

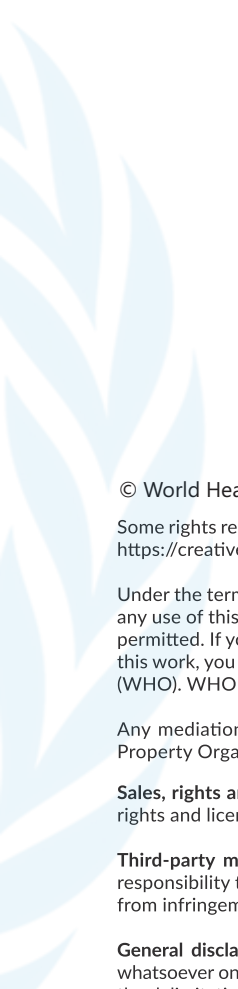


World Health
Organization
Zimbabwe



ANNUAL REPORT





© World Health Organization 2025

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

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

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

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

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

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

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

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

Photo credits: WHO Zimbabwe, WHO AFRO

Compilation and editing: Vivian M. Mugarisi, Julie Germano

Design and Layout: Victor M. Reppoh

Contributors: Dr Trevor Kanyowa, Dr Walter Odoch, Mrs Zvanaka Sithole, Dr Lincoln Charimari, Mrs Noriah Pasi, Dr Pius Essandoh, Dr Stanley Midzi, Dr Hana Bekele, Dr Maxwell Rupfutse, Dr Najibullah Safi, Dr Precious Andifasi, Dr Debra Machando, Mr Amen Gumbo, Mr Nomore Nyengerai, Dr Wondu Gebresilasie



About This Report

Zimbabwe's 2024 annual report highlights WHO's key areas of work and achievements throughout the country over the past year. The report reflects the Organization's continued efforts to support health and well-being across Zimbabwe in the face of ongoing economic, social, and public health challenges. WHO remains committed to ensuring that every person in Zimbabwe has equitable access to the highest attainable standard of health.

This report aims to enhance transparency and demonstrate the value of sustained investment in WHO Zimbabwe and the national health system. It is organized to showcase the impact and outcomes of WHO's support in 2024, emphasizing critical progress in areas such as:



Advancing Universal Health Coverage and Health Systems Strengthening;



Preparing for and responding to health emergencies and disease outbreaks;



Promoting healthier lifestyles and improving noncommunicable disease prevention;



Harnessing digital health innovations to improve service delivery;



Supporting national strategies for public health advocacy and awareness.

Table of Contents

	Foreword	i
	Acronyms and Abbreviations	ii
	About WHO in Zimbabwe	iii
	Overview of Structure and Funding	iv
	2024 at a Glance	v
	SECTION ONE	
	Health Systems Strengthening	1
	SECTION TWO	
	Emergency Preparedness and Response	6
	SECTION THREE	
	Healthier Populations	10
	SECTION FOUR	
	Communicable and Non-Communicable Diseases	12
	SECTION FIVE	
	Multicountry Assignment Team - Zimbabwe	19

Foreword

Zimbabwe's health sector navigated 2024 with determination and resilience, responding to urgent health threats while laying the foundation for long-term system transformation.

The cholera outbreak that challenged communities across the country tested the capacities of our health infrastructure, but it also revealed the strength of national coordination and response mechanisms to contain the outbreak and protect lives.

This year also marked a landmark achievement with the launch of Zimbabwe's Health Workforce Strategy (2023–2030), a pivotal roadmap to reshape the country's human resources for health and ensure the highest attainable standard of health for all Zimbabweans by 2030. This strategy directly addresses long-standing gaps in health worker availability, training, and distribution. In a significant step toward operationalizing this vision, Zimbabwe signed the Health Workforce Compact (2024–2026), signaling a bold commitment to accelerate investments in health workforce development and promote multi-sectoral collaboration.

Recognizing the growing threat of climate change to public health, Zimbabwe also made a defining move by officially joining the WHO-led Alliance for Transformative Action on Climate and Health (ATACH). As the 29th African country to commit to this initiative, Zimbabwe has embraced the urgent need to develop a resilient, low-carbon health system. In doing so, the country reinforces its pledge under the COP26 Health Initiative to adapt and transform its health infrastructure in response to climate pressures, ensuring future generations have access to sustainable healthcare.

In 2024, Zimbabwe successfully conducted three rounds of nationwide oral polio vaccination campaigns, using the novel nOPV2 to reach over 5 million children under the age of 10. These campaigns, conducted in schools, homes, health facilities, and via mobile clinics, were instrumental in protecting communities and maintaining Zimbabwe's polio-free status.



These milestones, alongside progress in service delivery, emergency preparedness, digital health, and public health promotion, reflects the enduring partnership between WHO, the Ministry of Health and Child Care, and a wide array of committed partners. They also echo the collective will of health workers, communities, and institutions determined to protect and improve the health of every Zimbabwean.

As we reflect on 2024, we do so with pride in what has been achieved and with a renewed sense of purpose for the work ahead. I extend my deepest appreciation to the WHO Zimbabwe team for their dedication, to our colleagues at the Regional Office and Headquarters for their steadfast support, and to our donors and partners for making this progress possible in Zimbabwe.

Dr Desta Tiruneh
WHO Representative in Zimbabwe

Acronyms and Abbreviations

AARs	After-Action Reviews	MTCT	Mother-to-Child Transmission
AfDB	African Development Bank	NMRL	National Microbiology Reference Laboratory
AFP	Acute Flaccid Paralysis	NPHI	National Public Health Institute
AMR	Antimicrobial Resistance	nOPV2	Novel Oral Polio Vaccine type 2
ANC	Antenatal Care	ORPs	Oral Rehydration Points
ASRHR	Adolescent Sexual and Reproductive Health and Rights	PHEOCs	Public Health Emergency Operations Centres
ATACH	Alliance for Transformative Action on Climate and Health	PIP	Pandemic Influenza Preparedness
AWET	Apostolic Women Empowerment Trust	PPH	Postpartum Haemorrhage
CDC	Centers for Disease Control and Prevention	RDTs	Rapid Diagnostic Tests
CeSHHAR	Centre for Sexual Health and HIV/AIDS Research in Zimbabwe	RCCE	Risk Communication and Community Engagement
CERF	United Nations Central Emergency Response Fund	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
CFE	WHO Contingency Fund for Emergencies	RMTD	Remote Temperature Monitoring Devices for vaccine storage
CFR	Case Fatality Rate	SDGs	Sustainable Development Goals
CTCs	Cholera Treatment Centres	SRHR	Sexual and Reproductive Health and Rights
DAKs	Digital Adaptation Kits	TB	Tuberculosis
DTP	Diphtheria, Tetanus, and Pertussis	UHC	Universal Health Coverage
ECHO	European Commission – Directorate-General for European Civil Protection and Humanitarian Aid Operations	UNDP	United Nations Development Programme
EGASP	Enhanced Gonococcal Antimicrobial Surveillance Programme	UNFPA	United Nations Population Fund
EmONC	Emergency Obstetric and Neonatal Care	UNICEF	United Nations Children's Fund
EPI	Expanded Programme on Immunization	USAID	United States Agency for International Development
ES	Environmental Surveillance	UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
GAVI	Gavi, the Vaccine Alliance	WASH	Water, Sanitation, and Hygiene
GTFFCC	Global Task Force on Cholera Control	WHO	World Health Organization
HNAP	Health National Adaptation Plan		
HPV	Human Papillomavirus		
HRF	Health Resilience Fund		
HRH	Human Resources for Health		
ICT	Information and Communication Technology		
IARs	Intra-Action Reviews		
IDSR	Integrated Disease Surveillance and Response		
IFRC	International Federation of Red Cross and Red Crescent Societies		
IMT	Incident Management Team		
IPC	Infection Prevention and Control		
IST	Inter-country Support Team of WHO		
MDA	Mass Drug Administration		
MoHCC	Ministry of Health and Child Care		
MoPSE	Ministry of Primary and Secondary Education		
MPDSR	Maternal and Perinatal Death Surveillance and Response		

About WHO in Zimbabwe



The WHO Representative's Office in Zimbabwe works in close partnership with the Government and other stakeholders in to strengthening the country's health system, responding to public health emergencies, and promote health research and innovation. As the lead technical agency for health, WHO plays a central role in supporting Zimbabwe to achieve its national health goals and align with global health priorities.

WHO Zimbabwe collaborates with a broad network of stakeholders, including United Nations agencies, development and humanitarian partners, donor agencies, national and international non-governmental organizations, academia, research institutions, WHO collaborating centres, and the private sector. These partnerships ensure coordinated, evidence-based interventions that enhance the health and well-being of all Zimbabweans.

Since its establishment in Zimbabwe, WHO has provided technical and strategic support in key areas such as:

- development of national health policies, strategies and plans
- institutional and workforce capacity-building
- strengthening health information systems and health technologies
- setting and adapting international health standards and guidelines
- promoting knowledge exchange and skills transfer
- enhancing disease surveillance and monitoring of population health trends
- leading and supporting timely responses to health emergencies

WHO remains committed to strengthening Zimbabwe's health system, promoting health equity, and building resilience to future challenges. In line with the Sustainable Development Goals (SDGs) and the vision for universal health coverage (UHC), WHO continues to support the country's efforts to ensure access to quality health services for all, leaving no one behind.

Overview of our Structure and Funding

Our Structure:



68
Staff in 2024



26
Women



42
Men

Our Funding:

The total budget received for 2024 was:

US\$ 25,992,765

Area of work	Funding (US\$)
Pillar 1: Universal Health Coverage (UHC)	4,821,613
Pillar 2: WHO Health Emergencies (WHE)	476,628
Pillar 3: Healthier Populations/ Promoting Health and Well-being	645,100
Pillar 4: Operational Support	2,049,246
Pillar 10: Polio (Special programme)	13,291,068
Pillar 13: Emergency Funding (Outbreaks, epidemics, and emergency operations)	4,548,310
Pillar 14: Special Programmes	160,800

Area of work	Major Donors
HIV/AIDS	- Joint United Nations Programme on HIV/AIDS (UNAIDS) - Gates Foundation - Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
HSS	- Directorate-General for International Partnerships (INTPA) - European Commission - United Nations Development Programme (UNDP)
AMR	- UN Multi-Partner Trust Fund Office (MPTF) - Department of Health and Social Care, United Kingdom
WHE	- Health Resilience Fund (EU, UK and Ireland) - United States Agency for International Development (USAID) - NORAD - GAVI Alliance
Polio	- Department of Foreign Affairs, Trade and Development (DFATD), Canada - Gates Foundation - Foreign, Commonwealth & Development Office (FCDO), United Kingdom - Rotary International - European Investment Bank - GAVI Alliance - Centers for Disease Control and Prevention (CDC), United States of America

2024

AT A GLANCE

US\$17 million



mobilized from Gavi for health system strengthening and equity acceleration

US\$1,467,460



of medical equipment and supplies were donated to the Government of Zimbabwe - Ministry of Health and Child Care

13 Million



administered vaccine doses during 3 rounds reaching :

4,633,015 (109% coverage)

4,814,880 (113% coverage)

4,730,692 (111% coverage)

310

provincial and district health executives trained in Integrated Disease Surveillance and Response (IDSR)



986

nurses trained in the use of antigen rapid diagnostic tests for cholera



458,544 children



received their third dose of DTP-containing vaccine (102% coverage)

386

health workers trained in cholera case management, IPC, and WASH protocols



170



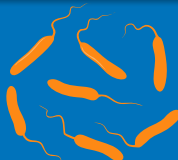
Oral Rehydration Points (ORPs) established in high-burden districts

1,400+



healthcare workers trained on WHO E-MOTIVE for postpartum haemorrhage management

4,206



cholera patients treated at WHO-supported facilities (25.2% of all cases during Dec-Mar 2024)

5



new Environmental Surveillance sites established to detect poliovirus

10 provinces



assessed using WHO's updated MPDSR tool to strengthen maternal and perinatal death surveillance

- 43 laboratory scientists trained in culture testing;
- 6,386 cholera culture tests conducted;
- 1,600 Mpo diagnostic tests supported with reagents by WHO;
- 390 community health workers trained in cholera prevention and control;
- 5 existing Cholera Treatment Centres upgraded, and 3 new centres constructed;
- 91 health officials trained on Cholera Treatment Centre decommissioning protocols;
- 1 national policy/regulation on perinatal death notification advocated;
- 6 to 11 influenza sentinel surveillance sites expanded under the PIP framework;
- 1 national Climate and Health Conference hosted, resulting in the Harare Declaration on resilient health systems;
- US\$1.3 million worth of equipment donated by through AfDB funding for health system strengthening through provision of advanced laboratory and diagnostic equipment;

SECTION ONE



Transforming health systems for universal health coverage

Introduction

Universal Health Coverage (UHC) aims to ensure that all people, regardless of their socio-economic status, have access to the full range of quality health services when and where they need them, without facing financial hardship. As part of its efforts to expand UHC, Zimbabwe has made significant strides in improving health service delivery, particularly through strengthening its primary healthcare (PHC) system. WHO has played a pivotal role in supporting Zimbabwe's transition towards UHC by focusing on the integration of comprehensive, person-centered services within the PHC framework. Between 2019 and 2024, the number of individuals accessing essential health services through government PHC facilities has steadily increased, with more than 2.5 million people benefiting from these services in 2024. WHO continues to assist Zimbabwe in enhancing its health system's capacity to reach vulnerable populations and ensuring equitable access to care. Through targeted initiatives, WHO has strengthened Zimbabwe's health system, improved service delivery, and contributed to the country's ongoing progress towards achieving UHC.

WHO's Leadership in Strengthening Health Sector Coordination in Zimbabwe

In 2024, World Health Organization (WHO) in Zimbabwe has been pivotal in advancing a unified Health Agenda by firmly operationalizing and enhancing the implementation of the Health Sector Coordination Framework (HSCF). WHO remained a key driver of coherence, alignment, and results across the health ecosystem. Through strong partnerships and strategic leadership, WHO continued to reinforce the health sector's capacity to deliver on national health priorities and move collectively toward Universal Health Coverage. Using its Strategic Coordination and Convening Power, WHO:

- Led the Institutionalizing Multi-Level; Coordination of the Health Sector;
- Hosted and Co-Chaired the Health Development Partners Group (HDPG);
- Drove Accountability and Results.

Institutionalizing Multi-Level Health Sector Coordination

- **Supported the convening of three (3) PS-Led Quarterly Health Sector Coordination Meetings.** WHO has been instrumental in supporting the Permanent Secretary-led coordination meetings, which provide a structured space for reviewing progress, identifying bottlenecks, and jointly prioritizing actions. These high-level engagements ensured that development partner interventions remain responsive and strategically aligned.
- **Supported the convening of two (2) Minister-Led Biannual Health Sector Meetings.** In collaboration with the MoHCC, WHO facilitated the ministerial biannual coordination meetings. These events bring together all actors in the sector—government, partners, civil society, and the private sector—to unite behind a shared vision and chart a cohesive path forward.
- **Leadership in Thematic Technical Working Groups (TWGs):** WHO leads and supports 11 Thematic TWGs, driving technical dialogue, evidence-informed planning, and harmonization across priority health areas. These platforms are essential for translating policy into action and ensuring synergy between partners and Ministry of Health and Child Care (MoHCC) technical teams. WHO supported the processes of deepening subnational coordination, enhancing the effectiveness of TWGs, and strengthening the linkages between coordination, health financing, and accountability mechanisms.

Hosting and Co-Chairing the Health Development Partners Group (HDPG)

WHO hosted and co-chaired 12 of the monthly HDPG meetings. The premier platform for donor and development partner coordination in Zimbabwe's health sector. These forums facilitated alignment of partner efforts, pooling of resources, and joint problem-solving to support the vision of "One National Health Strategy, One Plan, One Budget."

Driving Accountability and Results

Supported Joint Monitoring and Sector Performance Reviews: WHO continues to support evidence-based planning through the Joint Monitoring and Sector Review processes.

Health Financing

A robust health financing system is vital for advancing Universal Health Coverage (UHC), an overarching objective of the 2030 Agenda for Sustainable Development. UHC aims to ensure that all individuals have access to necessary health services without financial hardship. Effective, efficient, and equitable health financing is therefore essential to achieving UHC goals—equity in service use, quality of care, and financial protection—through its impact on intermediary objectives of equitable resource distribution, efficiency, and transparency accountability.

In 2024, WHO supported two key initiatives as part of efforts to strengthen Zimbabwe's health financing system:

- **Development of National Health Insurance Principles:** WHO provided technical guidance during stakeholders' consultations and supported the Ministry of Health and Child Care (MoHCC) in drafting principles for national health insurance taking into considerations Zimbabwe's context. These principles were presented to Cabinet in September 2024, based on which the Cabinet approved the drafting of a National Health Insurance Bill for a legislative process in 2025.
- **National Health Financing Policy Dialogue (HFPD):** Held in November 2024, WHO provided both technical and organizational support. The Dialogue resulted in position statements outlining priority actions to increase health funding and improve resource efficiency, with a strong emphasis on equity and financial risk protection. Effective implementation will require strong leadership and coordination from MoHCC and other government entities.

These processes have provided directions on the sets of activities to be implemented for a strong health financing system in Zimbabwe.

In 2025, WHO will continue to collaborate with MoHCC and partners to implement the NHFPD recommendations, including revising the National Health Strategy to align with health financing priorities and accelerate progress toward health-related SDG targets.

Strengthening Regulatory Systems for Quality Health Products

In 2024, Zimbabwe marked a major milestone in public health with the Medicines Control Authority of Zimbabwe (MCAZ) achieving Maturity Level 3 (ML 3) under the World Health Organization (WHO) Global Benchmarking Tool (GBT). This recognition signifies that Zimbabwe now has a stable, well-functioning, and integrated regulatory system that ensures the safety, quality, and efficacy of medicines and vaccines. Supported by WHO from August 2021 to May 2024, MCAZ implemented extensive corrective and preventive actions following multiple external assessments by an independent team of experts.

Achieving ML 3 reflects Zimbabwe's strong commitment to safeguarding public health and positions the country among only six African nations with this status, joining Tanzania, Ghana, Nigeria, South Africa, and Egypt. The process, delayed by the COVID-19 pandemic, required remote and eventual in-person assessments, along with substantial strengthening of pharmacovigilance, market surveillance, and regulatory enforcement mechanisms.

Scaling up Immunization Services



The Expanded Programme on Immunization (EPI) continues to be a pillar of Zimbabwe's primary health care system, ensuring equitable access to life-saving vaccines, particularly among vulnerable populations. In 2024, Zimbabwe joined the world in commemorating 50 years of EPI—a milestone that reaffirms the country's long-standing commitment to immunization as a key public health intervention and aligns with WHO's goal of achieving universal health coverage (UHC).

EPI Strategy Update

In 2024, Zimbabwe made significant strides in revitalizing and strengthening its national EPI programme. With support from WHO and partners, the MoHCC updated the national EPI policy and developed an HPV revitalization strategy informed by a comprehensive situational analysis. These initiatives aim to improve routine immunization performance, expand vaccine access, and enhance monitoring systems across the country.

Key outcomes achieved in 2024 included:

- Three high-quality rounds of Polio Outbreak Response using the novel oral polio vaccine type 2 (nOPV2) were administered, collectively reaching over 13 million children under 10 with coverage exceeding 109% in each round:
 - 4,633,015 (109% coverage) from 29 January to 02 February 2024;
 - 4,814,880 (113% coverage) from 19 to 22 March 2024;
 - 4,730,692 (111% coverage) from 26 to 29 November 2024.
- Routine immunization coverage was boosted, with 458,544 children receiving their third dose of DTP-containing vaccine, achieving 102% coverage.
- The establishment of five new Environmental Surveillance (ES) sites in Chitungwiza, Mutare, Bulawayo (2), and Victoria Falls to strengthen early detection of poliovirus.

- Enhanced disease surveillance systems, including a non-Polio AFP rate of 5.9 and a non-measles febrile rash illness rate of 6.9, well above global thresholds.
- Successful mobilization of over USD 17 million from Gavi for Health Systems Strengthening, Equity Acceleration, and Cold Chain expansion.
- Introduction of Vigimobile, a new technology to improve monitoring of vaccine safety and reporting of adverse events.
- Refurbishment of the national Virology Laboratory and rollout of RMTD technology to all district vaccine stores for better stock visibility and management.

Strategic Partnerships

In 2024, Zimbabwe deepened its partnership with Gavi, the Vaccine Alliance. Through the successful application of the Full Portfolio Plan and Cold Chain Equipment Optimization Platform, Zimbabwe secured significant investments in infrastructure and immunization capacity. WHO played a key role in coordinating this process, alongside partners including UNICEF, Crown Agents, and Africa CDC. Collaborative highlights include:

- Joint implementation of cholera vaccination campaigns with the Epidemiology and Disease Control unit.
- HPV revitalization efforts in partnership with the Ministry of Primary and Secondary Education (MoPSE).
- Close technical collaboration with WHO's IST and Regional Office in responding to the polio outbreak and strengthening routine immunization.
- Community-based engagement through organizations such as the Community Working Group on Health and the Apostolic Women Empowerment Trust (AWET).

Challenges and Lessons Learned

Despite strong achievements, several challenges persisted:

- Pockets of un- and under-vaccinated children, especially in remote areas.
- Vaccine hesitancy, particularly among elite and religious communities.
- Competing health priorities including concurrent outbreaks of Mpox, Cholera, and measles.
- Human resource constraints and response fatigue.
- Funding gaps for routine immunization outreach and demand generation.

However, key lessons emerged: integrating routine immunization with supplementary activities proved resource-efficient, and early engagement of community leaders significantly improved vaccine uptake.

Improving Health and Well-being- Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

WHO Zimbabwe's work on RMNCAH in 2024 focused on strengthening maternal and newborn health systems, promoting adolescent sexual and reproductive health and rights (ASRHR), and enhancing data systems to ensure targeted, equitable service delivery across the life course.

Strengthening maternal and newborn health

Zimbabwe made significant strides in reducing maternal mortality by operationalizing the Maternal and Perinatal Death Surveillance and Response (MPDSR) framework. This included conducting national MPDSR assessments across all 10 provinces using updated WHO tools, facilitating regular audits, and supporting the implementation of corrective actions.

To combat postpartum haemorrhage (PPH), a

leading cause of maternal deaths, Zimbabwe adopted the WHO E-MOTIVE bundle, which emphasizes early recognition and bundled treatment. Over 1,400 healthcare workers were trained on E-MOTIVE, and its integration into Emergency Obstetric and Neonatal Care (EmONC) guidelines ensures long-term sustainability.

Promoting adolescent health and self-care

With teenage pregnancy rates at 23%, Zimbabwe contextualized WHO guidelines on self-care interventions for SRHR, introducing a self-care model that improves access to accurate information and services for adolescents. WHO also supported the review of the National Adolescent and Youth Implementation Plan (2024–2025) to better respond to young people's needs.

Enhancing health data systems for equity

To support more responsive programming, WHO collaborated with MoHCC to revise RMNCAH data collection tools, introducing age-disaggregated data to guide adolescent and youth-focused interventions. WHO also supported the implementation of Digital Adaptation Kits (DAKs) for antenatal care (ANC) and family planning, enhancing data quality and accessibility.

Key outputs and technical support

WHO provided technical input to the annual Paediatric Association of Zimbabwe conference, contributed to the EmONC guideline review, advocated for policy action on perinatal death notification, and led partner coordination through joint UN initiatives like 2gether4SRHR.

Challenges and Lessons Learned

The implementation of MPDSR and new guidelines was constrained by inadequate documentation, resistance to data system changes, and commodity stockouts for PPH management. However, continuous on-the-job training, supportive supervision, open dialogue, and partner collaboration proved effective in overcoming these barriers. Data-driven feedback also motivated staff and improved accountability.

Partnerships and Coordination

WHO collaborated extensively with MoHCC, UNFPA, UNICEF, FHI 360, Cordaid, and professional associations to strengthen RMNCAH systems. Through the 2gether4SRHR initiative and joint newborn care assessments, WHO promoted multisectoral engagement across health, education, and social development sectors, recognizing that RMNCAH outcomes are central to achieving gender equality, Universal Health Coverage (UHC), and broader sustainable development goals.

Strengthening the Health Workforce for Universal Health Coverage

In 2024, WHO Zimbabwe played a pivotal role in advancing the country's health workforce agenda by supporting the Ministry of Health and Child Care (MoHCC) to finalize the new Health Workforce (HWF) Strategic Plan (2024–2030). This comprehensive strategy outlines 21 key interventions and 48 activities across five strategic pillars:

- Health Workforce Planning and Financing;
- Health Workforce Production, Training and Development;
- Health Workforce Deployment, Utilization and Governance;
- Health Workforce Migration and Retention;
- Health Workforce Monitoring and Evaluation, ICT, and Research.

The Strategic Plan sets an ambitious goal to double and transform Zimbabwe's health workforce capacity to achieve a Universal Health Coverage (UHC) Index of 80 and attain upper middle-income status by 2030.

Catalyzing Investment in the Health Workforce

With WHO's technical support, a detailed Health Labour Market Analysis (HLMA) was conducted to inform strategic planning and investment decisions. Following this, WHO supported MoHCC in

conducting a Costing and Feasibility Appraisal, which led to the development and launch of the Health Workforce Investment Compact.

The Investment Compact is a critical tool to mobilize and coordinate stakeholder investments in the health workforce and lays out a financing roadmap to mobilize US\$1.63 billion by 2026, and an additional US\$475 million for long-term transformation. It calls on the Government of Zimbabwe to commit 75% of the required resources, while inviting development partners and private sector to contribute the remaining 25% across strategic areas. The Compact seeks to rally multisectoral support to scale up production, improve retention, and ensure equitable distribution of health workers. Zimbabwe continue to lead as a pacesetter in the implementation of the Africa Health Workforce Investment Charter, becoming a model for how countries can use health labour market data to guide smart, evidence-based investments.

Key Outputs and Technical Support

- WHO enabled Zimbabwe to strengthen its health workforce under GPW13 Output 1.1.5.
- With support from the WHO Regional Office, WHO Zimbabwe led the HLMA and guided the formulation of the Health Workforce Strategic Plan and Investment Compact.
- WHO provided continuous technical support in designing the implementation framework and the monitoring and evaluation (M&E) plan.

Success Factors

- High-level government buy-in from the MoHCC and Health Service Commission was critical to driving the process.
- A multi-stakeholder approach ensured alignment across ministries, development partners, and health workforce stakeholders.
- Regular Technical Working Group (TWG) meetings and strategic one-on-one engagements laid the groundwork for successful roundtable negotiations.



Challenges and Lessons Learned

Engaging key government ministries, particularly the Ministry of Finance, early in the process was essential to secure Treasury commitment. The HLMA process was resource-intensive and required a dedicated, well-supported team. Open stakeholder meetings should be approached cautiously to avoid misalignment with partners holding divergent priorities. Targeted engagements yielded better outcomes.



Partnerships and Coordination

WHO worked closely with the MoHCC, Health Service Commission, and other government bodies, and facilitated regular consultations through the Health Development Partners Group and the Health Workforce TWG. Financial and technical support was provided by the Global Fund, with contributions from partners such as UNDP, World Bank, UNFPA, UNICEF, CHAI, DfID and WHO.

This work demonstrates WHO's strategic role in driving evidence-based planning, mobilizing investments, and fostering multisectoral collaboration to build a resilient and sustainable

health workforce, laying a foundation for achieving UHC and sustainable development goals by 2030.

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-launches-health-workforce-strategy-signs-health-workforce-compact?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/epi-50-commitment-expanding-vaccine-access-and-protection-zimbabwe?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-develops-national-one-health-strategic-plan?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-establishes-local-laboratory-polio-surveillance?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-commits-boost-domestic-health-financing?country=883&name=Zimbabwe>

SECTION TWO



Building resilient health systems for emergency preparedness and response

Ensuring Zimbabwe's safety and protecting vulnerable populations remain core priorities for WHO. In collaboration with MoHCC and health partners, WHO led efforts to prepare for, detect, and respond to public health emergencies, most notably the country's prolonged cholera outbreak and Mpox outbreak. From February 2023 to August 2024, Zimbabwe recorded 34,550 cholera cases and 719 deaths. WHO invested nearly US\$3 million, with support from key partners such as the Health Resilience Fund, Central Emergency Response Fund, Africa CDC, and USAID. Through coordinated technical support, WHO helped reduce the national cholera case fatality rate (CFR) from 13.7% in August 2023 to 1.2% by June 2024.

Cholera Outbreak Response

From February 2023 to August 2024, Zimbabwe recorded 34,550 cholera cases and 719 deaths. WHO, with support from the Health Resilience Fund, UN Central Emergency Response Fund (CERF), Africa CDC, and USAID, invested nearly US\$3 million in the national response. As a result of coordinated technical support and targeted interventions, the national cholera case fatality rate (CFR) dropped from 13.7% (August 2023) to 1.2% (June 2024).



Key Cholera Response Outcomes

Case Management and IPC

- 386 health workers trained in case management, infection prevention and control (IPC), and WASH protocols.
- 170 Oral Rehydration Points (ORPs) were established in high-burden districts.
- 120+ Cholera Treatment Centres (CTCs) were supported; 5 upgraded and 3 newly constructed.
- 4,206 cholera patients were treated in WHO-supported facilities (25.2% of cases from Dec 2023–Mar 2024).
- 91 participants were trained in a national CTC decommissioning workshop.

Risk communication and community engagement (RCCE)

Risk communication and community engagement were central to Zimbabwe's cholera response. WHO supported MoHCC with:

- 390 community health workers and 100 healthcare workers trained in cholera prevention.
- 80 Health Information Officers trained for community-level data collection and awareness.
- Webinars trained 167 clinicians in clinical case management.



Partner Coordination

Strong multisectoral collaboration underpinned Zimbabwe's emergency health response. WHO co- led coordination efforts with MoHCC, working alongside Africa CDC, MSF, UNICEF, IFRC, and civil society actors. This included a formal accountability framework with UNICEF to clearly delineate partner roles and reduce duplication.

- Establishment of the Cholera Partners Platform to ensure coordinated response planning.
- Collaboration with IFRC enabled rapid ORP setup using WHO-provided supplies.
- WHO led revision of Zimbabwe's National Cholera Control Guidelines, aligned with GTFCC standards.
- Intra-Action Reviews (IARs) and After-Action Reviews (AARs) were conducted to enhance future preparedness.

Strengthening Public Health Emergency Operations Centres (PHEOCs)

WHO worked closely with MoHCC to strengthen the Public Health Emergency Operations Centres (PHEOCs), which played a pivotal role in coordinating the national responses to both the prolonged cholera outbreak and the Mpox incident. WHO's Incident Management Team (IMT) provided critical technical support to the PHEOCs, ensuring real-time coordination, surveillance, and logistics management across all response pillars.

To enhance multi-stakeholder collaboration, WHO facilitated the establishment of the Cholera Partners Platform, which enabled effective engagement with government agencies, donors, UN partners, and civil society. This platform supported comprehensive response planning, resource tracking, and efficient partner coordination during the height of the outbreak.

As part of efforts to institutionalize emergency preparedness and ensure continuous improvement, WHO supported the conduct of Cholera

Intra-Action Reviews (IARs), After-Action Reviews (AARs), simulation exercises, and risk assessments. These exercises provided critical insights to inform future outbreak preparedness and response strategies. Additionally, WHO led the revision of Zimbabwe's national cholera control guidelines, aligning them with the latest evidence-based recommendations from the Global Task Force on Cholera Control (GTFCC).

In a significant step to improve operational readiness, WHO, with funding from the Health Resilience Fund (HRF), donated ICT equipment valued at US\$90,000 to strengthen the functionality of PHEOCs in three provinces. The donation included laptops, mobile phones, printers, monitors, and other essential digital tools required to support real-time data collection, analysis, communication, and emergency coordination.

Mpox Response and Laboratory Strengthening

WHO supported the MoHCC in responding to a confirmed Mpox outbreak in 2024:

- 1,600 Mpox diagnostic tests supported through reagent procurement for the National Microbiology Reference Laboratory (NMRL).
- Mpox response was complemented by ongoing investments in laboratory capacity for epidemic-prone diseases, including:
 - Training 43 laboratory scientists in culture testing.
 - Procuring equipment to strengthen national laboratory diagnostics.

Influenza Surveillance and Preparedness

As part of the Pandemic Influenza Preparedness (PIP) framework, WHO supported Zimbabwe to expand influenza detection and build pandemic readiness.

- 6 influenza sentinel surveillance sites expanded to 11 sites nationwide.
- Development of a National Influenza Sentinel Surveillance Protocol (2024–2029).
- Finalization of Zimbabwe's Pandemic Preparedness Plan.

Integrated Disease Surveillance and Response (IDSR)

WHO supported national efforts to strengthen early outbreak detection and response.

- 310 provincial and district health executives were trained on IDSR across Manicaland, Masvingo, Bulawayo, and Mashonaland Central.
- 986 nurses were trained on the use of antigen rapid diagnostic tests (RDTs) for cholera, leading to:
 - RDT usage increase from 2,090 to 9,853 tests (371% rise).
 - Culture tests rose from 2,250 to 6,386 in three months.

Challenges and Lessons Learned

Initial coordination challenges led to overlapping trainings and resource inefficiencies. Changes in per diem policies also created funding gaps, requiring real-time budget adjustments. The national Cholera Control Guidelines require revision to include detailed protocols on CTC and ORP decommissioning. Notably, webinars and on-site mentorship emerged as cost-effective, high-impact training methods. The urgent need to cascade IDSR training was recognized as essential for sustained health emergency preparedness.



<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-conducts-cholera-intra-action-review?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/enhanced-cholera-surveillance-data-zimbabwe-improves-accountability-and-focused-response?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/russia-who-hands-over-cholera-consignment-zimbabwe?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/who-support-decommissioning-cholera-treatment-centres-zimbabwe?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-reports-first-cases-mpox?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/who-supports-integrated-disease-surveillance-and-response-training-zimbabwe?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/who-afdb-japan-uncerf-and-usaid-donate-18-million-lifeline-targeting-cholera-and-long-term-health?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-declares-cholera-outbreak-over?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-protects-over-200000-people-against-cholera?country=883&name=Zimbabwe>

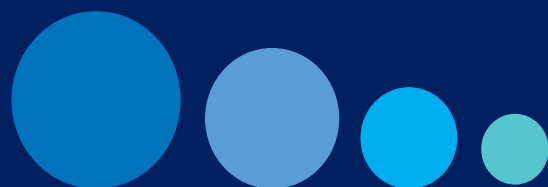
<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-conducts-state-party-self-assessment-annual-reporting-workshop?country=883&name=Zimbabwe>



SECTION THREE



Healthier Populations



Promoting health and well-being

WHO Zimbabwe continued to work closely with the MoHCC and other partners to improve population health through actions addressing the social and environmental determinants of health. Key areas of focus in 2024 included child nutrition, maternal and child health, food security, climate resilience, health promotion, and injury prevention.

Strengthening nutrition and maternal-child health systems

WHO provided technical support to adapt two key national guidelines: the Management of Acute Malnutrition and the Baby Friendly Hospital Initiative. These adaptations ensure Zimbabwe's health services align with global standards, improving quality of care for children and mothers. Rural and urban assessments on Food and Nutrition Security were also conducted, informing policies aimed at reducing malnutrition and food insecurity.

In partnership with UNICEF and MoHCC, WHO contributed to finalizing national nutrition guidelines and supported the development of a funding proposal for the National Public Health Institute (NPHI), establishing priorities and institutional arrangements for addressing health risks across life stages.



Promoting health through climate resilience

In October 2024, Zimbabwe hosted the first Climate and Health Africa Conference, where 20 African countries endorsed the Harare Declaration on building climate-resilient health systems. WHO played a pivotal role in this milestone event, which positioned Zimbabwe as a leader in integrating climate and health. The Hon. Minister of Health and Child Care announced

Zimbabwe's formal commitment to the WHO-led Alliance for Transformative Action on Climate and Health (ATACH) and to the development of a Health National Adaptation Plan (HNAP).

A Climate Change and Health Vulnerability and Adaptation Assessment is planned for completion by September 2025. Zimbabwe also committed to developing a roadmap toward a low-carbon healthcare system and achieving net-zero emissions in the health sector by 2050.

Supporting safer environments and road safety

With support from WHO and the UN Secretary-General's Special Envoy for Road Safety, Zimbabwe advanced its road safety advocacy in 2024. This included high-level meetings, awareness campaigns, and assessments aimed at reducing traffic-related injuries and deaths. A national Health Promotion Needs Assessment was also completed, with recommendations for strengthening community-based health education and action.

Multisectoral collaboration and addressing environmental determinants

WHO worked with civil society (CeSHHAR), UN agencies (UNICEF, UNDP, UNFPA, UN WOMEN), and government institutions to promote integrated approaches to nutrition, sexual and reproductive health, and climate change. As part of the Food and Nutrition Security Action Plan, WHO supported efforts with the Food and Nutrition Council and MoHCC to address malnutrition through evidence-based, cross-sectoral action.

The support to environmental health efforts also included the integration of health into Zimbabwe's climate response agenda and technical engagement to ensure health is prioritized in climate and disaster resilience strategies.

<https://www.afro.who.int/news/african-health-ministers-delegates-adopt-declaration-climate-change-and-health>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-commits-building-climate-resilient-and-sustainable-health-systems?country=883&name=Zimbabwe>

SECTION FOUR



Communicable and Non-Communicable Diseases

Improving access to and integration of NCD care at the primary care level

WHO HQ mission on cervical cancer elimination

As part of accelerating action to eliminate cervical cancer in Zimbabwe, a high-level delegation from the WHO Headquarters, led by the Director for Non-Communicable Diseases (NCDs), Dr. Bente Mikkelsen, conducted a technical support visit in early 2024. The mission, which included Zimbabwe's Minister of Health, Dr. Douglas Mombeshora, formed part of a broader three-country review to assess progress and identify opportunities for strategic collaboration in the fight against cervical cancer.

The delegation visited Umboe Clinic in Makonde District, Mashonaland West Province — one of 22 rural facilities selected for an HPV DNA testing pilot programme launched in 2023. The clinic exemplifies Zimbabwe's commitment to decentralizing screening services, particularly through the involvement of Village Health Workers (VHWs). This mission provided critical insights into implementation at the primary health care level and underscored the importance of strengthening both screening for women no longer eligible for vaccination and early detection strategies

<https://www.afro.who.int/countries/zimbabwe/news/ramping-cervical-cancer-screening-zimbabwe?country=883&name=Zimbabwe>

Scale up of WHO PEN and HEARTS MODULES

In 2024 WHO trained 10 district health managers from Tsholotsho and 4 provincial managers from Matabeleland South province on the WHO PEN and HEARTS module in order to enhance capacity of managers to support primary health care facilities in offering NCD services. Thereafter 36 health workers from 24 primary health care facilities in Tsholotsho district were also trained on the PEN and HEARTS module. During the training, all 24 health facilities were supplied with essential diagnostic tools and supplies comprising of sphygmomanometers, glucometers, glucostrips and urinalysis strips. Trainees were also oriented on the standardized tools for data collection, patient follow-up and reporting as part of the PEN and HEARTS module. Technical expertise was also provided in the development of the PEN Plus Implementation

Plan which will be launched in 2025 as well as development of the Zimbabwe Roadmap for domestication of the SADC strategy on Overweight and Obesity Prevention.

Partner Coordination and Collaboration

WHO collaborated with UNICEF, SolidarMed and CHAI to conduct a needs assessment and scale-up the PEN PLUS model in three first level hospitals in Masvingo district. Collaboration with other non-governmental organizations is key due to the unavailability of consistent funding for program implementation. In addition, WHO collaborated with UNESCO on the Global School based Student Health Survey and provided technical expertise in planning for data collection and data collection for the survey was successfully completed. Collaborations with UNICEF, National Food Council and Ministry of Health need to be explored for successful implementation of the Zimbabwe Road Map for domestication of the SADC Strategy on Overweight and Obesity Prevention.

Challenges and Lessons Learned

Delays were experienced in rolling out the WICS program and there is need to strengthen coordination and expand partnerships for the project.

There are limited resources available to expand the PEN and HEARTS training program to other districts to ensure equitable access to standardized NCD services across the country. Advocacy continues for integration of PEN and HEARTS module into national health budgets. Additional resources need to be mobilized to address NCD risk factors such as Obesity, unhealthy diets and physical inactivity.

Scaling up Prevention and Control of Neglected Tropical Diseases (NTDs) in Zimbabwe

In 2024, Zimbabwe made significant strides in the fight against (NTDs), with a nationwide Mass Drug Administration (MDA) campaign conducted from 14 to 21 October. With support from WHO, the campaign targeted schistosomiasis (bilharzia) and soil-transmitted helminths (intestinal worms), reaching over 1.3 million individuals for schistosomiasis and 1.05 million for intestinal worms, primarily children under the age of 15 in high-burden districts.

The second and final phase of the MDA campaign was launched on 17 September 2024 and implemented using a

school-based delivery model across targeted wards. Schools served as efficient distribution points, ensuring broad access while integrating with the government's school feeding programme to improve medication compliance.

WHO provided over 3.6 million Praziquantel tablets and 8.7 million Albendazole tablets, with the national goal of treating more than 5 million children. The campaign was further supported by community health mobilizers and trained healthcare workers, who raised awareness and ensured effective drug administration. Pre-MDA training sessions built local capacity for safe and coordinated implementation. During the MDA exercise a coverage of 74,36% was attained for lymphatic filariasis, 85,46% for schistosomiasis and 73,12% for intestinal worms. MDA for trachoma was discontinued following an impact assessment that reported a low prevalence of trachoma (< 0,5%). Trachoma districts are now in the transition phase and Zimbabwe is in the process of developing a dossier for the elimination of trachoma.

Human African Trypanosomiasis (HAT) is still a public health problem in Zimbabwe with local transmission recently reported in the country among visiting tourists as well as locals. In 2024 a total of 3 cases were infected in the Makuti/ Chirundu area. Zimbabwe is implementing several strategies to combat this disease which include space spraying for tsetse flies, mounting of vehicle spraying points in major roads and case management with support from WHO. In August 2024, specialist physicians from Zimbabwe participated in training of trainers on r-HAT WHO guidelines and the use of fexinidazole, the new oral drug used to treat sleeping sickness. WHO supported adoption of fexinidazole by the country and in preparation to operationalize its use, the Ministry of Health and Child Care (MoHCC) has incorporated Fexinidazole in the Essential Medicines List and Standard Treatment Guidelines for Zimbabwe (EDLIZ). Zimbabwe alongside Malawi and Zambia is an early adopter in the African region of this more efficacious medicine that is easier to administer and has an improved safety and side effect profile.

Challenges and Lessons Learned

There is evidence of ongoing r-HAT in the country and limited diagnostic and surveillance capacity which resulted in the reported cases being diagnosed outside

the country or at a private health facility in Harare. The last r-HAT training was conducted in 2019 and there has been significant attrition of trained staff. Providing training and support for health workers to diagnose and manage NTDs is therefore essential.

Partnerships and Coordination

Collaboration and engagement with stakeholders within the Ministry of Health and Child Care, National Taskforce Team for the Control of Neglected Tropical Diseases, University of Zimbabwe and other non-governmental and civil society organizations was pivotal to the successful implementation of NTD interventions. Notably, the collaborative technical and financial support provided by WHO culminated in the successful development and launch of the Zimbabwe Master Plan for the Elimination of Neglected Tropical Diseases in December 2024. Successful implementation of the MDA exercises using the medicines provided by WHO was also contingent on additional technical and financial support from Higher Life Foundation and Sightsavers for activity implementation. Working with local organizations and NGOs, leveraging on their expertise, reach and financial resources is cost effective.

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-prepares-ward-based-mass-drug-administration-bilharzia-intestinal-worms-and-lymphatic?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/ward-based-outreach-efforts-target-elephantiasis-high-burdened-districts?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/over-1-million-children-benefit-mass-drug-administration-campaign-zimbabwe?country=883&name=Zimbabwe>

HIV, Hepatitis and STIs

WHO continued its close collaboration with the Government of Zimbabwe in 2023–2024 to strengthen national HIV programming as part of the broader strategy toward ending AIDS by 2030. WHO provided technical and financial assistance to support the implementation of the Triple Elimination Plan for Mother-to-Child Transmission (MTCT) of HIV, syphilis, and hepatitis B. This included supporting the training of 60 National Validation Committee members on the framework for implementing triple elimination, expanding its mandate to cover Hepatitis B, and aligning Zimbabwe's strategy with WHO global elimination validation standards. WHO also worked alongside the Ministry of Health and Child Care (MoHCC) to ensure that national interventions were guided by the latest scientific evidence and global best practices. Following the training, the Path to Elimination Roadmap for the country was developed and progress in implementation of the roadmap will be reviewed annually. To support introduction of Hepatitis Elimination interventions for pregnant and lactating women, WHO led updating of chapters in EDLIZ on management of Chronic Hepatitis B and C and inclusion of a new chapter on elimination of MTCT of Hepatitis B. WHO also supported development of Hepatitis B training material for health workers and co-facilitated training of health workers from provincial and central hospitals on Hepatitis B prevention, diagnosis and treatment in antenatal care.

Child-Focused HIV Programming

Zimbabwe's broader child-focused HIV response includes scaling up case finding and treatment for HIV-positive children as part of its role in the Global Alliance to End AIDS in Children by 2030, where it is one of the twelve phase-one countries actively engaged in the initiative. As the secretariat for Zimbabwe Global Alliance Country Team, WHO led compilation of the Zimbabwe Alliance 2024 country action plan update which was presented in a regional hub meeting in May 2024. In an effort to optimize treatment for children living with HIV, WHO supported MoHCC to develop transition guidance for a new fixed dose formulation of pediatric abacavir, lamuvidine and dolutegravir that will ease medicine administration and reduce pill burden for children. Additional support was provided for adaptation of training material that will be used to orient health workers and caregivers in use of the medicine. Support was also provided to MOH and CHAI in

September 2024 to adapt the WHO Stop AIDS Toolkit that will be used to train health workers in management of Advanced HIV Disease in children.

HIV Sustainability

The Government of Zimbabwe working in collaboration with UN and PEPFAR Funding and Implementing partners convened an HIV Sustainability Technical Working Group that is supporting development of the country's HIV Sustainability Roadmap. The TWG is chaired by the Ministry of Health and Child Care (MoHCC) and the National AIDS Council and a consultant was recruited to lead development of the roadmap. WHO is a key partner in this TWG and participated in the monthly meetings. The TWG developed data collection tools to conduct an HIV Sustainability assessment which has been completed across six domains:

1. Leadership and governance
2. Epidemiology and Strategic Information
3. Strategic financing
4. Health workforce
5. Quality assured service delivery and systems
6. Human rights and gender equity.

WHO led one of the field teams during the sustainability assessment field work and report writing. The assessment informed compilation of priority risks and proposed actions that were incorporated in the HIV Sustainability roadmap. WHO participated in the review of the draft roadmap with support from WHO HHS department. Following launch of the roadmap, WHO will support development of the HIV Sustainability Transformation Plan.

Enhancing Gonorrhoea Surveillance in Zimbabwe

WHO has been instrumental in supporting Zimbabwe's implementation of the Enhanced Gonococcal Antimicrobial Surveillance Programme (EGASP), a critical initiative aimed at strengthening the country's response to gonorrhea and antimicrobial resistance (AMR). In partnership with the Ministry of Health and Child Care (MoHCC) and the U.S. Centers for Disease Control and Prevention (CDC), WHO provided technical assistance in establishing sentinel surveillance sites in high-burden areas such as Bulawayo and Beitbridge, and more recently, in Hopley and Epworth clinics in Harare. WHO's support has included capacity building for healthcare workers in standardized laboratory protocols, improving

diagnostic capacity for culture and sensitivity testing, and addressing logistical challenges related to sample collection, transport, and storage. This support has enabled Zimbabwe to better monitor resistance trends in *Neisseria gonorrhoeae*, adapt treatment guidelines, and contribute to the global effort to curb AMR in sexually transmitted infections.

Cumulatively 313 urethral swab samples were processed from 3 sentinel surveillance sites in 2024, yielding 122 confirmed gonococcal isolates. All these isolates were successfully tested against the third generation cephalosporins (ceftriaxone and cefixime), ciprofloxacin and azithromycin. The surveillance results demonstrated that ceftriaxone, the first line treatment for *Neisseria gonorrhoeae* in Zimbabwe, is still an effective treatment for GC infections supporting implementation of evidence-based guidelines.

Implementing EGASP also strengthened laboratory capacity to culture, isolate and identify *N.gonorrhoeae* as well as the clinical, epidemiological and laboratory understanding of the personnel of the surveillance sites and participating laboratories. External quality assurance for the laboratory surveillance had a pass rate of 82%.

As the surveillance progressed an improvement was demonstrated in the positivity rate of samples collected due to continued mentorship and support for the sites. In the long-term this will strengthen the capacity for surveillance of STIs and antimicrobial resistance in public sector facilities.

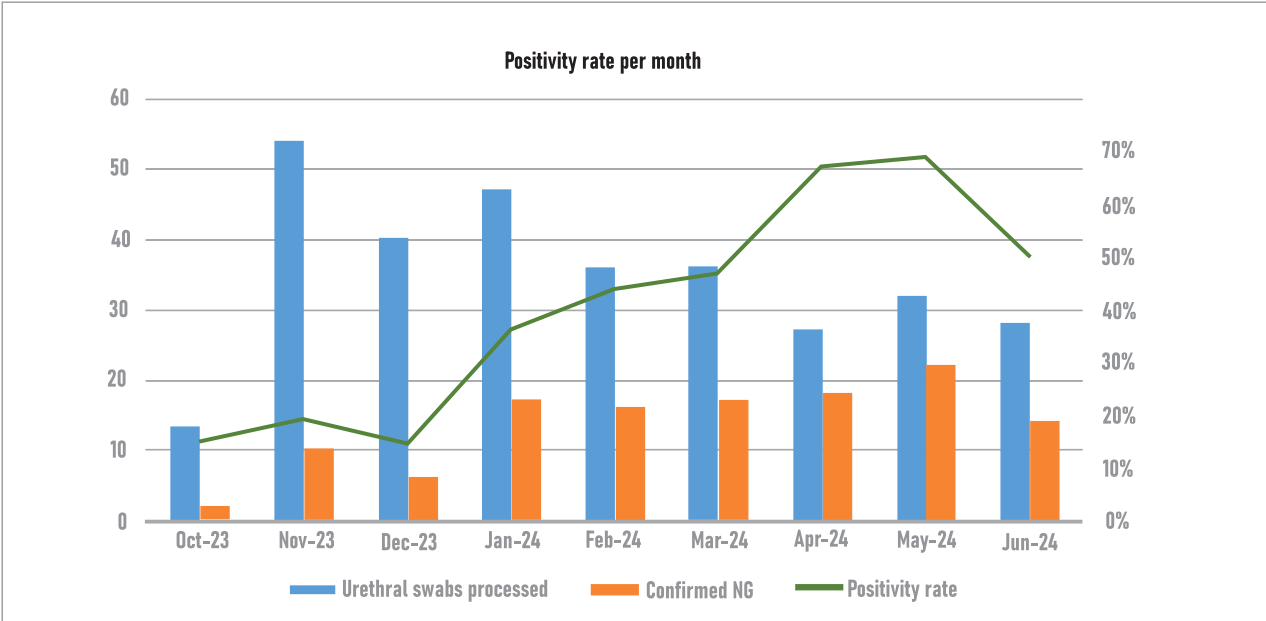
Partnerships and Coordination

Training of National Validation Committee was successful due to the close collaboration between WHO, UNICEF and UNAIDS who co-facilitated the training under the leadership of the MOH PMTCT department. Development of transition guidance for the new child friendly formulation of pALD also necessitated close collaboration with the MOH HIV program and Department of Pharmacy Services, CHAI and Newlands Clinic. Partnership with the Ministry of Health and Child Care (MoHCC), National Microbiology Reference Laboratory and the U.S. Centers for Disease Control and Prevention (CDC) was essential for the successful implementation of the EGASP program.

Challenges and Lesson Learned

Unavailability of dedicated funding for roll-out of hepatitis elimination interventions delayed scale-up. Integration of activities with other programs i.e., hepatitis and STIs as opposed to siloed implementation will fast track scale-up.

Currently culture and antimicrobial testing is centralized at the National Microbiology Reference Laboratory. Sample transportation delays that were experienced affected the isolation rate of gonococcus at EGASP project sites. There is need to build capacity of district and provincial laboratories in antimicrobial surveillance to reduce distances that samples have to travel for processing.



<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-moots-introduction-hepatitis-b-birth-dose?country=883&name=Zimbabwe>

<https://www.afro.who.int/countries/zimbabwe/news/zimbabwe-scores-gains-hiv-control?country=883&name=Zimbabwe>

Malaria and TB

Overview of Key Achievements

WHO successfully coordinated the mid-term review of the National Malaria Control and Elimination Plan for 2021 to 2026. The mid-term review was conducted from August to September 2024 and was implemented collaboratively by the National Malaria Control Program (NMCP) and its partners, focusing on an evidence-based appraisal of the country's malaria situation and program performance. The MTR was organized into four phases: Phase I involved planning and consensus building with major stakeholders; Phase II involved the desk reviews across various thematic areas. Phase III was the External validation phase, where an external team from WHO and RBM conducted field visits to provinces, government ministries, departments, and partners. Phase IV is program strengthening, where the findings are used to strengthen the malaria program. The mid-term review demonstrated that malaria is recognized as a high priority MOH and its partners, reflecting a strong commitment to addressing this public health challenge. The NMCP has also established an organizational structure designed to facilitate effective coordination and program management, ensuring that efforts are well-organized and targeted. However, there remains a pressing need to intensify domestic resource mobilization efforts to sustain and expand malaria control initiatives, ensuring that the necessary resources are available to combat the disease effectively.

Major Activities and Outcomes

- WHO led development of the concept note for implementation of the Malaria Indicator Survey planned for 2025/2026.
- Technical assistance was provided in development of the TB Drug resistance survey protocol and implementation of the TB Stigma Assessment. The

National TB Stigma Assessment report and TB Key and Vulnerable Population Reports were published during the National TB Conference held in November 2024.

- WHO Co-chaired the quarterly Global Fund Country Coordinating Mechanism (CCM) TB and Malaria subcommittee meetings and was appointed vice-chair of the Malaria Case Management committee.

Challenges and Lessons Learned

- Discontinuation of Global Fund support for the NPO TB and NPO Malaria affected staffing within the UCN cluster.
- Limited funding within the Malaria and TB programs also affected implementation of activities. Recommendations for increase resources within the malaria program include launch of the End Malaria Council to sustain high-level advocacy for Malaria and updating of the Malaria Business Plan.

Partnerships and Coordination

- WHO collaborated with RBM in supporting implementation of the mid-term review of the National Malaria Control and Elimination Strategy. Additional technical and financial support was received from in-country partners supporting the malaria program (Global Fund, CHAI, ZAPIM).
- Development of the TB Drug Resistance Survey protocol was through a multi-stakeholder national steering committee that included WHO. WHO participated in the weekly virtual meetings for the survey coordination team.



Promoting mental health

Major Activities and Outcomes

- 247 health workers were trained in mhGAP across multiple provinces with support from EQUIP funds.
- The Mindskillz adolescent mental health program was expanded to two provinces, with plans for further scale-up in schools nationwide. 40 coaches were trained in the Mindskillz program, equipping them to provide structured mental health support to 3,500+ adolescents in schools.
- Trained 20 health workers to implement sentinel mental health surveillance surveys across selected health facilities.
- Piloted suicide & self-harm recording tools at two district hospitals to enhance surveillance and inform policy decisions.
- Engaged government stakeholders to review Zimbabwe's Mental Health Act, with plans to form a technical working group (TWG) in 2025.
- Provided technical support to the Ministry of Health to validate and disseminate the National Mental Health Services Package.
- Led regional webinars on workplace mental health, suicide prevention, and substance use awareness, ensuring Zimbabwe's representation at key AFRO meetings.
- Represented Zimbabwe at the Movendi Global Alcohol Forum (Barcelona 2024) and engaged in national discussions on alcohol policy regulation.
- 749 new registrations for QualityRights e-training, 370 completions, and integration of QR training as a mandatory prerequisite for all MoH mental health programs.
- 150 mhGAP trainees completed QualityRights training; 100 religious leaders trained via engagement with Christian and Islamic faith groups.

Challenges and Lessons Learned

The changes in MOH per-diem rates after budget finalization and disbursement resulted in delays in implementation of some activities.

Partnerships and Coordination

- Engaged five universities to integrate Quality Rights into mental health and neuroscience curricula.
- Engaged Zimbabwe Heads of Christian Denominations (ZHoCD) and Supreme Council of Islamic Affairs to integrate mental health in faith-based organizations.
- Developed Mental Health Investment Case and engaged private sector partners at the Mine Entra Conference, Sub-Saharan Africa's second-largest mining conference.
- Partnered with HIV-focused organizations to align mental health indicators, improving mental health service delivery for HIV/TB patients. Provided technical support for TB screening guidelines that include mental health conditions, ensuring integrated care for TB patients.

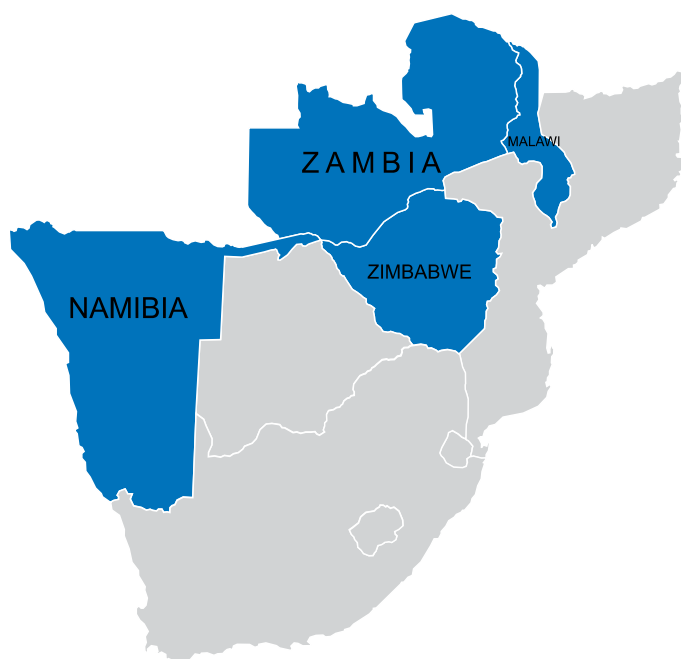


SECTION FIVE



Multicountry Assignment Team - Zimbabwe





Overview

Multicountry Assignment Team (MCAT) staff in Zimbabwe WHO country office (WCO) continue to play critical role of rapid and tailored technical assistance (TA) to Zimbabwe and three other countries. i.e. Malawi, Namibia and Zambia clustered under the Harare hub. The MCAT approach part of the WHO Regional Office's strategy of deploying high-level technical experts in selected hubs. These experts then serve a limited number of countries, ensuring focused and efficient support.

As staff of host WCO, MCAT staff provide in-depth, sustained assistance in critical programmatic areas across a limited number of countries, while reducing the need for each and individual country office to recruit an expert in every key technical area, enhancing both effectiveness and cost-efficiency. This is especially appropriate, given that some country offices may not require continuous high-level expertise in certain technical /programmatic areas throughout the year. Therefore, the MCAT approach allows for flexible, needs-based deployment and with proper planning and coordination between host WCO and the other country offices, the MCAT model remains a key strategy for improving efficiency.

The MCATs are meant to focus on key functional areas specifically Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH), HIV/TB/Hepatitis (HTH), Tropical and Vector-Borne Diseases (TVD), Non-Communicable Diseases (NCD), Health Financing (HF), and Nutrition, along with crosscutting areas of Diagnostic and Laboratory Services (DLS) and Service Delivery Systems (DSD). For this reporting period, Zimbabwe Country office had 3 MCAT staff covering health financing, nutrition and RMNCAH.

During the reporting period, the Zimbabwe WCO had MCAT staff, covering Health Financing, Nutrition, and RMNCAH. These staff provided timely, integrated technical support across 4 countries and beyond. Their work included:

- Consolidating health data to track progress and identify challenges;
- Advising on health priorities;
- Coordinating health partners;
- Synthesizing information for evidence-based decision-making;
- Fostering alignment of support to countries across WHO's three levels.

Highlights of their contributions in Health Financing, Nutrition, and RMNCAH are presented below.

Health Financing

A strong health financing system is a critical and essential component contributory to the UHC targets under the SDG declaration. This because health financing influences progress on the three UHC goals of equity in the use of health services, quality of care and financial risk protection. In the four countries, health financing is a key national reform discourse. There are on-going engagement on varying dimensions of health financing and implementation of specific intervention activities, all

aimed at strengthen health financing system. As a such, the MCAT provided technical leadership, coordinated and/or facilitated a number of activities.

Zimbabwe

- Development of Zimbabwe National Health Insurance Principles: WCO through MCAT staff provided technical guidance during stakeholders' consultations and supported the Ministry of Health and Child Care (MOHCC) team in drafting principles for a national health insurance. These principles were presented to Cabinet in September 2024, based on which the Cabinet approved the drafting of a Bill for a legislative process in 2025. In early 2025, the WCO through MCAT staff has support the development of an initial draft of the NHI Bill. The NHI development remains an ongoing process and the WCO will continue to provide technical support in form of providing evidence of best practices and lessons learned to inform the Zimbabwe NHI development
- Zimbabwe Health Financing Policy Dialogue-2024: The WCO through the MACT staff provided both technical and organizational support. The Dialogue resulted in position statements outlining priority actions to increase health funding and improve resource efficiency, with a strong emphasis on equity and financial risk protection. The position statement continues to inform national engagement of health financing including priority areas for consideration in the development of a revised national health financing strategy. The WHO through MCAT staff shall continue to support the development of a revised Health Financing Strategy (2026–2030).

- Catalysing processes leading to their completion and/or acceleration towards completion. These include:

- (1) Reviewing and producing a final draft of Zimbabwe Essential Health Service Package which had stalled for over six months before MCAT arrival. The document has since (mid-2024) been shared with MoHCC for internal management approval. The EHSP is expected to form a basis for development of national health benefits package (HBP) to be funded through public fund.
- (2) Reviewing and providing inputs to the human resources for health (HRH) strategy and compact. The two documents development were completed in 2024. These documents are informing national discussion and initiatives for strengthening human resources for health in the country.
- (3) Reviewing and providing technical inputs to completion a National Health Accounts report conducted in 2023 covering financial years 2019 and 2020. This had stalled for months with no final report available. The report is now available in 2025 for public use and citation.
- (4) Reactivation of the process for reviewing the implementation of the national health financing strategy developed in 2017 by providing technical guidance on the roadmap and engaging other partners to provide logistical support to the process. To this end the WCO organised and facilitated training of the MoHCC and relevant partners on the Health Financing Progress Matrix as a framework for reviewing the national health financing strategy and development of a new health financing strategy.
- (5) Initiated engagement and providing technical guidance to the process of conducting NHA survey to update the data on health expenditure for financial years 2021 to 2024.

In addition, the MCAT staff has also supported Zambia, Malawi and Namibia leading to the delivery of the following.

Namibia

Capacity building on health financing 2024: The Namibia WCO with support of the MCAT staff organised and facilitated a training workshop (13 to 16 May 2024) for relevant senior government officials in Health Financing for Universal Health Coverage (UHC). This training conducted in the first of May was organised as part of capacity building for 35 senior government officials to improve their skills and knowledge in health financing for UHC. The training equipped officials to be able to effectively engage in national discourse on health financing reforms and the wider health system strengthening efforts. The skills and knowledge gained was timely as it was at a point in time where there was engagement on finalizing the national UHC roadmap and policy framework development. In addition, the MCAT staff reviewed and provided inputs to the national UHC policy framework in 2024.

Zambia

Delivery for Impact [2024]: The MCAT technical staff led the development of action plan for supporting prioritized activities by Ministry of Health for strengthening health financing system during a DFI workshop held in 9 to 12 July 2024. Health financing priorities and targets were reviewed, targets for the acceleration plan were then set based on the national health strategic plan. The technical resource needs were identified. Using DFI tools, acceleration scenario for reaching the targets from baselines were elaborated.

Mid-term review of the National Health Strategic Plan [2024&2025]: The MCAT staff provided a catalytic technical support to Zambia MOH resulting into the reactivation of the process, including updating the MTR Steering Committee on the roadmap, formation of technical task teams (TTTS), development of the TORs for the TTTS, amongst other. As part of this process,

the MTR inception report was developed detailing the methodological approach. This initial catalytic process provided a spring board for regional office team to continue to support this process. The findings from the MTR is informing the re-prioritization within the health sector that is expected to accelerate progress towards the 2030 health SDG targets.

Capacity building for institutionalizing NHA for tracking health expenditure: MCAT staff supported capacity building training sessions of Zambia team on NHA in November 2024. The MCAT also used this capacity building workshop to facilitate validation of previous NHA data, used to draft a report which was yet to be finalise. A final draft report of the NHA covering 2017 to 2021 financial years was produced. The report has since been approved by senior management and its being disseminated. The results has also been used to update the Global Health Expenditure Database for Zambia.

Health Financing Progress Matrix: The MCAT supported the reviewed, drafting of preliminary sections and engaging senior officials to ensure the HFPM assessment report was finalise and disseminated.

Malawi

Health Financing Progress Matrix [2024]: The HFPM is the WHO tool that guides assessment of a country's health financing system against a set of evidence-based benchmarks that have been noted as key in making progress towards Universal Health Coverage. The report of the HFPM informs national discussion on reforms and policy decisions on health financing. The Ministry of Health (MOH) sought technical and financial support from the WHO on Conducting Health Financing Progress Matrix (HFPM). The MCAT staff supported the CO organized to facilitate a one-week workshop (19-23 August 2024) to re-orient relevant staff from MOH, Ministry of Finance and Kamuzu University who had previously been trained on the HFPM so that they are in position to start the process of conducting the assessment. Following the workshop, the team collected data and the

MCAT staff supported initial analysis and drafting of the report. The report has since been approved by MOH senior management and is in the last phase of editing before dissemination. The report will inform health financing policy development and reforms.

National Health Accounts (NHA): The MCAT staff reviewed and provided inputs to the NHA data tables and report. The report has been approved and is being copy-edited before dissemination. The data has been submitted to GHED team for use in updating the Malawi data in the GHED.

Other support

MCAT staff served as tutors as part of the World Health Organization (WHO) team facilitating the 2024 and 2025 WHO Advanced Course on Health Financing for Universal Health Coverage (UHC). This flagship course, held annually, aims to strengthen the capacity of senior government officials and key country-based partners in health financing. It provides a comprehensive overview of the theoretical and conceptual foundations of health financing, equipping participants with the knowledge and skills necessary to lead national dialogues and reforms in support of UHC.

The Zimbabwe MCAT staff also continue to provide technical support to the Government of Eswatini in the development of a national health financing strategy. In collaboration with the WHO Regional Office, MCAT facilitated an orientation workshop for the Health Financing Technical Working Group (HFTWG), focusing on the Health Financing Progress Matrix and stakeholder mapping. The strategy

development process is ongoing, with MCAT offering continuous support through both virtual engagements and in-person missions.

Nutrition

Nutrition is central to improving child survival, growth, and development and remains a key pillar of Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). From



June 2023 to 2025, the MCAT provided technical leadership and operational support across Namibia, Malawi, Zambia, Zimbabwe, and at global level. Activities focused on updating national protocols, building national capacity, strengthening systems for data and programme monitoring, and supporting emergency response and resilience building in the face of natural disasters and disease outbreaks.

Namibia (June 2023 – June 2024)

During this period, MCAT provided technical support to review and finalize the national protocol on the management and prevention of childhood wasting, ensuring alignment with the 2023 WHO recommendations. In addition, MCAT supported the training of health workers across the country, enhancing their capacity to identify and manage severe wasting. The team also contributed to strengthening Infant and Young Child Feeding (IYCF) efforts by updating the national protocol on breastfeeding promotion and support. This was accompanied by the training of health workers to enable them to effectively support and promote breastfeeding both within health facilities and in communities.

Malawi (June 2023 – June 2024)

MCAT played a critical role in supporting the emergency nutrition response to the impact of Cyclone Freddy. This included facilitating the rapid assessment that informed the national nutrition response plan, supporting the development of the plan itself, and strengthening frontline service delivery by training health workers and distributing SAM/PED kits. Data systems were improved through the integration

of key nutrition indicators into the Integrated Disease Surveillance and Response (IDSR) system, while an updated cholera management protocol for children with severe wasting was finalized. Additionally, MCAT supported the revision of the national protocol on child wasting management and prevention. The team also led a national assessment on breast feeding practices in health facilities and finalized a national roadmap to enhance the implementation of the Baby-Friendly Hospital Initiative (BFHI) across facilities with maternity wards.

Zambia (June 2023 – June 2024)

In Zambia, MCAT provided technical guidance in reviewing and finalizing the BFHI training modules, contributing to national capacity-building efforts for maternal and child nutrition. The team also supported the integration of nutrition data elements into the national DHIS2 system, resulting in a finalized list of indicators available for routine analysis and performance monitoring of nutrition programmes.

Zimbabwe (June 2023 – June 2024)

MCAT facilitated the training of a core group of national experts on the management and prevention of severe wasting, establishing a cascade model for rolling out trainings at provincial and district levels. Furthermore, the team supported the assessment of BFHI implementation in selected provinces. The results were compiled into a final report to guide targeted interventions and improve the quality of maternal and newborn care in health facilities.

HQ-Level Support (June 2024 – June 2025)

At the global level, MCAT contributed to the refinement of international guidance by reviewing and updating the draft operational tool on the management and prevention of child wasting. This version was prepared for submission to the WHO Guideline Development Committee. The team also revised the global training manuals to reflect the latest WHO recom-

mendations, supporting consistency and alignment in technical guidance across countries.

Malawi (June 2024 – June 2025)

MCAT supported the review and update of the national training manuals on severe wasting management and prevention. These updates were aligned with the recently revised national protocol, ensuring consistency between policy and practice.

Zambia (June 2024 – June 2025)

During this period, MCAT contributed to the development of an assessment tool aimed at evaluating the utilization of nutrition data elements that were previously integrated into the DHIS2 system. This work is expected to inform improvements in the use of routine data for nutrition programme monitoring and decision-making.

Reproductive, Maternal, Neonatal, Child, and Adolescent Health

Achieving UHC in Zimbabwe leveraging SRHR Self-care

Zimbabwe like other developing countries is constrained in access to equitable and quality SRHR services. According to the Demographic and Health Survey (2023-2024), the Maternal Mortality Ratio is 212/100,000; markedly higher than the SDG goal of 70/100,000. Teenage pregnancy remains a major public health burden and estimated at 23%; whilst the Contraceptive Prevalence Rate is estimated at 53%. For Zimbabwe to achieve the SDG targets and UHC, access, affordability and utilization of SRHR services must be accelerated using bold innovative and transformative approaches.

SRHR Selfcare refers to strategies where individuals take responsibility for their own sexual and reproductive health needs, making informed decisions and accessing resources with or without the support of health professionals, to promote well-being and autonomy. This includes managing menstruation, contra-

ception, preventing Sexually Transmitted Infections, and addressing other aspects of sexual and reproductive health. SRHR self-care empowers individuals to make informed choices about their bodies and sexual health, promoting autonomy and bodily integrity. Self-care interventions are anchored on a holistic approach recognizing that sexual and reproductive health is intricately linked to physical, mental and social well-being. Self-care approaches have the potential to make sexual and reproductive health information, services and products more accessible and affordable especially for marginalized communities thus reducing health inequities. Self-care evidently if optimized can ensure sustainable and equitable access to SRHR in fragile health systems including humanitarian situations and during epidemics and natural disasters and is widely regarded as being a catalyst for attainment of UHC.

Methodology

To strengthen access to SRHR services and attainment of Universal Health Coverage in Zimbabwe, the MOHCC has initiated steps to

prioritize and implement self-care using a stepwise approach. The approach was a multi-stakeholder participatory process to rollout implementation of self-care in Zimbabwe. Stakeholders involved in the development of the national self-care guidelines include the Family Health Department, UN agencies, NGOs, partners, youth representatives and community elders. The stepwise approach involved an elaborate process comprising of Stakeholder review of WHO global guidelines on self-care followed by adaptation of self-care interventions that work in the Zimbabwe context. A draft self-care guidelines was then developed, disseminated and validated by national level stakeholders through a consultative process.

As a result of this participatory approach, Zimbabwe's Self-care Guidelines (2025) align with the sexual and reproductive health needs of Zimbabweans especially adolescents and youth. The finalized self-care guidelines will be used to roll out the next step of implementation of self-care interventions in Zimbabwe including training of healthcare workers and implementers.



A BIG THANK YOU TO OUR DONORS AND PARTNERS





**World Health
Organization**
Zimbabwe

World Health Organization - Zimbabwe

82 - 86 ED Mnangagwa Road
Highlands, Harare
Zimbabwe



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



afzwinfo@who.int



WHO_Zimbabwe



WHO Zimbabwe



whozimbabwe