Total WHO funding required for Zimbabwe: $3,421,120
### Background
- The crisis in Zimbabwe, apart from the problems faced by the rest of the region, has its own dynamics of causes and effects. What initially appeared as a food crisis in Zimbabwe in 2002 has turned into a major humanitarian emergency due to the deteriorating economy, immense policy constraints, the devastating effects of Human Immune-deficiency Virus / Acquired Immune-Deficiency Syndrome (HIV/AIDS), and depleted capacity in the social service sectors. Zimbabwe has entered its fifth successive year of economic decline. The country faces critical shortages of foreign exchange to maintain essential infrastructure, fuel and energy needs.

### 2003 Objectives
- Provision of Essential Drugs and medical supplies.
- Increase capacity of the health system for monitoring, control and prevention of epidemics.
- Improve access to health services for the identified vulnerable population.
  (including reproductive health services and reduction of maternal morbidity)

### 2003 Achievements and Constraints
- **Achievements**
  - Established an inter-country team in Zimbabwe to strengthen WHO response in the Southern Africa region. This team is in process of carrying out a health impact assessment and health service capacity assessment
  - WHO coordinates the overall health sector
  - Technical Assistance to VAC to undertake multi-sectoral assessment visits
  - Procurement of medical supplies amounting to $2.5 million and distribution to 24 districts
  - With contributions received, WHO and UNICEF provided technical and financial support to the MOH to respond to cholera outbreak
  - In response to other epidemic diseases, Integrated Disease Surveillance and Response materials were adapted for Zimbabwe and training of trainers began

- **Constraints**
  - Donor response to priorities in the basic social service sectors, such as health, was low at $12,107,500 through the CAP.
  - The under-funded and weakened social service sectors mainly health also bore the brunt of both the economic crisis and the HIV/AIDS epidemic, contributing to a decreased access to health care, poorer quality of services, shortage in health workers and teachers, and increased illness and suffering.

### 2003 Donors
- European Commission
- Norway
- DFID

### 2003 Implementing Partners
- MOH
- UNICEF

### Major Health Concerns and Objectives for 2004
- The major health concerns for Zimbabwe are:
  - The mortality attributed to HIV has increased to 2,500 a week.
  - Outpatient attendance at health institutions has declined as health expenditure by families has dropped in favor of acquiring food as indicated by the ZIMVAC.
  - Despite significant donor assistance in funding drug procurement, there is a gap in the availability of essential drugs.
  - There is an acute shortage of vital health personnel within the health system due to a high attrition of professional staff from the public service in search of new employment opportunities.
  - In order to have a positive impact on the health status and well-being of the most vulnerable group, the WHO 2004 health objectives are:
    - To ensure access and delivery of essential health services to targeted populations.
    - To maintain the basic capacity of the health system, essential public health interventions, and strengthen emergency preparedness and response.
    - To identify essential needs and impact of the crisis on health through needs assessments and regular monitoring.
    - To ensure coordination of health intervention and promote a coherent approach to HIV/AIDS between health and other sectors.
    - To advocate for the development of sustainable policies (and subsequent funding) to enable the health system to begin recovery.

These objectives will be fulfilled by WHO if the proceeding **WHO Proposed Activities for 2004** are funded.

### WHO Proposed Projects for 2004
- **Increase availability of vital drugs and medical supplies including obstetric drugs ($565,510)**
- **Mitigating the impact of malaria and HIV in selected vulnerable groups in targeted drought and poverty-affected areas in Zimbabwe ($565,510)**
- **To avert maternal deaths in resettled areas through capacity building and active community support ($437,250)**
- **To improve health worker skills in identifying and managing common U5 conditions. To improve supplies of essential drugs and ORS for management of common U5 conditions. To ensure proper home care for U5s ($421,420)**
- **To enhance HIV/AIDS control initiative through reduction of infant morbidity and mortality through comprehensive PMTCT interventions in growth points, border and former commercial farming areas ($1,422,520)**