

ZIMBABWE



HEALTH SECTOR NEEDS ASSESSMENT

Zimbabwe is confronted with the “triple threat” of HIV/AIDS, food insecurity and a declining capacity to deliver basic social services. In 2005, the situation was worsened by the government’s operation targeting housing structures and businesses that were deemed illegal. As a result, an estimated 133,000 households were evicted and between 650,000 and 700,000 people directly affected through the loss of shelter and/or livelihoods.



HEALTH SERVICES: The quality of health services in Zimbabwe has been deteriorating as a result of under-funding, emigration of health staff and the impact of HIV/AIDS. These factors have placed enormous pressure on available resources, impacting on access and quality of services. Among the key indicators of deterioration are an increase in maternal and under-five child mortality. Child mortality has doubled from 59 to 123 per 1,000 live births between 1989 and 2004, making the country one of the worst performers in under-five mortality in the Southern African region. The maternal mortality ratio, a measure of robustness of health services, deteriorated from 695 deaths per 100,000 live births in 1999 to more than 1,000 per 100,000 in 2002.

HIV/AIDS: With one of the world’s highest rates of HIV infection, Zimbabwe’s population is disastrously affected. Almost one in five children has been orphaned by HIV/AIDS. Overall, this has led to a marked deterioration in all social sectors, severely impacting children and young adolescents. While HIV and AIDS prevalence rate among adults is reported to have declined from 25% in 2002 to 21.3% in 2004, the disease continues to cause the death of 3,000 Zimbabweans per week (MoH, Sept 2004).

HEALTH SECTOR PRIORITIES FOR 2006

- Improve access to treatment of opportunistic infections , antiretroviral drugs, HIV prevention and care services by vulnerable populations including children
- Ensure access to a minimum package of basic health services
- Maintain the capacity of the health system to respond to humanitarian crises
- Build the capacity of civil society and communities in the vulnerable areas to respond to health needs in emergencies

WHO Proposed Projects in the CAP 2006	Funds Requested *	Implementing Partners
Health Information and Surveillance System ZIM-06/HI 1	676,000	MoH, UN agencies and NGOs
Procurement of ARVs and laboratory reagents ZIM-06/HI 2	12,476,000	MoH
Strengthening epidemiological environmental health field surveillance ZIM-06/HI 3	700,000	MoH, UN agencies and NGOs
Strengthen emergency preparedness and response in the health sector ZIM-06/HI 4	403,600	MoH, local urban authorities, UN agencies and NGOs
Empowering vulnerable communities to identify and timely respond to health emergencies ZIM-06/HI 5	324,000	MoH, UN agencies and NGOs
Reducing morbidity and mortality of under fives during the humanitarian crisis ZIM-06/HI 6	263,000	MoH, UNICEF, NGOs
Procurement of vital drugs and medical supplies including drugs for opportunistic infections ZIM-06/HI 7	595,000	MoH, NGOs

* Amounts given in US dollars.

Total Funds Requested: USD 15,437,600

2005 Donors: No CAP for Zimbabwe in 2005