the response to multi-etiological outbreak of measles, diarrheal and shigellosis. This assistance impacted positively towards contact tracing as the number of contacts increased threefold.



*PHEOC, WHO and Bulawayo City assessing a point where sewer pumping is done which was reported to be malfunctional*

- Improved health infrastructure and access to medical equipment in response to COVID-19**

The MOHCC received significant amounts of clinical equipment as part of the COVID-19 response. This was done with resources from various sources including Ministry of Finance and Economic Development, development partners, UN agencies, the private sector, and others. The equipment package was aligned to the basic package of services offered at each level of care. With the large quantities of clinical equipment received as part of the COVID-19

response, it was critical to ensure that the guidance of the NHS 2021-2025 was adhered to. An assessment of clinical equipment was undertaken to guide procurement, distribution, use and maintenance of hospital equipment.

Procurements made by WCO Zimbabwe.

<b>Patient Monitors</b>	USD 230,210
<b>PPE</b>	USD 1,834,722
<b>Genome Sequencing Equipment</b>	USD 300,000
<b>Genome sequencing reagents</b>	USD 27,000
<b>Digital mobile X-ray machines</b>	USD 450,000
<b>Ceiling mounted digital X-ray machine</b>	USD 500,000

- Strengthened Laboratory capacity**

WHO took the lead in developing and evaluating Zimbabwe’s National COVID-19 Laboratory Testing Strategy and reviewing the National Health Laboratory Strategy. These efforts greatly strengthened Zimbabwe’s laboratory systems. WHO championed the adoption of the WHO COVID-19 self-testing guidelines, reviewed standard operating procedures, and adoption of the updated WHO guidelines for SAR-CoV-2 infection detection. The MoHCC has obtained molecular PCR machines to make COVID-19 testing more accessible at provincial and district levels, and WHO provided technical and financial assistance to train laboratory scientists.

WCO provided technical support for the genomic sequencing of COVID-19 at the National reference laboratory in partnership with Africa CDC. WHO supported MoHCC to carry out genomic sequencing processing an average of 48 samples per month.

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- **Reviewed key Risk Communication Community Engagement (RCCE) strategic documents**

The COVID-19 RCCE Strategy and the COVID-19 Vaccine Demand Creation Strategy were reviewed. These strategic documents provide a framework for the development of well-coordinated national action plans for infodemic management, build demand for vaccination and uptake of essential health services to promote and protect health of the communities.

We reached over 249 202 people with information and 23 652 people were provided with psychosocial support. 8244 people were referred for further management at health facilities.

WHO and partners contributed to the production and distribution of over 50 000 IEC Materials on COVID-19, Measles, polio, cancer, mental health and other NCD's, Gender Based Violence, World Health Day and climate change. There was successful Inclusion of People with Disabilities and vulnerable communities and training of Ecumenical mental health champions in all the provinces.

WCO built capacity of 400 Interfaith leaders on COVID-19, Mental Health and Psychosocial Support, Routine immunization and Monkeypox. COVID-19 vaccination campaigns reached over five million people through Interpersonal Communication initiatives. Advocacy and engagement of traditional, religious and political leaders was done in collaboration with MoHCC and various partners that include UNICEF, CSOs and other CBOs. Evidence was generated through COVID-19 Knowledge Attitudes Practice and Social norms study and Qualitative study on social-behavioral determinants of population compliance with PHMS and COVID-19 vaccine uptake.



- **Publications produced for disaster risk reduction**

On 13 October 2022, WCO participated in the commemoration of the National Preparedness Planning: Emergencies Related to the 2022/23 Rainfall Season workshop in October 2022, this workshop coincided with the International Day of Disaster Risk Reduction commemorations. The Department of Civil Protection Zimbabwe coordinated the workshop.

The main discussion point was the characteristics of meteorological hazards and the extent of the problem of floods and land slide risks in Zimbabwe. A review of the experiences of the 2021/ 2022 season was done with specific highlights of the current early warning systems. The hydrological forecast for the 2022/23 season was discussed with special emphasis on their implication on different sectors including health. The MOHCC also shared on the implications of the forecast's implications on health. Key discussions around this emphasized on the preparedness that did not leave out psychosocial support services. The workshop culminated in the contingency planning process led by UNDP.



Photo of UN agencies representatives who participated in National Commemoration (WHO, UNWOMEN, UNHCR, UNICEF, UNDP, and UNOCHA)

### Feature publications

1. WHO as an enabler in the Results Report 2022 <https://www.who.int/about/accountability/results/who-results-report-2020-2021/how-who-is-an-enabler-of-better-health-for-all>
2. Muchaneta Gudza-Mugabe, Mathias Dzobo, Agnes Juru, Lucia Sisya, Anderson Chimusoro, Raiva Simbi, Alex Gasasira (2022) Laboratory capacity strengthening in Zimbabwe as part of the COVID-19 response: what has worked? What still needs to be done? Pan African Medical Journal. 2022;43:85. [doi: 10.11604/pamj.2022.43.85.35595] <https://www.panafrican-med-journal.com/content/article/43/85/full/> Posted October 2022
3. Muchaneta Gudza-Mugabe, Sithole K, Sisya L, Zimuto S, Charimari LS, Chimusoro A, Simbi R and Gasasira A (2022) Zimbabwe's emergency response to COVID-19: Enhancing access and accelerating COVID-19 testing as the first line of defense against the COVID-19 pandemic. Front. Public Health 10:871567. doi: 10.3389/fpubh.2022.871567 posted March 2022



Banner with the theme as well as the Sendai Seven campaign that is running from 2016 to 2022



## Main challenges, and any solutions

### Challenges

- Gaps in reporting and documenting of RCCE activities at national and subnational levels is affecting monitoring and evaluation of RCCE interventions.
- Testing of COVID-19 remains low. Most trained nurses on antigen RDT have since left the country or changed duty stations leaving a large gap at testing sites.
- Genomic surveillance samples not being referred to NMRL.
- Shortage of dedicated HR for genomic sequencing surveillance testing.
- Delayed reporting of data of PHEIC (Covid-19 and Cholera)
- Use of outdated tools for data visualization

### Solutions

- Engage more human resource for RCCE and Health Promotion or engage interns.
- Build Capacity for HPOs/RCCE at national and subnational level in M and E, Community Feedback and Accountability.
- Train/provide refresher trainings to nurses for testing and reporting on COVID-19.
- Sensitize provinces and districts to refer samples for genomic surveillance.
- Procure licenses for MoHCC to use latest data visualization tools

## Human-interest story

- <https://www.afro.who.int/countries/zimbabwe/news/beating-resistance-tuberculosis-treatment-switch-zimbabwe>.
- <https://www.afro.who.int/about-us/making-difference-health-africa/tendai-westerhof-hiv-advocate>
- A traditional healer in Masvingo who was trained in health issues and encouraged to visit her nearest health facility discovered that she had hypertension which is now being managed. She went ahead and bought a blood pressure machine which she is now also using to check blood pressure for clients who visit her shrine. She has referred a number of people to the health facility who had high blood pressure reading.
- WHO is an enabler of better health for all: <https://www.who.int/about/accountability/results/who-results-report-2020-2021/how-who-is-an-enabler-of-better-health-for-all>

# Better Support

## Main achievements

- **Strengthened country capacity in data and innovation**

WCO with the support of USG funding conducted a Data Management strengthening workshop. The workshop targeted MoHCC colleagues at National, Provincial and District

level. The workshop focused on QGIS mapping, Microsoft Excel, ODK data collection tool and data visualization in Tableau. In total 65 people were trained.



- **Leave no one behind approach focused on equity, gender and human rights progressively incorporated and monitored**

- Contributed to the finalization of the statutory documents of UN standards of conduct for protection from PRSEAH.
- Developed and distributed PRSEAH IEC package to use when out on mission (posters, fliers and do's and don'ts); as well as visibility materials to all staff.
- Contributed to the establishment of the UN Business Operation Strategy (BOS).
- WCO Zimbabwe was one of the countries that piloted PRSEAH Risk Assessment and shared experiences with other countries.
- Addressed the issue of gender parity of staff members during recruitment; hired the first female driver in 2022.



## Main challenges, and possible solutions

### Challenges

- Lack of funds for PRSEAH activities for 2023.
- Insufficient flexible funds to satisfy operational needs.
- Staff demotivation due to functional review.
- Unable to issue longer contracts to SSAs due to lack of funding which negatively impacts on retention of institutional memory.

### Solutions

- Consider including a budget line to support PRSEAH activities when developing proposals across all thematic areas/ clusters.

# CELEBRATING GLOBAL HEALTH DAYS

- 7 April 2022



## African Vaccination Week, commemoration

- 27 April 2022



## World Mental Health Day



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