### Zimbabwe: macro context

#### Political landscape
- **President:** Emmerson Mnangagwa
- **Government in transitional period,** following the resignation of Pres. Robert Mugabe in 2017, after 37 years in power
- **Consistent budget deficits** (want to reduce budget deficit to 4% of GDP in 2019, down from an 11%)

#### Country priorities
- Mining is the largest industry in Zimbabwe, though agriculture employs the most people
- Revival of Zimbabwe’s ailing economy through investment in agriculture, strengthening the currency, attracting FDI etc.

#### Risks
- Zimbabwean economy is now in recession and anticipated by WB to shrink by 3.1% in 2019
  - Violent protests were witnessed due to fuel shortages, price hikes of basic commodities, and electricity outages
- The health care sector, is under-resourced; doctor strikes are common due to poor pay and working conditions
  - There is a shortage of health workers – ratio of 8:10,000 population, which is against the target of 23:10 000
- A third of the population, would need food aid this year following the El Nino-induced drought

#### Macroeconomic Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>Population</td>
<td>16.9M</td>
</tr>
<tr>
<td>GDP per capita (current USD, 2014)</td>
<td>$1,650</td>
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<tr>
<td>GDP CAGR, 2012-2016</td>
<td>xxx</td>
</tr>
<tr>
<td>Unemployment (total)</td>
<td>11.2%</td>
</tr>
<tr>
<td>Youth unemployment (rate)</td>
<td>17.6%</td>
</tr>
<tr>
<td>Inflation</td>
<td>66.8% or 98%</td>
</tr>
<tr>
<td>Credit rating</td>
<td>C</td>
</tr>
<tr>
<td>Interest rate</td>
<td>xx</td>
</tr>
<tr>
<td>Current account deficit</td>
<td>-1.3% ($300M)</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

SOURCE: World Bank, International Monetary Fund; CIA World Fact book; BBC News; Business Monitor International;
Zimbabwe: macro context

Geographic context:
• Mostly rural country: there 10 provinces (8 rural and 2 metropolitan) and 63 districts; 33% of the population lives in urban areas
• ~3M households with an average household size of 4.2 persons

Epidemiologic context:
• HIV and AIDS, TB and malaria remain a significant public health problem even though there has been decreases in both incidence and prevalence
• NCDs are also on the rise and account for 33% of the total deaths in Zimbabwe
• Diarrheal diseases including typhoid and cholera have been on the increase due to deteriorating water and sanitary conditions

State of health care:
• 8 core health workers ((doctors, nurses, pharmacists) per 10 000 population, only a third of the WHO-recommended target of 23 per 10 000
• The primary level is comprised of CHWs and rural health centers or clinics that offer basic maternity, preventive, and curative services
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- Health Financing
- Community health system
**Zimbabwe: health indicators**

### Health system indicators

| Indicator                                                      | Value  
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>HIV Prevalence (2017)</td>
<td>13.6%</td>
</tr>
<tr>
<td>Unmet need for contraception</td>
<td>11%</td>
</tr>
<tr>
<td>Maternal mortality ratio/100k (2015)</td>
<td>443</td>
</tr>
<tr>
<td>Neonatal mortality rate/1k live births</td>
<td>29</td>
</tr>
<tr>
<td>Infant mortality rate/1k live births</td>
<td>50</td>
</tr>
<tr>
<td>Under 5 mortality rates/1k live births</td>
<td>69</td>
</tr>
<tr>
<td>Community health workers per 1,000 citizens</td>
<td>0.04</td>
</tr>
<tr>
<td>Physicians per 1,000 citizens</td>
<td>0.1</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>61</td>
</tr>
<tr>
<td>DALYs per 1,000 citizens</td>
<td>111</td>
</tr>
<tr>
<td>Maternal mortality rate per 100,000 births</td>
<td>443</td>
</tr>
<tr>
<td>Under-five mortality rate per 1,000 births</td>
<td>46.2</td>
</tr>
</tbody>
</table>

### Causes of maternal mortality

- Haemorrhage
- Hypertension
- Puerperal sepsis
- Obstetric embolism
- Abortion

### Causes of child mortality*

- HIV/AIDS
- Lower respiratory infections
- Diarrheal diseases
- Tuberculosis
- Malaria

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*Malnutrition is also a leading underlying cause of under-five deaths; 27% of children are stunted, 3% are wasted, 8% are underweight, and 6% are overweight.*

**SOURCE:** Unicef Maternal and Newborn Health Disparities; GBD PROFILE: ZIMBABWE
Investment into health in Zimbabwe

Health funding in Zimbabwe

- Currently, the government of Zimbabwe contributes ~50% of the national health budget.
- While internal funding dominates the resource envelope for health, ~80% of funding is allocated towards health systems costs, specifically towards salaries and benefits.
Health financing landscape

- Fragmented and uncoordinated players at community level cause duplication of activities and interventions at community level.
- There needs to be equity in service delivery at community to strengthen referral system.

Source: Resource Mapping Round 4 & National Health Strategy Gap Analysis
National Community health worker structure: Zimbabwe has a legacy CH program, which was launched in 1981

- **Time spent**
  - Spend 4-6 hours per day, 3 days per week, and visit ~20 households per day

- **Interventions**
  - Services include: prevention, health promotion and treatment of common conditions (~23 service). VHWs are trained on wider scope of services, other cadres receive verticalized training

- **Selection**
  - Selected by the community following a recruitment request from the health center
  - Has to be >25, married, literate, of good character etc.
  - Only an estimated 19% of villages had active VHWs, based on a Unicef 2010 study)*

- **Training**
  - MOHCC conducts an initial 8-week VHW training. Refresher trainings are conducted as needed/when funds are available

- **HS linkage**
  - Reporting lines include: Director for Nursing Services > Provincial Nursing Officers > District Nursing Officer > Nurse-in-charge at the health center
  - VHWs are expected to attend monthly meetings at the rural health center
  - Poor linkage of community data to DHIS

- **Incentives**
  - VHWs receive a quarterly allowance of $42, though remuneration is often irregular
  - They are also provided with a bicycle and a medical supply kit – stock outs are regular

*Shortage of VHWs community health workers attributable to the cessation of the VHW training programme in most districts, poor remuneration and internal competition arising from non-harmonization of incentives.

SOURCE: CHW Central, The Zimbabwe Health Sector Investment Case (2010-2012)
Revised community health programme structure

Community health services will be provided by:

1. **VHWs** that are selected and trained to provide the entire integrated community health package
2. **Peer groups/networks** selected and trained to provide specific service packages to special groups as defined by the TWG, to broaden the base and reach of the integrated CHW cadre

SOURCE: National Community Health Strategy 2020-2025