HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre Of Excellence In Public Health Informatics Research And Training

PRIMARY HEALTH CARE · A HEALTHY NATION · MINISTRY OF HEALTH AND CHILD CARE · ZIMBABWE

MINISTRY OF HIGHER AND TERTIARY EDUCATION, INNOVATION, SCIENCE AND TECHNOLOGY DEVELOPMENT

PUBLIC HEALTH SYMPOSIUM 2022

REPORT

THEME: All Stakeholder Engagement: Key To Health Systems Strengthening - “Taking Stock”.

About HIPH

Harare Institute of Public health (HIPH) is registered with the Ministry of Higher & Tertiary Education, Science and Technology Development. The institute thrives to develop competent workforce for public health service in Zimbabwe through training and research initiatives. Harare Institute of Public health is regarded as a centre of excellence in public health informatics, research and training in Zimbabwe and the region. The Public health Symposium is coordinated annually by the Harare Institute of Public health. As a leading public health think tank the organisation endeavours to positively influence best practices that seek to advance the interest of public health.

Acknowledgements:

We would like to acknowledge the contributions and support of the following people and organisations. Mr. Joy Mabhenge, Dr. Andrew Chikowore, Ms Delight Moyo from Action-Aid. Mr Divine Madondo and Mr Javeh Jafari from Merken Professional Toothpaste. Zimbabwe Prisons and Correctional Services Commissioner General Moses C. N. Chihobvu and Commissioner, Dr. Evans Gaka. Major Timothy Njekete from Traditonal Medical Practitioners Council of Zimbabwe. Ms Ennie Chipembere for the wise counsel and wisdom. Charlene Chizuni (A. K. A. Auditor venyika yese) and Mr. Albert Tirivangani from Crowe Chartered Accountants. Mr. Tinashe Masi, Mr. Albert Chekayi, Munyaradzi Nyamayaro and Rumbidzai Venge for media assistance. Mr Pilate Machadu and Kerina Chizemo from Jester Media. Sally Ncube from Women's Coalition of Zimbabwe. Mr Jafale Pillow from Ossanena Digital Advertising. Mr. Farai Mwakutuya for great facilitation and moderation; and many others who committed their time and resources towards making the Public Health Symposium 2022 a resounding success. HIPH remains highly indebted to all of you and we are looking forward to your continued support.

Report Prepared by:	Mr Retlaw Matorwa
Edited by:	Prof Tinyiko Halimani and Mr Retlaw Matorwa
Graphics:	Ossanena Digital Advertising
Photography:	Volgaris and Palma Communications Group

Disclaimer: Whilst HIPH claim sole rights to this report, the views contained in this document are not necessarily those held by the institute. The views expressed herein are an exercise of academic freedom and are subject to assessment and evaluation.

Harare Institute of Public Health
70 Parklane / Julius Nyerere
Harare, Zimbabwe
Tel: 263242255336/242254679
Email: symposium@hiph.ac.zw
Web: www.hiph.ac.zw

Copyrights@HIPH2022

PUBLIC HEALTH SYMPOSIUM 2022

All Stakeholder Engagement: Key To Health Systems Strengthening - “Taking Stock”

Report

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre Of Excellence In Public Health Informatics Research And Training

PUBLIC HEALTH

BILLS
INFECTIOUS
EXPENSE
PREVENTION
HEALTHCARE
VACCINATE
CLEANLINESS
PUBLIC HEALTH
HEALTHY
DRUG
ANTIBIOTIC
PUBLIC
HEALTH
WASHING
INSURANCE
GOOD HABITS
ANTIBACTERIAL
CURE
PHARMA
LIFE
VIRUS
HEALTH
ANTISEPTIC
HYGIENIC
ANTIBACTERIAL
HEALTH
VACCINE
BILLS
CLEAN
DISEASE
HABIT
WATER
INSURANCE
THERAPY
CARE
PRACTICE
ANTIBIOTIC
PUBLIC
DISEASE
PRESERVATION
VACCINATE
CLEANLINESS
DRUG
HEALTHY
HEALTHCARE
SYSTEM
INFECTIOUS

CONTENTS

Acronyms....1
Reflections from HIPH Principal....4
Background 5
Objectives of the Symposium: 6
Symposium Highlights....7
Conference Format:....8
Programme....9-10
Day 1. 11
Welcome remarks and official opening. 12
Session 1: Reflections on COVID-19 and emerging public health challenges....13
Staying ahead in a changing world : Lessons from COVID-19 on the future of public health in data-driven and technology enabled world 14
Non-Communicable Diseases: Emerging burden for Zimbabwe and Africa....16
Civil Society Reflections on Government expenditure: COVID-19....17
2nd Session: New Challenges and Future Perspectives in Nutrition-'A Public Health Agenda'....18
SARS-COV2, The burden of Infectious Diseases in Zimbabwe and Africa 20
Neglected Tropical Diseases: A public concern- 're-igniting focus on eliminating NTDs in Zimbabwe'....21
Impact of COVID-19 on gender-based violence in Zimbabwe....22
Access to Sexual and Reproductive Health and Rights for young girls and women in Zimbabwe 23
Water Sanitation and Hygiene (WASH) in Zimbabwe CARE International's experience....25
Disability- A neglected issue in public and private health systems programming....27
Mental Disease Burden in Prisons: Zimbabwe Prison and Correctional Service Case study 28
Zimbabwe Prisons and Correctional Services COVID-19 Success Story....29
Day 2. 30
Competitive healthcare markets and universal access to health....31
Moving ahead; place for traditional and complementary medicine in public health 32
State Of One Health Concept: Status In Zimbabwe 33
Toxicology in Zimbabwe- Snake Bites....34
Side sessions: 35
Gender-Based Violence and SRHR Cluster 36
Disability Inclusion and Public health Cluster 37
Drug Abuse and Mental Health Cluster....38
Advocacy, Media and Communications Cluster....40
Outputs of the Public Health Symposium:....41
Registration and description of participants: 42
Participants feedback on the conference logistics. 43
Other matters highlighted by the participants:....49
Lessons....49
Funding Support:....49
Project Staff: 50
Conference in pictures....51
Public Health Symposium Expenditure Statement....52
"The Monomatapa Communiquè.... 54

Acronyms

AIDS	Acquired Immunodeficiency Syndrome.
BVIP	Blair Ventilated Pit Latrine
CATS	Community Adolescent Treatment Supporters.
CDC	Center for Disease and Prevention.
CMP	Criminal Mental Patients.
CSOs	Civil Society Organizations.
DMP	Detained Mental Patients.
FAO	Food and Agriculture Organization.
GBV	Gender Based Violence.
GIT	Gastrointestinal Toxicology.
HIPH	Harare Institute of Public Health.
HIV	Human immunodeficiency virus.
HIV VL	Human immunodeficiency virus viral load.
ICT	Information and communication technologies.
IFAD	International Fund for Agricultural Development.
ILO	International Labour Organization.
ITCC	Industry and Trade Competition Commission.
IYCF	Infant and Young Child Feeding in Emergencies.
LGBTQI+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual.
MCAZ	Medicines Control Authority of Zimbabwe.
MICS	Multiple Indicator Cluster Surveys.
MoHCC	Ministry of Health and Child Care.
NCDs	Non-Communicable Diseases.
NGOs	Non-Governmental Organizations.
NTCZ	National Therapists Council of Zimbabwe.
NTDs	Neglected Tropical Diseases
PEP	Post-exposure prophylaxis.
PMTCT	Prevention of mother to child transmission.
PrEP	Pre-exposure prophylaxis.
PPP	Public–private partnership.
SADC	The Southern African Development Community.
SAG's	Sanitation Action Groups.
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2.
SGBV	Sexual and gender-based violence.
SRHR	Sexual and reproductive health and rights.
STI	Sexually transmitted infection.
TB	Tuberculosis.
TC	Tariff Commission.
TIZ	Transparency International Zimbabwe.
TMPCZ	Traditional Medical Practitioners Council of Zimbabwe
UBVIP	Ungradeable Blair Ventilated Pit Latrine
WASH	Water, sanitation and hygiene.
WCOZ	Women's Coalition of Zimbabwe.
WHO	World Health Organization.
YMM	Young Mentor Mothers.
ZANU PF	Zimbabwe African National Union- Patriotic Front.
ZIMCODD	Zimbabwe Coalition on Debt and Development.
ZimPAAC	Zimbabwe Partnership to Accelerate AIDS Control.
ZPCS	Zimbabwe Prisons and Correctional Service.

Reflections from the principal Dr. Amos Marume .

By any standards, the 1st Public Health Symposium 2022 was a resounding success. The overwhelming takeaway from attendees was that they were better informed, positive about prospects towards aggregating their efforts to impact the state of public health in Zimbabwe. Participants were inspired to take action. Delegates felt the symposium exposed them to a new paradigm in terms of understanding public health; which for long remained a preserve of scientists and medical practitioners.

The symposium attracted a diverse group of participants, representing different interest groups, issues, geographical regions, and age groups (43% of participants were young people). We also came from different vantage points: the private sector, academia, government, health services, media, religious and traditional leaders and non-governmental organizations. Participants were overwhelmed by the state of public health in Zimbabwe and the gaps that require attention. Whilst we acknowledge the diversity of view and not agreeing on every issue participants agreed that a discussion on health systems strengthening in Zimbabwe was long overdue. Attendees hailed the initiative for creating time and a platform for stakeholders in the public health fraternity to reflect. The COVID-19 pandemic, taught communities that there is a role for every stakeholder in public health. The coming together of this diverse group of participants was imperative to find commonalities and create partnerships. One of the key areas established was the need to collaborate across sectors to achieve a better public health system. Participants posited that a symbiotic relationship with key Ministries such as the Ministry of Health and Child Care, Ministry of Finance and Economic Development, NGOs, strategic partners and government oversight bodies is crucial in advancing public health in Zimbabwe.

At Harare Institute of Public Health (HIPH), we are also moving forward. To build on the conference momentum, we are:

1. Producing a panorama of solutions that were presented at the conference to relevant Ministries and departments, stakeholders and strategic partners in form of a communique.
2. Posting materials, research, editorials, and multimedia tools to broadcast messages about the conference far and wide.

DR. Amos Marume
Principal: Harare Institute of Public Health

3. Exploring how to make the next conference even more action-oriented and accessible to a wider range of participants (virtually).

Our deepest thanks and appreciation, to the visionary group of thinkers behind the Public Health Symposium 2022, Dr. Isacc Mutingwende, Retlaw Matorwa, Ashley Kuddu, Reconcile Makamure, Ayleen Mufudza, Kudzanai Mudangwe, Stanley Murindagomo, Victor Matorwa. All our members of Staff at HIPH for rallying behind this project.

Our Partners, Ministry of Higher and tertiary Education, Science and technology Development, Ministry of Health and Child Care, Action-Aid, Women's Coalition of Zimbabwe, Crowe Chartered Accountants, Merken Professional toothpaste and Mr Ernest Nyimai, Acting Director of National Association of Non-Governmental Organisations (NANGO) for the support rendered.

I look forward to meeting you again at the Public Health Symposium 2023.

Background

The 1st edition of the public health symposium was held within the context of having experienced a devastating phenomenon, COVID-19. On the 11th of March 2020, the World Health Organisation (WHO) declared COVID-19 as a global public health emergency. In a joint statement issued by ILO, FAO, IFAD and WHO in October 2020, it was noted with concern that COVID-19 pandemic led to the loss of human lives worldwide and continues to present an unprecedented challenge to public health systems and the world of work. Thus, the pandemic had a profound impact not only on people's health but also on how we learn, work and live.

His Excellency the President of the Republic of Zimbabwe, CDE Emmerson Mnangagwa declared COVID-19 a national disaster in March 2020. The country later experienced its first confirmed case of COVID-19 in June 2020. By the 24th June of 2020 Zimbabwe had 530 confirmed cases of COVID-19 and 6 deaths related to the virus. The situation of escalating COVID-19 cases and rise in local transmissions against a background of overburdened healthcare and social protection systems presented challenges to Zimbabwe's COVID-19 response. If anything, the experiences during COVID-19 proved the existence of an urgent need for health systems strengthening in Zimbabwe.

Although unfortunate, COVID-19 pandemic provided a litmus test on Zimbabwe's capacity to manage public health emergencies. Furthermore, the COVID-19 pandemic validated some long held beliefs and concerns in respect of the state of health infrastructure in Zimbabwe. As a result of these experiences, a paradigm shift that pushed for holistic approaches to public health in the country was ignited.

Two years into the pandemic, knowledge regarding the transmission dynamics of SARS-CoV-2 and its prevention and treatment have significantly improved. Moreover, vaccines have become widely available, with Zimbabwe having fully vaccinated almost 40% of its eligible population to date and even having offered booster doses to the eligible.

Whilst Zimbabwe appeared to have managed containing COVID-19, other health priorities such as immunization of children, tuberculosis, cancer screening, and malaria just to mention but a few, lagged behind. These factors contributed inmensley to the recent increases in cases of measles, malaria, drug and substance abuse and mental health challenges currently being experienced countrywide.

In that regard, COVID-19 must not be seen only as an epidemic of our time. Lessons should be drawn because its consequences were far-reaching, devastating, and otherwise important. COVID-19 exposed the gaps within our public healthcare systems and the need for partnerships between private and public institutions indicating the importance of PPP.

In light of these experiences and observations, a dialogue involving stakeholders in the health systems value chains to take stock of our experiences during the pandemic particularly looking at Zimbabwe's capacity in terms of preparedness and response mechanism was pertinent.

Thus the 1st Public Health Symposium provided a platform for public health experts, enthusiasts, policymakers, academics, youths and women, advocacy groups, and religious leaders, and others to take stock of our experiences, discuss and engage in a discourse that seeks to contribute towards health

Objectives of the Symposium were:-

1. To create a platform for stakeholders in the public health value chain to network, exchange ideas and share information leading to adaptation of best practices for health systems strengthening in Zimbabwe.

2. Identify and bring together organizations and institutions working in the field of public health in Zimbabwe'

3. To re-ignite health activism and establish a constituency of stakeholders to lobby, advocate and influence positive policy reforms in Zimbabwe's health sector; and,

4. Enhance collaboration and synergies that promote efficiency, agility, transparency, accountability and effectiveness in the healthcare systems.
5. Influence decision-makers — multi-laterals, country-level policymakers, private sector representatives — to direct resources into health systems strengthening agenda.

Expected Outcomes:

1. Collaboration, networking and linkages between participants, policy makers and other stakeholders in the healthcare value chains.
2. Joint communiqué from stakeholders to the Ministry of Health and Child Care, Ministry of Finance and Economic Planning, government oversight bodies and others stakeholders highlighting deliberations and recommendations from the public health symposium.
3. Establish a sustainable constituency of health activists to engage with policy makers, government oversight bodies and other stakeholders for the purposes of advancing public health in Zimbabwe.
4. Establish and/ or revitalize Public Health Practitioners Association in Zimbabwe.
5. Launching of a Public Health Journal.

From left to right: Dr Andrew Chikowore (ACTION-AID), Mr Wikirefu Sonono (MHTESTD) and Dr Stanford Chigumira (ZANU PF).

Symposium Highlights.

Conference Format:

The symposium program was designed logically to provide participants with a comprehensive view of public health issues in Zimbabwe. At the symposium, a video showcasing topical public health challenges was also used to provide participants with a glimpse of the conference's focus. Each session had a topic that was designed to address the theme of the conference and different presenters each with a topic aligned to the session topic.

Abstracts: Invitations were extended to researchers in the field of Public health prior to the symposium. The researchers shared their research findings and recommendations. A total of 16 researchers (out of more than 48 submissions) shared their research at the symposium. Each researcher was allocated 10 minutes for his or her presentation. The purpose of the call for abstracts was three-fold, firstly to evaluate the existing interest in research areas related to public health; secondly to identify key research areas which have the potential to contribute best practices in health systems strengthening in Zimbabwe and finally to utilize and consolidate the abstracts into an abstract book/journal.

Plenary Sessions:
Resource persons were given a maximum of 20 minutes each for presentations. At the end of each plenary session, participants had the opportunity to ask and engage with presenters as well as contribute, this was considerably the most interesting part of the plenary session. The moderator handled the plenary sessions and ensured that exchanges were within the sphere of the topics. However, based on the evaluations from participants more time should have been allocated to the question-and-answer sessions.

Cluster Sessions:
The symposium also comprised cluster sessions on different thematic areas of pertinent interest to public health. This year's 5 clusters were prioritized to include the following:

1. The accountability, integrity and transparency cluster;
2. The gender-based violence and SRHR cluster;
3. The disability inclusion in public health cluster;
4. The drug abuse and mental health cluster; and,
5. The advocacy, media and communications cluster.

The cluster sessions brought together groups of participants and organizations with common areas of interest to discuss in detail issues of concern. The objective was to come up with recommendations in the short, medium and long term.

DR. Amos Marume, Harare Institute of Public Health Principal addressing delegates.

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre Of Excellence In Public Health Informatics Research And Training

PUBLIC HEALTH SYMPOSIUM 2022

7-9TH DECEMBER 2022
THE GREAT INDABA CROWNE PLAZA MONOMOTAPA HOTEL HARARE

THEME: All Stakeholder Engagement: Key to Health Systems Strengthening – "Taking Stock"

PROGRAMME

Time	Activity	Facilitator
0800-0830	Registration	
0830-0840	Keynote: Prayer and Introduction of Guests	Mr. Retlaw Matorwa Project Coordinator, HIPH
0845-0850	Workshop Objectives	Mr. Retlaw Matorwa Project Coordinator, HIPH
0840-0845	Welcome Remarks: HIPH Principal	Dr. Marume Principal HIPH
0850-0900	Chairperson Parliament- Unpacking of the Parliamentary Health Portfolio	Hon. Precious Chinhamo Masango
0900-0910	Permanent Secretary Higher and Tertiary Education	Dr. Fanuel Tagwira
0910-0920	Ministry of Health and Child Care	TBA
REFLECTIONS ON COVID-19 AND EMERGING PUBLIC HEALTH CHALLENGES		
0920-0935	Staying ahead in a changing world lessons from COVID 19 on the future of Public Health in a data driven and tech enabled world.	Mr. Harrison Manyumwa
0935-0950	Overview: State of Healthcare Systems in Zimbabwe	Mr. Walter Chikanya Director Zichire
0950-1005	NCDs: Emerging burden for Africa	Dr. Prudence Manyuchi Consultant Specialist; Physician
1005-1020	CSO Reflection on Government expenditure: COVID-19	Mr. Nqobani Tshabangu- Transparency International Zimbabwe
1020-1045	**TEA BREAK**	
1045-1050	Commercial Advert: Crowe	
1050-1120	PLENARY	
1120-1150	Abstract presentations	
1150-1205	New challenges and future perspectives in nutrition: A public health agenda.	Mr. Blessing Mushonga Director -Nutrition Ward Tafadzwa Zhawari -Zimbabwe Nutrition Association (ZimNA).
1205-1220	Infectious Diseases	Mr. Tinashe Mudzviti (UZ and Newlands Clinic)
1220-1235	NTDs A public health concern- Reigniting focus on eliminating NTDs in Zimbabwe	Dr Arthur Vengesai Midlands State University
1235-1250	Impact of COVID 19 on Gender based violence	Mrs Sally Ncube National Coordinator- Women 's Coalition of Zimbabwe
1250-1320	PLENARY	
1320-1330	Abstract presentations	
1330- 1430	**LUNCH**	
1430-1445	State of Mental health in Zimbabwean Correctional and Prison service: CASE STUDY	Ms. Tinashe Mandizvidza- Zimbabwe Prisons and Correctional Services (ZPCS)
1445-1500	Disability-A neglected issue in public and private systems programming	Mr.Bruce Nyoni Executive Director- Albino Trust and Chairperson Zimbabwe Aids Network
1500-1515	Prioritizing designing and development of occupational and mental health support systems in workplaces	Fr. Abel Makahamadze Community projects coordinator/Zimworx
1515-1530	Plenary Session	
1600-1630	Abstract presentations	

7-9TH DECEMBER 2022
THE GREAT INDABA CROWNE PLAZA MONOMOTAPA HOTEL HARARE

THEME: All Stakeholder Engagement: Key to Health Systems Strengthening – "Taking Stock"

PROGRAMME

DAY 2		
Time	**Activity**	**Facilitator**
0845-0900	Competition, healthcare markets and universal access to health	Mr. Isacc Tausha Assistant Director (Mergers) Competition and Tarriffs Commission
0900-0915	Moving ahead, place for Traditional and Complementary Medicine in public health	Retired Major Timothy Thunder Njekete Traditional Medicine Practitioners Council of Zimbabwe.
0915-0930	One Health Concept	Mrs .Tracy Mubambi-Enviromental Management Agency.
0930-0945	Toxicology in Zimbabwe: "Taking Stock"	Prof Dexter Tagwireyi
0945-1000	Overview of the state of the WASH sectors in Zimbabwe	Ms. Egnes Muchanyukwa- WASH officer-CARE International
1000-1030	Abstract presentations	
1030-1100	**TEA BREAK**	
1100-1130	PLENARY	
1130-1145	Introduction to Clusters	
1145-1315	**SIDE SESSION DISCUSSIONS**	
	1. Accountability Integrity and Transparency 2. Gender based violence and SRHR 3. Advocacy and Communication 4. Disability Inclusion in Public Health 5. Drug abuse and Mental health	
1315-1415	**LUNCH**	
1415-1615	Report Back and Adoption of resolution	
1615-1625	Closing Remarks	Dr Amos Marume-HIPH Principal
1625-1630	Vote of thanks and departure	Mr. Retlaw Matorwa Project Coordinator, HIPH

All Stakeholder Engagement: Key To Health Systems Strengthening - “Taking Stock”

DAY 1

The Project Coordinator for Harare Institute of Public Health, Mr. Retlaw Matorwa giving introductory remarks .

Welcome remarks and official opening.

The Project Coordinator for Harare Institute of Public Health, Mr. Retlaw Matorwa gave introductory remarks and outlined the symposium objectives. Which are highlighted in the background of the report.

Dr Amos Marume, the Principal of Harare Institute of Public health, welcomed delegates to the symposium. In his address, he appreciated the commitment shown by delegates taking their time off to engage in an important discussion on health systems strengthening. In his remarks, Dr Marume delivered a clarion call to participants, pointing out that the trajectory in public health interventions demands stakeholders to act. Reflecting on the COVID-19 pandemic he reiterated that, as much as the pandemic was unfortunate, it exposed the realities that have been observed over time - that the country's health systems need attention. “Covid-19 gave us an opportunity to observe the failures in our health delivery systems”. Dr.Marume ended his remarks by urging delegates to utilize the two-day platform to map out solutions that will contribute towards health systems strengthening in Zimbabwe.

Hon Precious Chinhamo Masango represented the Chairperson for the Parliamentary Portfolio Committee on Health and Child care. She unpacked the role of her portfolio committee which is that of an oversight role over the Ministry of Health and Child Care. In her presentation, she applauded the Harare Institute of Public Health for its efforts. She emphasized that stakeholders in the public health fraternity have a role to play in terms of complementing and supporting the role of the state in the provision of health systems strengthening and access to universal healthcare. In her closing remarks, Hon Masango expressed her gratitude to the organizers for creating a unique platform- which was long overdue. She called on stakeholders to focus on solutions that her committee will also reference.

Dr Andrew Chikowore, Head of Programs and Resource Mobilization for Action Aid commended the efforts of organizers for coordinating the historic public health symposium. He emphasized that the symposium is a grand opportunity for public and private sector players to interact, share ideas and collaborate. In his address, he acknowledged challenges bedeviling the country in the provision of quality healthcare in Zimbabwe such as poor public resources management systems and corruption which continue to cripple the healthcare sector whilst deepening social inequalities. He urged delegates to explore innovative ways to create spaces for policy recommendations and sustained dialogue to influence quality and gender-responsive public health services. Chikowore was optimistic the Public health symposium will go a long way towards contributing to health systems strengthening and amplifying the voices of stakeholders.

The Guest of Honour was Prof Fanuel Tagwira, the Permanent Secretary in the Ministry of Higher and Tertiary Education, Innovation and Technology Development. In a speech read on his behalf by Mr.Wikirefu Sonono , Prof Tagwira commended the symposium as a demonstration of citizens patriotic duty towards home grown solutions to country's challenges. He emphasized that the symposium is a unique platform as stakeholders will get opportunities to share information and network.

He urged participants and stakeholders to re-think public health as more professionals beyond scientists and doctors are exhibiting interest to the field of Public Health thereby demanding a change in what is being taught and how we teach it. In his remarks he added that, we are on the threshold of a revolution in education, akin to the health revolution of the 20th century. One of the timeless goals of public health education is to pursue and disseminate knowledge—knowledge that will be translated into beneficial technologies, such as better drugs and vaccines; improved diagnostic methods and algorithms; and evidence that informs decision making at all levels, from the household. When that knowledge is successfully translated, it leads to action, which in turn spurs new questions and new knowledge. Our field is fuelled by this virtuous circle of knowledge, which will sustain the second century of public health education.

Prof Tagwira expressed gratitude to Harare Institute of Public Health for organising the Public Health Symposium 2022. He also noted efforts from the institution to complement the health sector through training of middle skilled public health workers.

“These highly skilled middle professionals are quite critical in terms of enhancing manpower and access to health services in Zimbabwe” he said.

In his closing statement Prof Tagwira thanked participants for taking their time to attend the symposium. He reiterated that his Ministry is paying close attention and looking forward to the outcomes of these deliberations.

Alongside the Guest of Honour was Dr. Andrew Chikowore from ActionAid, Hon. Precious C. Masango from the Parliamentary Portfolio Committee on health and child care, Dr. Stanford Chigumira was representing the ruling party ZANU-PF and Dr Amos Marume the Principal of Harare Institute of Public Health, the host institution.

A Participant engaging with presenter during question and answer session.

Session 1: Reflections on Covid 19 and emerging public health challenges.

Overview of Healthcare Systems in Zimbabwe.

Mr. Walter Chikanya- Director ZICHIRE-BC.

The presentation acknowledged that the public health systems in Zimbabwe continued to deteriorate since 1992. This has been exacerbated by the decline in public health expenditure, brain drain, high attrition of health workers, mismanagement of resources and inadequate public health financing. Indicators for a resilient public health system remain in the negative.

The crude death rate stands at 8/1000 population in 2022. The overall death rate as of 2022 was at 7.710 and the growth rate is -1.170%. The ratio of doctors to patients remains low standing at 0.16/1000 below the recommended World Health Organisation (WH0) of 1/1000. National health funding from the fiscus declined sharply from USD 321 million in 2016 to USD 96 million in 2019. As such, the current state of affairs indicates that challenges in human resources such as retention of staff, demotivated and incapacitated workforce and the doctor-to-patient ratio remains low. Patients are dying as a result of drug shortages and lacking equipment. For example, it has been widely accepted that in Zimbabwe there is a perennial shortage of cotrimoxazole and there is no Kaposi Sarcoma medicine, hence patients provide at their own costs which makes the treatment expensive and beyond the reach of many. Viral load machines are few, outdated, inadequate and obsolete. Essential medical equipment are also poorly maintained and in most cases there is no support services available in the case of breakdown. His paper acknowledged that these inadequacies have long been existing before COVID-19, the pandemic confirmed facts that were already known.

He emphasized that, Zimbabwe's health sector is overburdened as evidenced during the pandemic. Our public health infrastructure was found wanting during the peak of the COVID-19 pandemic - it could not meet the demand for health services. He, therefore, urged stakeholders to aid the government in terms of health systems strengthening through lobbying and advocacy initiatives. The presentation emphasized the identification of holistic strategies to deal with brain drain, motivating health care workers and enhancing their capacity. Also increasing health financing by at least meeting the Abuja declaration threshold. Mr Chikanya encouraged stakeholders in the health fraternity to prioritize platforms of this nature as they present opportunities for sharing of ideas, information and adaptation of home-grown solutions leading to best practices.

Mr. Walter Chikanya
Director ZICHIRE-BC

Staying ahead in a changing world: Lessons from COVID-19 on the future of public health in data-driven and technology enabled world.

Mr. Harrison Manyumwa: Founder and Chief Learning Officer Innovation Knowledge for Transformation

Mr. Manyumwa presented on the need to factor in technology in public health particularly in predicting diseases and shaping response mechanisms. He sighted arguments presented by the Bill and Melinda Gates Foundation which reasoned that global, regional and national public health systems are failing to deal with public health crises due to inefficient data collection systems.

He observed that the COVID-19 pandemic ignited and put to test the use of ICT for public health interventions and promotion strategies. During the COVID-19 pandemic, cell phones were used to send information and raise alarm, satellite maps were also utilized in terms of where people are, their movements and assessing their accessibility. In the presentation, Mr Manyumwa acknowledged that public health has become holistic in terms of its approaches to reduce costs, and enhance efficiency whilst improving health outcomes. According to Mr Manyumwa, data has a big role to play in health systems strengthening, it is undoubtedly imperative to enhance data collection platforms and make use of such data to predict and prepare for public health emergencies. He emphasized that data enables lower costs and more precision to find, educate, track, and help each high-risk citizen and also medical providers and administrators can identify areas of risk or improvement within current pathways.

He reflected on the Center for Disease Control and Prevention (CDC) efforts to support African countries develop capacity in data collection and information analysis citing the need to apply predictive science in the field of public health as helpful. In the same vein, the Zimbabwean government should consider PPP to develop infrastructure that supports data collection in the healthcare sector. This would be helping the country to better prepare for public health emergencies or predict potential health threats.

Mr. Harrison Manyumwa
Founder and Chief Learning Officer Innovation Knowledge for Transformation

Non-Communicable Diseases: Emerging burden for Zimbabwe and Africa

Presenter: Dr. Prudence Manyuchi: Consultant Specialist Physician.

Dr. Manyuchi's paper acknowledged the gains Zimbabwe has registered in the fight against HIV and AIDS. Currently, HIV prevalence rates are standing at 12.8%, whilst incidents are at 0.45%. Zimbabwe achieved two of the 90-90-90 UNAIDS targets with 86.8%:97%;90.3%. However, Zimbabwe is not working as hard on eliminating or reducing the impact of non-communicable diseases (NCDs). Incidents of diabetes have risen from a mean of 0.44 % (range 0 to 1.9%) in 1980 to 5.7% (3.3—8.6%). The rising burden of non-communicable diseases will exert pressure on treatment and care services. In the African region, the number of people living with diabetes, for example, is expected to reach 47 million by 2045 up from 19 million in 2019. Given this background, Zimbabwe must actively join the bandwagon and act timeously in response to rising cases of diabetes.

She highlighted some initiatives which could be adopted in order to minimize the burden of non-communicable diseases such as reducing exposure associated with risk factors of NCDs. Dr . Manyuchi defined risk factors or determinants as variables associated with increased risks of diseases or infections which includes amongst others unhealthy diet, physical inactivity, tobacco & alcohol use.

She recommended that Zimbabwe needs to enhance investment in infrastructure that support detection, screening and treatment of NCDs. This infrastructure must be accessible at primary level to boost early detection and timely interventions. She proposed three levels approaches in dealing with NCD's 1. at corporate 2. individual and 3. national level. At the individual level, one has to be actively involved in one's health, this means making decisions that impact positively on individual health. Early screening, adequate and necessary health education are important. Therapeutic lifestyle changes which involve healthy eating and anti-sedentary lives is very important. At corporate level, there should be health education factored in workplaces and other institutions. Periodical screening of employees and labour force complemented by dietary changes is essential. At national level there is need for a comprehensive approach requiring all sectors for example, health, finance, transport, agriculture and others to collaborate on reducing the risks associated with NCDs. There must also be meaningful effort from stakeholder to promote interventions that prevent and control non-communicable diseases.

Dr. Prudence Manyuchi
Consultant Specialist Physician

CSO's Reflections on Government expenditure: COVID-19.

Mr. Nqobani Tshabangu- Transparency International Zimbabwe (TIZ)

The presentation focused on tracking government expenditure in the health delivery system and the role of CSOs in demanding accountability and transparency. Using COVID-19 as a case study, Tshabangu noted with concern the absence of transparency in public expenditure. He cited a case where his organization Transparency International Zimbabwe (TIZ) approached the courts to acquire detailed government expenditure for COVID-19 interventions. Mr Tshabangu reiterated that the absence of accountability and transparency affected service delivery during the height of COVID-19. Resources meant to combat the pandemic were siphoned through acts of corruption and other forms of resource leakages.He cited a case involving Delish Nguwaya's Drax International USD 60 million scandal which led to the sacking of the then Health Minister, Dr. Obadiah Moyo. This case exposed the weaknesses and loopholes on government handling of public expenditure.

The presenter highlighted that CSOs have a role to play in fostering transparency and accountability. He gave an insight into the Transparency International Zimbabwe (TIZ) COVID-19 resource tracker. This tracker provided users with summarized information on donations made to the government of Zimbabwe to combat COVID-19, the list of companies and entities that were allocated resources by the government of Zimbabwe to purchase goods and services in response to the pandemic and the receipts and distribution deals. Such initiatives facilitate accountability and transparency leading to efficient use and distribution of public resources. Mr.Tshabangu encouraged CSOs to work with government officials and other stakeholders toward a system of good governance by initiating new activities within their expertise or by partnering with other CSOs. He advised NGO's to build and maintain good relationships to ensure accountability and transparency in government. Civil society leaders can build these relationships to facilitate their current and future work, help to establish credibility, and strengthen civil society's overall role. He challenged civil society organisations to understand how policies that affect health financing or services are developed and implemented. "Begin by making sure you, your staff, and your networks understand the current system. Then, incrementally, work toward creating a greater degree of transparency by demanding that government make key information public". He said.

Mr. Nqobani Tshabangu
Transparency International Zimbabwe
(TIZ)

2nd Session: New Challenges and Future Perspectives in Nutrition-'A Public Health Agenda'.

Presenters:

Mr. Blessing Mushonga
Director, Nutrition Ward

Ms. Tafadzwa Zhawari
Zimbabwe Nutrition Association

The two presenters acknowledged that Zimbabwe was facing a triple burden of malnutrition poverty, inequality and unemployment. Nutrition challenges are emanating from poverty, unemployment and inequality. However, the two presenters noted increased political and multi-sectoral commitments towards combating malnutrition and ensuring food security at the household levels. They emphasized that nutrition is very key in national development because it leads to a more resilient and stronger population. It also helps in preventing and controlling ailments. However, the presenters concurred in their observations regards limited progress towards achieving the diet-related NCD targets. This is despite NCDs accounting for 31% of total deaths in Zimbabwe. Cases of obesity are on the increase, the prevalence of obesity among adults (aged 18 years and over) is estimated at 28.9% and 5.6% of adult women and men, respectively.

Diabetes is estimated to affect 8.1% of adult women and 7.3% of adult men. Micronutrient deficiencies in Zimbabwe exist across all socioeconomic divides and transcend the commonly noted urban and rural disparities.

Among women of childbearing age and children under the age of 5 years, anemia was reported as 27% and 37% respectively Nationally, almost 30% of pregnant women are anemic. The presenters noted that nutrition challenges in Zimbabwe can be attributed to inadequate dietary intake as well as diseases, poor breastfeeding, and IYCF practices, low dietary diversity affecting most households and nutrition transition.

However, unhealthy diets continue to be major drivers of NCDs in Zimbabwe. Finally, the two resource persons agreed in their recommendations and proposed the following pointers to the plenary:

1. Halting the rise in overweight and obesity requires policies that are robust to address the challenges;
2. Investing in childhood malnutrition prevention and treatment is vital;
3. Using a systems-based approach engaging all sectors is key while most nutrition interventions are delivered through the health sector, non-health interventions are also critical;
4. Taking essential nutrition actions that can help protect, promote and support priority nutrition outcomes;
5. Urgently implementing the Food-Based Dietary Guidelines to propel the adoption of healthy lifestyles and dietary behaviors;
6. Promoting nutrition-sensitive agriculture initiatives;
7. Empowering farmers to drive solutions and be at the forefront of transforming food systems;

8. Consumer awareness education and increased access to technology and infrastructure; and,
9. Strengthening NCDs and malnutrition monitoring and surveillance systems to keep track of trends and fully understand their determinants, treatment options, economic impact, and policy consequences.

SARS-COV2: The burden of Infectious Diseases in Zimbabwe and Africa

Presenter: Mr Tinashe Mudzviti- University of Zimbabwe/ Newlands Clinic

The presenter observed that weak health systems, existing comorbidities (HIV, TB & NCDs) and poor socio-economic determinants characterize public health in Zimbabwe and the region.

Although initial predictive models had forecast a disastrous impact of COVID-19. The results contradicted the models in terms of transmission, severity of disease and deaths. Africa had lower infection and fatality rates compared to Europe, the Americas and Asia.

After the first case of COVID-19 was recorded in Egypt, more than 10 million accounting for 3.2% of global cases were recorded in Africa. The continent recorded 234,566 deaths which are 4.2% of the worldwide burden as of January 2022. However, the pandemic affected health delivery system due to its strict lockdowns which limited the movement of people thereby inhibiting access to healthcare.

Due to the emergency nature of the COVID-19 pandemic, re-allocation of resources resulted in other priorities such as HIV, diagnosis and antiretroviral therapy programs lagging behind or getting disrupted. HIV prevention, testing and retention in care programs were also disrupted due to COVID-19 response mechanisms. In SA, it was reported that average weekly HIV VL testing & CD4+ cell testing fell by 22% and 33%, respectively. In practice, the pandemic resulted in the reduction in access to HIV intervention services. Disruptions of TB services has led to a large global drop in the diagnosis of TB, which decreased by 18% between 2019 and 2020, from 7.1 million to 5.8 million. The pandemic also reversed the positive trend in reducing global TB deaths, with the first year-on-year increase (of 5.6%) since 2005. 21% of facilities in Africa were stocked out of the anti-malarial medicine dosage for children under 5 years of age.

Zimbabwe: during the 1st six months of 2020, an excess of over 30,000 malaria cases were reported compared to the same period in 2017, 2018 and 2019. The number of malaria deaths recorded in this period exceeded the total annual for 2018 and 2019.

With this in mind, there is a need to rethink our public health approaches to ensure the creation of a robust public health system that can withstand demand for healthcare.

Mr Tinashe Mudzviti

University of Zimbabwe/ Newlands Clinic

Neglected Tropical Diseases: A public concern- “reigniting focus on eliminating NTDs in Zimbabwe”.

Presenter: Dr Arthur Vengesai- Midlands State University

Neglected tropical diseaeses are intimately related to poverty and they tend to cluster in the same poor populations. Zimbabwe which is in the southern region of Africa is endemic to four of the most common NTDs namely schistosomiasis (Bilharzia), soil-transmitted helminth infections (intestinal worms), lymphatic filariasis (elephantiasis) and trachoma.

Bilharzia is an acute and chronic water-borne parasitic disease, caused by infection with trematodes (blood-borne flukes) of the genus *Schistosoma*. The genus is the main cause of intestinal schistosomiasis in Sub Saharan Africa and places 393 million people at risk of infection and infects 54 million people globally. Urogenital schistosomiasis is also considered to be a risk factor for HIV infection, especially in women. Moreover, it is associated with poor childhood development.

Soil-transmitted helminths are among the most common parasitic infections worldwide that affect the poorest and most deprived communities. Approximately 807-1,121 million, 604-795 million and 576-740 million are infected with *Ascaris lumbricids*, *Trichuris trichiurid* and *Nectar americanus* respectively. Infected children are nutritionally and physically impaired.

They also cause anemia due to worm-induced blood loss and compromised nutrition, intestinal obstruction as well as reduced absorption of vitamin A. The infections are controlled by periodical deworming campaigns to eliminate infecting worms, health education to prevent re-infection, and improved sanitation practices to reduce soil contamination with infective eggs.

Trachoma is a public health problem in 44 countries and is responsible for the blindness or visual impairment of about 1.9 million people. Based on March 2019 data, 142 million people live in trachoma-endemic areas and are at risk of trachoma blindness. In 2018, 146 112 people received surgical treatment for the advanced stage of the disease, and 89.1 million people were treated with antibiotics.

Lymphatic filariasis is a mosquito-transmitted disease caused by parasitic worms that damage part of the immune system. Lymphatic filariasis is a painful and profoundly disfiguring disease that leads to stigma. It is one of the world’s leading causes of disability. In 2000 over 120 million people were infected, with about 40 million disfigured and incapacitated by the disease. 893 million people in 49 countries worldwide remain threatened and require preventive chemotherapy to stop the spread of this parasitic infection.

There is need to enhance campaigns to eradicate neglected tropical diseases in Zimbabwe and Africa, this can be achieved through stakeholder participation, provision of equipment and laboratory capacity for early detection. Funding is also required to step up efforts to provide drugs and access to clean water in the case of Schistosomiasis especially.

Dr Arthur Vengesai
Midlands State University

Impact of COVID-19 on gender-based violence in Zimbabwe.

Presenter: Sally Ncube- National Coordinator, Women's Coalition of Zimbabwe.

The levels of SGBV spiked in Zimbabwe as households were placed under the increased constraints from concerns related to health, psychosocial support, and loss of income, with many women and girls under lockdown with their abusers. Women and girls who face multiple and intersecting forms of discrimination were already at higher risk of violence, which COVID-19 exacerbated. In Zimbabwe, the Musasa Project national GBV hotline "recorded a total of 6,832 GBV calls from the beginning of the lockdown on 30 March until the end of December 2020 (1,312 in April, 915 in May, 779 in June, 753 in July, 766 in August, 629 in September, 546 in October, and 567 in November and 565 in December), with an overall average increase of over 40 percent compared to the pre-lockdown trends. About 94 percent of the calls were from women". In these cases, 69.5% of identifiable perpetrators were intimate partners highlighting how SGBV within domestic space places women in jeopardy under COVID-19 lockdowns. In terms of the impact of the lockdown on young girls, the closure of schools had multiple negative effects. There were numerous reported cases of girls becoming pregnant at a tender age (12-19 years). The school closures under lockdowns ended up affecting girls in many African countries including Zimbabwe, with many dropping out of school at mostly second level in secondary school.

COVID-19 lockdowns led to multiple inter-sectional challenges to accessing services by SGBV survivors. These challenges include the following:

1. **Access to information:** Women in low-income communities were in an information desert concerning the pandemic and its impacts. Women with disabilities faced further challenges because of the way information was disseminated. Lack of access to disability-friendly information on COVID-19 is a major concern they (women with disabilities) grappled with daily. In Zimbabwe, there was a lack of gender and disability mainstreaming in the COVID-19 response.

2. **Access to contraception:** For young people access to contraception was also critical during this period mainly because of increased sexual activity. In Zimbabwe, women and girls were not able to access contraceptives due to travel restrictions and menstrual and maternal health services were being side-lined.

3. **Access to sanitary wear:** Difficulties in accessing sanitary wear increased as incomes significantly reduced for most households.

4. **Access to water:** Post-2000, Zimbabwe's urban areas have faced multiple challenges in providing services to residents. These challenges can be attributed to multiple economic and political crises that have seen residents resorting to the self-provisioning of social services.

5 **Access to justice under lockdowns:** Assistance for survivors of gender-based violence was seriously hampered by the lockdowns. The referral pathways system

utilized by stakeholders in Zimbabwe was not designed to respond to pandemic contexts. This is mainly because access to police or health centers as the first point of assistance was affected by the restrictions on people's mobility.

COVID-19 has thus reshaped the everyday experiences of survivors of SGBV. These changes require a rethink on emerging forms of SGBV and the appropriateness of current responses focused on providing SRHR and justice delivery services in under-resourced communities

Access to Sexual and Reproductive Health and Rights Services for young girls and women in Zimbabwe.

Presenter: Dr B. Tapesana- Programme Manager -ZVANDIRI.

ZVANDIRI began in 2004 with six extraordinary young people living with HIV who started a support group and called it ZVANDIRI which means 'as I am'. This one support group evolved into a model of community, clinic and mobile health services for young people living with HIV (0-24 years) delivered at scale in partnership with governments.

Currently, ZVANDIRI connects young people between the ages of 18-22 years of age living with HIV with trained, mentored peers known as Community Adolescent Treatment Supporters (CATS) who support them to survive and thrive. ZVANDIRI established the Young Mentor Mother (YMM) program which is a peer-led innovation being implemented in 17 districts across Zimbabwe through the ZimPAAC consortium.

The YMM are young pregnant and or breastfeeding mothers living with HIV (18-24 years), who are trained and mentored as peer counselors. The approach builds on the existing experience of implementing the peer-led Community Adolescent Treatment Supporters (CATS) program in the country but now engages HIV-positive young mothers with experience of pregnancy, motherhood and PMTCT to support other young mothers. SRHR is one of the core pillars of the YMM program as there are higher risks of adverse health and social outcomes if not mainstreamed. From October 2021 to September 2022 the program had an enrolment of 2,003 young mothers who were supported by 83 YMMs.

The organization provides evidence-based, integrated HIV prevention, treatment, care, support and protection services for children, adolescents and young people living with HIV in Zimbabwe. There is need to:

1. Build capacity in government and partner organizations across the country and region to replicate the ZVANDIRI model, thereby expanding access to more children, adolescents and young people living with HIV;
2. Advocate for evidence-based, quality HIV prevention, treatment, care, support and protection services for children, adolescents and young people; and,
3. Collect, analyze and disseminate data and lessons learned from these services to provide a clearer evidence base for best practices in HIV programming for children, adolescents and young people and to inform future national and international programming.

The organization provides youth-friendly SRHR information, counseling and support during home visits, clinic visits, support groups and mobile health. Identification and referral of young people in need of SRHR services, including contraceptives, condoms, PrEP and PEP, STI screening, diagnosis and treatment. Furthermore, ZVANDIRI facilitates the provision of cervical cancer screenings information, counseling and support for caregivers. Counseling and support for young people around HIV status and disclosure to partners is also provided.

Dr B. Tapesana
Programme Manager -ZVANDIRI.

Water Sanitation and Hygiene (WASH) in Zimbabwe: CARE International's experience.

Ms. Egnes Muchanyukwa - Wash Officer, Care International

Ms. Muchanyukwa noted that access to safe water and sanitation still remains a major issue, particularly in rural areas of Zimbabwe. Access to adequate improved sanitation lags significantly behind at 35 percent. Data from the 2012 National Population Census showed that 25% of households do not have any type of toilet facility. The availability of proper sanitation facilities is much higher in urban than in rural areas. The Multiple Indicator Cluster Survey (MICS) 2014 reports that the national open defecation rate is at 31.7 percent. This affects rural areas in particular where 44 percent of the population practices open defecation.

CARE International's experience in WASH revealed that household toilet/latrine features and designs influence willingness to build and consistent use of toilets/latrines and handwashing facilities at the household level in Zimbabwe . The more simple and less complex a design is , the more favorable it is for most communities. This is largely because of cost-related decisions. BVIP are more widely accepted by communities, this facility has three main uses namely bathing, urinary and defecating. However, the concept of uBVIP is not yet understood, research revealed that those facilities classified as BVIP fell short in terms of meeting the standards. Some facilities were missing roofs, vent pipes and fly screens. Most households were found not adhering to approved staged building approach (from uBVIP to BVIP)/ Most latrines are incomplete BVIPs lacking key components of the upgradable nature of this design.

The research highlighted that most households preferred multiple squat hole latrines. This allowed for separate chambers for women and men. It was described as undesirable to have fathers-in-law and

daughters-in-law using the same latrine. Ideally, there is also a separate area for bathing.
However, improved designs motivated by visiting friends and family in the city are penetrating communities for example latrines with windows and doors. Although there are considered an upgrade by members of the community in reality these designs are unsafe, expensive and do not meet the required standards.

The research also identified barriers to the uptake and use of WASH technologies, some latrines were being used by up to 30 people. This was more common in polygamous families.

As such, the latrines were often left unclean without clear roles and responsibilities and without water on the premises. Many households had strong knowledge on the important features of the latrine, but this was not translating to practice. Most households do not build a latrine until they believe they have money for 10-14 cement bag version. Tippy taps (promoted widely during COVID) are seen as temporary, and households are not interested in 'wasting a good bucket' to sit in the sun next to a toilet. Current guidance is limited to construction and doesn't include any support on what to do once the pit is full or if the pit collapses. Previous cyclones in Manicaland have left many households weary of constructing a new latrine.

To improve WASH issues in Zimbabwe, the researcher concluded that there is a need for behavioral change, capacity building, and ensuring holistic capacity development for latrine builders and suppliers. Stakeholders and partners must work towards supporting WASH Strategic Advisory Group's (SAG's) to connect with public and private sector. This would assist in terms of improving affordable, quality water, sanitation and hygiene in Zimbabwe.

Ms. Egnes Muchanyukwa
Wash Officer, Care International

Disability- A neglected issue in public and private health systems programming

Mr. Bruce Nyoni: Executive Director - Albino Trust of Zimbabwe

Mr. Bruce Nyoni:
Executive Director - Albino Trust of Zimbabwe

Mr Nyoni called for a paradigm shift in terms of approaches that seek to provide healthcare interventions targeting people living with disabilities. His presentation noted with concern the lack of inclusion in public health programming of people living with disabilities. "People living with disabilities are here to stay and we need to be included in policy and intervention programming," he emphasized. The experiences of people living with disabilities during the height of COVID leaves a lot to be desired in terms of disability-sensitive programming in health care.

The COVID-19 pandemic laid bare the inequalities around disability. Mortality rates have been high among people with disabilities and quality of life has been disproportionately impacted by interruptions to regular health and community services, and the need to self-isolate. People living with disabilities struggled to access medication such as sunscreens and other services.

Building back fairer after the pandemic offers an opportunity to rethink and end the neglect of people living with disabilities in public health. This will be essential to meet the sustainable development goal ambition to leave no one behind. As a first step, better data on the health inequalities facing people with disabilities are urgently needed to understand the epidemiology of disability and related social determinants of health. Moreover, disability awareness should be included in the curricula for those working in and researching on health. Nyoni recommended that disability should no longer be an afterthought and needs to be included in all public health equity efforts.

Mental Disease Burden in prisons: A case study of the Zimbabwe Prison and Correctional Services

Presenter: Ms. Tinashe Mandizvidza
Zimbabwe Prison and Correctional Services

Ms. Tinashe Mandizvidza
Zimbabwe Prison and Correctional Services.

Drug and substance abuse increased during the aftermath of COVID-19, and the country is experiencing ubiquitous levels of drug and substance abuse burden. The situation has also resulted in some of the addicts finding their way into prisons because drugs and substance abuse are major drivers of criminal behaviour. In prison main causes of mental health problems are instigated by emotional stress associated with being imprisoned, in some cases, there will also be pre-existing conditions before imprisonment. Also, the loss of livelihood resulting in the inability to support families outside the prison and of late the COVID-19 pandemic has exacerbated mental health problems. The lockdown restrictions which limited opportunities for prisoners to get in contact with visitors contributed to increased emotional stress.

The paper recommended a shift from the legal approach to a public health approach in addressing challenges and complications associated with drug and substance abuse in Zimbabwe.

She revealed that, the Zimbabwe Prison and Correctional Services has two institutions to deal with mental patients; at Chikurubi and Mlondolozi prisons. Patients are categorized into different classes namely the Criminal Mental Patients (CMP) (undergoing assessment), the Detained Mental Patients (DMPs) (these are patients who have been reviewed and confirmed to have a mental illness under treatment and being provided counselling)

The aggregate number of mental patients in prison psychiatric institutions as of December 2022 has reached 825 patients.

Zimbabwe Prisons and Correctional Services has 4 channels of exit for mental health patients. Patients can be released back to their communities and be reunited with their families and relatives. Or they may be sent to general psychiatric hospitals where patients are subjected to treatment and further interventions. Some are released to half ways homes for further rehabilitation.

However, the institution still faces challenges in terms of an increase in admissions of substance-induced psychosis (SIP). There exist high levels of social stigma around mental health patients- in some cases society views patients as ex-convicts as a result of the special institutions being located in prisons. Notably, some patients are not convicted persons. Some families are not willing to take back patients upon recovery and that is a cause for concern at the organization. Halfway homes and long-term facilities are overburdened

Ms Mandizvidza recommended that in line with global trends, special institutions be stand-alone hospitals outside prisons. She advised that mental health institutions must also match optimum international mental health standards. She called for more partnerships to support the field of mental health in Zimbabwe.

Case Study: ZPCS COVID-19 Success Story

Presenter: Commissioner (Dr) Evidence Gaka,

Chief Director of Health Services Zimbabwe Prisons and Correctional Services.

The case study was intended to share with the plenary best practices that Zimbabwe Prisons and Correctional Services applied in responding to the COVID-19 pandemic. The case of ZPCS is being duplicated as a best practice in other institutions in Zimbabwe and the region. The organization managed to contain and reduce COVID-19 deaths within its institutions (Cumulative confirmed cases: 7,394, recovered 7,330, active 29 and 35 deaths). Of the reported 7,394 confirmed cases, 2,432 are officers, 3,650 were inmates, 1,312 were dependents. The organization credits its success story to a rigorous testing procedure.

The capacity to test both prisoners and staff resulted in early detection and timely interventions. The case study revealed that enhanced testing capacity at the institution resulted in early detection of the virus and facilitated quick response mechanisms. Officers were subjected to periodic testing and those showing any related symptoms were plucked out for treatment.

The organization benefited from a series of best practices shared within the SADC through zoom meetings, and periodic briefings of the Ministry of Health and Child Care. The leadership within the organization contributed to this level of success. The ZPCS developed a context-specific guideline titled Zimbabwe Prisons and Correctional Service COVID-19 operational guidelines. The handbook guidelines were implemented across the country's prisons, the handbook was complemented by the Zimbabwe Prisons and Correctional Services COVID-19 standard operational procedures, a compilation of reference documents. These initiatives assisted in terms of ensuring the same standards were applied across the entire organization. The vaccination drive at the organization was driven by top leadership hence it became easier for officers, their families and prisoners to follow suit

Commissioner (Dr) Evidence Gaka,
Chief Director of Health Services: Zimbabwe Prisons and Correctional Services.

All stakeholder Engagement: Key to health systems strengthening - “Taking Stock”

DAY 2

Competitive healthcare markets and universal access to health in Zimbabwe.

Mr.Isacc Tausha- Assistant Director (Mergers).
Competitions and Tariffs Commission.

Mr Tausha began by presenting an overview of the Competitions and Tariffs Commission. He stated that the Competition and Tariffs Commission (Commission) is a statutory body established under the Competition Act [Chapter 14:28]. The present commission is a product of the merger in 2001 of the former Industry and Trade Competition Commission (ITCC) and Tariff Commission (TC). The ITCC had been established under the Competition Act, 1996 (No.7 of 1996) as a competition regulatory authority, while the TC had been established under the Tariff Commission Act [Chapter 14:29] as a trade tariffs advisory authority. Both the ITCC and TC commenced operations in 1998. The merger of the ITCC and TC was provided for under the Competition Amendment Act, 2001 (No.29 of 2001), which also repealed the Tariff Commission Act [Chapter 14:29]. He added that the commission has the twin mandates of implementing Zimbabwe's competition policy and the execution of the country's trade tariffs policy, with the primary objective of enforcing the Competition Act [Chapter 14:28].

He reiterated that the role of the commission is very important in issues of health systems strengthening particularly the provision of access to health. Fair competition is imperative, it strengthens patient choices, stimulates innovation, improves quality, enhances efficiency and controls costs — in short, to give people what they want in the least costly way possible. In the healthcare sector, the commission has been working to eradicate medical cartels and unfair mergers that includes collusion between insurance companies, hospitals, pharmacies and related service providers. He cited an example of Medical Aid Insurance companies restricting clients to their chain of service providers. This situation limits clients' choices. He reiterated that the nature of such competition inhibits or makes it difficult for clients to access services.

Mr.Isacc Tausha
Assistant Director (Mergers).
Competitions and Tariffs Commission.

Moving ahead: place for traditional and complementary medicine in public health

Presenter: Retired Major Timothy Njekete- Traditional Medical Practitioners Council of Zimbabwe (TPMCZ).

The aftermath of COVID-19 brought to the fore questions regarding traditional and complementary medicines in healthcare system in Zimbabwe. This was necessitated by social acceptance of traditional and complementary medicines during the pandemic. By definition, traditional medicines refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to African cultures, whether explicable or not, used in the maintenance of health as well as the prevention, diagnosis, improvement or treatment of physical and mental illness. Complementary medicines refers to a group of therapeutic and diagnostic disciplines that exist largely outside the institution where conventional healthcare is taught and provided and is a broad domain of healing resources that encompass all health systems. Major Njekete revealed that the contribution of traditional medicine is about 70% to health delivery systems in African countries. This is largely because medicines are plant-derived, 60 to 70% of Africans consult traditional healers before and after conventional treatment. These developments confirmed that herbal medicine use is definitely on the rise and to this end, Africans should embrace the practice of herbal medicine and incorporate it in their national health delivery systems.

At present, there is an increase in use of herbal medicines and natural products in Zimbabwe. Thus the emergence of regulatory councils (TMPCZ and NTCZ) which were established to support product development and use. Currently, MCAZ has registered about 500 herbal medicines and only about 2% of these are Zimbabwean products with the bulk being imported This indicates that Zimbabweans must make significant efforts to produce efficacious, safe and quality herbal medicines that are registrable with MCAZ. However, some challenges are hindering the uptake of traditional and complementary medicines which includes a lack of adequate funding to engage in research and development, there is also a very strong stigma associated with allopathic medical practitioners and some resistance from the religious sector.

Going forward, there is an urgent need to establish training institutions and programs from foundation, certificate, diploma, and degree levels that support capacity building in areas of traditional and complementary medicines. A framework that supports value addition through the establishment of natural medicine manufacturing industries in Zimbabwe. Advocacy and lobbying for a positive regulatory framework that supports the practice of natural medicine and the recognition by medical aid societies. There should be work towards social acceptance of traditional practitioners' referrals and recommendations for sick leave during treatment.

Retired Major Timothy Njekete

Traditional Medical Practitioners Council of Zimbabwe (TPMCZ).

State of one health concept: Status in Zimbabwe

Presenter: Mrs Tracey Mubambi- Environmental Management Agency (EMA).

One Health is a collaborative effort of multiple disciplines –working locally, nationally and globally- to attain optimal health for people, animals and our environment. The concept is a relationship between the environment, animal and human health. The one health concept is critical given that 60% of diseases that affects human beings are zoonotic.

The One Health paradigm emerged from the recognition that the well-being of humans, animals and ecosystems are interrelated and interdependent, and there is need for more systematic and cross-sectoral approaches to identifying and responding to global public health emergencies and other health threats arising at the human-animal-ecosystem interface. The One Health concept is therefore a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects aimed at enhancing public health efficacy, expeditiously expanding the scientific knowledge base, and improving medical education and clinical care. When properly implemented, it will help protect and save untold millions of human and animal lives in present and future generations. This is primarily because we share a lot of infections with animals and plants, as well as the same environment. With that in mind, pollutants and other toxic materials getting in our environment affect the human-animal and plant ecosystem. As such health for populations must be tackled holistically to effectively deal with climate change, zoonosis, drug resistance, malnutrition and other negative impacts on public health.

Mrs Mubambi shared her recommendations which include creating awareness of the One Health concept amongst public health practitioners. She highlighted that; it is critical in terms of adopting holistic approaches to the field of public health. Support in terms of funding is required to conduct research resulting in research-based interventions. Strengthening One Health institutional frameworks is also key as this will facilitate information-sharing among sectors; enhance knowledge of measures to mitigate risks and fight against new emerging diseases; and improve mechanisms for joint risk assessment or preparation and planning of country-level interventions

Mrs Tracey Mubambi
Environmental Management Agency (EMA).

Toxicology in Zimbabwe- Snake Bites

Presenter: Prof Dexter Tagwireyi: University of Zimbabwe I Department of Pharmacy

The presentation highlighted snakebite as an important global and national public health issue. Prof Tagwireyi explained important issues in respect of venomous snakebites in Zimbabwe and major toxidromes associated with snake bites and some snake species associated with them. The presentation also discussed possible solutions to the problems associated with toxicology in Zimbabwe.

He highlighted that about 5.4 million people are estimated to be bitten by snakes every year of which 100 000 people die and 400,000 people are left disfigured or disabled by their injuries. These figures show that snake bites are a big issue in public health. In 2017, the World health Organization categorized snake envenomation into category A of neglected tropical diseases, hopefully, this acknowledgment will enhance opportunities for funding to curb this problem and enhance the accessibility of anti-venoms globally. In Zimbabwe, the former Minister of Health and Child Care in his addressing the 72nd session of the World Health Assembly in Geneva Switzerland in 2019, expressed concern over the rise of snake bite deaths which he said health experts should not cast a blind eye on.

Prof Tagwireyi explained that venomous animal which produces a venom, has the ability to deliver it through some body appendage, e.g., fangs, tail. A poisonous animal does not have a specialized poison delivery organ and toxicity occurs after ingestion or making contact with it. He dismissed the long-held belief by participants during his question series that all snakes are venomous. He emphasized that some snakes are constrictors, whilst others are mildly venomous which is not enough to cause illness in humans. Although some of the snakes are not venomous, they can be dangerous injuring and causing bodily harm to victims for example the southern African python. He also dismissed the myth about snakes saying that they are not out there just to attack humans. Snake venom is there largely for feeding purposes so the snake would rather not waste it. Most snakes prefer to hide, remain still or just escape or enter houses seeking food, warmth or escaping danger.

Prof Tagwireyi mentioned three important toxidromes after bites from medically important snakes in Zimbabwe namely cytotoxic envenomation (painful and progressive swelling, blood-stained tissue fluid, blistering, bruising, necrosis/gangrene), neurotoxic envenomation (little to no swelling, descending paralysis, ptosis, vomiting, profuse, stringy saliva, dyspnoea, dysphagia) and hemotoxic envenomation (bleeding from gums, GIT, GUT, recent wounds, partly healed wounds).

In terms of the management of snake bites to date the only effective treatments are polyvalent anti-venoms (effective against multiple venoms) and monovalent anti-venoms (effective against one venom). Currently, no plant-based preparations have shown clinical efficacy. However, the anti-venoms remain beyond the reach of many costing about $100 a vial. South Africa is producing its own anti-venom, its time Zimbabwe invested to also produce its own, this will reduce costs as well as accessibility.
As a way forward there is need to deliberately fund research or surveillance on snakebites and increase awareness on snakes in Zimbabwe. Investing in drones to deliver antive
noms in hard-to-reach
areas. More important, to seriously pursue efforts towards developing our own anti-venom (After all SA did it a century ago).

Prof Dexter Tagwireyi:

University of Zimbabwe I Department of Pharmacy

Side sessions:

After tea break the plenary was divided into 5 side sessions. The side sessions were voluntary, each participant selected a side session of their choice. The following side sessions were among the list:

1. **Accountability, Integrity and Transparency** chaired by Ms Delight Moyo (ActionAid)
2. **Gender based Violence and SRHR** Chaired by Dr B. Tapesana (ZVANDIRI)
3. **Disability Inclusion and Public health** Chaired by Mr.Bruce Nyoni (Albino Trust Zimbabwe)
4. **Drug Abuse and Mental Health** chaired by Mr. Abel Makahamadze (ZIMWORX)
5. **Advocacy, Media and Communications.** Chaired by Mr. Adriel Badza (Student HIPH)

Feedback:

Accountability, Integrity and Transparency chaired by Ms Delight Moyo (ActionAid)

Participants shared a common view that issues of corruption, or the abuse of power for private gain, in health systems including bribes and kickbacks, embezzlement, fraud, political influence/nepotism and informal payments, among other behaviours affect the achievement of universal access to health. Drivers of corruption include individual and systems-level factors such as financial pressures, poorly managed conflicts of interest, and weak regulatory and enforcement systems. The cluster noted that corruption undermines the capacity of health systems to contribute to better health, economic growth and development.

Recommendations and resolutions:

1. Foster for answerability, or the obligation of public officials to provide information on actions taken and to justify these actions to oversight actors, is the essence of accountability**. *It is therefore important that at the next symposium, key government ministries such as the Ministry of Health and Child Care, the Ministry of Finance and Economic Development attend the symposium and interact with stakeholders.***
2. Establish relationships with stakeholders and government agencies (e.g., Ministry of Health and Child Care, Ministry of Finance). CSOs may also want to consider offering assistance, and/or explore possible collaborations with government departments.
3. Collaborating and developing rapport with technical experts inside the government. Developing a rapport can prove strategic for accessing information and laying the foundation for stakeholder involvement.
4. Launching a recognized mechanism for civil society engagement. Formal channels, that commit to meet regularly, to ensure the ongoing and sustained exchange of information and views are strategic ways that can hold policymakers accountable**.** The public health symposium can position itself to be a platform where policymakers and key ministries can be held to account by stakeholders in the public health value chains.
5. Through this initiative (Public Health Symposium) engage in policy development processes, track commitments by keeping records of commitments made.
6. Budget and expenditure tracking: CSOs must play a role in holding donors and governments accountable by examining how funds are being spent. A good example is using ZIMCODD and TIZ expenditure tracker.
7. Enhance social accountability practices in communities to demand accountability for public goods such as healthcare, access to drugs and other service.

Gender-Based Violence and SRHR Cluster
Chaired by: Dr B. Tapesana

Gender-based violence and SRHR cluster involved participants who agreed that it was important to factor in issues of GBV and SRHR issues in health systems strengthening. Providing quality healthcare services for GBV survivors was identified as critical in any crisis, whether it be natural disasters, conflicts, disease outbreaks or others. As noted by participants GBV has significant impacts on the physical and mental health of victims. The cluster also pointed out that sexual and reproductive health (SRHR) is an important aspect of individual health and well-being, as well as a significant determinant of public health. Sexual rights may include the right to sexual education, freedom from sexual violence and coercion or the right to decide whether or not to have children. Reproductive rights on the other hand, can include access to contraception (including emergency contraception), access to menstrual and sanitary products and ensuring safe pregnancies and childbirth.

Recommendations and resolutions.

1. Comprehensive support including quality health services, psychosocial support, justice and legal services, shelters and safe spaces and economic assistance must be made available to survivors. This includes setting up hotlines for survivors to access remote counselling and referrals.
2. A conducive policy framework that promotes SRHR for young adolescent boys and girls, women and other vulnerable groups such as persons living with disabilities.
3. Aiding economic empowerment and livelihoods programs, social protection and safety nets that support women and girls and access to safe and equitable education for girls and boys.
4. Remove barriers that undermine sexual and reproductive health and rights (SRHR) including lack of access to comprehensive sexuality education and to essential sexual and reproductive health services.
5. Frame and recommend policies that support gender equality in social norms, attitudes and behaviours whilst addressing the root causes of violence.
6. Mainstreaming and integrating gender equality principles and gender analysis, and making sure adequate public resources are allocated for GBV prevention, risk mitigation, and responses.
7. Solicit for adequate funding, support and space for organizations that promote women's and girls' rights and gender equality, particularly local women-led and women's rights organizations that are on the frontlines of action on GBV as well as youth-led and LGBTQI+ rights organizations.
8. Facilitates stakeholders' engagement with policymakers to follow up on policy commitments and progress toward eradicating GBV in Zimbabwe.

Dr B. Tapesana

(ZVANDIRI)

Disability Inclusion and Public health Cluster

Chaired by Mr. Bruce Nyoni (Albino Trust Zimbabwe).

Disability inclusion is pertinent in terms of realizing global health priorities towards achieving health for all. For universal health coverage to be achieved persons living with disabilities must receive quality health services on an equal basis with their counterparts. The cluster members emphasized that people living with disabilities are vulnerable and hence require fairer access to health services. The group highlighted that people living with disabilities commonly experience three increased risks - of contracting the disease, of severe disease or death, and of new or worsening health conditions. These added risks occur due to a range of barriers in the health sector, including physical barriers that prevent access to health facilities and specific interventions; informational barriers that prevent access to health information and/or reduce health literacy; and attitudinal barriers which give rise to stigma and exclusion, all of which add to discrimination and inequality. The group also expressed that a multipronged approach to disability inclusion that emphasizes amplifying people with disabilities in health leadership is a must. This is fundamentally due to the risk of perpetuating inequalities or stalling progress in this potentially pivotal moment. “Nothing about us, without us” should be more than words, but a prompt to start conversations about disability representation in public health decision-making.

Recommendations and Solutions:

1. Engaging people with disabilities, investing in organizations of people living with disabilities,
2. Strengthening a twin-track approach where people with disabilities are considered both in mainstream policy and in disability-specific policy and secure funding availability for disability inclusion across all healthcare initiatives.
3. Develop and make accessible opportunities for people with disabilities to gain leadership, research and programmatic skills
4. Create, adopt and maintain a collaborative ethos for programming that genuinely adopts the principle of equal partnership.

Create platforms for people living with disabilities and their organizations to link with policymakers, and government oversight bodies. This will assist in sustaining a dialogue that would impact policymaking aimed at disability inclusivity in the public health sphere.

Mr. Bruce Nyoni
(Albino Trust Zimbabwe).

Drug Abuse and Mental Health Cluster

Chaired by Mr. Abel Makahamadze (ZIMWORX).

Mr. Abel Makahamadze
(ZIMWORX)

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

The group revealed that mental health is more than the absence of mental disorders. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.

People with mental health conditions are more likely to experience lower levels of mental well-being, although not necessarily the case. The group raised concerns that in Zimbabwe, mental health issues are not properly understood, in most cases people with mental health challenges are stigmatized and believed to be under some evil spirits or evil attacks. For example, not many people in Zimbabwe understand that harsh parenting and physical punishment undermine child health and that bullying is a leading risk factor for mental health conditions. However, the group acknowledged that individual psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problems.

Recommendations and Solutions

1. Treating mental health issues as an inseparable component part public health agenda in Zimbabwe.
2. Government must incorporate a mental health perspective and relevant actions into new and existing national policies and legislation.
3. Through advocacy initiatives, stakeholders must lobby for the inclusion of mental health in programs dealing with occupational health and safety.
4. Continuous assessment of the potential impact of any new policy on the mental well-being of the population before its introduction and evaluate its results afterward.
5. Instigate activities to counter stigma and discrimination, emphasizing the ubiquity of mental health problems, their general good prognosis and treatability, and the fact that they are rarely associated with violence.
6. Introduce or scrutinize disability rights legislation to ensure that it covers mental health equally and equitably.
7. Develop and implement national, sectoral and enterprise policies to eliminate stigma and discrimination in employment practices associated with mental health problems
8. Set up in partnership with other ministries evidence-based education programs addressing suicide, depression, alcohol and

other substance use disorders for young people at schools and universities and involve role models and young people in the making of campaigns.

9. Guarantee access to necessary medicines for people with mental health problems at a cost that the health care system and the individual can afford to achieve appropriate prescription and use of these medicines.

10. Develop rehabilitation services that aim to optimize people's inclusion in society, while being sensitive to the impact of disabilities related to mental health problems.

Advocacy, Media and Communications Cluster.

Chaired by Mr. Adriel Badza (Student HIPH)
Presenter: Mr. Patrick Gutsa.

The Advocacy, Media and Communications cluster noted that effective, and clear public health campaigns is key to health systems strengthening. Media advocacy—the strategic use of mass media to support community-driven efforts that advance social justice or public health campaigns—connects with newsmakers to narrate social policy issues through an engaging lens, broadening the default frame from individual behaviours to call for long-lasting public health improvements. It is the role of the media to raise public awareness, garner support from allies and partners, and put pressure on decision-makers to take action. The group noted that before the hosting of the Public Health Symposium, the media was under the erroneous narrative that public health was a preserve of health scientists and medical personnel. The group recommended that media must create the right narrative that reflects the holistic nature of public health.

Recommendations and Solutions.

1. To enhance the public health agenda in Zimbabwe, Harare Institute of Public Health must facilitate the formation of an all-inclusive public health association. The association must include other professionals beyond medical scientists.
2. A public health journal to encourage and promote research in various subjects related to the field of public health.
3. Funding to train journalists and other communications practitioners on public health, health promotion and health reporting. Such initiatives will assist in generating interest to cover public health issues.
4. To facilitate the provision of national health promotions in the country and take alead in crafting a public health agenda for Zimbabwe.
5. The public health symposium must consider bringing communications experts and journalists as resource persons at the next public health symposium.
6. HIPH must work with the Zimbabwe Media Commission to factor in public health promotion in the national media strategy.

Other Recommendations from the Plenary Sessions:

1. The public health symposium must be extended to 3 days.
2. There is need to secure the representation of key government Ministries such as the Ministry of Health and Child Care, the Ministry of Finance and Economic Planning, and relevant oversight bodies.
3. Within the program, we need to involve journalists and communications practitioners as resource persons representatives from main referral hospitals such as Sally Mugabe Hospital. Parirenyatwa Hospital, Baines Clinic, Chitungwiza Hospital and institutions such as Ingutsheni and Ngomahuru to attend these initiatives.
4. Access to maternal health care and other subject related to maternal health need to be considered during the next public health symposium.

Outputs of the Public Health Symposium:

Public Health Association: Harare Institute of Public Health to facilitate the formation of an all-inclusive Public Health Association and resource mobilization for the same. The proposed association was viewed as a sustainable platform for the exchange of information, making necessary follow-ups/advocacy as well as creating a constituency of public health practitioners to advance public health agenda in Zimbabwe.

Public Health Journal: Participants felt that Zimbabwe needed to have a public health journal that seeks to distribute legitimate knowledge on the latest studies, research, and breakthroughs in the field of public health.

Comparative study visits: Participants proposed that public health practitioners in the country must conduct comparative study visits to other countries as facilitated by the Harare Institute of Public Health. This would expose experts to best practices in the field of public health and ways to scale up some innovative local practices or solutions.

Collaboration: HIPH to facilitate collaboration and partnerships with institutions in public health within the region and internationally for technology and skills transfer in the field of public health.

Public Health Task force: The side clusters identified above, were incorporated into a task force committee. These task force committees will meet periodically during the year to follow up on resolutions specific to their clusters. Harare Institute of Public health will facilitate these meetings throughout 2023. The rationale is for these clusters to conduct follow-up work, interface with relevant stakeholders such as policymakers and report back to the Public Health Symposium 2023.

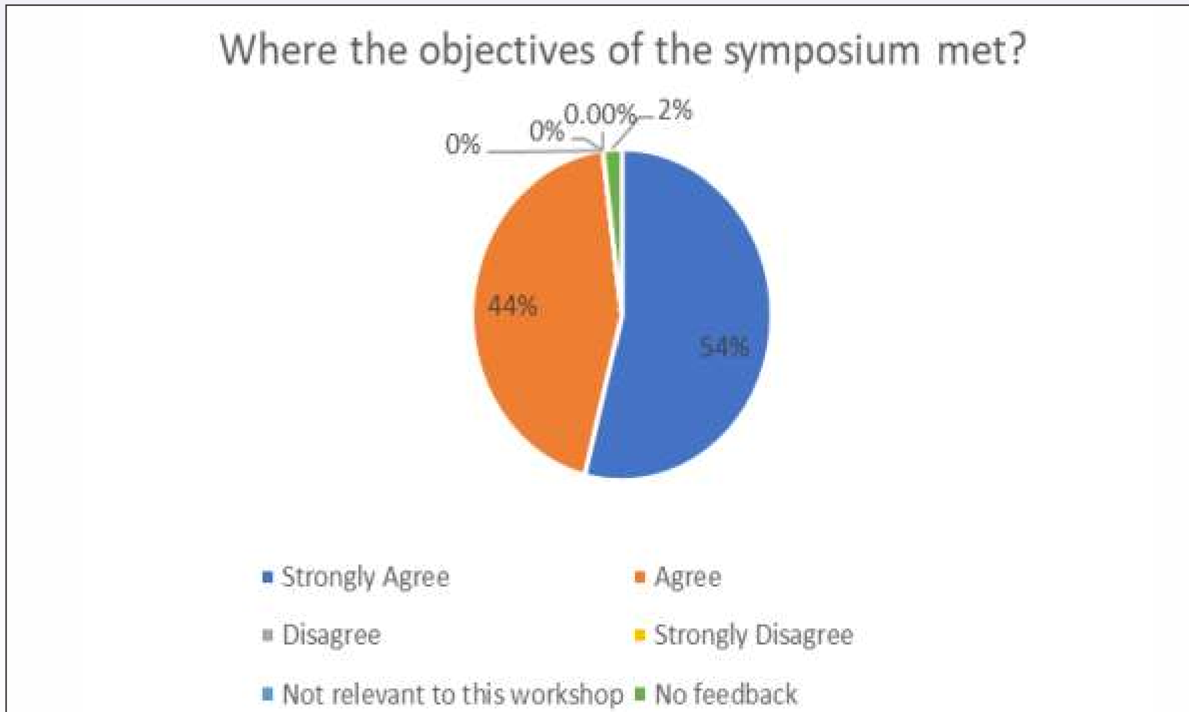
Registration and description of participants:

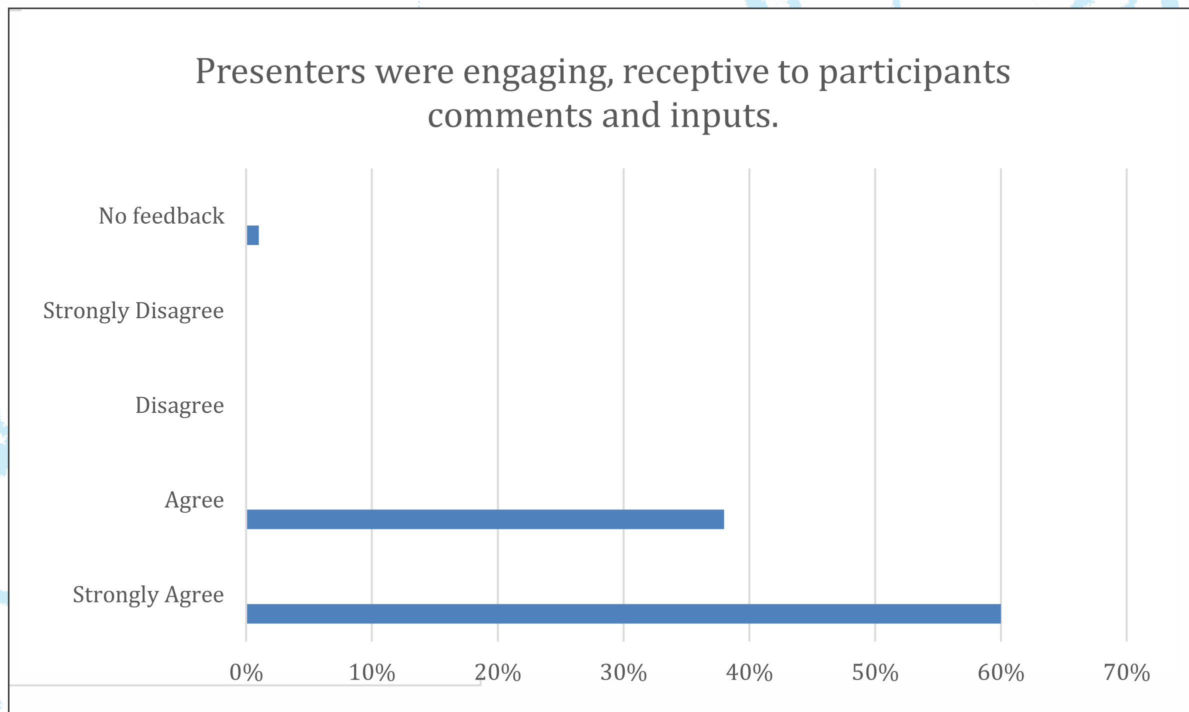
Registration was open to all stakeholders in the private and public health value chain. HIPH used the public and private media to raise awareness of the event. Other stakeholders were invited formally through the organization's social media platforms, emails and telephone conversations. The rationale was to get as much interest and have a wider pool of selection for both participants and presenters. This explains how the organization managed to achieve a 52% representation of women and 48% of men for the two-day duration of the conference. The symposium also had a balanced representation from different sectors within the public health value chains. There were representatives from the government ministries, parliamentary portfolio committee on health, civil society organizations, residents' associations, media organizations, pharmaceutical organizations, youth organizations, development partners, institutions of higher and tertiary education, academics, the disability sector, women's organizations, researchers, private sector players, church-related organizations and traditional healers and practitioners' representatives.

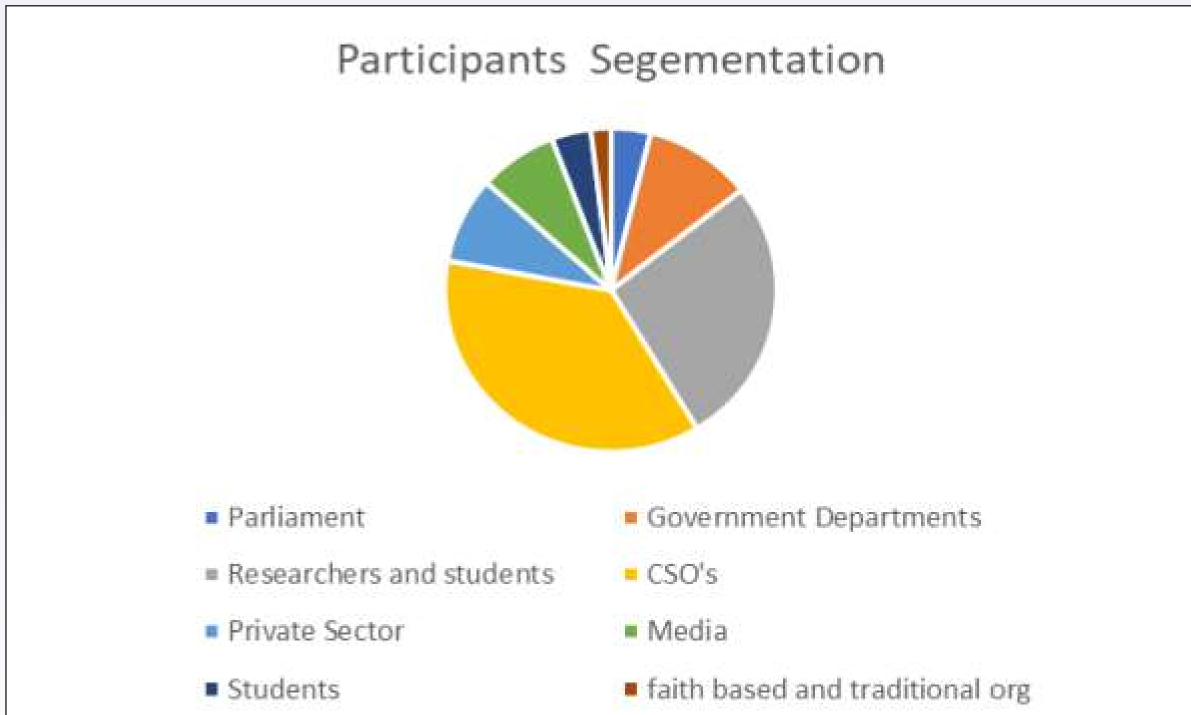
Public health students: Ms. Latitia Alifayi and Mr. Victor Matorwa taking part at the symposium.

Participants feedback on the conference logistics.

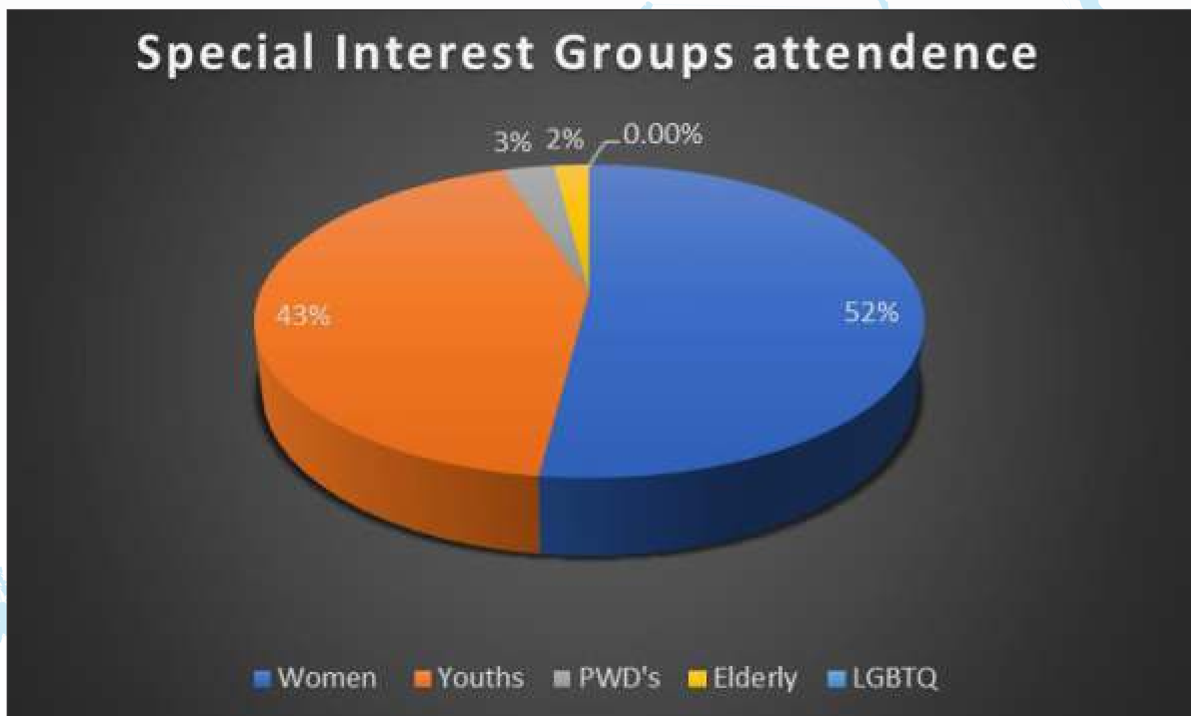
Participants were provided with evaluation forms to provide feedback on the Public Health Symposium. The following was the feedback provided by the participants.

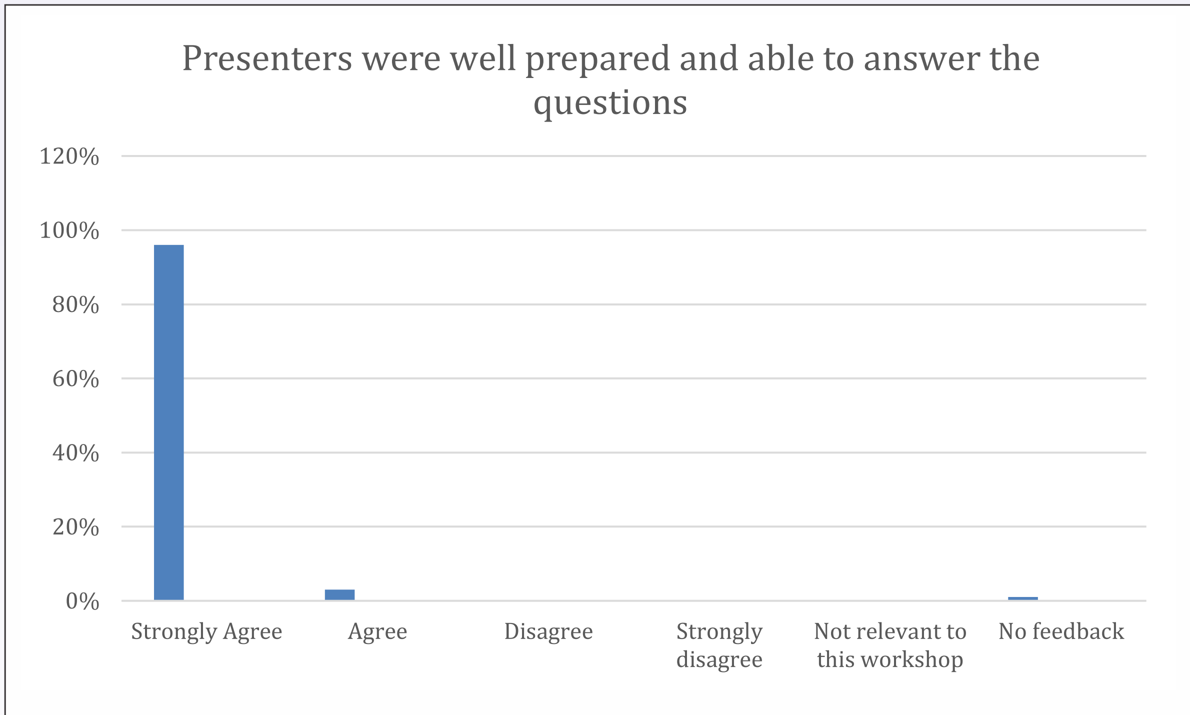


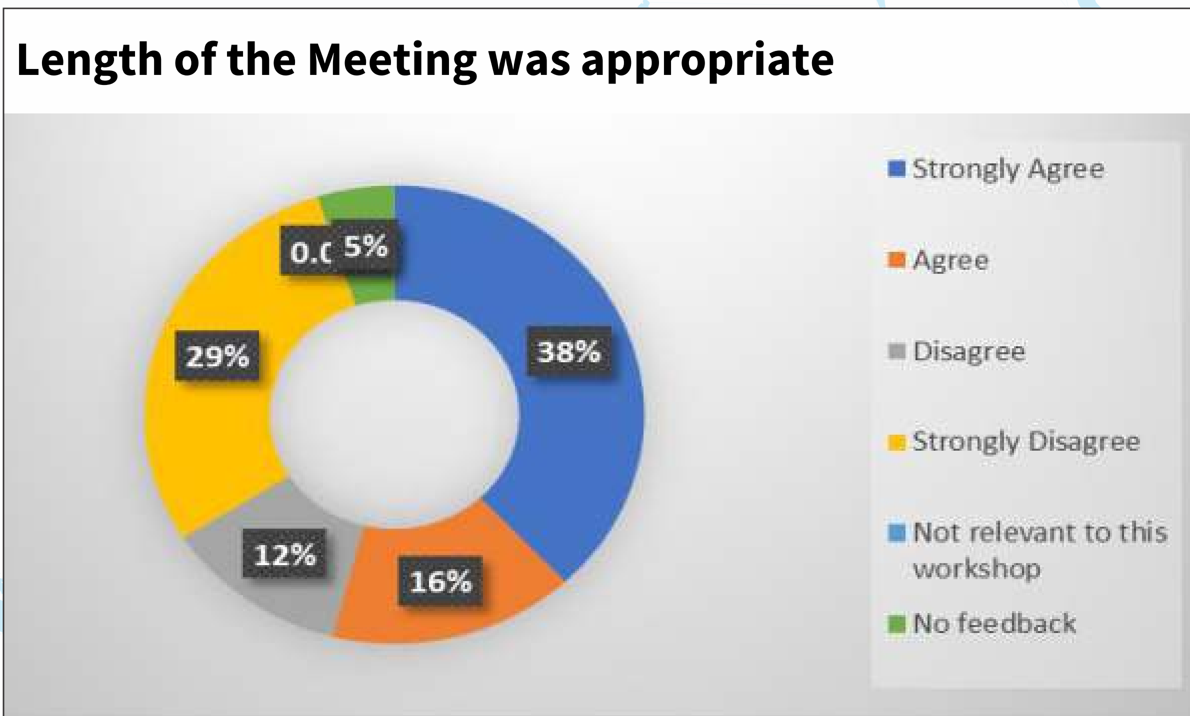


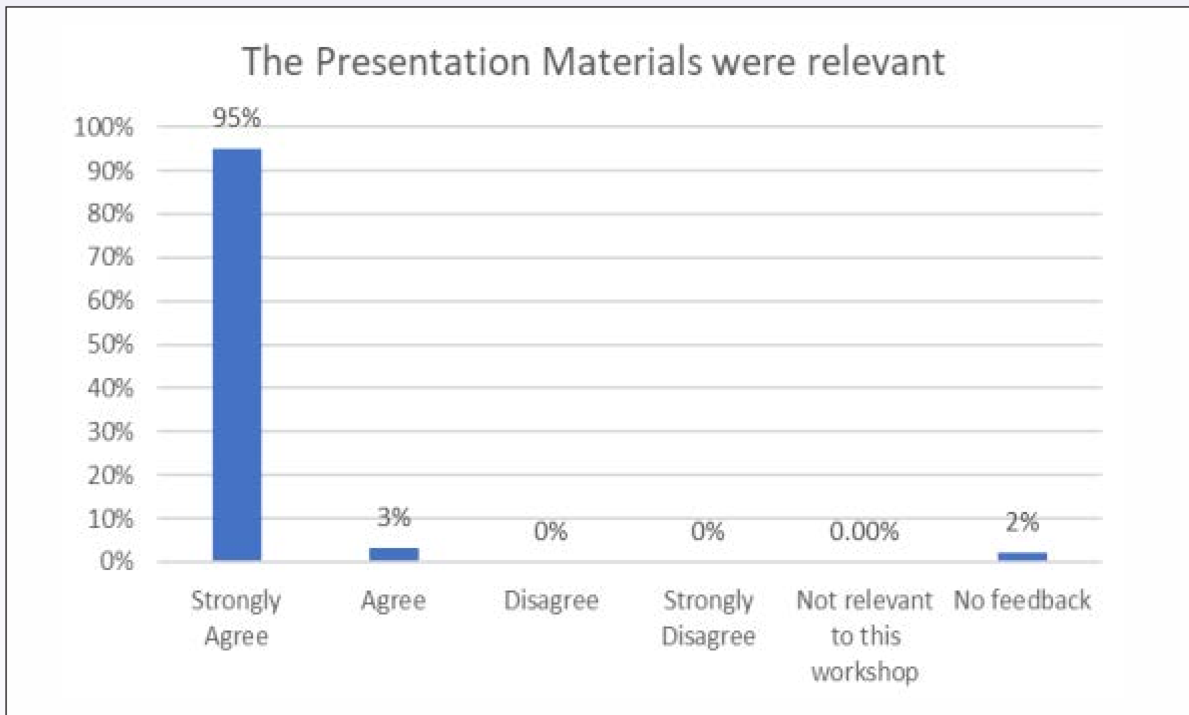


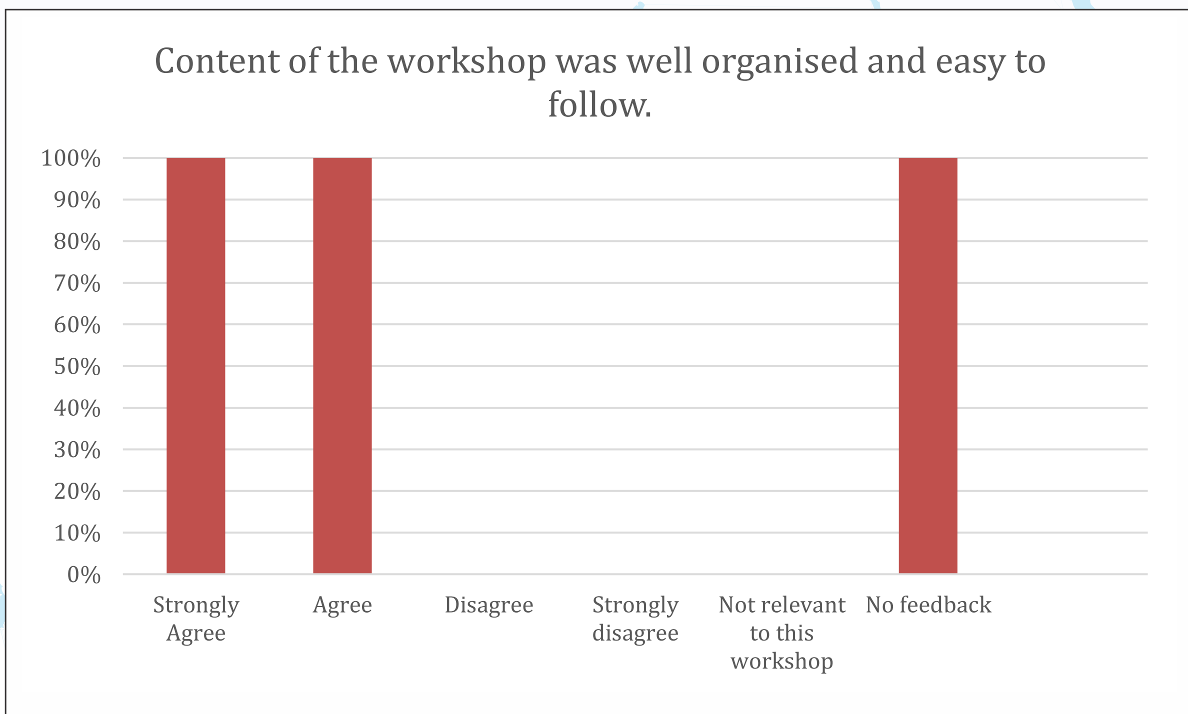
Special Interest Groups Attendance:

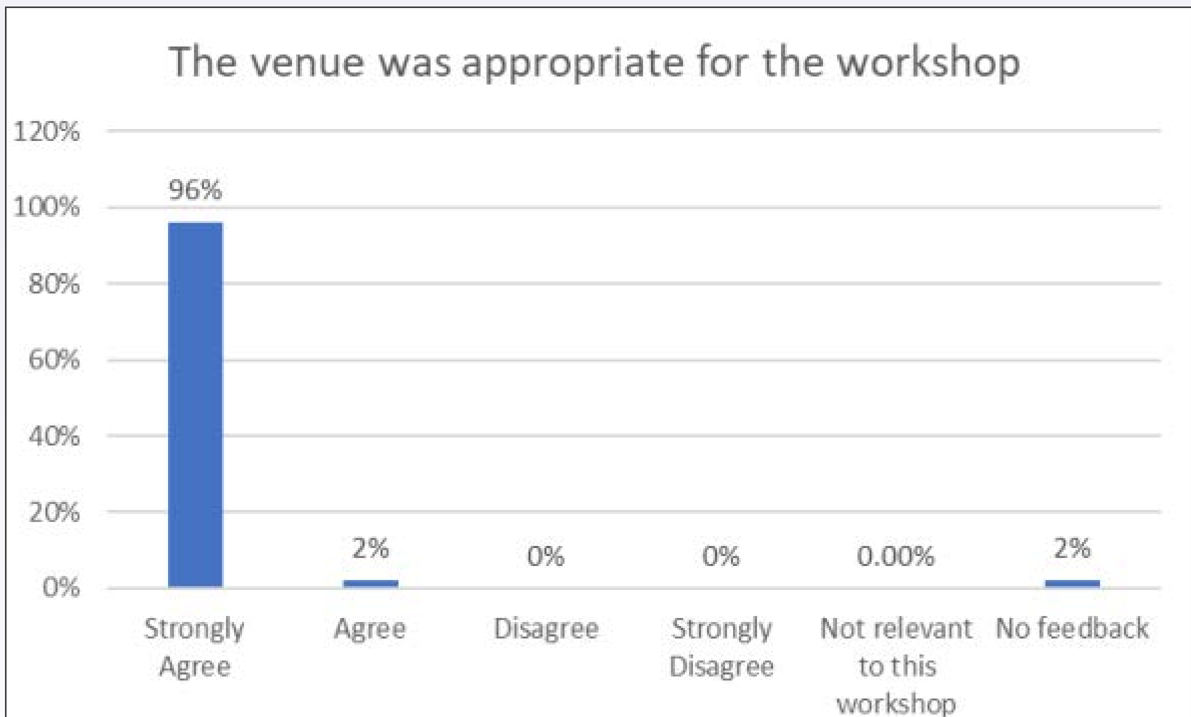



Presenters were well prepared and able to answer the questions
120%
100%
80%
60%
40%
20%
0%
Strongly Agree
Agree
Disagree
Strongly disagree
Not relevant to this workshop
No feedback

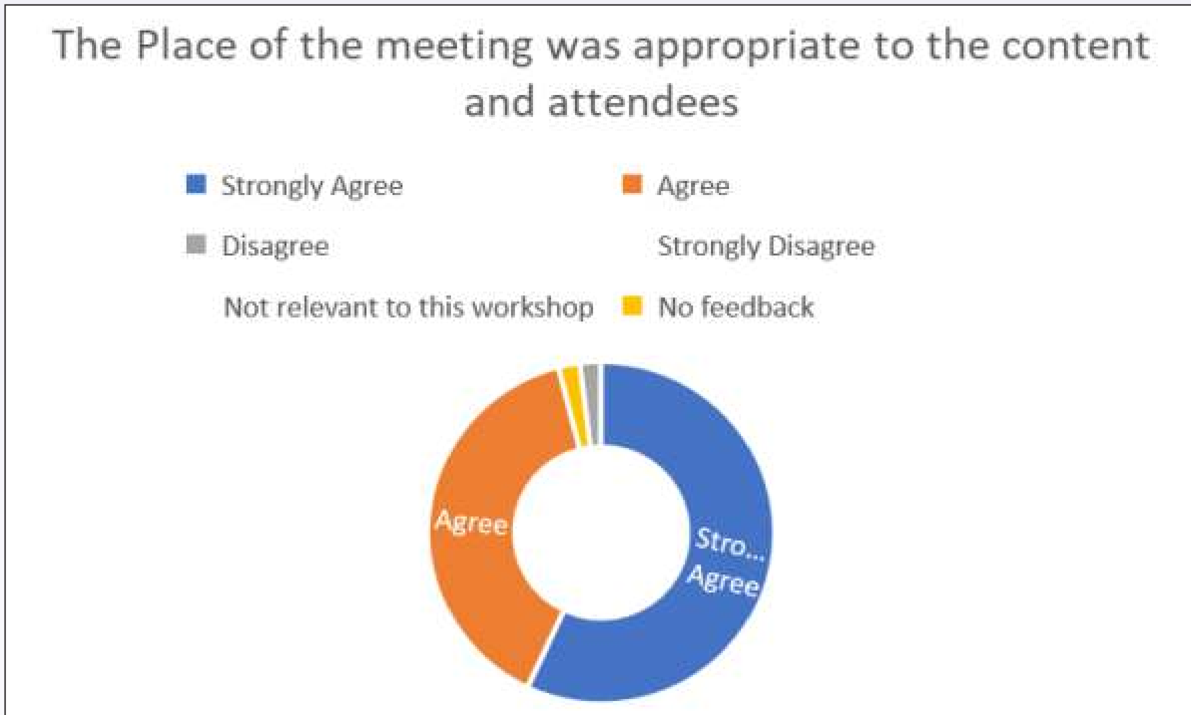

Length of the Meeting was appropriate
0.0
5%
29%
38%
12%
16%
Strongly Agree
Agree
Disagree
Strongly Disagree
Not relevant to this workshop
No feedback

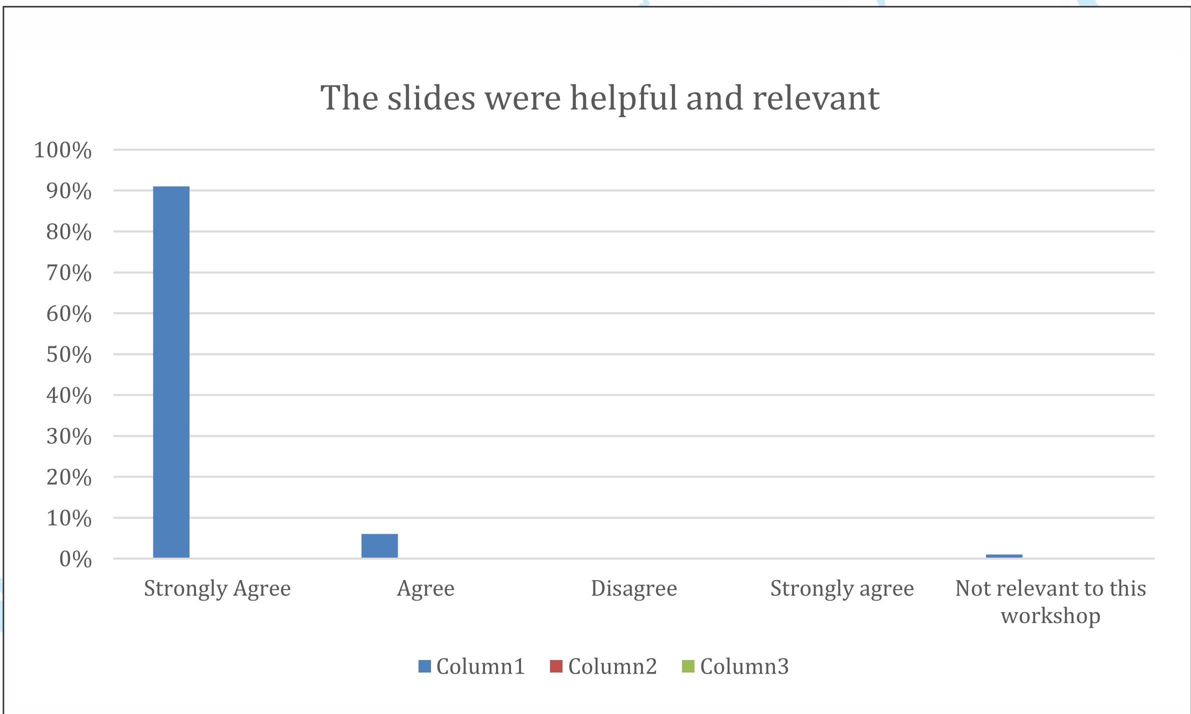

The Presentation Materials were relevant
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
95%
3%
0%
0%
0.00%
2%
Strongly Agree
Agree
Disagree
Strongly Disagree
Not relevant to this workshop
No feedback


Content of the workshop was well organised and easy to follow.
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Strongly Agree
Agree
Disagree
Strongly disagree
Not relevant to this workshop
No feedback



NB* **No feedback, are those who did not fill in part of the evaluation form and also those who did not fill the evaluation forms totally**.


The Place of the meeting was appropriate to the content and attendees
Strongly Agree
Agree
Disagree
Strongly Disagree
Not relevant to this workshop
No feedback
Agree
Stro... Agree


The slides were helpful and relevant
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Strongly Agree
Agree
Disagree
Strongly agree
Not relevant to this workshop
Column1
Column2
Column3

Other matters highlighted by the participants:

The symposium duration was short, participants recommended three days, 2 days plenary discussions and one day dedicated to cluster sessions. Participants felt that cluster sessions were ideal as they provided participants with more time for detailed discussions and formulating recommendations.
Areas that needed improvement included ensuring presence of Ministry of Finance and Economic Development, Ministry of Health and Child Care, Portfolio Committee on Public Accounting, Auditor-Generals office, UN agencies and other relevant oversight bodies.
There was also a need to involve media organizations, to provide a view of their involvement in public health issues.
Participants also felt that the public health symposium must also be hosted in other places outside of Harare. Some participants proposed Bulawayo, Kadoma, Mutare, Nyanga or Victoria Falls.
Participants also suggested that resources must be mobilized to provide accommodation and travelling expenses.

Lessons

The symposium proved to be a platform where academia and researchers can present their findings to the nation. A considerably high volume of abstracts was received, however, only 16 managed to present. The next symposium will utilize different methods of presentations, inclusive of poster presentations so that everyone can showcase their work.
Following interest from different stakeholders within and outside the country to participate and attend the symposium, HIPH will ensure that the next symposium be a hybrid (physical and virtual) in order to attract wider audience.
In 2023, the symposium should be planned strategically not to coincide with national events. This will be helpful to secure presence of government dignitaries at the symposium.

Funding Support:

ActionAid

Merken Professional Toothpaste

Women's Coalition of Zimbabwe

Crowe Chartered Accountancy

Project Staff:

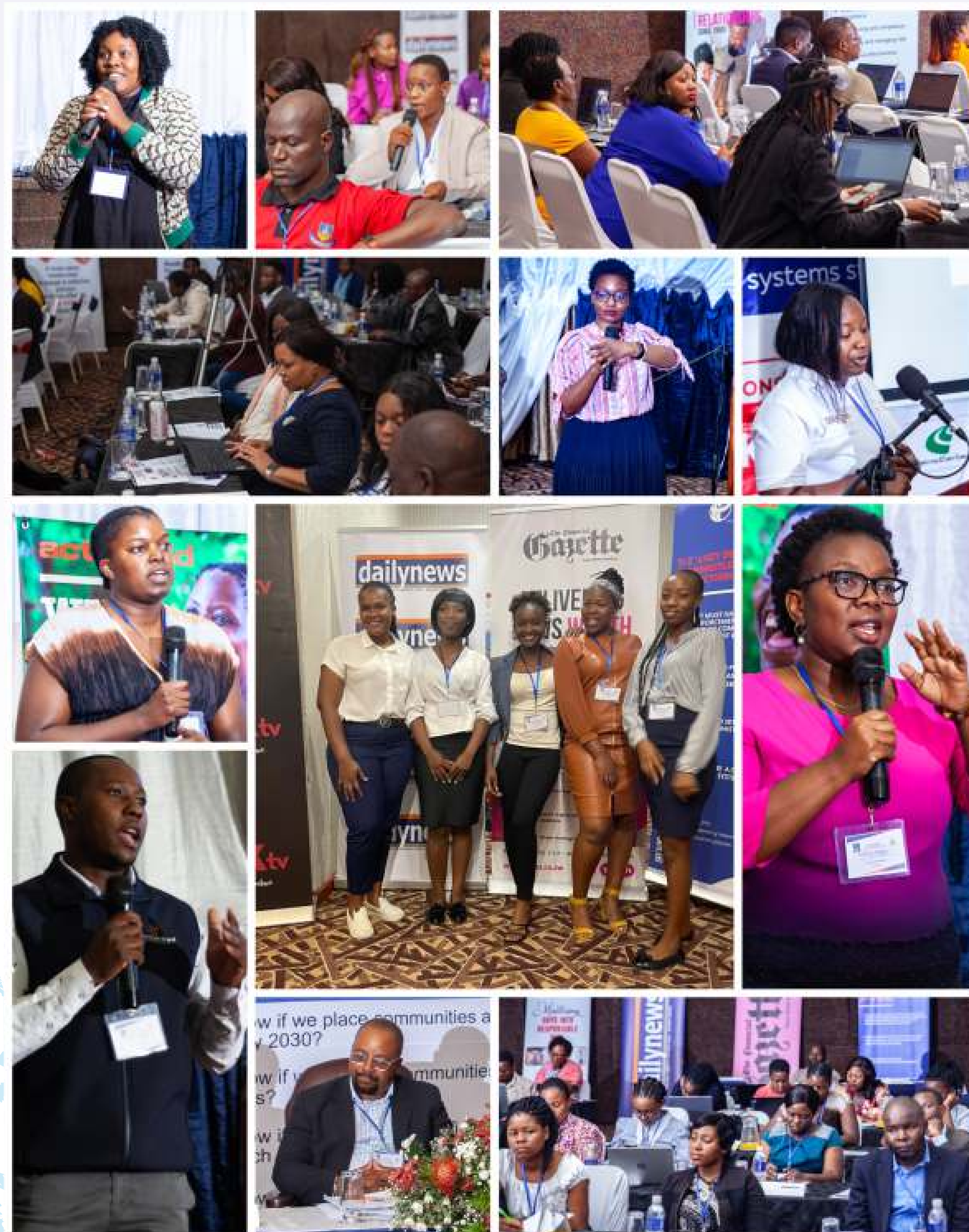
Retlaw Matorwa	Project Coordinator
Ayleen Mufudza	Project Secretariate
Ashlley Kudu	Communications and Multi-Media
Stanely Murindagomo	Multimedia
Kudzai Mudangwe	Secretarial

A special thanks to our Ancillary staff:

Dr. Mercy Chiswo, Ms. Laticia Alifayi, Ms. Charmaine Tinarwo, Mr Stanley Murindagomo, Ms.Rudo Zibute, Tinarwo, Mr.Victor K Matorwa, Tariro P. Manayara, Mr. Tanaka Billiard

Ancillary Staff

Conference in pictures



Public Health Symposium Expense Statement

-

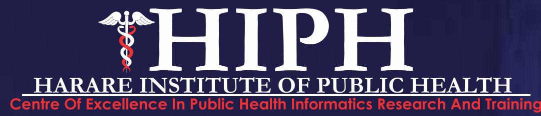
ITEM	DAYS	#of PEOPLE	UNIT COSTS	TOTAL (US$)
VENUE CHARGES				
Conference package	2 days	102	33.00	6,730.00
P.A system hire	2		250.00	500.00
Photography and videography	2		300.00	600.00
VISIBILITY MATERIALS				
Conference Folders		200	2.30	460.00
Facilitator			500.00	500.00
VIP gifts		16	72.00	1,152.00
3.5 x1.5 full colour banners		2	175.00	350.00
HUMAN RESOURCES				
Conference volunteers and ushers		20	50.00	1,000.00
Facilitator	2		400.00	800.00
Resource persons	2	6	200.00	1,200.00
Rapporteurs	2	2	500.00	1,000.00
ADMINISTRATIVE EXPENSES				
Travel and accomodation Resource Persons		8	475.00	3,800.00
Pre conference travel for logistics team	5 days			275.00
Printing and photocopying 100 copies				410.00
Transport and logistics, fuel				1,169.00
Co-oordinator	4 months	1	1,200.00	6,000.00
Communication (airtime and internet)				200.00
Graphics designing and conference branding				530.00
Decorations				350.00
TOTAL				**27,026.00**
10% contigency				2,702.60
Grand Total				**29,728.60**

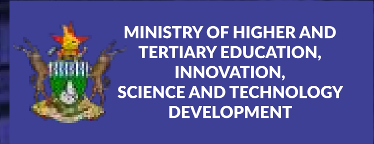
*65% of the budget was financed by Harare Institute of Public Health (HIPH)

LIFE IS TOO PRECIOUS TO BE WASTED

SAY NO TO DRUGS

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre Of Excellence In Public Health Informatics Research And Training





The Monomotapa Communique

"The Monomotapa Communique"

Background.

The Public Health Symposium 2022 was held from the 7th to the 9th of December 2022, at the Great Indaba Hall, Crowne Plaza, Monomatapa Hotel, in Harare, the Capital City of the Republic of Zimbabwe.

The symposium was designed to facilitate sharing and exchange of information on best practices that can be applied towards enhancing efficiency, effectiveness, agility and resilience of the public health system in Zimbabwe.

The initiative was a call from stakeholders in the public health sector to take stock of Zimbabwe's experience during the height of COVID-19. The discussions focused on assessing the country's capabilities, response mechanisms and level of preparedness during COVID-19 outbreak and draw lessons from the COVID-19 case study.

The main objective was to aggregate calls towards health systems strengthening in Zimbabwe whilst taking stock and lessons from the pandemic. Furthermore, the initiative strategically endeavoured to kindle stakeholders' participation in shaping the public health agenda in Zimbabwe.

The Symposium was attended by representatives from the Government of Zimbabwe, government oversight bodies, parliament of Zimbabwe, research and academic institutions, private sector, civil society organisations (CSOs), women and youth organizations, donor and funding agencies, journalists and media organizations, medical scientists, students, traditional and religious leadership, ethnic minorities, sexual minorities, health care workers and public health enthusiasts.

Preamble:

In the spirit of common good, 105 stakeholders in the health systems value chains converged from the 7th to the 9th of December 2022, to discuss health systems strengthening in Zimbabwe.

Concerned with the current state of healthcare in Zimbabwe and the urgent need for a viable, quality, accessible and resilient public health system.

Driven by citizens' patriotic duty to contribute solutions towards building a viable, resilient, accessible and efficient public health system.

Determined to impact positively on the current state of Zimbabwe's health delivery systems.

Supporting and encouraging active engagements, networking and collaborations between stakeholders in public health value chains in Zimbabwe.

Committing to sustain dialogue amongst stakeholders including state and non-state actors in shaping the public health agenda in Zimbabwe.

Acknowledging the importance of stakeholder's engagements towards complementing and supporting government efforts in building a robust public health system; that can withstand increased demand for healthcare services.

Recognising sterling commitment by the government of Zimbabwe towards improving the economic and social well-being and standards of life for its citizens.

Desirous to support and complement Zimbabwe's development trajectory as enshrined in Vision 2023, National Development Strategy 1 (2021-25) and National Health Strategy (2020-25).

In furtherance of these objectives, to reactivate citizens commitment towards crafting home-grown solutions to local challenges as anchored in the national spirit of "Nyika inovakwa nevene vayo / a country is developed by its own people/Ilizwe lakhiwa ngabanikazi balo".

Now therefore, delegates present at the Public Health Symposium resolved that: -

1. The public health symposium be a yearly event on the calendar. Deliberations at the public health symposium be channelled to relevant Ministries and oversight bodies namely: Ministry of Health and Child Care, Ministry of Finance and Economic Development, Parliamentary Committee on Health and Child Care, Committee on Finance and Economic Development, Public Accounts Committee and others.

2. Organizers to work towards recognition of the symposium as an important process to influence policy, programming and regulations regarding health systems strengthening and setting the agenda for health priorities in Zimbabwe. It is therefore strategic for representatives from the initiative to lobby for a foot in the Global Fund Country Coordinating Mechanism initiatives.

3. The Harare Institute of Public Health to organize follow up meetings throughout the year involving stakeholders and decision-makers on resolutions passed at the Public Health Symposium 2022. These resolutions refer to recommendations and proposals of thematic committees constituted at the Public Health Symposium namely: Accountability, Integrity and Transparency cluster, Gender Based Violence and SRHR cluster, Advocacy Media and Communication cluster, Disability Inclusion and Public health cluster, Drug Abuse and Mental Health cluster.

4. The symposium secretariat to produce a report to the plenary detailing follow up work that was done throughout the course of the year at the Public Health Symposium 2023.

5. The Harare Institute of Public Health facilitate formation of an all-inclusive public health association. The association must acknowledge and extend membership to other professionals beyond medical and health scientists such as environmental experts, journalists, economists among others.

6 The platform should consider bringing experts beyond the borders of Zimbabwe. This will be an opportunity to share and learn best practices from other jurisdictions. As such, organizers to consider bringing in experts from countries such as South Africa, Namibia, United States of America (John Hopkins School of Public Health was singled out), United Kingdom, China, Japan, South Korea, Netherlands, Sweden and Germany to share their expertise with the plenary.

7. A public health journal be published to advance/encourage research in the field of public health. Such efforts can assist in terms of enhancing knowledge around public health in Zimbabwe.

8. Organizers should work to secure attendance of senior officials from the Ministry of Health and Child Care, Ministry of Finance and Economic Development, development agencies such as World Health Organisation (WHO), United Nations Development Program (UNDP), United Nations Children's Fund (UNICEF), UNWOMEN and UNAIDS amongst others. This would enrich discussions and strengthen partnerships with stakeholders.

9. The secretariat of the symposium to take the lead in conducting and publishing a National Health Survey Supplement. The supplement will provide an overview of the healthcare system in Zimbabwe and inform stakeholders regarding the state of our healthcare systems.

10. The Public Health Symposium 2023 needs to be given more time (3 to 4 days). This would provide stakeholders enough time to produce recommendations, solutions and work plans in critical areas requiring attention. The symposium should not just be a talk show but a platform were stakeholders work out action plans.

11. The hosting of the public health symposium to move from Harare to other provincial capitals. This is strategic as it will enable other stakeholders to easily access the platform.

12. That organizers work on encouraging vulnerable groups to participate in the symposium proceedings. Vulnerable groups including people living with disabilities, rural women, youths, minority groups, elderly and sexual minorities.

13. Organizers to expand areas/topics to be covered at the symposium and include maternal health, health education, role of media and religious leaders in provision of public health and health financing/economics amongst others areas.

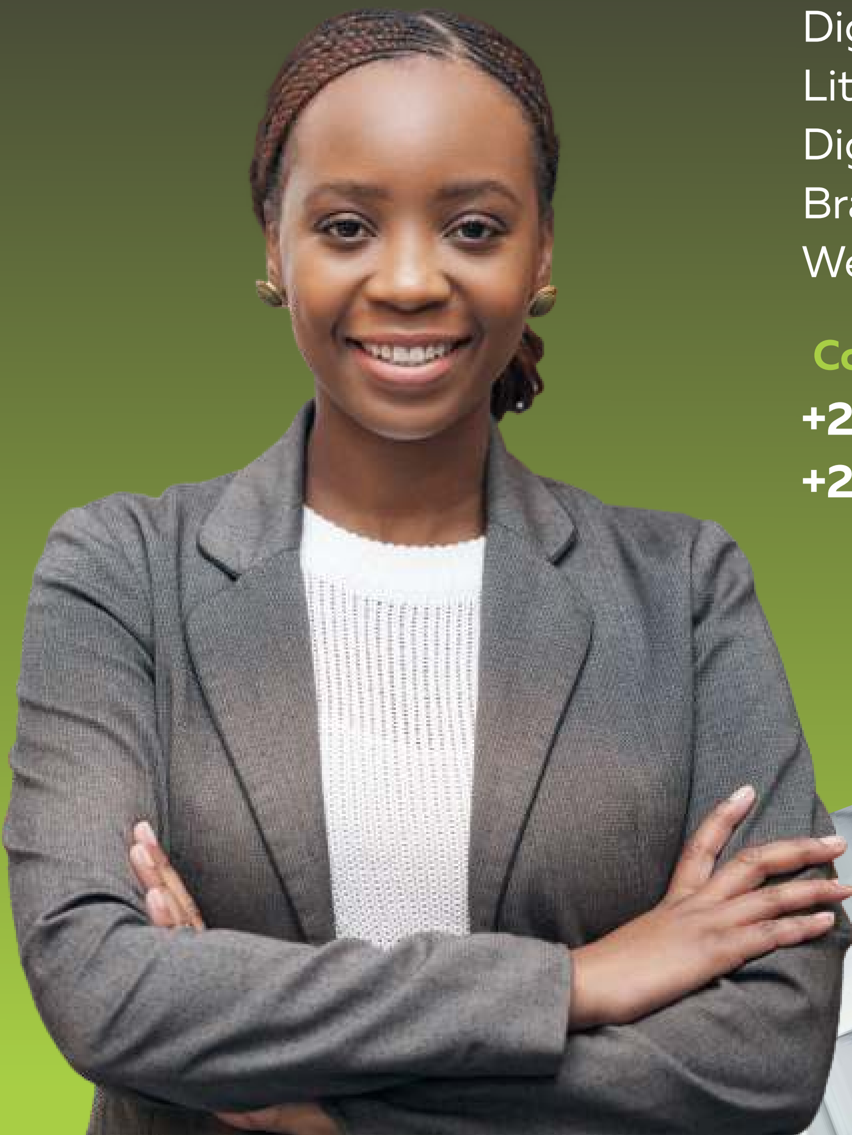
14. There is need to expand the audience and include opening the conference virtually to allow participants beyond the country's borders.

15. Delegates commended the secretariat, the Harare Institute of Public Health and their partners for organizing the Public Health Symposium 2022. And looking forward to the Public Health Symposium 2023.

16. The Public Health Symposium 2023 will be held at a venue and date still to be determined, after consultation with stakeholders and partners.

Dated 9th December 2022 at Monomatapa, Crowne Plaza Hotel, Harare, Zimbabwe.

WE BUILD **BRANDS**
THAT **MATTER**



WE OFFER

Digital Advertising
Litho Printing
Digital Printing
Branding
Web & App Development

Contact us today

+263 774 740 493
+263 773 133 013

OSSANENA ADVERTISING

SUPPORTING HEALTH ADVOCACY IN ZIMBABWE

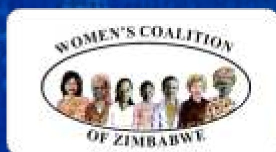
MINISTRY OF HIGHER AND TERTIARY EDUCATION, INNOVATION, SCIENCE AND TECHNOLOGY DEVELOPMENT

PUBLIC HEALTH SYMPOSIUM 2023

THEME RE-IMAGINING OUR PUBLIC HEALTH

Are you ready!

CO-SPONSORS



Official Media Partners