

Zimbabwe

Health Sector Needs Assessment

Despite many efforts by the Government and partners, universal access to basic health services has been compromised due to deteriorating infrastructures and the lack of material, human and financial resources. All health facilities lack essential medicines due to the inability of local manufacturers to produce these items. In spite of procurement efforts by different partners, in 2008 the gap was estimated to be 70% of requirements.

The country has been faced with frequent diarrhoeal disease outbreaks in rural and urban areas in the past ten years. The frequency of cholera outbreaks has gone from once a decade (in the 1980s) to annually as of the new millennium and has spread from rural to urban areas, with case fatality rates of more than 10%.

A major cholera outbreak that began in August 2008 had yet to be brought under control in February 2009. The total cumulative as of 18 February 2009 was 78 882 cases with 3712 deaths (CFR 4.7%). In the 2009 revised CAP, WHO has requested an additional US\$ 16 887 500 for cholera control, on top of the US\$ 3 094 039 originally requested for health activities.

Dealing with emerging infectious conditions (anthrax, avian influenza and viral haemorrhagic fevers) in the country calls for adequate resources, knowledge and skills. Lack of transport has hampered the movement of supplies and field visits. Surveillance and early warning systems, which depend on weekly epidemiological reporting, receive only 30% of the necessary data.

Although HIV prevalence has dropped significantly (from 24.6% to 15.6%) among adults between 15 and 49 years old, the number of deaths attributable to AIDS remains very high. Around 1.3 million people living with HIV/AIDS live in the country. Only 110 000 of the 480 000 patients who need antiretroviral therapy are receiving the necessary drugs. Tuberculosis remains one of the leading causes of morbidity and mortality, with a notification rate of 434 out of 100 000. The case detection rate for sputum positive cases and treatment completion rates in 2007 stood at 42% and 66% against WHO standards of 70% and 85% respectively. There is a serious need to improve diagnostic facilities.



Around half the country's population lives in malaria-prone areas. Transmission of malaria is unstable, leaving all age groups at risk of malaria, with children under five and pregnant women at greatest risk. Measures to reduce the incidence of malaria include the provision of drugs to high-burden districts, implementation of indoor residual spraying and promotion of insecticide-treated nets.

The maternal mortality ratio remains high at 555/100 000 live births (2006). Emergency obstetric and neonatal care services are not easily available or accessible. Interventions to improve maternal care, including training birth attendants, enhancing the referral system and improving emergency obstetric care, need to be addressed.

The sentinel nutrition surveillance study conducted by UNICEF found a significant link between the incidence of diarrhoea, the inappropriate management of diarrhoeal diseases at home and by health workers, and poor maternal health conditions and severe malnutrition. The findings further corroborate the need to address essential child and maternal health services including the appropriate management of diarrhoea. Nutritional and mortality surveillance should be integrated into the routine health service system.

The 2005/2006 Demographic Health Survey reported a drop in the number of fully immunized children from 67% in 1999 to 53% in 2005/2006. Reactivating vaccination programmes will require significant resources in the form of vaccines, cold chain equipment, injection safety materials, liquid petroleum gas, and support for supplementary immunization activities including child health days.

Health Sector Priorities for 2009

- controlling cholera, diarrhoeal diseases and other emerging infectious conditions;
- procuring and distributing cholera emergency response equipment and supplies;
- compiling the 2008 national health profile;
- integrating nutritional and mortality surveillance into the Integrated Disease Surveillance and Response system, including strengthening communication and the referral and early warning and surveillance systems;
- improving coordination of health activities;
- procuring and distributing essential drugs, vaccine, equipment and supplies;
- integrating the management of survivors of sexual assault at district level;
- catering for basic health services for mobile and vulnerable populations;
- improving basic health services, including upgrading clinical skills of health workers and diagnostic/laboratory services at district level;
- mainstreaming HIV/AIDS into all health interventions and supporting the continuum of prevention, care, treatment and support for people living with HIV/AIDS;
- implementing selected, high-impact maternal and child health interventions.

WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Strengthen response and management of cholera, other diarrhoeal disease and emerging infectious diseases ZIM-09/H/20937/122	11 233 999	MoCHCW, UNICEF Local authorities
Integrated facility and community based management of acute malnutrition ZIM-09/H/21827/122	612 040	MoHCW
Health Cluster coordination, disease surveillance and health information management in the health sector ZIM-09/H/21864/122	4 148 000	MoHCW, WHO, UNICEF, local EPI partners
Infection control and water and sanitation interventions in the cholera treatment facilities ZIM-09/WS/23888/122	3 987 500	MoHCW, UN agencies and NGOs

* Amounts given in US dollars.

Total funds requested: US\$ 19 981 539