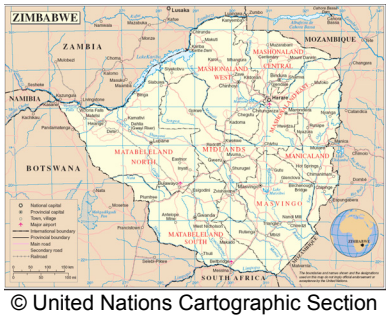
World Health Organization

Country Cooperation Strategy at a glance

Zimbabwe



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Total Population[1]	**12,470,710**
% under 15[1]	**40.6**
Life Expectancy at birth[2]	**43 years**
Under 5 mortality rate per 1000[2]	**82**
Maternal Mortality Rate per 100 000 live births[3]	**555 (note this is maternal mortality ratio)**
Total expenditure on health as % of GDP (2007)[4]	**3.8**
General government expenditure on health as % of general government expenditure (2007)[4]	**8.9**
Human development index rank out of 177[5]	**145**
Adult (15+) literacy rate[5]	**90%**
Adult male (12+) literacy rate[3]	**95.1%**
Adult female (12+) literacy rate[3]	**91.2%**
% population with access to improved drinking water source[3]	**78.2**
% population with improved access to sanitation[3]	**40.1**

Sources:

1. Population Census 2002 – Projected 2009 data
2. World Health Statistics
3. Zimbabwe Demographic and Health Survey 2005
4. Ministry of Health and Child Welfare Expenditure Time Series Report 1995 to 2007
5. Human Development Report 2005

Zimbabwe is a landlocked country with a total land area of 390 580 square kilometers.
Is bordered by Mozambique on the east, South Africa to the south, Botswana to the west and Zambia to the north and northwest. The country is divided into 10 administrative provinces and 62 districts. The country is undergoing significant macroeconomic challenges. Communicable diseases continue to be a major public health problem in Zimbabwe. This is further compounded by the challenges imposed by the threat of emerging and re-emerging infections.
The situation in Zimbabwe continue to be characterized by the "triple threat" of poverty and food insecurity, weakened human and material capacity of government and high HIV/AIDS prevalence rates.
The health system is very challenged in terms of human resources for health, health financing, drugs and equipment and the overall service delivery. Many gains in the health indicators have been drastically reversed. Using the framework recently established by the Government of National Unity, there is an urgent need to address the current humanitarian situation and develop appropriate recovery strategies

HEALTH & DEVELOPMENT

The current population of Zimbabwe is estimated at 12.4[a], with an annual population growth rate of 1.1 percent. The population pyramid has a wide but tapering base, a pattern that is consistent with a population experiencing a decline in fertility.[a] The country has experienced a decline in fertility, falling from 5.4 births per woman in 1988 to 3.8 in 2005-6. Around forty-one percent of the population is below 15 years of age, 55% between the ages 15-64 and only 4% in the age group 65 years and above.

The macro-economic environment in Zimbabwe has shown a steady decline over the last 10 years, particularly worsening over the last 5 years. Levels of poverty are reported to be worsening steadily. In the 1995 Poverty Assessment Study Survey (PASS), 29% of the Zimbabwean population were reported to live below the Food Poverty Line (FPL) – a level of income at which people can meet their basic needs, this unfortunately rose to 58% in the 2003 assessment. The total consumption poverty line increased from 55% to 72% in 2003[a]. The increase in poverty can be attributed to the decline in economic performance, low productivity in agriculture due to recurrent droughts and lack of inputs, which have resulted in high unemployment and underemployment. This has been compounded by the devastating impact of HIV and AIDS and the general increase in the cost of living. Most of the country's traditional development partners are only engaged in the area of humanitarian assistance while funding for development programmes has virtually dried up thus worsening the economic and poverty situation in the country.

Several policies over the years to redress the economic decline including the Economic Structural Adjustment Programme (ESAP 1991-1995) advanced by the World Bank, the Zimbabwe Programme for Economic and Social Transformation (ZIMPREST - 1998), the Millennium Economic Recovery Programme (MERP- 2001), the National Economic Revival Programme (NERP –2003), the Macroeconomic Policy Framework 2005-6 have been put in place. Despite all these policy initiatives, the country has continued to experience severe macroeconomic instability, characterized by hyperinflation (>100,000% as at Dec 07), shortages of essential commodities, high unemployment (>80%) and a contraction of basic social services including health, education and housing. The trend in GDP has consistently been on the decline, from –7.3% in 2002 to the current estimated rate of –4.6% in 2007, an estimated 40% decline since 2000.

The government of Zimbabwe under the leadership of the Ministry of Economic Planning has embarked on the development of the Zimbabwe Economic Development Strategy (ZEDS). The ZEDS (2009-2013) is a medium term planning document.

The country health sector is operating in an environment which is characterized by an humanitarian crisis which has been exacerbated by the unprecedented cholera epidemic. More recently, with the formation of the Government of national Unity a Short Term Economy Recovery Plan (STERP) was launched as well as The Health Action Plan for the 100 Days. The WHO Response in Zimbabwe will continue to focus on strengthening of the performance of the Organization at the country level the improvement of WHO's collaboration with government and intergovernmental bodies, the United Nations System, civil society organizations, the private sector, and other relevant health and development stakeholders.

[a] Population Census 2002 - Projected 2009 data

PARTNERS

The main development partners in the health sector are a cross section of both multilateral and bilateral institutions, international NGOs, humanitarian and faith based organisations.
They include the European Union (EU), United States Agency for International Development (USAID), the Center for Disease Control (CDC) and the UK's Department for International Development (DFID). The UN agencies working in health are UNFPA, UNICEF, UNAIDS and UNDP. Other mechanisms through which Zimbabwe is receiving funding include the Global Fund To Fight AIDS, Tuberculosis and Malaria (TGF), the Expanded Support Programme (ESP), the Consolidated Appeal Process (CAP), Global Alliance for Vaccines and Immunisation (GAVI) and Health Metrics Network.
The Global Alliance for Vaccines and Immunisation (GAVI) have provided support from 2002 in immunisation services strengthening, injection safety, pentavalent vaccine support and technical support to EPI during the formulation of the financial sustainability plan and the costed EPI multiyear plan. Further support in EPI has been received from Helen Keller International and Rotary International.
The Health Metrics Network (HMN) has given support to strengthening various aspects of the national health information system.
The MOHCW has been engaging non-traditional donors for support in recent years. This has been done through government to government agreements. The South Koreans, Russians, Iranians, Chinese, Egyptians and Cubans have provided support in various areas of health care delivery that include malaria control, traditional medicine and curative services.

OPPORTUNITIES	CHALLENGES
• Increased confidence and reliance on WHO by MOH and other partners as the health Cluster lead • Increased opportunities for resource mobilization for some programmes: TGF; ESP, EC, DFID; GAVI, RBM, STOP TB among others • New sociopolitical environment, with the formation of the Government of national Unity • The presence of the WHO IST ESA based in Harare • The existence in Zimbabwe of some internationally recognized centers of excellence for training and research	• Inadequate staffing in a number of priority programmes • The multiple challenges of the Health System • Inadequate funding for a number of critical programmes. Overall zero growth of the Regular Budget (AC). Government budget difficult to quantify, *quasi* total dependence on external aid. • Poor coordination systems among various partners • The prevailing macroeconomic environment. The country has temporarily shelved its own currency, and adopted a multicurrency policy (South Africa Rands, US dollars, Botswana Pula).

WHO STRATEGIC AGENDA (2008-2013)

The CCS by taking into consideration WHO's mission and functions and its comparative advantage provides an opportunity to reiterate the Organization's commitment to continue supporting the MOHCW and the partners in addressing the major health and developmental challenges. The priorities agreed for WHO country cooperation constitute part of the strategic agenda with the following components:

(1) Improving Health Systems Performance;
(2) Reducing the burden of the major communicable and noncommunicable diseases;
(3) Enhancing Health Promotion to reduce the major risk factors including the promotion of healthy environment; and
(4) Addressing the vulnerability of the country to emerging health issues such as natural and man-made disasters, disease outbreaks and different risk factors through the strengthening of the Emergency Preparedness and Response capacity of the health sector.

Nurses in a commemoration of the World TB Day 2008 Banket - Zimbabwe

Schoolchildren performing malaria awareness songs

WHO Representative handing over computers to the Ministry of Health

ADDITIONAL INFORMATION

WHO country page **http://www.who.int/countries/zwe/en/**

This brief is available online at **http://www.who.int/countryfocus**
WHO/DGR/CCO/09.03/Zimbabwe
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