HEALTH SITUATION

The Zimbabwean health situation can be characterized as recovering after an unprecedented decline during the first decade of this millennium. There was deterioration of infrastructure, lack of investment, poor remuneration of health workers, shortage of essential supplies and commodities that led to the near-collapse of the health sector in late 2008, and early 2009.

Life expectancy at birth in Zimbabwe has improved from a low of 35 years mid-2000 to an estimated 58 years by 2012. According to 2012 census, infant and under-5 mortality improved from 65 and 102 in the 1990s to 64 and 84 per 1000 live births respectively in 2012. Maternal mortality remains very high at 570 per 100,000 live births in 2012, though it has significantly dropped from a peak of 960 per 100,000 live births in 2010. Admittedly the country is not on track to meet its health MDG targets 4 & 5.

However the country is on track to achieving its HIV and malaria targets in MDG 6. Although the country’s burden of communicable diseases remains high, Zimbabwe has made some positive strides with respect to reducing HIV prevalence from a peak of 33% in mid 1990s to the current prevalence of 15% (2012).

On the other hand, Zimbabwe is now facing an increasing threat of non-communicable diseases like cardiovascular diseases (hypertension, stroke, heart attacks); diabetes and cancer in particular cervical cancer in women.

HEALTH POLICIES AND SYSTEMS

The Ministry of Health and Child Care strategy is being guided by the 2009-2013 National Health Strategy whose life-span has been extended to 2015 to coincide with the MDG year. The main focus remains working for quality and equity in health whose aim is to improve the quality of life for Zimbabweans. The Right to Health for every Zimbabwean was affirmed through the new constitution adopted in 2013.

The weakened health systems resulting from decade long socio-political challenges do require significant financial investment to reverse the considerable weaknesses in human resources for health, health financing, health information, medicines and equipment, leadership and governance and the overall service delivery. Concerted efforts to make significant improvements remain constrained by national fiscal space that remains small resulting in insignificant inflows into health budget.

Under the Government of National Unity set in early 2009, the Health Transition Fund (HTF), a multi-donor pooled fund was set up to support the Ministry of Health and Child Care. Since its launch in 2011, under the guidance of Zimbabwe United Nations Assistance Development Framework (ZUNDAF) coupled with the support from other donor funding i.e. Global Fund, USG and others, Zimbabwe’s health system is now set on a recovery path to achieve planned progress towards ‘achieving the highest possible level of health and quality of life for all Zimbabweans’.

COOPERATION FOR HEALTH

The Global Fund remains one of the major funding partners to HIV & AIDS, TB, malaria programs and Health System Strengthening in terms of human resource retention, health information and service delivery. Increasingly the Health Transition Fund that was launched in 2011 specifically to assist in maternal, newborn and child health programs has become a more active channel where donors are supporting MOHCC. The Principal Recipient for Global Fund continues to be UNDP since the country is under the Additional Safe Guard Measures instituted early 2009.

Other donors continue to assist through UN agencies mainly UNICEF, UNFPA, WHO, UNAIDS and ECHO whilst some donor like EU, DFID, USG (through USAID, CDC, RTI, MChip) are now directly implementing some programmes on the ground through NGOs e.g. Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Absolute Return for Kids (ARK) etc. Other channels through which the health sector continues to get assistance is through Global Alliance for Vaccines and Immunization (GAVI). UN agencies support to MOHCC is through the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) under a Joint Implementation Matrix (JIM).
## Strategic Priorities

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
</tr>
</thead>
</table>
| **STRATEGIC PRIORITY 1:** Improved health systems performance through strengthening HRH, HMIS, health financing, health systems research and partnerships | • HRH: Support development of national health policies and strategic plans; task-shifting; training including mentorship  
• HMIS & Research: Support formulation, implementation, monitoring and evaluation of health programmes including advocating for implementation research to generate evidence to influence service delivery and policy  
• Health System Performance: Strengthen PHC as the strategy for health service delivery; support quality assurance for health programmes; advocate for health to be put at the centre-stage of national development and poverty reduction strategies  
• Partnerships and Coordination: Enhance capacity of MOH to effectively lead and coordinate development partners |
| **STRATEGIC PRIORITY 2:** Disease prevention and control strengthened through scaling up proven interventions, epidemiological surveillance and measurement of progress towards achievement of the MDGs | • Communicable & NCDs: Support MOH’s capacity to scale up and manage communicable and non-communicable diseases; support effective integration and linkages across programmes; promote the use of new medicines and technologies (PoC) and advocacy for more community involvement in demand creation, prevention, treatment, care and support  
• MNCH: Support the implementation of the Maternal and Newborn Road Map and the Child Survival Strategy to reduce maternal, newborn and child mortality  
• Mental Health: Support MOH to address mental health challenges and the prevention and control of alcohol and substance abuse  
• Surveillance systems: Support strengthening of drug resistance surveillance systems for HIV, TB and malaria and surveillance of diseases targeted for eradication and elimination |
| **STRATEGIC PRIORITY 3:** Health promotion and protection of healthy environments | • Health Promotion (Healthy Life-styles & ASRH): Support MoH to finalize and implement the health promotion policy and strategy; integration of HP into different programmes; promotion of healthy lifestyles; more coordinated involvement of the communities; assessing and implementing ASRH programmes to address challenges being faced by adolescence  
• Environment and Health: support development of occupational health policy and strategies; provision of safe drinking water and sanitation; water quality monitoring |
| **STRATEGIC PRIORITY 4:** Enhanced capacity for emergency preparedness and response | • Disaster Risk Reduction: Support vulnerability assessment and advocate for the inclusion of disaster risk reduction measures into developmental programmes  
• Support implementation of the EPR of the 2005 IHR; surveillance and EW systems; coordination of humanitarian action and resource mobilization |